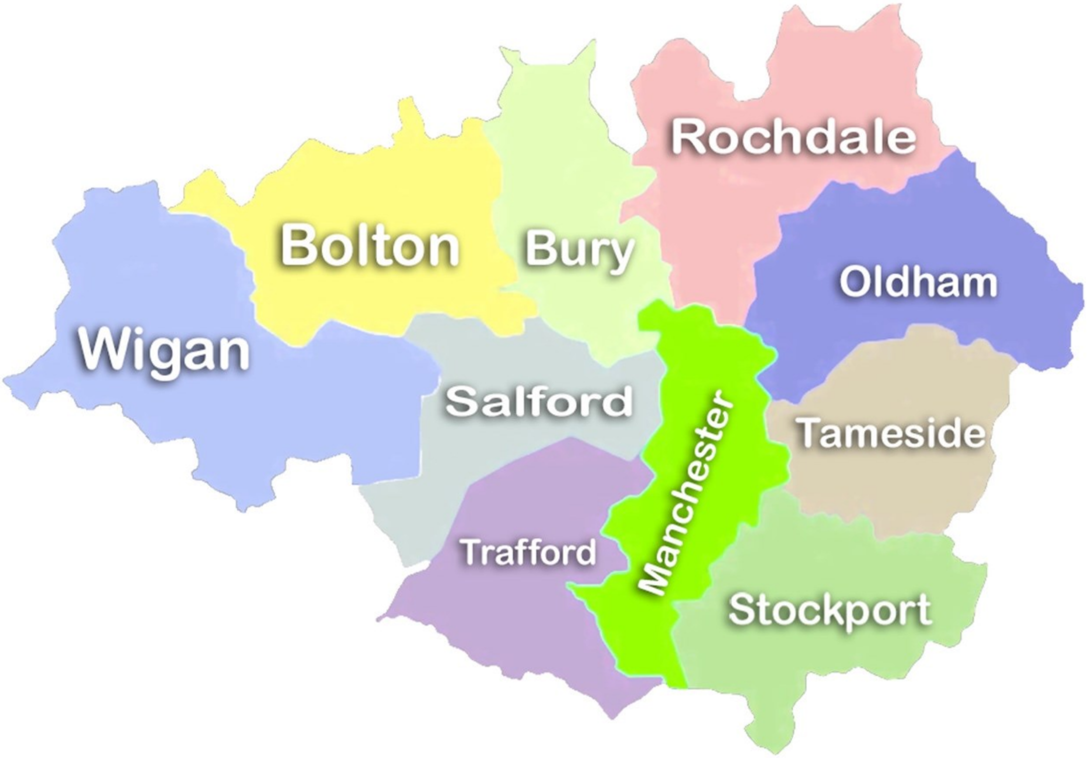

Disabled People's Panel
Doing things differently for Greater Manchester

Greater Manchester Coalition of Disabled People

Greater Manchester Disabled People's Panel

Greater Manchester Big Disability Survey 2022:

Cost of Living

Breakthrough UK
including disabled people

Bury People First

Disability Stockport

Embrace
Wigan & Leigh

Greater Manchester
Autism Consortium

Greater Manchester
Coalition
of Disabled
People

GEORGE
HOUSE TRUST
HIV POSITIVE LIVING

MDC
Est 1846
manchester deaf centre

Manchester
Disabled
People's
Access
Group

MANCHESTER
DPAC
Disabled People Against Cuts

MANCHESTER
People
FIRST
I AM A PERSON NOT A LABEL

People First
TAMESIDE

Rochdale & District
Disability Action Group
RADDAG
Shaping the Future

Salford
Disability
Forum

Stand Up
Sisters

Nothing About Us,

Without Us.

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Findings

1.1 About the Panel

The Panel is convened by the Greater Manchester Coalition of Disabled People (GMCDP) in partnership with GM Mayor Andy Burnham and the GM Combined Authority (GMCA). There are 15 Disabled People's Organisations (majority or wholly led and run by disabled people as distinct from charities) on the Panel drawn from across the city region, they are:

Breakthrough UK • Bury People First • Disability Stockport • Embrace Wigan & Leigh • GM Autism Consortium Advisory Committee • GMCDP (Convenor) • George House Trust • Manchester Deaf Centre • Manchester Disabled People's Access Group • Manchester Disabled People Against Cuts • Manchester People First • People First Tameside • Rochdale and District Disability Action Group • Salford Disability Forum • Stand Up Sisters

We have three Co-Chairs: Michele Scattergood (Breakthrough UK), Chris Hamnett (Embrace Wigan & Leigh), Sarah Cross (Rochdale and District Disability Action Group).

We also have a wider associate network of interested stakeholders who don't attend meetings with whom we share information.

We work in co-operation with the other Greater Manchester Equality Panels.[1]

The Panel and members operate from the perspective of the Social Model of Disability.[2]

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[1] https://www.greatermanchester-ca.gov.uk/what-we-do/equalities/

[2] https://gmcdp.com/beliefs-values-aims/social-model

We would like to extend our thanks to the Greater Manchester Combined Authority for their support with this Survey, especially to Shona Boyle for her data analysis.

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1.2 Executive Summary

Disabled people are now managing under a threefold assault on our rights and quality of life, firstly austerity, which the UN described as the grave and systemic removal of rights amounting to a human catastrophe, then Covid where we made up 60% of deaths whilst only being 20% of the population, now the ‘cost-of-living’ crisis for a community that is overrepresented in poverty and makes up over half of foodbank attendees already[3]. For over a decade, Central government policy choices have created an ingrained poverty that has multiplied the barriers disabled people face.

This survey is the second to be undertaken by GM Disabled People’s Panel after our Covid-themed survey of 2020. We wanted in 2022 to quantify what we were already hearing from our member organisations about the extent of increasing poverty. We have engaged with stakeholders including: GM Combined Authority, GM Poverty Action, TfGM, and GM Equality panels to design the survey and ensure we added to understanding and didn’t duplicate existing activity.

The survey comprised 97 questions and ran for six weeks from July to August. The online version received 1,617 responses. We also had responses from accessible easy workshops which totalled 1,700 responses. Of those 1495 were disabled people living within Greater Manchester; their responses formed the base of our analysis.

It is currently the largest survey of disabled people in the UK.

With a particular emphasis of the Cost of Living we wanted to identify the size and level of risk people were exposed to by increasing costs, as well as updating on the 2020 survey. We included many free text boxes to capture qualitative testimony should people want to give it—and they

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[3] https://www.trusselltrust.org/2021/06/28/the-state-of-hunger-its-not-right-that-disabled-people-are-being-forced-to-turn-to-food-banks/

did! By combining this with the quantitative data we now have a real-world picture of the challenges disabled people face.
However, the lived expertise of our disabled people's organisations means we are not surprised by any of the results of this survey—this is the reality we live every day. We should not have to persistently prove the reality of disabling social and cultural barriers that leaves us always fighting to provide proof and not working on removing and solving barriers.

There are a number of indicators in the 2022 findings that show that the situation for disabled people in Greater Manchester has worsened since 2020. The survey also shows that there is a large percentage of disabled people for whom the layers of disadvantage are significantly impacting on disabled people's quality of life. Given the disproportionate impact of poverty and rising living costs on disabled people, there is a need for greater recognition of the intersection between poverty/socio-economic status and disability in Greater Manchester.

> 'Households with people living with disabilities[4]. Living with a disability increases the risk of experiencing fuel poverty. It leads to a reduced income: 27 per cent of households that include someone who is disabled are on a low income when measured before housing costs, compared with 15 per cent of households with no disability; and their cost of living is higher. Disabled people face higher energy bills due to having additional needs (such as medical equipment that requires a power source) and spending longer periods at home.'[5]

-Sir Michael Marmot

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[4] Under the social model we prefer the term Disabled People.

[5] https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

1.3 Five Immediate Actions for the Mayor, GM Combined Authority, and Local Authorities and Health & Social Care

1.3.1 Immediate Action One

- We ask the GM Combined Authority, the Integrated Care Partnership, and Local Authorities to look at re-profiling ‘universal’ budgets to enable targeted support for disabled people.
- Despite recent government interventions, the energy price cap is still twice what it was this time last year. Further action is urgently required to support those already in debt, and those now at risk of debt. GM should look into protecting the highest risk homes from ‘self disconnection’ by engaging with energy suppliers and ensure people are supplied with sufficient energy to support their wellbeing.
- We ask GM Retrofitting programme to prioritise disabled people in poverty.

1.3.2 Immediate Action Two

- Coordinate advice and general advocacy across GM to address low capacity and inconsistency, waiting times, and cumulative worsening of disabled people’s living conditions. The cracks between services are so large and deep and people are being forgotten and effectively abandoned.
- GM should work locally with the DWP to ensure it is more accessible and more supportive.

1.3.3 Immediate Action Three

- Social care should be made free at the point of delivery to uphold disabled people’s right to a full and independent life. While increasing the Minimum Income Guarantee at the local discretionary level would help many, a simpler and cheaper solution would be for local authorities to cease the discretionary practice of charging low income disabled and older people for meeting their statutory care needs. We ask GM to lobby Central Government for a National Independent Living Service.

1.3.4 Immediate Action Four

- Fund Disabled People's Organisations and the Panel to Develop Disability Equity training, and approve it for rolling-out to Local and City Region-wide institutions. This would speed access improvements and culture change, which in turn will remove disabling barriers.

1.3.5 Immediate Action Five

- We ask GMCA and the ten Greater Manchester Councils to consider how to ensure that the voice of the Greater Manchester Disabled People's Panel is heard at the highest levels and to confer participatory powers in the decision-making process, as far as democratically possible. We also ask for support for the Panel to engage with the private sector.

1.4 Structural Recommendations

A Rights-Based Approach

Greater Manchester has already led the way nationally by being the first city region to appoint a Disabled People's Panel.

The COVID-19 pandemic and the Cost-of-Living Crisis have had a profound impact on disabled people. This has been captured in this latest 2022 GM Big Disability Survey and in the 2020 GM Big Disability Survey, with its Covid-19 focus. During engagement with stakeholders following the launch of the 2020 Survey recommendations, GMDPP became aware that organisations and public sector bodies nationally and in Greater Manchester were not talking about disabled people in the context of their rights under national and international frameworks;

including those set out in the provisions of the Care Act (2014), the Equality Act (2010), the Mental Capacity Act (2005), the Human Rights Act (1998), and the United Nations Convention on the Rights of Disabled People (UNCRDP).

We have to report that the situation has not improved, with disabled people reliant for their basic needs on foodbanks and their families and friends, and / or government support payments (publicly referred to as “handouts” by the Prime Minister) in the face of inadequate uprating of benefits and rising social care charges. Disabled people are commonly unaware of their rights under legislation and when they are aware, have little access to legal advice provision and advocacy, in particular to face-to-face advice[6]. Disabled people are often also digitally excluded and have a right to accessible information[7].

During the last three years, GMDPP has emphasised the critical need across Greater Manchester for a rights-based approach to disabled people’s service provision and we have supported the recommendations of the Greater Manchester Independent Inequalities Commissions (IIC):[8]

- GMCA and the ten GM councils should implement the recommendation of the Greater Manchester Independent Inequalities Commissions to establish an anti-discrimination unit
- The IIC report noted that the Disabled People’s Panel has already been working with GMCA to develop a means to realise the rights of disabled people under the UN Convention on the Rights of Disabled People. A similar approach should be adopted for all the Panels.
- Give more power to the Equality Panels. These advise the Greater Manchester Mayor. They are made up of people who represent groups such as disabled people, or people from different ethnic groups.

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[6] https://wearedebtadvisers.uk/news/debt-advice-agencies-demand-equal-treatment-from-energy-companies

[7] https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/

[8] https://www.greatermanchester-ca.gov.uk/what-we-do/equalities/independent-inequalities-commission/

1.4.1 Structural Recommendation One

We recommend that the GMCA, the ten Greater Manchester Councils and GM NHS Integrated Care Partnership adopt a rights-based approach following the lead of Hammersmith and Fulham Council, and Cheshire West and Chester Council[9] (which in August 2022 passed a motion pledging to uphold the United Nations Convention (UNCRPD) as a framework for delivery of their services to disabled people) and the Scottish Government's rights-based approach[10] also urge the adoption of the Socio-Economic duty across GM in line with the work already undertaken by the GM Poverty Alliance[11]. There is no question that disabled people are impacted more by poverty and that in itself is a disabling barrier as well as exacerbating many of the other barriers we encounter.

1.4.2 Structural Recommendation Two

We recommend that the ten Greater Manchester Local Authorities work with GMDPP to establish a framework for measuring the progress of disabled people's rights that goes beyond Equality Impact Assessments, which often do not deliver change and tend to focus on process rather than outcomes. The use of data and intelligence is key to eliminating inequality. GM Institutions planning services and budgets should improve their understanding of the needs of disabled people. Local Authorities should improve their data gathering on disabled people and use this is decision-making. Data gathering should be coordinated across Greater Manchester to ensure a city-wide picture.

1.4.3 Structural Recommendation Three

We recommend that the GMCA, the ten Greater Manchester Councils and GM NHS Integrated Care undertake cumulative impact assessments that look at the intersecting aspects of public service design and provision and the ways in which housing, social care and other services have an interconnected impact on the lives of disabled residents.

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[9] https://www.cheshirewestandchester.gov.uk/news/council-adopts-un-convention-on-the-rights-of-people-with-disabilities

[10] https://www.gov.scot/publications/supporting-disabled-children-young-people-and-their-families/pages/disability-in-context

[11] https://www.gmpovertyaction.org/wp-content/uploads/2021/06/Socio-Economic-Duty-Guide-v6.pdf

1.4.4 Structural Recommendation Four
Disabled People’s Voices and Inclusion in Making Change Happen

It is clear from the comments made by disabled people in this Cost-of-Living Survey that disabled people do not feel they are sufficiently heard in the decision-making that affects their lives. People talked about having a voice and wanting to be heard. They talked about it being easy to identify problems, but more difficult to achieve change. There was a note of resignation that even expressing their voices through our Survey would not lead to concrete outcomes. One respondent commented:

> ‘Local and national governments need to do better for their disabled populations. All promises and no tangible progress on inclusion’

We asked about disabled resident’s hopes for the future and there was a noticeable lowering of hopes and horizons. Many people said that they just wanted to get through the next year and not worry about getting into debt. Very few people expressed any other aspirations and did not appear to see themselves attaining leadership or decision-making positions.

And at the same time people felt that the Government and Greater Manchester Local Authorities were doing less to help disabled people since 2020. This is concerning, given that the 2021 recommendations made by the Independent Inequalities Commission[12] (IIC) made the link between the voice of excluded people and participation in decision-making. The IIC report said:

> ‘Greater Manchester needs to go further than just better consultation on decisions—a more diverse range of people need to be making those decisions. This means better pathways to representation in elected office and positions of power for people from diverse communities and in marginalised groups who feel ‘locked out’ of politics.’

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[12] https://www.greatermanchester-ca.gov.uk/media/4605/the-next-level-good-lives-for-all-in-greater-manchester.pdf

The Government-commissioned 2021 report “Barriers to political representation: disability and the EnAble Fund”[13] highlighted that “around 20% of the UK population is disabled [this is estimated to be higher in Greater Manchester] but disabled people remain under-represented in our Parliaments, Assemblies and councils”. The report’s authors Professor Elizabeth Evans and Dr. Stefanie Reher noted that: “While disabilities are sometimes invisible or ‘hidden’, and people seeking elected office might be hesitant to disclose them, all available figures and estimates suggest that the proportion of disabled politicians vastly lags behind 20%”[14]. This is due to several barriers: financial resources provided by the Government and political parties, inaccessible meetings and events, and documented concerns about institutional ableism. Disabled people are further disadvantaged by the reliance on informal and intra-party networks for spreading information. The intersection of disability with other (under-represented) identities creates additional barriers.

It is also clear that the organisations that sit on the Greater Manchester Disabled People’s Panel have a wealth of lived experience about how the Cost-of-Living is impacting on their disabled members and can offer useful practical solutions to Greater Manchester senior decision makers. We feel that insufficient progress has been made on the Independent Inequalities Commission’s recommendation to give more power to the Equality Panels[15].

During our Year 3 evaluation of GMDPP’s work, we identified a need to ensure that the Panel was always working at the most strategic level where decisions are being made. We have witnessed a lack of consistency in terms of the level at which the Panel’s voice is heard. It appears to be dependent on the commitment of individual officers, teams or departments to the inclusion of disabled people—and we

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[13] https://www.gov.uk/government/publications/barriers-to-elected-office-for-disabled-people/barriers-to-political-representation-disability-and-the-enable-fund

[14] https://journals.sagepub.com/doi/full/10.1177/0192512120947458

[15] https://www.greatermanchester-ca.gov.uk/media/4605/the-next-level-good-lives-for-all-in-greater-manchester.pdf

acknowledge and are deeply grateful for the continuing support of those colleagues— rather than systematic and strategic inclusion, i.e., a guaranteed “seat at the table.” The Chairs of GMDPP attend the Greater Manchester Tackling Inequalities Board and the Equality Panel Chair’s meetings, but these do not appear to be the places where the key decisions are being made.

The delay in getting our voice heard has led to us producing this Survey and has slowed down effective action to reduce the harms that cost-of-living increases are already having on disabled people in Greater Manchester. Similarly, GMDPP calls for the support of the ten Greater Manchester Local Authorities to enable us to offer immediate recommendations on how to best support disabled residents—for example, we would recommend the targeting of any future tranches of the Household Support Fund.

We ask GMCA, the ten Greater Manchester councillors and MPs to commit to the following measures to increase the number of people in political decision-making and leadership roles:

- In recognition of the absence of a national political fund for disabled people (the last one ended in 2020) and the variable levels of support given by the political parties to disabled candidates, the creation of a permanent source of Greater Manchester funding to support disabled residents seeking selection as elected representatives and to support their disability-related campaigning costs.
- The creation of peer-support and mentoring schemes for disabled people who wish to stand for, and who enter, elected office.
- We ask all the political parties to make their meetings and selection processes fully accessible and to create job-sharing opportunities to widen access.
- To undertake an awareness-raising campaign about disabled people’s voting and political participation rights.
- Political parties should build on the data gathered by the Local Government Association and the Cabinet Office about disabled candidates to establish the effectiveness of these measures and to

benchmark progress to significantly improve levels of representation.
- We ask GMCA to create a leadership programme for disabled people, similar to the GMCA Civic Leadership Programme 2021[16]. This programme should include the GM Integrated Care Partnership.

1.4.5 Structural Recommendation Five

We ask GMCA and the ten Greater Manchester Councils to consider how to ensure that the voice of the Greater Manchester Disabled People's Panel is heard at the highest levels and to confer participatory powers in the decision-making process, as far as democratically possible.

1.4.6 Structural Recommendation Six

The government has removed the right to vote from anyone without photo ID. In our survey we asked disabled people if they had photo ID. 20% of respondents did not, of which 42% said that they did not need photo ID, and 37% believed that they could not afford it.

This is concerning to us that people are unaware of the need for photo ID to protect their basic democratic rights and believe that the cost would be a barrier to having one.

We ask all ten Greater Manchester Local Authorities to ensure that all disabled voters have exactly the same options for casting their vote as non-disabled electorate: polling station voting must be as fully free and accessible as the other voting mechanisms. We ask the ten GM Councils to ensure that the 'free voting card' (that the Elections Act will require local authorities to provide to those members of the electorate without a qualifying form of photo ID) must be wholly accessible, and entirely free to access, to avoid any possible discriminatory impact[17].

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[16] https://www.greatermanchester-ca.gov.uk/news/greater-manchester-leaders-promote-operation-black-vote-programme-at-moss-side-community-event/

[17] https://commonslibrary.parliament.uk/research-briefings/cbp-9187/

2.1 Money, Benefits, and Energy Costs.

Main Findings

- A quarter of disabled people who responded to the survey have had to use a food bank or have relied on others to get food. Since 2020, 68% have had to change the type of foods that they usually buy or what they eat because of low income. A report from the Women's Budget Group titled 'The Income Crisis: A Gendered Analysis' (June 22) shows that in that year up to March 2022 food bank use increased 81% compared to the same period in 2016. This need is disproportionately experienced by disabled people, who constitute 62% of working-age adults referred to Trussell Trust food banks (three times the rate of disabled people in the general population).
- A third of disabled people who responded to the survey cannot afford to pay all their bills. When asked what they were doing about this, 70% said that they were using heat and light less and 54% were eating less. Some were missing payments (7%) and 31% were borrowing money. This mirrors the findings of the GM Residents [18]Survey that found that 40% of disabled people have cut the size of a meal or skipped a meal due to finances, compared to a Greater Manchester average of 25%.
- Respondents were asked whether they think that being disabled meant that they had to spend more on gas and electric—three-quarters agreed with this statement.
- There are multiple mentions by respondents about having been put on a StepChange debt repayment plan.
- Disabled respondents said accessing benefits was extremely difficult, the assessment systems were 'abusive,' and the amounts of money 'inadequate'.

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[18] https://www.greatermanchester-ca.gov.uk/media/6141/greater-manchester-resident-survey-wave-2-april-2022.pdf

What disabled people have said about managing their money:

- ‘My neighbour brings me leftovers sometimes.’
- ‘Stopped branded shopping and only buy from the cheaper priced supermarkets: Home Bargains, B&M, Lidl, Aldi, Iceland, etc. These supermarkets do not have online delivery so I am usually reliant on others to do my shopping here.’
- ‘I skip meals, I half every portion, I live very minimally, I never go shopping for anything other than bits of food, I pay minimum amounts off debts as I need to keep them happy so that I can order a new vaccume [sic] or washing machine in the future as I have no other means of affording/replacing needed items I am currently in rent arrears of £535 as I could not afford to pay the rent last month and got so sick of having empty cupboards and freezer. I am hungry’
- ‘I have numerous items of equipment that run off electricity, all of which are needed. This is inclusive of hoists and machines that allow me to breathe, my ventilator is to be used for nine hours a night and incorporates a heating element which heats water to ensure my airways don't get to dry.’

Recommendations

2.1.01 We ask GMCA, MPs, Local Authorities and Greater Manchester Integrated Care Board to ask Ofgem to engage with disabled people-led organisations’ calls for the implementation of a social tariff or variable cap on energy costs, to lower the rates on existing pre-payment meters to the same rate as tariffs paid by standard meter customers and to ensure that information is accessible to disabled energy users, including British Sign Language (BSL) provision. We support the Greater Manchester Money Advice Group’s calls for an end to warrants being used to place consumers in arrears onto pre-payment meters, and share their concerns at the discriminatory impact of retail suppliers compelling low-income disabled consumers to enter debt repayment arrangements with remote for-profit debt advisers such as StepChange (who offer no face-to-face provision). Our position is that other options can produce better results, e.g., debt relief orders[19]. Greater Manchester's disabled residents must have access to properly resourced, uncharged debt advice from local, accessible, disability-aware, face-to-face services.

2.1.02 We ask the Government to provide (and the ten Greater Manchester Local Authorities to support) statutory funding given to local authorities and ring-fenced to providing[20] debt/benefits advice[21].

2.1.03 We call on GMCA, MPs, Local Authorities and Greater Manchester Integrated Care Board to ask the Government:

- To add an emergency uprating to all benefits—including the 'extra-costs benefits' (PIP, DLA and AA) in line with the rate of inflation and cost of living indexes and that this happens several times a year. The uprating must at least match the latest Bank of England predicted inflation rate[22].
- In periods of high inflation, benefits should also be increased more than once per year.
- To abolish the bedroom tax and two child limit
- To restore legal aid to include first tier tribunals,
- To introduce interim assessment rates and remove mandatory reconsideration.
- To end the unfair regime of Work Capability and Personal Independence Payment assessments and to introduce co-produced assessment as has happened in Scotland with the Adult Disability Payment.

2.1.04 We call on GMCA, MPs, Local Authorities and Greater Manchester Integrated Care Board to ask the Government to ensure that the one-off Disability Cost of Living Payment of £150 should be given to every disabled person in receipt of a qualifying benefit. Under the

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[19] https://wearedebtadvisers.uk/news/debt-advice-agencies-demand-equal-treatment-from-energy-companies

[20] https://www.lag.org.uk/article/212255/the-uncertain-future-of-debt-advice

[21] https://www.bbc.co.uk/news/business-58993223

[22] https://www.resolutionfoundation.org/press-releases/new-pms-term-in-office-on-course-to-be-marked-by-deepest-living-standards-squeeze-in-a-century-and-three-million-more-people-in-absolute-poverty/

current rules disabled people must have received a payment of one of these qualifying benefits on 25 May 2022 to get the payment. If somebody qualifies for the benefit after this date, we believe, that they should still be entitled to the payment. There is no justification for an arbitrary eligibility start date.

2.1.05 We call on GMCA, MPs, Local Authorities and Greater Manchester Integrated Care Board to ask the Government to ban all arrears-related deductions from benefits.

2.1.06 We call on GMCA, MPs, Local Authorities and Greater Manchester Integrated Care Board to ask the Government to revise the eligibility criteria for the Warm Home Discount to reinstate eligibility for disabled benefit claimants whose entitlement to the rebate was removed by the Government in April 2022.

2.1.07 We ask Social Housing Providers and private sector landlords in Greater Manchester to follow the action of the Scottish Government[23] and freeze rent increases, especially for disabled people, to stop rental debt recovery and to introduce a moratorium on evictions.

2.1.08 We ask GMCA to consider establishing a Good Housing Charter similar to the Good Employment Charter and engage with tenants' rights groups/unions and build on work undertaken by GM Housing Action.

2.1.09 We ask GM Institutions to favour ‘cash first’ responses to poverty both for speed, effectiveness, and dignity and to prioritise giving people money over in-kind support such as food parcels and energy vouchers.

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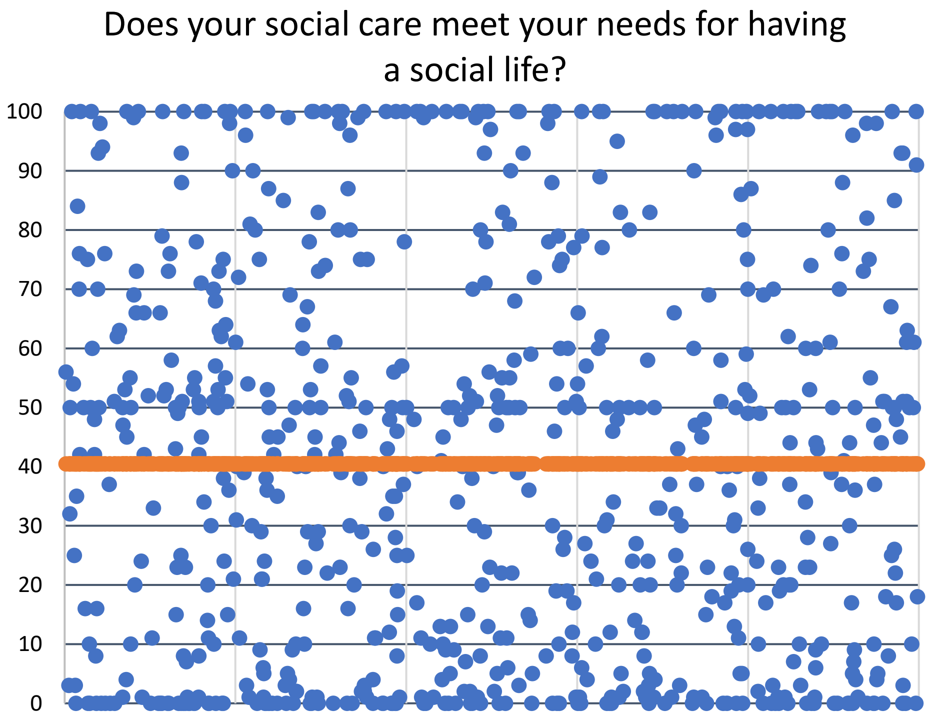
[23] https://www.gov.scot/news/rent-freeze-focus-of-programme-for-government/

2.2 Social Care and Personal Assistance

Main Findings

- Disabled people were asked about the social care they receive. 62% have help with daily living or going out. 21% said that they have to pay for this.
- 29% of disabled respondents have not had the care they needed because they could not afford it.
- 63% of disabled respondents felt that the support they received had not changed over the last two to three years but 29% thought it had become worse.
- Learning disabled people would like more choice and control -and the support to do that- of their care and support packages.
- Respondents were asked whether their social care met their needs for having a social life on a scale of 0 (not at all) to 100 (fully met). The graph below shows the distribution of responses, with the red line representing the average of 40. Nearly a quarter of people (23%) scored between 0 and 5.



If the right level of support is provided, people said this:

- ‘Would improve my outcomes for getting a good job.’
- ‘[would create]more independence and less stress, [I’d] be able to work more self-employed hours, eat more healthier and exercise little more.’
- ‘would mean me and my mum could go out a lot more together, if there was someone to help us. It would also mean my mum could have some time to herself to visit her friends.’

What disabled people have told us about Social Care:

- ‘Haven't had full cover since the start of the pandemic. Difficult to find staff at the terrible pay rate.’
- ‘My husband had to give up his full-time work to care for me. It is very expensive having a carer.’
- ‘I had a PA for 20 hours a week, to help me wash, dress and prepare meals. They wanted more in contributions from me, than her weekly wage, and I couldn't afford it at all! So now I injure myself and am exhausted because I have no help.’
- ‘Family and friends are relied on too much. It makes them ill. Eventually friends leave.’

Recommendations

2.2.01 We ask GM Local Authorities to implement measures to alleviate severe risks to disabled social care recipients' health and wellbeing outcomes, caused by increases in care charges and the cost of living. We recommend an increase the discretionary element of the Minimum Income Guarantee (MIG) by at least an additional £150 per week, and call for the cessation of debt recovery actions against the growing numbers of disabled residents who have fallen into arrears.[24]

2.2.02 We ask all ten Local Authorities in Greater Manchester to follow the example of Hammersmith & Fulham Council to coproduce statutory social care free at the point of use.

2.2.03 We ask for an end to the culture of 'assessing away need'. Ensure Care Act means-testing financial assessments are meeting the legal standard and put in place methodology to record and publish unmet need.

2.2.04 We ask the ten GM Local Authorities to work with the Panel and Disabled People's Organisations to advocate for genuinely fully funded social care provision, reframed as services upholding the right to a full and independent life. Our preferred option is for the disabled-people-created National Independent Living Support Service model.

2.2.05 We ask the CA and Local Authorities to explore viability of supporting Personal Assistant co-operatives to connect disabled people needing PAs with good candidates. For example, currently the just-above minimum wage pay level makes recruitment and retention of PAs very difficult, along with visa restrictions on overseas candidates.

2.2.06 We ask Local Authorities to review the differing rates paid to agencies in contrast with the lower rates paid to disabled people on direct payments for employment of PAs.

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[24] Disability News Service: https://www.disabilitynewsservice.com/tens-of-thousands-driven-into-debt-by-care-charges-new-figures-show/; GMB Union: https://www.gmb.org.uk/news/least-130000-trapped-social-care-debt Open Democracy: https://www.opendemocracy.net/en/cost-of-living-social-care-bills-people-cant-pay-exclusive-england/

2.2.07 Independent General Advocacy must be truly independent, and fully accessible to everyone seeking social care.

2.2.08 We ask the Greater Manchester Integrated Care Board to develop a fully co-produced complaints system. The current system is leaving many having to seek Ombudsman help which takes many months.

2.2.09 There is clear relationship[25] between delay to discharge from hospital with lack of timely and sufficient social care provision. This means fixing social care should be a shared objective of the NHS, social care departments, and service users, making the solution a natural candidate for meaningful co-production.

2.2.10 We ask that the CA and Local Authorities work with current campaigns to establish good wages, dignity, and professionalism of PA and care work so that it is valued and properly rewarded; this creates good employment and raises the quality of care.

2.3 Housing and Neighbourhood

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[25] https://twitter.com/MichaelMarmot/status/1570858091276795905

Main Findings

- 57% of disabled respondents felt that their housing met their needs. This means that 43% of disabled people that responded to the survey are living in housing that either partially meets their need, or does not at all. When a similar question was asked in the 2020 Covid survey of disabled people, 37% of respondents said that they were in inaccessible or partially accessible housing, which indicates that the problem is worsening.
- When this is split into the cohort that has used a food bank, and the cohort that either has not or has relied on others to get food, there are clear differences. Only 37% of those who have relied on a food bank have housing that meets their need. This compares to 63% of those who have not relied on a food bank. This demonstrates the multiple challenges that some disabled people in Greater Manchester are facing.
- 64% of disabled respondents said that they were worried about their housing situation. 15% said that they are worried 'a lot'. In 2020, 32% of respondents said that they were worried about their housing situation. This is a huge and wholly unacceptable increase over the last two years.
- There is a clear economic divide amongst the respondents, with the poorest disabled people feeling the most worry about their housing security and standards
- Disabled people are living in deprived areas, in poor housing stock with damp problems and poor insulation. Some disabled people need adaptations in their house that they are unable to afford.
- Disabled people told us that they were worried that a deterioration in their health would leave them struggling in the future. Many respondents are worried that partners or family members who currently provide them with care and support might become unable to help them in future (see the Social Care and Personal Assistance section).
- Disabled people reported that shops were inaccessible and that they were coming across fewer accessible toilet facilities and parking spaces when out and about. This is in keeping with the

findings of a recent ONS report: Disabled People's Experiences with Activities, Goods and Services.[26]

- When asked how safe and included they feel in their neighbourhood, more than half do not feel completely included and safe. 18% said they do not feel safe and included, and 35% said they only feel partially safe and included.
- Many commented on the crime and antisocial behaviour within their neighbourhood, which does not make them feel safe; examples given were burglary and youths loitering. There was also an alarming number of responses that noted a lack of action by the police.

What people have told us about their housing and neighbourhood:

- ‘The place I am living is overrun with rats I cannot leave my doors open there is antisocial behaviour all around it interrupts my sleep. I cannot move because I can't afford to.’
- ‘Kind of cramped—6 people (of which more than half are autistic) in a 3-bedroom house with small rooms, a tiny kitchen and small bathroom.’
- ‘With the long-term conditions I have I do need a downstairs toilet but no success yet.’
- ‘I'd feel like I was wasting police time if I rang them to report someone being mean because I'm disabled’
- ‘It was a few years ago. Reported [hate crime] to the police but they did not seem to think it was serious.’
- ‘The house itself is fine, but the neighbourhood is rough. Constant shouting and fighting overstims [sic] me and fireworks trigger my PTSD frequently.’
- ‘People can be lovely and very helpful when you have a disability, my neighbours are outstanding. However, you do get the odd person who feels like they can shout abuse at you in the street. This makes you feel very vulnerable.’

Recommendations

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[26] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabledpeoplesexperienceswithactivitiesgoodsandservicesuk/februarytomarch2022

2.3.01 We ask the ten GM Local Authority planning committees to ensure that all new homes are built to Building Regulation M4(2) accessible' standard, with 10% built to M4(3) wheelchair-accessible standard, then this will help to address the current shortage of accessible homes in GM. These requirements have been part of the London Plan for some years and have also been recently adopted by Liverpool City Council. We also encourage the ten Greater Manchester boroughs to consult early with disabled people to ensure any new outdoor spaces, and access routes, are fully accessible.

2.3.02 We ask Local Authorities to engage in co-production with disabled people when developing their Local Housing Plans.

2.3.03 We call on GMCA, MPs, Local Authorities and Greater Manchester Integrated Care Board to ask the Government to increase the Disabled Facilities Grants and Local Authorities to increase the number of assessment staff.

2.3.04 We ask the GM Retrofitting Programme to include improvement of older housing in retrofitting as well as improving energy issues to make older housing more accessible.

2.3.05 Many green technologies that deliver environmental benefits and lower running costs are not accessible to disabled people because of the high upfront cost. We ask GM systems to explore ways to deliver the best greenest solutions to disabled people who, because of our over representation in poverty, cannot access them otherwise.

2.3.06 We ask Social Housing Providers and private sector landlords in GM to follow the action of the Scottish Government[27] and freeze rent increase especially for disabled people, to stop rental debt recovery, and to introduce a moratorium on evictions.

2.3.07 We ask GMCA to establish a Good Housing Charter similar to the Good Employment Charter.

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[27] https://www.gov.scot/news/rent-freeze-focus-of-programme-for-government/

2.3.08 We ask the ten GM councils to use their licensing function to ensure that pubs, bars and restaurants are fully accessible.

2.3.09 We ask GM councils to follow the recommendation of the Greater Manchester Independent Inequalities Commission[28] to look at options for establishing an independent anti-discrimination body to tackle breaches of the Equality Act. The body must support disabled people in taking action against inaccessible shops and businesses.

2.3.10 We ask Greater Manchester Police and GMCA to resource an extensive campaign across Greater Manchester to prevent and raise awareness of disability hate crime. Further, we ask Greater Manchester Police and the local authorities to ensure that reporting mechanisms are fully accessible, with particular attention to the needs of learning-disabled people. Greater Manchester Police and the Greater Manchester authorities must improve on the support given to disabled people reporting hate crime, and ensure that complaints are taken seriously and investigated quickly. Frontline officers should receive training in disability awareness, including the social model of disability[29].

2.4 Accessibility, Transport, and Lifestyle

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[28] https://greatermanchester-ca.gov.uk/media/4605/the-next-level-good-lives-for-all-in-greater-manchester.pdf https://greatermanchester-ca.gov.uk/media/4605/the-next-level-good-lives-for-all-in-greater-manchester.pdf

[29] https://www.inclusionlondon.org.uk/about-us/disability-in-london/social-model/the-social-model-of-disability-and-the-cultural-model-of-deafness/

Main Findings

- Only a quarter of respondents (24%) felt that they could travel everywhere they wanted without difficulty, with three-quarters saying they cannot travel everywhere they would like, or that they have difficulty doing so. When asked about the reasons they found travelling difficult, the most common reason given was accessibility, followed by cost.
- Multiple respondents commented on the importance of Ring and Ride to their lives and many would like to see improvements to this service (hours and distances travelled).
- Many disabled respondents reported financial and physical barriers to public transport (trains, buses, and trams – although trams are reported to be generally more accessible). Disabled people reported problems with broken lifts.
- 20% of disabled respondents do not have photo ID (which the Elections Act (2022) will make mandatory for voting in a polling station—this requirement is currently planned for introduction in May 2023[30]); 41% of this cohort believe they did not need one, and 37% said they could not afford it.
- 82% of respondents said that they are stuck with problems, or sometimes feel that way, and have no one to help them.
- When asked who they go to for help, the overwhelming majority said that they rely on family. Some said that this was because they could not afford to access other sources of help, others said that it was because their family knew their challenges, and that they felt most comfortable with them. However, others commented that they were reliant on their family because there were no other available options. Disabled people also report drawing on help from disabled peers with relevant / expert experience and knowledge.
- Further, disabled people have sought help from Citizens Advice and other community and voluntary organisations when trying to find solutions to a particular challenge. For example, adminstration and dealing with benefits and filling out forms.

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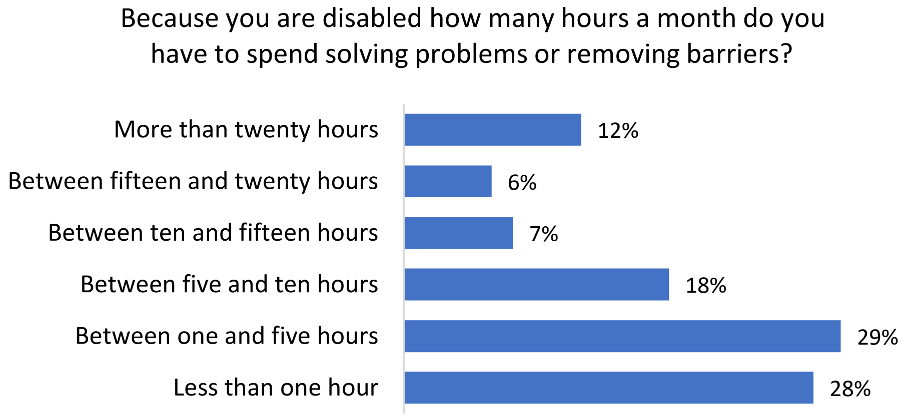
[30] https://www.nalc.gov.uk/nalc-blog/entry/2185-elections-act-2022

On Peer support:

- ‘because i found they understood better than alot of healthy / able bodied people, simply because they havent experienced the same push back’
- ‘Because they understand and we're able to help me navigate’

- Respondents were asked how many hours per month they spend solving problems or removing barriers. 12% said that they spend more than twenty hours doing this, 28% said that they spend less than one hour, and 29% said that it took them between one and five hours per month.



Ring & Ride users depend on it, and would like to see improvements:

- ‘Ring & Ride can only take me 6 miles’
- ‘I need to use Ring & Ride to get to places I need’
- ‘Ring & Ride take me where I need to go’
- ‘cannot now get ring and ride at 4pm to return home after attending age uk centre which have done for 24 years. have to spend £11 on taxis to get home each week’

What disabled people have told us about their lives and access needs:

- ‘I cannot use my local train station (Levenshulme) due to it having three flights of stairs. I have a Blue Badge but driving to accessible parking spaces in the city centre is increasingly difficult.’
- ‘Access isn't available in possibly over 50% of where I try to venture.’
- ‘I can't go out often, due to my physical health and lack of transportation. I can't afford to pay for transport.’
- ‘Public transport in Greater Manchester is a joke, delays are constant, prices are too high and it can take so long to get from a-b when it wouldn't in a car and needing multiple changes and different bus companies.’

Recommendations

2.4.01 Disabled people’s organisations have concerns about the impact of photo ID on the disabled electorate’s democratic participation rights. We ask the ten GM Councils to ensure that the ‘free voting card’ (that the Elections Act will require local authorities to provide to those members of the electorate without a qualifying form of photo ID) must be wholly accessible, and entirely free to access, to avoid any possible discriminatory impact[31].

2.4.02 We ask Local Authorities to recruit more Access Officers to ensure policies and practices meet access standards.

2.4.03 Ring and Ride users love the service and depend upon it, we ask the GMCA, TfGM and Local Authorities to meaningfully co-produce improvements and reforms with this ardent user group and establish GM-wide coordinated provision.

2.4.04 All new transport vehicles and infrastructure should meet level wheelchair access standards as a minimum. We ask GMCA, Network Rail and TfGM to implement a program to bring existing facilities (e.g., railway stations) up to standard before the end of the decade. We ask GMCA, Network Rail and TfGM to work with disabled people’s organisations in their applications to central government for funding to improve station accessibility (for instance Access for All funds and Community Infrastructure Levy)

2.4.05 We ask the Mayor and Transport for Greater Manchester to continue with plans to introduce accessible buses, concessionary fares and an overall integrated transport system that puts access and affordability at its heart

2.4.06 There is a widespread and increasing problem of taxis operating a de facto blanket refusal to pick up wheelchair users. Many excuses are being offered to disabled people, resulting in many giving

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[31] https://commonslibrary.parliament.uk/research-briefings/cbp-9187/

up trying. We recommend an easy and accessible system of logging refusal incidents directly with the Local Authority licensing team, this log should trigger a removal of license at a certain level. Taxi operators need to be made aware of this change ahead of time, to give them an opportunity to transition from current informal practices and meet their legal and licensing conditions.

2.4.07 We ask for live fault reporting on lift faults, as many trams and rail stations are only accessible by lift, and faster repair contracts.

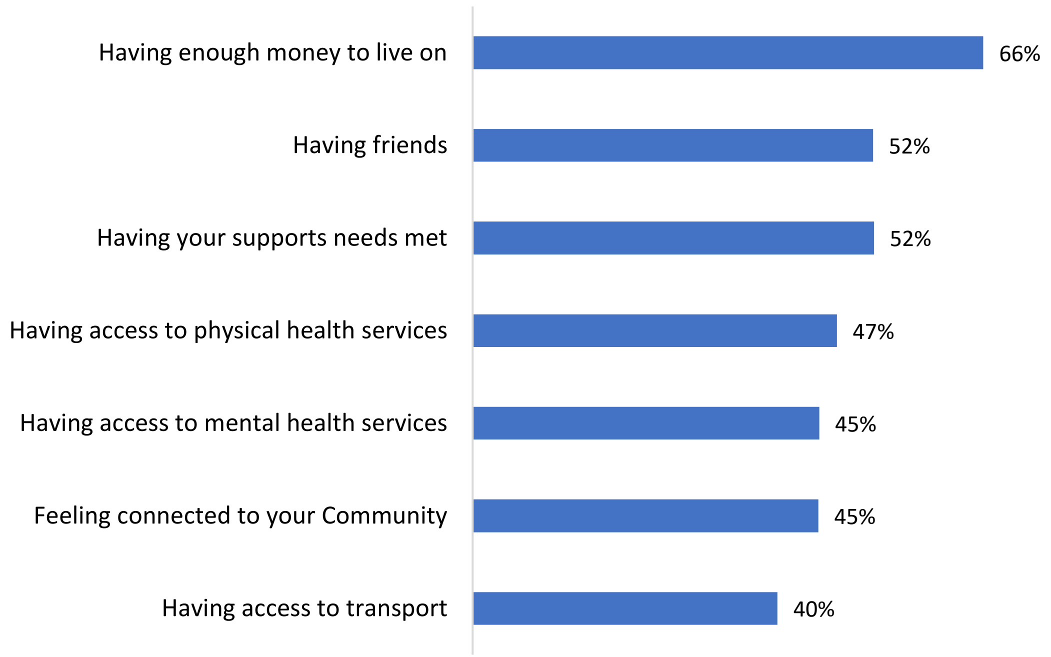
2.4.08 GMCA and the ten GM councils should implement the recommendation of the Greater Manchester Independent Inequalities Commissions to establish an anti-discrimination unit

2.5 Mental Health and Wellbeing

Main Findings

Poverty, Inequality, and lack of support are huge factors affecting disabled people’s mental health.

Which of these would help your mental health?



45% of the disabled people who responded to the survey identified factors that had stopped them getting support with their mental health. People overwhelmingly report being put off by waiting lists or being in limbo waiting for the right help; the limited options within IAPT are not considered helpful. Some have had challenges with professionals in the past and there were reports of a lack of neurodivergent-aware professionals.

Comments conveyed that the benefits regime and poor working conditions were causes of mental health worsening, yet these were the only financial options available for the meeting of affording basic necesities.

What worked well for people’s mental health: disabled people said that getting out in nature and enjoying green spaces was particularly beneficial. Some also mentioned seeing family and friends. Similar beneficial impacts from spending time with family and having hobbies were shared by disabled people in the Greater Manchester Mental Wellbeing & Disability Report[32].

What disabled people told us about their mental health and wellbeing:

- ‘The lack of a social life. Staying indoors 24 hrs a day. No money.’
- ‘Not being able to get out and do the things I like doing gets me down.’
- ‘Too much time alone, money concerns, lack of general health appointments GP—don't want to clog up the system.’
- ‘Stress. It also affects my physical health which has a knock on effect to my mental health. Pain… not being able to exercise increases my pain levels. Money... not being able to afford the food or supplements I need.’
- ‘lack of services and obtuse and indifferent so-called "mental health" professionals.’
- ‘Generally I would say that waiting lists and demand on services is the biggest barrier.’
- ‘Mental health. Its still carries the stigma.’

39% of the disabled people who responded to the survey felt that attitudes towards disabled people were worse than before Covid, and just 6% felt that they were better.

When asked about how safe and included they feel in their neighbourhood, more than half did not feel completely included and safe. 18% said they do not feel safe and included. 35% reported that they only feel partially safe and included (see also Housing and Neighbourhood section).

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[32] https://www.gmhsc.org.uk/wp-content/uploads/2022/04/GM-MWD-Report-Final-v7.pdf

Recommendations

2.5.01 We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts to offer more holistic tailored support to people in a timely fashion. From the qualitative responses it is clear restrictive NHS diagnostic pathways and limited options for treatment largely rest upon behavioural assumptions that do not meet people's differing needs nor cultural differences.

2.5.02 We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts to urgently reduce waiting times. Long waiting times are a factor in the worsening of mental health, including the management of distress. They are also a denial of healthcare, where the need is often for immediate support.

2.5.03 We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts for more resourcing and facilitation of Service User and survivor voices in order for co-production to happen in a meaningful way, where power differentials are equalised[33]. GMIHSCP & GMMHT need to outreach, beyond current networks to have the difficult conversations, they must search out community user-based organisations and give them the means to coordinate co-production, understood as democratic partnerships. [34]These resourced entities can then work together on an equal basis to create a service or come to a decision which works for them all.

2.5.04 We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts to reduce inequality acknowledge and address intersecting structural factors, including those in operation within the institutional cultures of the public sector e.g., in social care, housing and planning, regressive forms of taxation, and the DWP.

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[33] https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-is-co-production/

[34] https://www.nsun.org.uk/projects/4pi-involvement-standards/

2.5.05 We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts to consider pilots of innovative alternatives such as the Trieste model[35].

2.5.06 We ask GM Integrated Health Partnership and Social Care and GM Mental Health Trusts to end 'stepping down'/'off-rolling', and use of 'resilience,' 'dependency,' and 'recovery' s euphemisms for the removal of healthcare and support.

2.5.07 We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts to listen to people labelled with a personality disorder (PD) diagnosis, they often have the worst outcomes[36] and to consider ending the use of PD diagnoses and seek more holistic, tailored responses to service users.

2.5.08 Where services are failing or effectively non-existent because of lack of funding, we ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts, senior decision-makers and elected representatives to work with disabled people to lobby central government for rights-based improvement.

2.5.09 We ask the Integrated Care Partnership to recognise institutional culture and its role in the recently exposed abuse.[37] The ICP must be committed to co-production to level the power differentials and support whistle-blowers.

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[35] https://www.livingwellsystems.uk/trieste

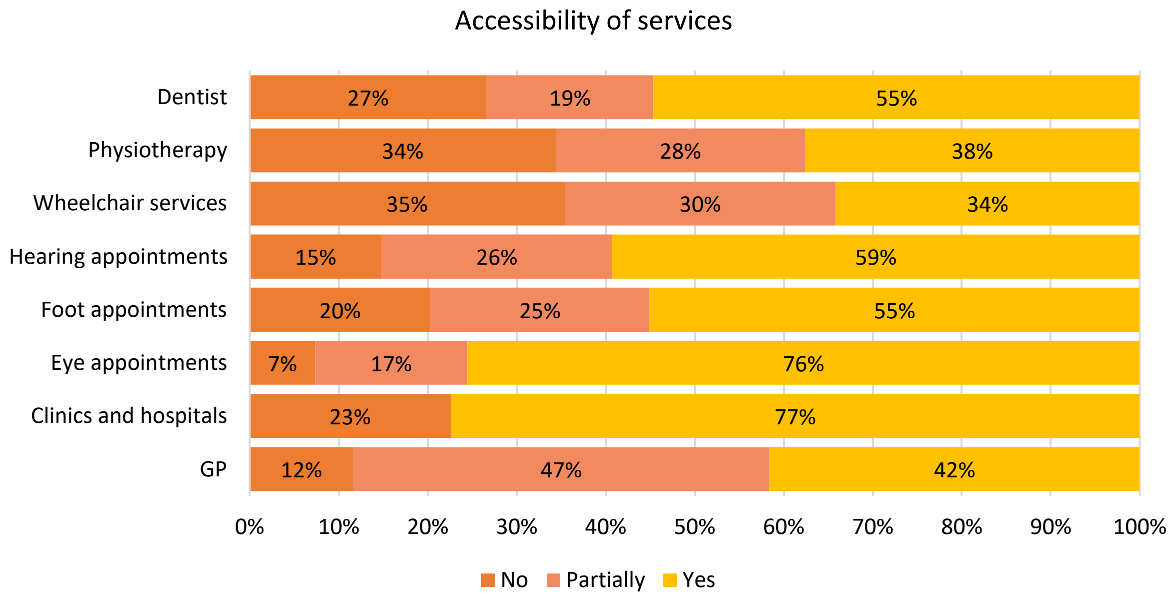
[36] https://www.clinicalkey.com/#!/content/journal/1-s2.0-S2215036616303145

[37] https://www.bbc.co.uk/news/uk-63045298

2.6 Health Services

Main Findings

- 62% of disabled people who responded to the survey felt that being disabled will affect the treatment that they receive.
- Over two-thirds of respondents felt that their physical healthcare needs were not being fully met. 46% said that their physical healthcare needs were being partially met and 19% that they were not being met at all.
- 39% of those whose housing needs are not being met are not having their physical healthcare needs met—this is in comparison to 12%, in the cohort whose housing needs are being met. This statistic illustrates one intersecting driver of the socio-economic disadvantage that reduces disabled people's quality of life.
- 42% of respondents said that they cannot afford all the things that they need to maintain their wellbeing.
- Health service professionals were reported to have low understanding that the presence of their personal assistant is integral to a disabled person's functioning, and cannot be excluded from accompanying the disabled person during health appointments.



What people told us about Health Services:

- ‘Prescription costs and transport to appointments (which are becoming more frequent lately) are difficult to fund. I can't afford to have the heating on anymore so try my hardest to get warm with layers and alternative methods such as hot water bottle and heat pads. I'm eating less food than I should be doing due to the rising costs, but I do manage to get at least 1 meal a day with a snack or 2.’
- ‘Prescriptions are getting more expensive and I keep needing more of them. Heating is needed much more than for most and is becoming worse than ever. I cannot afford to have it on as much as I need’
- ‘It's a nightmare trying to get GP or nurse appointment I have been waiting over 2 years to see some of my consultants and almost 3 years fir [sic] operations I need’
- ‘Waiting lists are now obscenely long, and appointments when they finally arrive feel rushed and like they don't want to listen. When you have complex health needs this is disappointing.’
- ‘my GP is physically inaccessible (doors too small for a standard 18 inch wheelchair) as well as there being no appointments to make I literally do not have any kind of healthcare plan.’
- ‘Yes the rules about carers makes it very very difficult. A lot of people have to have 2 carers, especially as most hospital departments don't have hoists.’
- ‘Well in my condition I will need someone by my side to care for me. So the hospital should have room to accommodate my full time carer.’

Recommendations

2.6.01 There is a clear relationship between a delay to discharge from hospital and a lack of timely and sufficient social care provision[38]. Therefore, fixing social care should be a shared objective of the NHS, social care departments, and service users, making the solution a natural candidate for meaningful co-production which we ask GM Integrated Health and Social Care Partnership to commit to. Central government must accept that delays to healthcare or social care provision are denials of provision.

2.6.02 Records can be patchy and insufficiently joined up, leaving some disabled people having to re-negotiate afresh at every engagement. Therefore, we ask GM Integrated Health and Social Care Partnership for one unified simple record that records name, address, date of birth and access needs. Administration staff should pro-actively ask for people's access requirements, record these and make them available to all health and social care service providers.

2.6.03 We ask GM Integrated Health and Social Care Partnership to empower disabled staff networks, improve data collection of workforce and disability, implement Disabled People Panel/DPO approved disability equity training, to be attended by consultants and senior staff, including directors and board members.

2.6.04 The NHS accessible information standard document is 62 pages long, off-putting in length and inaccessible for some disabled people. We ask GM Integrated Health and Social Care Partnership to produce an easily accessible shorter version of ideally no more than ten pages in length, created with accessible communications experts. We further advise production of video and audio versions to optimise all staff uptake of the key points.

2.6.05 There were significantly higher access issues with dentistry, physiotherapy, GP services, and most alarmingly, wheelchair services. These need rapid action to arrest this decline. We ask GM Integrated

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[38] https://twitter.com/MichaelMarmot/status/1570858091276795905

Health and Social Care Partnership to resource a Panel task group to review and reform wheelchair services, with work on the other areas to follow. Regional recruitment and retention of dentists must find innovative ways to keep dentists in the city region and providing NHS services.

2.6.06 The responses show a correlation between medical needs and unmet housing needs[39]. This exemplifies the reality of complex systems being resistant to change. This hard to navigate rigidity has a cumulative disabling effect. Systems need reforms that deliver a cultural shift from rigid proceduralism to democratic, inclusive problem-solving with service users. We ask GM Integrated Health and Social Care Partnership to prioritise coproduced troubleshooting, not gatekeeping.

2.6.07 Most disabled people are still taking Covid precautions. Whenever possible GM should, as a City Region, endeavour to stem further peak outbreaks and the impact of Covid on disabled people, rather than following central government policy if this is based on political rather than health-protection grounds.

2.6.08 Members of the social groups who disproportionately experience health inequality are worse hit by the current cost-of-living crisis, and structural poverty more generally. We ask GM Integrated Health and Social Care Partnership to address the drivers of this in whole-system responses.

2.6.09 We ask GM Integrated Health and Social Care Partnership to give greater publicity to Prescription Prepayment Certificates: they can save considerable sums for those who do not qualify for free prescriptions, but require more than one prescription item per month. Ideally, England would follow Wales and Scotland and end prescription charging.

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[39] https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.equalityhumanrights.com%2Fsites%2Fdefault%2Ffiles%2Fhousing-and-disabled-people-britains-hidden-crisis-main-report-accessible-version_0.docx&wdOrigin=BROWSELINK

2.7 Problem Solving and Support

Main Findings

- Disabled people are typically expert in overcoming barriers and solving problems; we have to be, to navigate a disabling world. But problem- solving can be a time-consuming burden, and can consume a lot of a disabled person's energy. Our survey asked how many hours a person estimated they spent each month solving disability-related problems. 30% spent between 1 and 5 hours a month on disability problem-solving, with 17% spending 5 to 10 hours and 8% spending 10 to 15 hours; 12% spent over 20 hours a month.
- 58% Disabled respondents said central government was harming or neglecting them. This is an increase of 10 points since our last survey in 2020. This compares with 38% saying the same of local authorities. An increase of 12 points since our 2020 survey.
- We asked who disabled people approached when they needed help; for 63% the answer was 'family,' 13% responded 'friends', followed by charities for 7%, Citizens Advice for 5%, a DPO for 4%, 'peers' for 4%, and the local council for 3%. 54% had good experiences of getting help, but 46% did not.
- When we include people's experiences where their access needs were not met, negative experiences of obtaining help rise to 64%
- 43% of respondents had the impression of a lack of available help and 'can feel stuck with a problem' with a further 40% saying this happens sometimes.
- 40% of disabled respondents said they thought attitudes to disabled people had worsened over the last two years.

What people told us:

- ‘I'm deaf coming from a deaf family… This has a major impact on our health as there already a huge waiting list and our appointments have been delayed further due to BSL interpreters not being booked.’
- ‘I’d love to get a good job and be able to afford to buy and do things. I rely heavily on my family for money and food and wouldn't be able to cope without them.’

Recommendations

2.7.01 Advice and Advocacy, welfare rights and complaint handling is piecemeal, underfunded, and uncoordinated, leaving many lacking awareness of how to get help in dealing with complex bureaucracies. Advice and advocacy must be accessible and central to integrated services. We ask for a GM-wide advice and advocacy service to be put in place, and this should be co-produced with the VCSE sector to ensure rights-based provision

2.7.02 Accessibility should be embedded within the culture of all institutions. We recommend that all publicly funded bodies fund Disabled People’s Organisations and the Panel to Develop Disability Equity training, and approve it for rolling-out to Local and City Region-wide institutions

2.8 Education

Main Findings

- 58% of disabled respondents said they did not feel welcome in mainstream education.
- 28% were negatively affected by increases in the cost of living, affecting choices around pursuing or continuing education

What people told us about Education:

- ‘I would love to go to university and complete my learning but getting to and from my uni, having finances to do it etc prevent me doing it’
- ‘Teachers did not understand me. The headteacher called me 'naughty' for not hearing a teachers instructions but he knows I wear hearing aids. Teachers often told me my disabilities were 'not that bad' and other children have worse difficulties. I was not offered help to understand lessons despite wanting to learn. Teachers just praised my good behaviour but did not help my learning. I did not get help with social development and making friends.’
- ‘I have problems with bullying. I have been out of school for most of this academic year because my needs haven't been met by school. They haven't tried hard enough to meet my needs.’
- ‘University is INCREDIBLY ableist and this feeling of not feeling welcome or wanted is shared by many in the disabled students society’
- ‘One of my children attends mainstream school. They don't feel safe there. They are constantly made to feel that they have to comply when they can't and it damages their mental health. They hurt themselves frequently and have panic attacks.’

Recommendations

2.8.01 Disabled People should be part of mainstream education, and feel included and welcome. Many parents and carers have to take legal action to get the bare minimum of support and win 96% of cases. We recommend education departments stop the costly and time-consuming effort of fighting to deny support and instead co-produce with disabled students good quality Education Health and Care Plans.

2.8.02 Waiting for diagnosis can take years, leaving children and young people with no support pending a diagnosis. We recommend instead that anyone who is seeking a diagnosis is treated as having that diagnosis for the purposes of needing support.

2.8.03 Disability support in university continues to be inadequate, especially where students are having to arrange placements as part of their course. We recommend an increase of funding and staffing and Panel/DPO approved Disability Equity Training.

2.8.04 Cost of transport is a barrier for disabled people. Inclusion in education can be improved by promoting awareness of access, available travel grants and continuing with the updating with the Panel of the concessionary pass scheme.

2.9 Employment

Main Findings

- 50% of respondents were not in employment. TUC research reflects this disability employment gap[40]. For those that were, they were asked whether they think that they get the same career opportunities and pay as a non-disabled person. 80% said that they did not feel that they did.
- Nearly half of those that are working said that they were not paid enough to cover all of their living expenses. A report from the House of Commons highlights that disabled people were paid £2 per hour less than non-disabled people in 2021.
- 27% of disabled respondents said that they had left their job because of disabling barriers since 2020.
- 42% of respondents did not feel safe going to work because of the impact of Covid on themselves or someone that they live with
- Some commented that they find it exhausting within work having to constantly ask for suitable adjustments or adaptations. Many also said that working in the disabled sector meant that their needs were catered for within work.

What people told us about employment:

- ‘It can be exhausting to have to be the person who is saying they have a disability and that you need something that is actually quite simple and would probably be of universal benefit for all people. The building I work in has almost no disabled parking (7 spaces for 1400 workers and public) and it is a council building. If you have a disability then you have limited access to the building meaning that you are less likely to want to work there.’
- ‘I work for charity that works with people with the same disability I have, therefore it's very inclusive. Not everyone has that benefit.’

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[40] https://www.tuc.org.uk/research-analysis/reports/disability-pay-and-employment-gaps-2020

Recommendations

2.9.01 We ask GMCA, MPs, Local Authorities and Greater Manchester Integrated Care Board to support the Public and Commercial Services (PCS) Union in asking the Government for greater resources to reduce the backlog of assessments by the DWP’s Access to Work service. Access to Work should also harmonise its approaches to home-working, self-employment and employed workplace provision. The right to work from home must be supported, particularly where it is an access need.

2.9.02 We ask the Greater Manchester Good Employment Charter to educate employers and employees about the Access to Work scheme and publicise it to encourage take up.

2.9.03 We ask GM wide systems, organisations, and institutions to improve the collection of data on employment levels, job retention and career progression however, disability remains a sensitive area and many disabled workers do not disclose their disabled status because of discrimination concerns. The choice to disclose is still dictated by disablist workplaces. Gathering comprehensive qualitative and quantitative data on the picture of disabled employment needs to negotiate this delicate terrain and investigate the lack of job progression.

2.9.04 We ask GM wide systems, organisations, and institutions to set targets to reduce the disability employment and pay gaps.

2.9.05 GMCA and the ten GM councils should implement the recommendation of the Greater Manchester Independent Inequalities Commissions to establish an anti-discrimination unit.

2.9.06 We ask GM wide systems, organisations, and institutions to improve support for people employing Personal Assistants on an individual budget, so they are funded to pay a competitive living wage, allow for travel expenses, blue light card eligibility, and work with the Personal Care Panel convened by Embrace.

2.9.07 DWP job coaches do not have sufficient understanding of disabled people's lives. We recommend Panel/DPO approved Disability Equity training and expansion of initiatives in Greater Manchester to improve on national DWP practices, as already seen in the Work and Health programme. DPO's should be commissioned to provide peer led employment programmes.

Ends.

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