



Living My Best Life

A joint strategy for disabled and
neurodivergent people in Staffordshire
2023 - 2028



Staffordshire
County Council



Staffordshire and
Stoke-on-Trent
Integrated Care Board

Foreword

Many people with disabilities and neurodivergences have positive life experiences and outcomes. However, some do not experience the same opportunities that other people take for granted. This Strategy aims to improve health and wellbeing, economic, educational and social outcomes and help make Staffordshire a place where disabled people and people with neurodivergences can live their best lives.

This is a joint Strategy between Staffordshire County Council (SCC) and Staffordshire and Stoke-on-Trent Integrated Care Board (ICB). It complements national and local strategies and good practice (including our SEND and Carers' strategies, as detailed on Staffordshire County Council's [strategies webpage](#)).

It also considers what people have told us. This includes our partners, the public, professionals, politicians, local organisations and people living with disabilities and neurodivergences, and their carers.

In this Strategy, we are referring to the Equality Act (2010) definition of a disability, rather than, for example, using a narrow definition based around eligibility for particular

services. This Equality Act definition is a 'physical or mental impairment with a significant and long-term adverse effect on an individual's ability to carry out normal day-to-day activities.' Neurodivergences are about brain function and behaviours that are not considered typical.

The Strategy supports a wide range of people, and not just those who receive particular services. It aims to raise community awareness and remove barriers so people can be recognised and treated as individuals and not for their disability or neurodivergence. Accountability will come through our new county-wide joint Disability Partnership Board arrangements, so that meaningful change can happen at scale.

We would like to thank everyone who has supported this Strategy so far. This marks the start of a journey. It will take years, not months for big changes to happen. We hope that through commitment from ourselves, our partners and the wider community, we can create the right conditions for this.



Councillor Julia Jessel
*Cabinet Member for
Health and Care, SCC*

Dr Richard Harling, MBE
*Director of Health
and Care, SCC*

Councillor Mark Sutton
*Cabinet Member for
Children and Young
People, SCC*

David Pearson, MBE
*Non-Executive Chair,
Staffordshire and Stoke-
on-Trent ICB*

Councillor Jonathan Price
*Cabinet Member for
Education (and SEND),
SCC*

Peter Axon
*Interim Chief Executive
Officer, Staffordshire
and Stoke-on-Trent
Integrated Care System
/ Board*

Background: What we know

Disability or Neurodivergence Prevalence



Impaired mobility or personal care activities

About **6 in 100** adults aged 18-65
1 in 6 adults over 65
 Less than **1 in 100** under 18s



ADHD

Around **3-4 in 100** people



Severe hearing loss
 Around **3 in 100** adults
 Close to **0** under 18s



Down's syndrome
 Less than **1 in 1,000** people



Registrable eye condition or severe visual impairment
 Approximately **2 in 100** adults
 Less than **1 in 1,000** under 18s



Learning disability
 About **1 in 40** people



Autism
 A minimum of **1 in 100** children and adults



Fetal alcohol spectrum disorder
 Just over **3 in 100** people

Disabilities and neurodivergences can impact on people's experiences and their chances of achieving their potential. They may struggle educationally and at work. They may have difficulty accessing social, leisure, retail sport, cultural and religious opportunities in their local area. They may feel more lonely and unsafe and be more vulnerable to crime and abuse. They may also have problems accessing health services and using digital technologies. Certain disabilities and neurodivergences are associated with an increased risk of chronic ill health and can shorten an individual's life expectancy.

Some disabilities and neurodivergences are not diagnosed. Some are not visible. Not all people living with them want others to know. This makes reducing inequalities (ensuring everyone can experience things in an equal way) a more complex challenge.





Social Life and Connections



For every one hundred disabled people aged over sixteen, fifteen feel lonely 'often or always'. Only four in one hundred non-disabled people feel like this.



In 2020, for every 6 disabled people, 1 person had never used the Internet. Having equipment, memorising passwords and understanding instructions are some common problems.



Health and Wellbeing

About half of all people with a learning disability have at least one significant health problem and their life expectancy is fourteen to seventeen years lower than individuals who are not disabled

When we compare the non-disabled population to the learning disability population as an example:



For every non-disabled individual with **early onset dementia**, there will be seven people with learning disabilities with the same condition.



For every individual with **epilepsy**, there will be seventeen more with a learning disability. This is the most common cause of death for people with a learning disability.



For every five individuals with **obesity or suffering from a stroke** in the non-disabled population, there will be six people with learning disabilities with these health conditions.



For every ten individuals with **heart failure** who are not disabled, there will be twenty three who have a learning disability.'



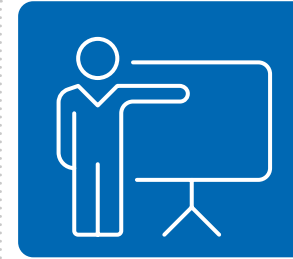
Local Places



Disabled individuals are less likely to own their own homes. For every non-disabled person there are three disabled people renting or continuing to live with parents. Homelessness is also a concern.



Disabled people are more likely to experience all forms of anti-social behaviour. Autism incidents in Staffordshire have increased in the last year.



Education



For every six SEND pupils, one will get grade 5 or above at GCSE and more are permanently excluded locally than are excluded nationally.



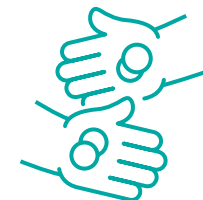
For every four pupils in Staffordshire (and for every ten nationally), one is placed in a special academy school rather than in a mainstream school.



Work and Money



For every ten autistic adults and adults with learning disabilities, two to three are in work. This compares to eight out of every ten non-disabled adults.



On average, for every £10 a non-disabled person earns, disabled people will earn £8.60.

What you have told us

Views on quality of life

Views on disabled and neurodivergent people's current quality of life suggest that disabled and neurodivergent people:

- › Have good contact with friends and family.
- › Where they live feels like home and a place where they can do what they want.
- › People who support them are listening to their needs.

However, they:

- › Do not have as many opportunities as they would like to learn and develop.
- › Do not know enough about activities and services in their communities.
- › Are not getting as much help as they would like when needed.
- › Are not having as much choice and control as they would like.
- › Do not always feel respected and listened to (under 18's)

Views on what people need to live their best lives

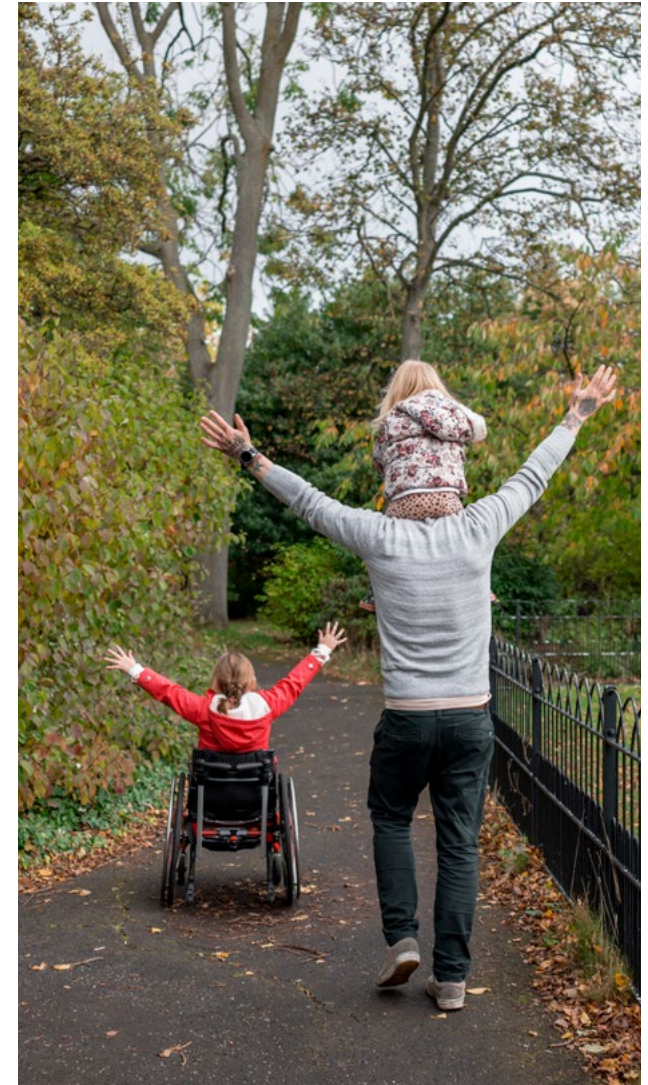
The top five factors mentioned most often by disabled and neurodivergent people to live their best lives were

For adults

- 1 | Family, friends and relationships
- 2 | Access to health and social care, shops and other services
- 3 | Appropriate and safe home
- 4 | Social life, social skills, getting out and about
- 5 | Learning and education.

For children

- 1 | Positive educational experience
- 2 | Social life, social skills, getting out and about
- 3 | Family, friends and relationships
- 4 | Adjustments made to support me
- 5 | Personal safety.





Our shared vision for the strategy

We want **Staffordshire** to become a place where **people living with disabilities** and **neurodivergences** can do what matters to them; where they are **valued** and **treated as equals** in all aspects of society; and where they can live a **healthier** and **better quality of life** for longer.

The outcomes we aim to achieve

1 Staffordshire is more open and inclusive

Co-ordinating training and awareness raising for 'all.'

This includes general awareness raising in educational settings, in the wider community and in local businesses (including those that offer services to local communities and those that are employers).

It also includes specialist training and awareness raising for statutory service professionals (including education, emergency services, health and social care, housing, transport or police and criminal justice).



Expanding 'Celebrating Differences' as a tool to record, share and grow good practice.

This means expanding Celebrating Differences from a campaign focussed on Learning Disability and Autism into a larger 'movement' representing all visible and invisible disabled and neurodivergent groups.

We will consider introducing influential champions and positive role models, lived experience- mentoring and organisational equality self-assessments into this.

2 Stronger partnerships are built around and include disabled and neurodivergent people.

Continuing to establish the Disability Partnership Board and promoting inclusion and equality as a core theme for local partnerships.

The Disability Partnership Board (linking to the Family Strategic Partnership Board) will oversee the Strategy and involve individuals with lived experience and their carers. Inclusion and equality across all aspects of health and wellbeing will be considered (including for example housing, health and employment).

The Council and Integrated Care Board (ICB) working closer together to improve outcomes.

The Council and the ICB will explore more opportunities for joint working and joint funding of services, where this improves outcomes.

Creating more safe spaces in Staffordshire.

The Strategy will aim to help more businesses to offer designated safe spaces across local communities.

Ensuring Supportive Communities and Family Hubs link with disabled and neurodivergent people and professionals.

These programmes of work help individuals and local communities to help themselves. For example, [Community Help Points](#) and [Family Hubs](#) are central points of access to information and advice. Local community navigators help people navigate to opportunities and support available in the wider community. It is important to understand what is needed, maximise community capacity and link to wider support networks and improve accessibility of information for disabled and neurodivergent people, their carers and for professionals.

3 Disabled and neurodivergent people are communicating their needs and action is being taken.

Expanding opportunities to give more people a voice (self-advocacy), so they can communicate confidently, be heard and influence action.

This could include the following, among other actions:

- › Including a 'How can I help you' or similar campaign into Celebrating Differences to normalise reasonable adjustments.
- › Encouraging more peer support networks and providing a means for statutory and other organisations to communicate and share information with them.
- › Including people with lived experience and their carers in shaping strategies and services and feeding back on the impact this has.
- › Using or developing simple approaches so that people can identify their needs confidently and discretely.
- › Embedding health passports.
- › Applying lessons learnt from the LeDeR programme.



4 Disabled and neurodivergent people and their carers are better informed and in control.

Identifying people's preferences and making information, advice and guidance and signposting information more accessible to them.

This is about exploring the ways people with disabilities and neurodivergences prefer to access information and advice whilst also considering their different accessibility needs.

Making sure that existing information, advice and guidance is comprehensive.

This is about supporting people to access digital technology. It is also about linking people to information and advice, including for example:

- › Helping them cope with day to day living (such as paying bills, completing online forms and locating disabled facilities).
- › Coping with key life changes (such as parenting and transition to adulthood).
- › Accessing specialist equipment and support.
- › Carer skills development to help carers cope with day-to-day challenges and changing needs of the individuals they support.





5 In carrying out their responsibilities for care and support, the ICB and Council will consider the whole person's needs, aspirations and what they can do. It will not stop them doing what they want to do.

Reinforce a strengths-based approach across health and care.

This is about considering people's aspirations and potential in terms of service planning; market development; assessment and care planning; service commissioning; quality assurance; and monitoring of care and support provided. It is also about increasing people's choice and control in relation to the support they receive.

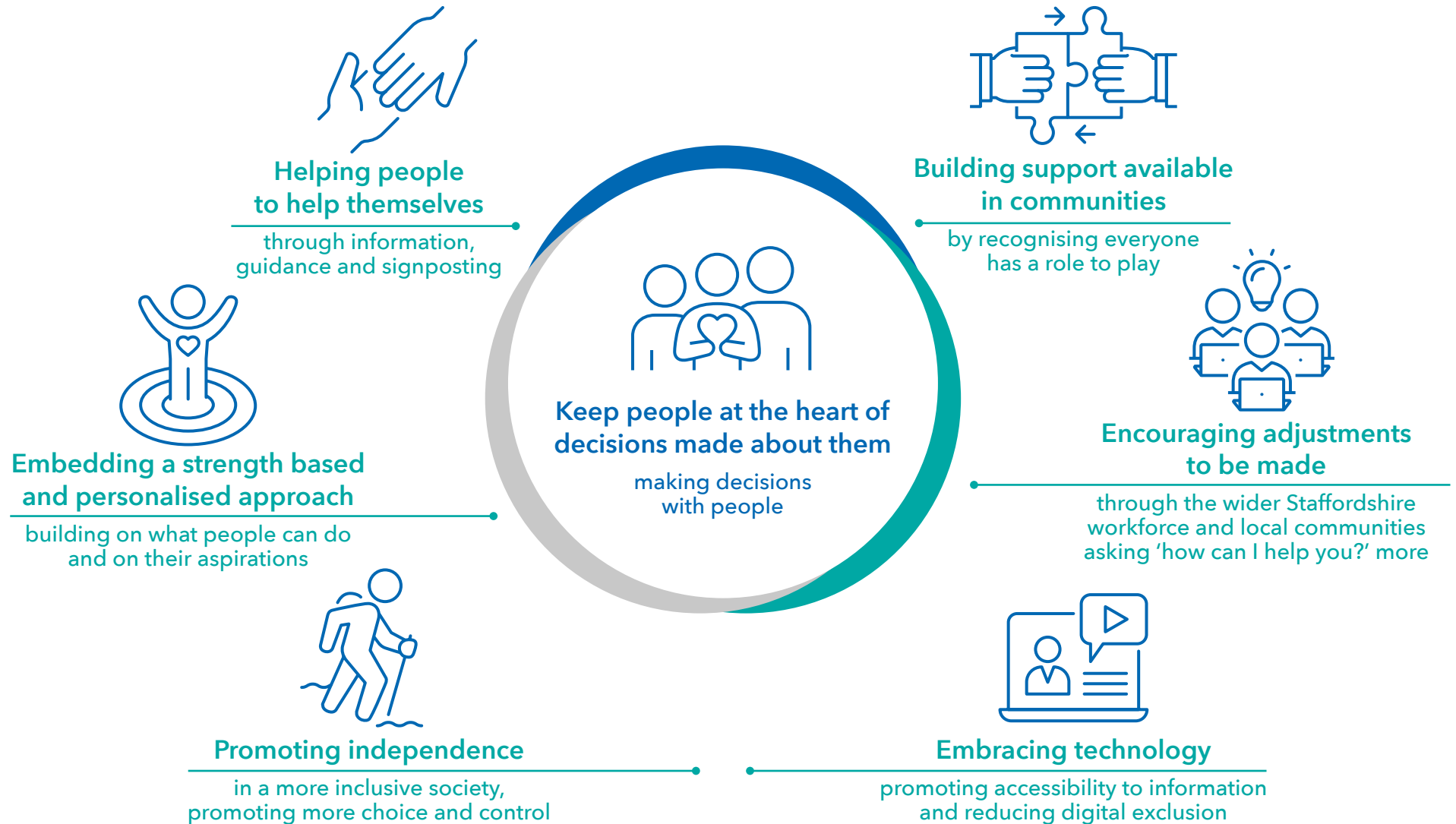
Reduce health inequalities and improve access to NHS services.

This includes earlier identification and diagnostics, giving people tools and support to prevent their needs escalating and making adjustments so that people have equal access to and experience of services.

Ensure quality and value for money of dedicated services.

This means offering a good standard of care and support as well as spending public money wisely and living within our means. It includes for example exploring more opportunities for joint working with the ICB.

Our approach



Measuring our success

5

The **five strategy outcomes** will form the basis of an **action plan** for this strategy.



The **County-wide Disability Partnership Board** will meet every **four months** and oversee delivery of the action plan.



It will provide an **update on progress** to the **Staffordshire Health and Wellbeing Board** every year.

