Manchester
Metropolitan
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Health Education North West/MMU Widening Participation Project: Phase 3 Report

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CONTENTS

1: INTRODUCTION

This is the Phase III report from a 3-phase project to investigate widening participation activities (WPA) on NHS commissioned programmes. This phase investigated the experiences of qualified staff from NHS commissioned programmes from across the North West, who have been recognised as having a specific learning disability (SpLD). It investigated their experiences during their NHS commissioned programme and, once qualified their experience while working in the NHS.

1.1: BACKGROUND

The National Health Service (NHS) employs over 1.4m staff (HSCIC 2015). NHS England reports that 6% of the workforce have disclosed a disability (NHS England 2015) although scrutiny of Individual Trust Annual Equality and Diversity Reports suggests that the value may be closer to 3%. However, disclosure by students on NHS commissioned programmes in higher education institutions (HEI) would appear to be markedly different with 12% of full-time, undergraduate students studying subjects Allied to Medicine and 9% of Medicine and Dentistry students disclosing a disability in 2013-14 (HESA 2015).

It is unclear why there is a discrepancy between the number of students disclosing a disability in HEIs compared to the number of staff who disclose a disability in the NHS workplace. This discrepancy may be related to fears of discrimination, fears that they will be perceived only in terms of their disability or because they do not feel that their disability will interfere with their ability to fulfil the job role (Disability Rights UK 2012).

The Equality Act, which came into effect in 2010, incorporates all previous domestic equality legislation (as amended where applicable) (CSP 2012). The Equality Act (2010) legally protects people from discrimination in the workplace and in wider society, including the NHS and HEIs. It prohibits discrimination against disabled people in employment and in the provision of goods and services (British Dyslexia Association 2015). Employers have a duty to make reasonable adjustments for disabled job applicants and for disabled employees to enable them to effectively execute their current role or progress through the organisation (McMillan 2015).

To date, phases I and II of this project have investigated the impact of SpLD on progression and attainment for several cohorts of students across programmes of study leading to qualifications that confer eligibility to apply for registration with the Health and Care Professions Council across a range of AHP. It has conducted semi-structured interviews to explore the experiences of persons identified with SpLD during HE and in the workplace. This phase sought to establish if themes identified during the interviews in phase II were consistent with the experiences of the wider NHS workforce.

1.2: AIMS AND OBJECTIVES PHASE III

Aim:

- To use the findings of phase II to generate a questionnaire to validate and generalise the findings.

Objectives:

- To validate and generalise the findings of phase II to a larger group of NHS staff with specific learning needs.
- To analyse data generated by the questionnaire and use this data to make recommendations.

2: METHODOLOGY

DESIGN

A questionnaire survey was used to validate and generalise the findings of phase II to a larger group of NHS staff with SpLD. Survey questions contained a series of statements that related to issues identified in phase II. Participants were asked to indicate the extent to which they agreed with each of the statements presented.

Filter/funnel items within the questionnaire ensured that data obtained was from those who had a SpLD. The questionnaire allowed those who had a SpLD to participate even if they had not disclosed their disability to their employer. This was facilitated by the sampling strategy.

PARTICIPANTS

The questionnaire was sent to qualified staff from NHS commissioned programmes from across North West England who deliver direct care. In order to achieve a fully-representative sample, we recruited participants using a range of methods. This was via North West NHS and HEI contacts and gatekeepers, via HENW contacts, NW AHP newsletters, professional body websites such as iCSP, CPD conferences and via social media such as Facebook. The survey was administered electronically via ‘Survey Monkey’. It has been shown that this method can reduce costs, and furthermore, can facilitate the compatibility of data with existing software programmes to facilitate accessibility.

DATA ANALYSIS

Survey responses from Survey Monkey were exported to Excel and the date available was summarised using tables, histograms and pie charts. Data analysis tools available through 'Survey Monkey' allowed more detailed analysis of responses where this was relevant/appropriate. Open text comments were analysed using thematic analysis (Braun and Clarke 2013). To ensure rigour, the textual data were read independently by each of the team. Critical discussions then took place to verify, modify and refine the themes.

ETHICS

Approval was obtained from the MMU Faculty Ethics Committee (ref: 1266).

3: RESULTS

RIGHT TO WITHDRAW AND WISH TO RECEIVE A COPY OF THE FINAL REPORT

Questions 1 – 2

These questions allowed respondents to be able to identify their own data without breaching their anonymity so that they could, should they wish to, remove their data from this analysis. 119/127 provided information to allow this but no respondent used their right to withdraw. Respondents were also offered the opportunity to read a summary of the project. 97/127 respondents asked to receive a copy of the report.

CHARACTERISTICS OF THE STUDY SAMPLE

Questions 3-11

These questions gathered predominantly demographic data so that it could be determined whether the sample was representative of the population of interest. For this section there were 127 respondents.

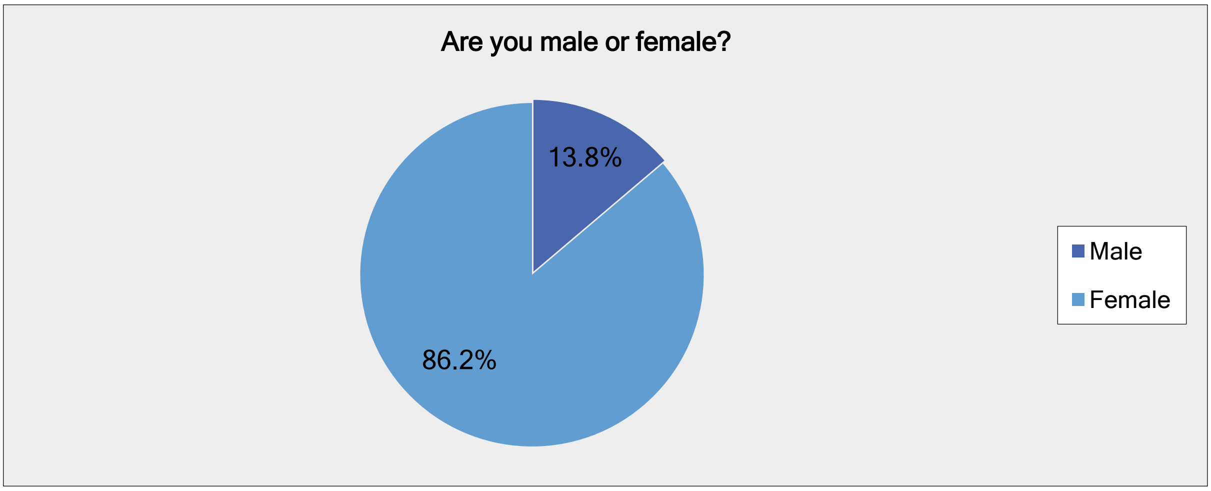


Figure 1 Study sample by sex

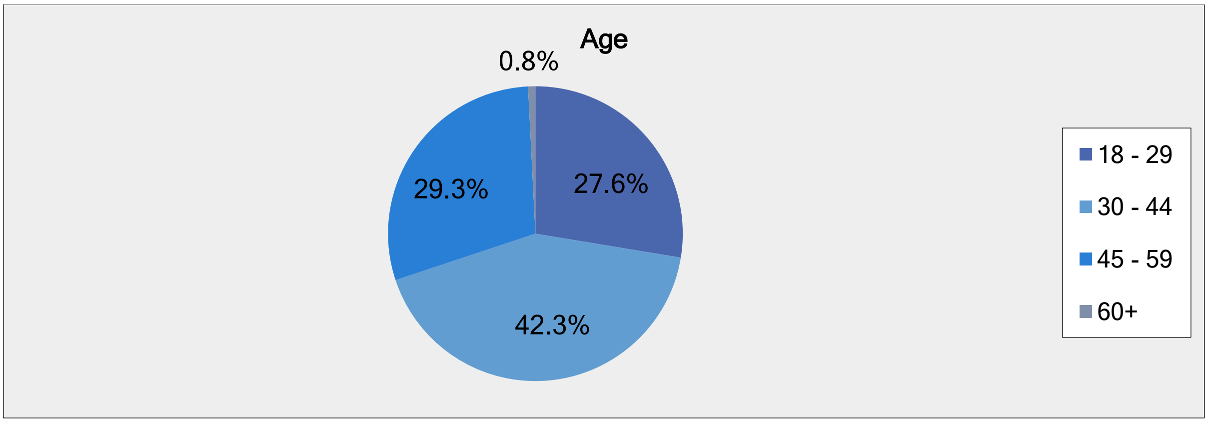
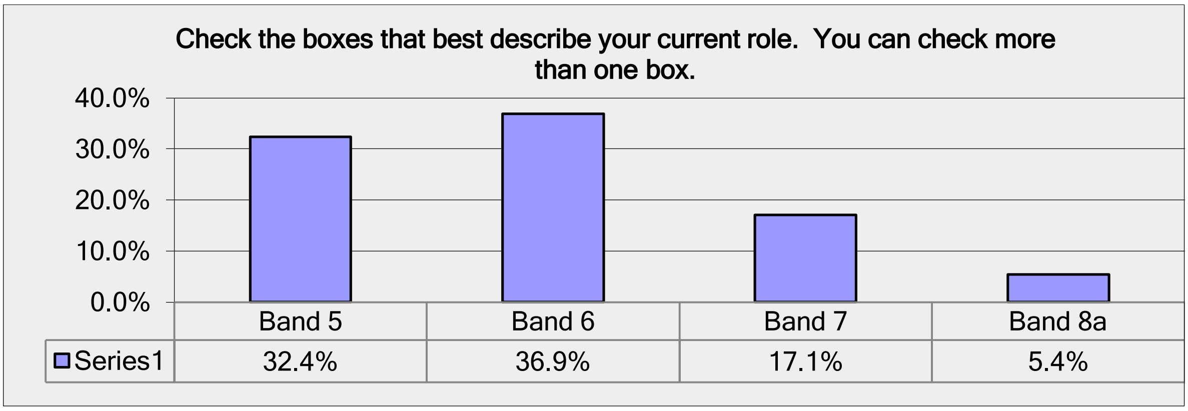


Figure 2 Study population by age

Table 1 Population by AFT band



The sample achieved was representative, in terms of sex, age and AFC band, and it may be possible to generalise the findings of this survey more widely. According to NHS Employers (2014), 77% of the entire NHS workforce is female and based on that statistic females are theoretically over-represented in this sample. However, Miles *et al.* (1998) indicate that various ratios of Male:Female with dyslexia are reported. The ratios cited vary between 1:4.51 and 1:1. These authors conclude that there may be proportionately more females than males who have this SpLD. They propose that variation in reporting may be a consequence of the definition of dyslexia that is used. The target population for this survey was NHS employees in non-medical Agenda for Change bands 5-7. The same publication indicates that 69% of post holders in bands 8a-9 are female and 83% of bands 5-7 are female. 86.2% of respondents to this survey were female, and the most commonly reported AFC band was band 6. The mean age of females working in the NHS is 43 (NHS Employers 2014) and the most frequently selected age band for this survey was 30-44 (42.28%).

The initial phases of this study used a largely uniprofessional sample (physiotherapists) however, this phase sought to explore the views/experiences of a broader group of staff in non-medical AFC grades. Respondents identified their professions as follows:

Table 2 Population by professional group

Which professional group do you belong to?		
Answer Options	**Response Percent**	**Response Count**
Biomedical Scientist	1.6%	2
Chiropodist/Podiatrist	0.8%	1
Dietician	1.6%	2
Nurse	34.1%	42
Occupational Therapist	15.4%	19
Physiotherapist	28.5%	35
Practitioner Psychologist	0.8%	1
Prosthetist/Orthotist	0.0%	0
Radiographer	4.1%	5
Social Worker	0.0%	0
Speech and Language Therapist	13.0%	16
Other (please specify)		15
answered question		123

The largest groups within this sample were nurses or physiotherapists (34.1% and 28.5% respectively) with occupational therapy and speech and language therapy being strongly represented. According to the HSCIC (2015) NHS Workforce statistics, nurses and allied health professionals are the largest groups of non-medical professional grades in the NHS. In 2015 there were 317,415 qualified nursing, midwifery and health visiting staff in the NHS and 155,603 qualified scientific and therapeutic staff. According to HSCIC (2015) data, 67% of non-medical AFC posts are held by nurses and it is therefore arguable that nurses are under-represented in this survey. This question offered ‘other’ within the response set and asked participants to indicate their role if it was not specified. 15 participants responded ‘other’. Those who responded 'other' reported their occupations as operating department practitioner (2), assistant practitioner (2) trainee assistant practitioners (1), physiotherapy/occupational therapy assistant (1), clinical psychologist (1) audiologist (1), student (2), health visitor (2) midwife (2) therapy manager (1).

Seventeen respondents in this section indicated that they had not graduated from an NHS commissioned programme of study. Responses to other questions suggest that 9/17 of these respondents held non-medical AFC contracts and were in either fixed term or permanent contracts with their employers. One respondent in this sub-population was a biomedical scientist (non-NHS commissioned). 5/17 were employed in bands below band 5. 4/17 did not disclose their profession despite an option to respond 'other' and provide a comment.

The survey included specific questions about the nature of the contract held by the respondent (Locum/Agency, bank, temporary, permanent). For agency workers, the provisions of the Equality Act (2010) place duties on the 'principle' (the agency) and the 'end user' (the employer who has contracted with the agency to provide the worker).   Only one respondent indicated that they were acting as locum. This participant responded 'no' to question 11 (funnel/filter question). It is therefore not possible to comment on whether locums in the NHS disclose their SpLD to either principle or end user. Neither can it be determined whether such workers benefit from reasonable adjustment. The majority of respondents (48.86%) held permanent contracts with their NHS employer. The duration of contracts ranged from six months to in excess of 20 years.

Question 11 was a funnel/filter question. The question asked respondents to indicate if they had been identified/diagnosed as having a specific learning difficulty. 25/127 participants responded ‘no’ and 8 skipped the question. If the response was no/skipped, participants were thanked for their time and the survey was concluded. It is possible that some of these individuals considered themselves to have a SpLD but had not been formally tested/diagnosed. When demographic data for these 25 respondents was subtracted from data cited above, the nature of the population remained broadly consistent (female: 81.91%; age 30-44: 45.74%; graduated from NHS commissioned programme of study 89.36%; permanent post 49.3%), although nurses were less well represented (26.6%) and there was a more even distribution between band 5 and band 6 AFC grades.

SpLD

Questions 12-13

94 participants answered 'yes' to the filter/funnel question Question 11 (Q11: respondents to indicate if they had been identified/diagnosed as having a SpLD). 92/94 identified their SpLD:

Table 3 Population by SpLD

Which of the following SpLD have you been identified/diagnosed as having?	
Answer Options	**Response Count**
Dyslexia	92
Dyspraxia	6
Dyscalculia	1
Attention deficit disorder	2
Other (please specify)	5

Respondents were invited to tick all categories that applied. Where the response was 'other' one respondent used the comment box to indicate that their diagnosis was recent, one reported dysgraphia in addition to dyslexia, one participant indicated that they had a visual impairment only and one participant indicated that they had a hearing impairment only. While visual/hearing impairments are not classified as SpLD because they are not disorders of cognition, they are considered to be disabilities under the provisions of the DDA (1995) and the Equality Act (2010).

The table illustrates that some of the respondents had been identified as having multiple SpLD. This is consistent with findings published in relevant literature that suggests that dyslexia is commonly comorbid with other conditions particularly dyscalculia, ADHD and dyspraxia (Peterson and Pennington 2012).

It would appear that SpLD for this population was most commonly identified at university (51.61%) though 7 (7.53%) participants were identified as having SpLD while in the workplace.

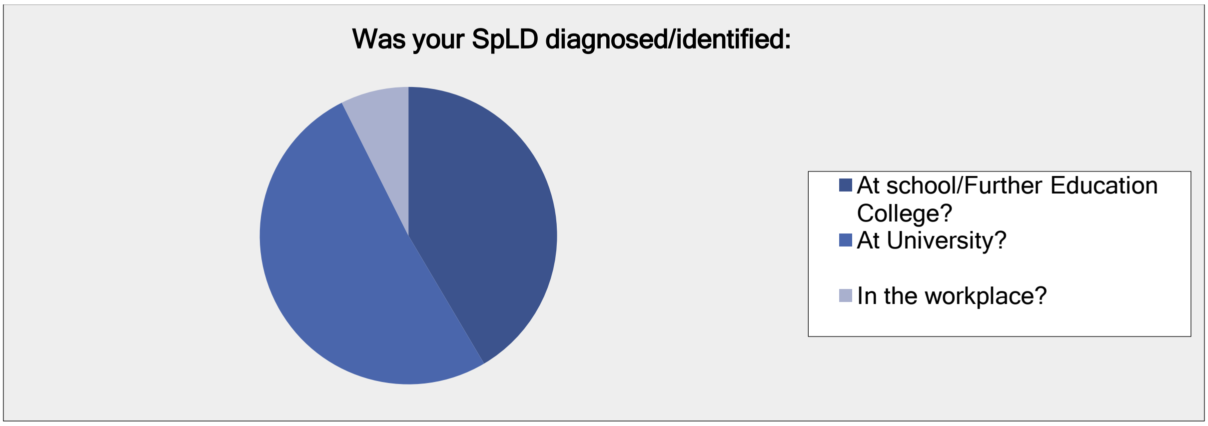


Figure 3 Where SpLD was diagnosed/identified

DISABILITY OR NOT

Questions 14-15

Dyslexia is classified as a disability under the provisions of the DDA (1995) and the Equality Act (2010) because it is a '*physical or mental impairment that has a substantial and long-term negative effect on [your] ability to do normal daily activities.'* However, the literature suggests that many do not identify themselves as disabled or consider their dyslexia to be disabling (Evans 2013). Respondents were asked to indicate if they felt that their SpLD was a disability. 37/94 responded 'yes', 57/94 responded 'no'.

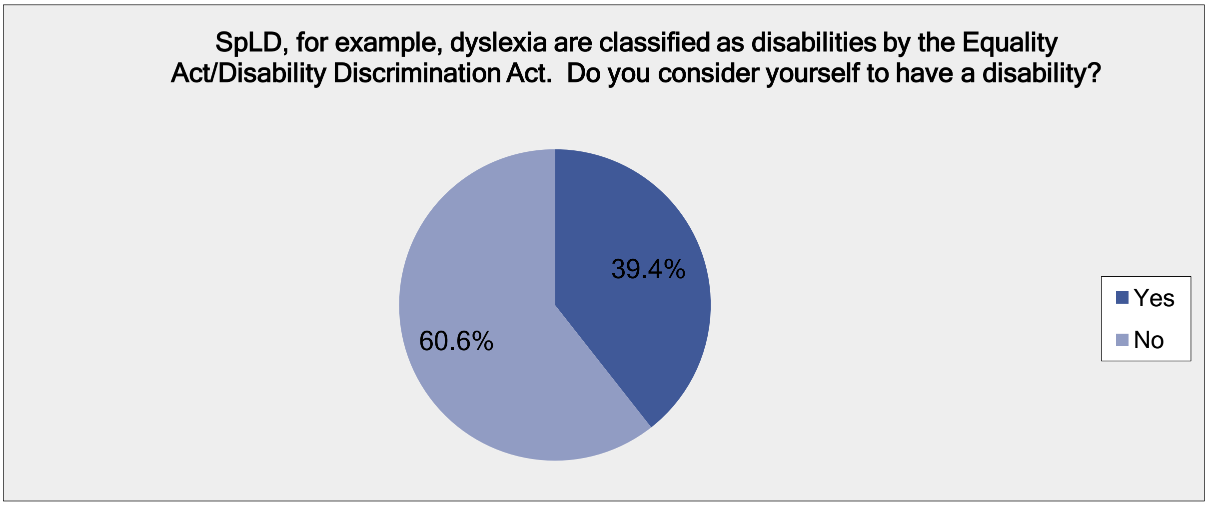


Figure 4 Do you consider yourself to have a disability?

Respondents were also asked if they felt that others considered SpLD to be a disability and 23/93 responded 'yes' and the remaining 70/93 responded 'no' (1 respondent skipped the question). The configuration of the question makes it difficult to determine whether respondents were reflecting their 'world view' and answering in a way that reflected broader social attitudes to SpLD or whether they were relating the perception of work colleagues to whom the respondent had disclosed their SpLD.

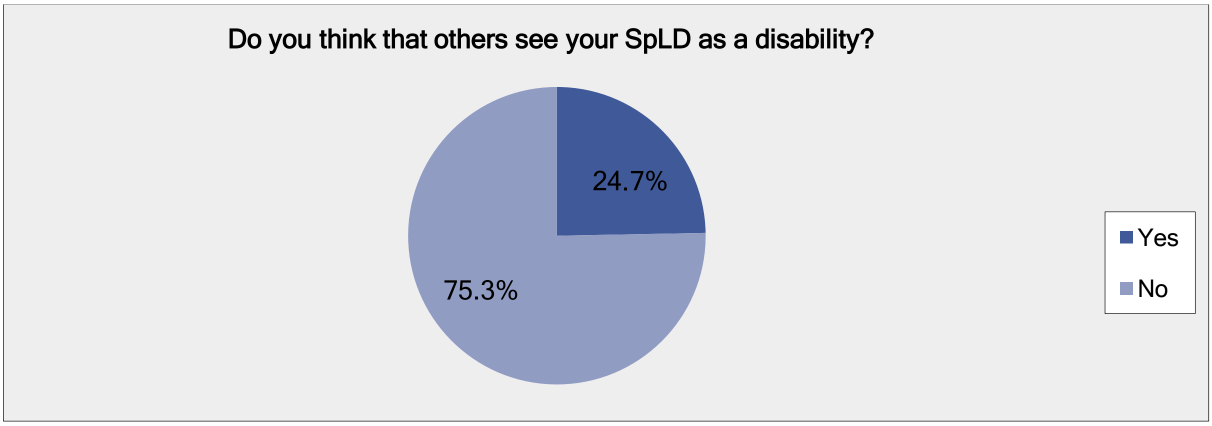


Figure 5 Do others consider that you have a disability?

Several respondents commented that they felt that it was variable in terms of how others in the NHS saw them: *'some do and some don't see dyslexia as a disability'.*

Some commented that they had not disclosed their SpLD to others. Some respondents felt that they did not see themselves as having a disability, with one adding that *'they hoped that others didn't.'* For others, the term disability was associated with physical impairments. They added that they felt that as dyslexia was a non-visible disability that others can forget.

A number of respondents highlighted some negative feelings in relation to how they felt others in the NHS saw them, with one person responding: *'they don't [know] because I hide it'.*

Others added that:

> *'they see you as thick';*
>
> *'associate it with laziness';*
>
> *'people seeing dyslexia as an excuse for not being too bright';*
>
> *'… in the NHS, it is also not seen as a disability but more of a hindrance'.*

One respondent commented:

> *'You are expected to work as if you did not have dyslexia. The increased length of time to read information needed is not allocated'.*

There were some positive responses with one person commenting that in general, it was seen as a disability by others but that they have been supported in the NHS workplace. Another respondent stated:

> *'Quite on the contrary as because I have been identified quite late on in education people are quite amused by the fact I am because I have got so far in my job'.*

Both the question asked and the responses gained reflect the view that dyslexia is a manifestation of a deficit in the individual. Social models would infer that problems experienced were a function of the workplace which was not configured to allow equal access and equal opportunity.

SpLD AND CAREER CHOICE

Questions 16-17

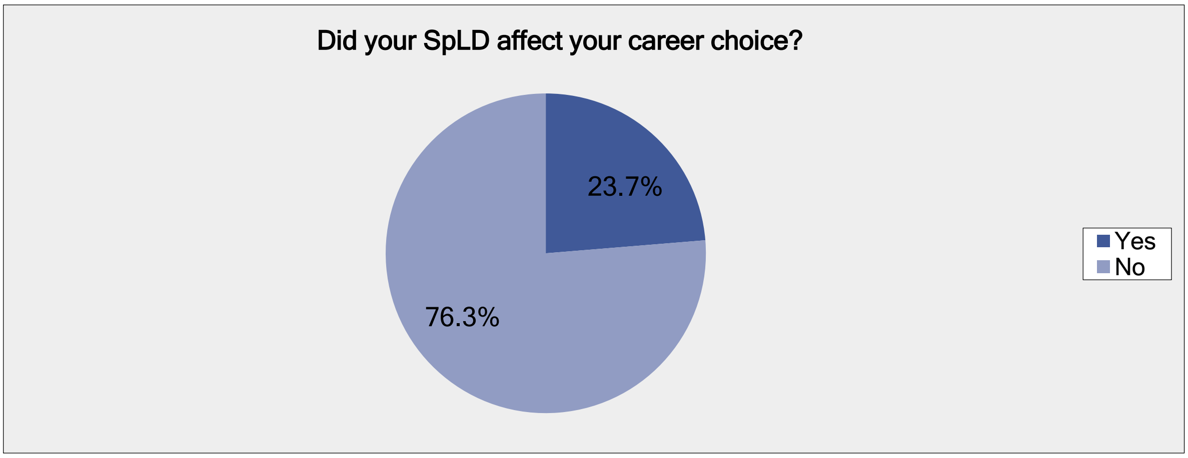


Figure 6 Impact on career choice

Taylor and Walter (2003) concluded that individuals with dyslexia were more represented in some professions than in others and were more likely to seek careers in caring/sales. de Beer *et al.* (2014) suggested that different career patterns are found when dyslexic vs non-dyslexic populations are compared, though their systematic review did not reveal consensus when they attempted to pool data available from published studies. Quantitative data from phase III of this project suggests that neither career choice nor specialism were influenced by the respondent's SpLD.

A number of respondents highlighted that having a SpLD did not affect their career choice as they were not diagnosed until after they had made this decision. Several participants who had a diagnosis before deciding on their career choice commented that it made them *'more determined to achieve their goal'* and that they *'just had to work harder'.*

Some highlighted that as their profession was more practically based this positively influenced their career choice. Three respondents suggested that they had been advised to seek alternative careers by advisers; one stated *'Always wanted to be staff nurse was told from school no way.'* Two other respondents indicated that they had been advised that A level standard academic achievement would be their 'ceiling'. However, one respondent commented that, on reflection, they had the ignored career advice which suggested that their chosen career *'was a bad choice'* in relation to their dyslexia and that they had *'come to accept that it exposes many of my weaknesses and does not play to my strengths'.*

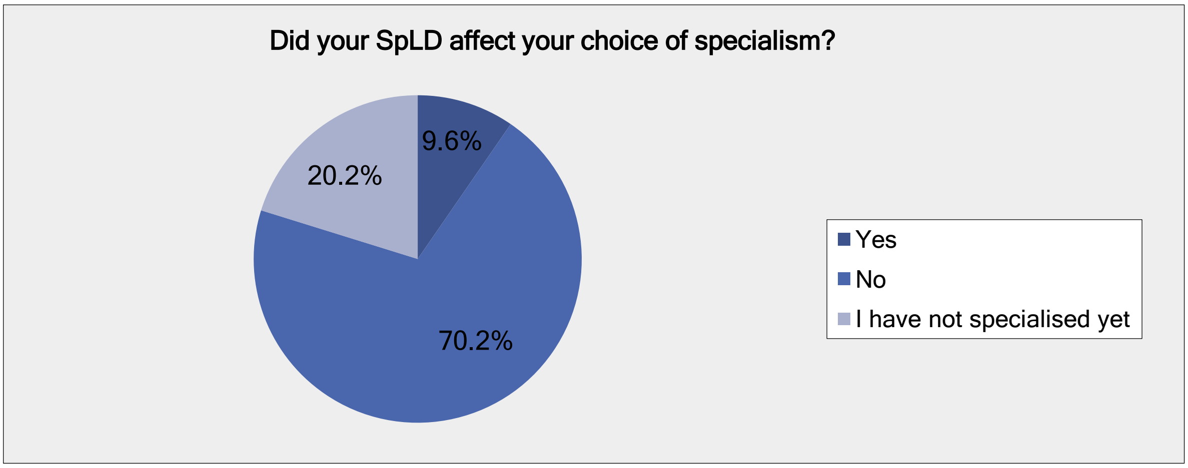


Figure 7 influence on choice of specialism

One person commented that they did not know they had dyslexia when they made a decision to specialise. Several respondents commented that they chose specialisms which played to their strengths and avoided those that didn't:

'I struggled a lot in MSK [musculoskeletal outpatients] due to the time pressures so did not go into that area'.

'Yes, in that some areas of physio were not my strength due to the challenges I face because of dyslexia'.

DISCLOSURE

Questions 18-21

The sample showed some variation in terms of when dyslexia was diagnosed/identified and whether the respondent disclosed. Respondents were not able to comment in association with this question though other questions investigate the reasons for disclosure/non disclosure and, for those who did not disclose on application or immediately on diagnosis/identification the barriers to that disclose.

Table 4 Diagnosis and disclosure - where and when

Please check the box that best describes you		
Answer Options	**Response Percent**	**Response Count**
My SpLD was identified at school/Further Education college; I disclosed on my UCAS application	27.6%	24
My SpLD was identified at school/Further Education college; I disclosed my SpLD during my course	6.9%	6
My SpLD was identified at school/Further Education college; I didn't disclose my SpLD during my course	0.0%	0
My SpLD was not identified until I was at university; I disclosed as soon as it was identified	44.8%	39
My SpLD was not identified until I was at university; I didn't disclose my SpLD during my course	2.3%	2
My SpLD was not identified until I started work in the NHS	8.0%	7
Other (please specify)	10.3%	9
answered question		87

DISCLOSURE OF SPLD DURING CLINICAL PLACEMENTS, ON APPLICATION FOR AN NHS POST OR ONCE EMPLOYED BY THE NHS

Table 5 Disclosure - on campus, placement and NHS workplace

We would like to know if you disclosed your SpLD during clinical placements, on application for an NHS post or once employed by the NHS							
Answer Options	**Never**	**Occasionally**	**Most of the time**	**Always**	**Not applicable**	**Rating Average**	**Response Count**
Did you disclose your SpLD on clinical placement?	23	14	14	25	10	2.83	86
Did you disclose your SpLD when you applied for your NHS job?	30	10	3	33	10	2.80	86
Did you disclose your SpLD once employed by the NHS Trust?	14	19	10	35	8	3.05	86
Comment (if wished)							16
answered question **A choice of options for each question might result in a different 'Total Response' count compared to the individual 'Answer Options' response count*							87*

For disclosure on clinical placement and disclosure on application for an NHS post, there is an almost even split between the choice to disclose/not disclose. There are benefits to disclosure on placement because this would enable the making of reasonable adjustment and the integration, where possible, of assistive technology. There is also theoretical benefit in disclosing SpLD on job application if the organisation subscribes to 'Positive Action in Job Advertisement' (two ticks scheme) in that, should the applicant demonstrate through personal statement that they have essential/desirable characteristics itemised in the person specification, they will be guaranteed an interview. Once in employment the trend is toward disclosure.

One respondent highlighted that they had been diagnosed since being employed, but had never been asked about SpLD by his/her employer as the question is only asked on job applications. The Equality Act (2010) makes it a duty of employers to make reasonable adjustment to enable equal access for persons with disabilities and it is notable that there were no further formal opportunities to disclose.

Several comments highlighted that reactions of supervisors, managers and colleagues to disclosure of SpLD, affected future disclosure decisions:

> *'I once disclosed my SpLD whilst on clinical placement as a student when I was pulled up by a clinician due to spelling mistake and she made me feel very inadequate so I didn't disclose it afterwards'.*
>
> *'Since working in the NHS I have become increasingly cautious at disclosing to managers and direct colleagues due to the occasionally negative response I have subsequently received but I also think it is important to do so but definitely is not always facilitated or easy'.*

Some respondents felt that dyslexia was not a disability and it did not affect their work, therefore, they did not disclose. For others they did not disclose on NHS job applications as they perceived they had previously been discriminated against due to their SpLD:

> *'Job applications I did disclose it on I didn't receive interviews for, so I consider disclosing to be hindrance, even with the equality regulations in place'.*

Q20 **If you disclosed your SpLD at any point, what influenced your decision to disclose?**

Table 6 Disclosure – positive influences

If you disclosed your SpLD at any point, what influenced your decision to disclose?								
Answer Options	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Not applicable**	**Rating Average**	**Response Count**
Confidence that you would not experience discrimination	19	33	17	8	2	5	2.12	84
Perception that your SpLD was not disabling for you	15	39	14	6	3	7	2.07	84
Humanistic qualities of the person you would have to disclose to	12	27	27	2	2	12	2.01	82
Previous positive experiences of disclosure	12	24	22	5	7	13	2.18	83
To enable access to support	28	22	18	0	5	9	1.84	82
The 'Positive about disabled people' two ticks scheme to guarantee an interview	4	7	23	11	23	14	3.00	82
Other (please specify)								8
answered question								84

The ‘*Positive about disabled people, two ticks scheme’* was the least likely to influence disclosure. According to this data, the ability to access support was the trigger to disclose. Several respondents commented on the ‘positive about disabled people/two ticks scheme’, with some commenting that they were not aware of the scheme. Some who were aware, commented that they wanted to get the interview on their own merit:

> *‘I choose not to use the positive discrimination for getting interviews as I want to get the interview on my own merit’*

or were worried about the opinion of others if they took advantage of this scheme:

> *‘I always worry people will think I am trying to get a guaranteed interview by disclosing’.*

Some respondents commented that they disclosed to be honest with their employer should any issues arise in the future related to their SpLD. However, a number of respondents added that they had not been supported following disclosure or felt that they been discriminated against in the NHS workplace:

> *‘I disclosed and experienced discrimination and have struggled to gain access to assisted software’.*

This respondent did not elaborate on the nature of the ‘struggle’ or the nature of the discrimination that they perceived they had been victim of. Employers are only required to make adjustment that is ‘reasonably practicable’ but do have a duty, in accordance with the Equality Act (2010) to ensure that there is no discrimination or discriminatory behaviour. Detail to allow constructive interpretation of this comment is not available. It is, however, considered salient to relate the ‘lived experience’ of this respondent.

BARRIERS TO DISCLOSURE

Table 7 Disclosure - barriers

<table>
<tr><td colspan="9">If you did NOT disclose your SpLD at any point, what influenced your decision to disclose?</td></tr>
<tr><th>Answer Options</th><th>Strongly agree</th><th>Agree</th><th>Neither agree nor disagree</th><th>Disagree</th><th>Strongly disagree</th><th>Not applicable</th><th>Rating Average</th><th>Response Count</th></tr>
<tr><td>Fear that you would experience discrimination</td><td>18</td><td>10</td><td>6</td><td>5</td><td>4</td><td>23</td><td>1.45</td><td>66</td></tr>
<tr><td>Perception of others that your SpLD was a disability</td><td>11</td><td>16</td><td>10</td><td>3</td><td>2</td><td>23</td><td>1.46</td><td>65</td></tr>
<tr><td>Humanistic qualities of the person you would have to disclose to</td><td>9</td><td>8</td><td>13</td><td>4</td><td>4</td><td>27</td><td>1.54</td><td>65</td></tr>
<tr><td>Previous negative experiences of disclosure</td><td>8</td><td>9</td><td>12</td><td>4</td><td>8</td><td>25</td><td>1.79</td><td>66</td></tr>
<tr><td>Because you felt that using assistive technology would be perceived as weakness</td><td>9</td><td>15</td><td>8</td><td>7</td><td>5</td><td>24</td><td>1.71</td><td>68</td></tr>
<tr><td colspan="8">Other (please specify)</td><td>7</td></tr>
<tr><td colspan="8"><i>answered question</i></td><td>68</td></tr>
</table>

The data suggests that, for the survey sample, non-disclosure was related to fears of discrimination, fears related to negative perceptions that may or may not be held by others, and perception that the use of assistive technology would lessen their worth in the eyes of others. 68 respondents answered this question and between 23 and 27 respondents considered that some of the options were not applicable to them.

Some respondents said that they did not disclose because it did not impact on their job as they had developed strategies to address workplace issues. Others stated that they avoided situations in the NHS workplace where their SpLD might be exposed. Some commented that they wanted to be treated equally; some did not want others to think they were making excuses. One respondent commented that they had not had the opportunity initially to disclose in the NHS workplace and felt that now it was too late disclose:

> *'Not having an appropriate opportunity to disclose to management in a safe a receptive environment with the consequence that too much time passes and it becomes inappropriate to subsequently disclose due to repercussions of late disclosure'.*

EXPERIENCES DURING NHS COMMISSIONED PROGRAMME OF STUDY

Question 22

Table 8 Experience on campus and on placement

Please indicate the extent to which you agree/disagree with the following statements about your experience on your NHS commissioned programme of study								
Answer Options	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Not applicable (did not disclose)**	**Rating Average**	**Response Count**
I feel that I was treated less favourably at university because I had a SpLD	4	8	13	20	31	6	4.02	82
My university was very understanding and supportive	23	36	7	7	3	6	2.38	82
I feel that my university expected less of me because I had a SpLD	1	8	11	29	28	5	4.10	82
Other people on my course bullied me because I had a SpLD	1	2	8	15	47	7	4.58	80
My friends on my course understood what my SpLD was	12	34	14	10	2	10	2.83	82
The people who taught me made reasonable adjustment (extensions, assistive technology) to help me to succeed	12	23	17	14	10	6	3.06	82
I always had to ask for what I needed	13	30	15	14	3	6	2.78	81
People who knew about my SpLD made assumptions about my capabilities	3	22	19	19	11	8	3.45	82
Except for reasonable adjustments (extensions, assistive technology) I was treated the same as everyone else	29	34	11	3	1	4	2.09	82
Comments (if wished)								19
answered question								82

The majority of participants did not feel that they had been treated less favourably than others who do not have dyslexia, nor did they consider that less was expected from them. In addition, the majority had not experienced bullying and had supportive relationships with their co-learners. They did however feel that assumptions had been made about their capability. The British Dyslexia Association (2015) presents a list of 'deficits' that are associated with SpLD. It is conceivable that assumptions are made about students who disclose disability based on this deficit model. However, the population surveyed constitute a subset of the population of adults with dyslexia who are academically high-performing and while they might require reasonable adjustments in order to achieve, there is no circumstance in which compromise of academic standards could be considered to be a 'reasonable adjustment'. Therefore, they are the intellectual equals of others who do not have dyslexia if achievement to GCSE 'A2' level standard is the benchmark.

The data suggests that some individuals felt that they had seek opportunities to ask for what they needed. Some respondents commented that the central university department dealing with their SpLD assessment was helpful. However, for some, the humanistic characteristics of the university programme staff influenced their decision to disclose/not disclose:

> *'The course specific staff, I didn't feel were approachable for me to request the adaptations the SEN department had recommended'.*
>
> *'The treatment, understanding, support and acceptance was incredibly variable between individual lecturers/tutors and placement supervisors on the course and fluctuates between extreme responses'.*

Some respondents commented that fellow students were not always supportive:

> *'I found that several students made remarks that people with dyslexia were faking it'.*
>
> *'Class members did not want to work with me on occasions and treated as I wasn't as intelligent'.*

The experiences of some respondents suggest that some programme staff were not aware of the needs of students with SpLD:

> *'I had to constantly request PowerPoint hand-out prior to lessons and teachers would say they are available after which was of limited use'.*
>
> *'I think they didn't really know how to deal with it'.*

A common experience of the respondents was that either adjustments were not made during university, or by the time their assessment needs had be processed, they were nearing the end of their programme of study:

> *'I was given a sticker stating my SPLD however I have only just received assistive technology and I am due to finish my first year of study'.*
>
> *'When on the course I never had additional time for assignments and was frequently marked down for spelling & grammar'.*

Others highlighted barriers to obtaining assistive technology for their SpLD:

> *'I spent a long time, but I had trouble because of my dyslexia filling in the lengthy forms to gain access to Assistive Technologies, so I never got this'.*

EXPERIENCES IN THE NHS WORKPLACE

Question 23

Table 9 Experiences in the NHS workplace

Answer Options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A (did not disclose)	Rating Average	Response Count
I feel that I am treated less favourably at work because I have a SpLD	2	5	20	22	20	12	4.10	81
My manager is very understanding and supportive	9	20	26	7	3	15	3.25	80
I feel that my manager expects less of me because I have a SpLD	1	2	20	17	25	16	4.37	81
Work colleagues bully me because I have a SpLD	0	1	12	19	32	17	4.64	81
All my work colleagues understand my SpLD and they are supportive	4	17	26	12	3	19	3.62	81
My manager has put in place reasonable adjustments to help me to succeed (please specify below	4	11	23	12	11	20	3.93	81
I was referred to Access to Work by my manager or the occupational health service	3	11	7	21	18	21	4.27	81
Other people know what reasonable adjustments I have in place and make sure that I get what I need	0	6	17	20	11	25	4.41	79
People who know about my SpLD make assumptions about my capabilities	2	9	27	14	13	14	3.87	79
Except for reasonable adjustments I am treated the same as everyone else	18	28	17	3	1	14	2.79	81
My SpLD has not been a barrier to my career progression	22	18	11	18	4	7	2.81	80
I have to be assertive so that my reasonable adjustments aren't ignored (for example, allowance in schedule for admin time to catch up on paperwork)	11	14	22	11	4	18	3.46	80
I have reasonable adjustments funded by Access to Work	5	5	9	10	27	24	4.51	80
I always have to ask for what I need	11	20	24	4	4	16	3.23	79
answered question								81

The experience of students in HE would appear to be mirrored in the experience of employees in the workplace. The majority of participants felt that they had been treated as favourably as others who do not have dyslexia, nor did they consider that less was expected from them. In addition, the majority had not experienced bullying and had supportive relationships with their co-workers.

Students in HE have access to Disabled Student Allowance to fund assistive technology and the Access to Work scheme is the equivalent to allow employees access to funding to support such reasonable adjustment. It is notable that the majority of respondents had not benefited from funding from this body. It may be that the respondents retain access to software/hardware provided for them during their higher education and the lack of funding is a function of the lack of need for funding.

At work, as in HEI, respondents felt that they had to ask for what they needed rather than have it provided automatically once the need was recognised.

A number of respondents highlighted that they hadn't disclosed in the NHS workplace as they wanted to be treated equally:

> *'Did not disclose as want to be treat equally like everyone else'.*

One respondent commented that due to an inclusive NHS working environment, they did not require reasonable adjustments:

> *'I haven't been working in my current post that long to tell people but as it is mostly paper free – I can use spell checks'.*

Several respondents commented that reasonable adjustments had not been made in the NHS workplace, and as such, they had to work longer or take work home:

> *'I find notes take me longer which usually results in my working slightly longer to finish my work by my own choice'.*
>
> *'I have to make my own adjustments which include accepting to work unpaid over-time in order to compensate for dyslexia'.*

For many this was due to a delay in implementing reasonable adjustments in the workplace:

> *'I have eventually been given a lap top with Dragon speech after requesting one since I started my job, but I can not log in and am still waiting for this to be addressed by NHS IT staff'.*
>
> *'It has taken 9 months for me to access my software within my working environment'.*
>
> *'I requested an Access to Work assessment in February 2012 and I am still awaiting the advice to be implemented' [data obtained 2015].*
>
> *'My manager is very understanding & my occupational health dept. recommend that I contact access to work but 8 months after my assessment and report none of the recommendations have been implemented apart from my manager inconsistently providing limited additional time'.*

However, for one respondent this was because they were unaware they were entitled to reasonable adjustments in the NHS workplace:

> *'I do not have any reasonable adjustments at work and did not know I was entitled to them'.*

One respondent highlighted the difficulties of having reasonable adjustments implemented in the NHS workplace:

> *'In my experience the NHS and HR do not have the understanding or structures in place to be able to effectively support dyslexic staff or those with specific learning difficulties, this is especially the case on most placements. You experience support within the academic arena to some degree but then in the clinical placement and work place setting any support vanishes and it is very hard to fight for your rights without causing upset and therefore it is easier to ultimately make do with what you can if you can'.*

Several respondents commented that the implementation of reasonable adjustments in the NHS was led by themselves rather than manager:

> *'My SpLD is not discussed, information is on my file but I am never asked as to whether I need special adjustments etc. I would have to request if I needed any changes'.*
>
> *'Always led my me rather than manager'.*
>
> *'Manager left it up to me to use Access to Work or not; I didn't'.*

Some respondents perceived that they had been bullied in the NHS following disclosure of their SpLD:

> *'Disclosure led to my previous manager bullying me out of my job. She sent me to occupational health and my GP on 6 separate occasions accusing me of being mentally unfit for work. I must be the only employee to have 3 letters from occupational health stating that I am not mentally ill!'*
>
> *'I have mainly had positive experiences when I have disclosed my disabilities but have also had them dismissed by my seniors and had jokes made at my expense, plus other members of staff have made a point of commenting about my additional time and asked if I really need it or what I do with all my extra time (20 minutes in a 4 hour clinic) and couldn't I just see another patient which they expect me to debate/explain/defend in a room with patients and colleagues which is not a nice experience'.*

THE NATURE OF SUPPORT – REASONABLE ADJUSTMENT

Question 24

Table 10 Nature of support

At university			
Answer Options	**Yes**	**No**	**Response Count**
Additional time	64	10	74
Assistive technology (hardware or software)	58	17	75
Pastoral support	36	36	72
Study skills support/mentor	52	23	75

On clinical placement

Answer Options	**Yes**	**No**	**Response Count**
Additional time	13	54	67
Assistive technology (hardware or software)	12	55	67
Pastoral support	13	54	67
Study skills support/mentor	12	55	67

At work

Answer Options	Yes	No	Response Count
Additional time	12	61	73
Assistive technology (hardware or software)	10	64	74
Pastoral support	7	65	72
Study skills support/mentor	10	62	72
			Question Totals
Other (please specify)			8
answered question			**82**

It seems clear that while students in HE benefit from support for their academic studies while on campus, the same adjustment is not available for them when they are on placement in NHS Trusts and once they make transition to the world of work.

It is not clear from the data whether adjustments for students were prescribed in an assessment of needs but not implemented on placement, or whether the student's assessment of need was university-centric and did not take account of the clinical component of their programme of study. It is true that the ideal situation is that students engage with placement providers before placements begin to allow for anticipatory adjustment, the data is also unclear in terms of whether such pre-placement engagement occurred.

Similarly, the data paints a clear picture of a lack of support on placement and in the workplace. However, more detail in this regard would be desirable. An organisation cannot provide support unless the employee has been subject to an assessment of needs. Data from interviews and from the comments associated with this question suggests that while, for some, opportunities to disclose were available, no action followed to identify what (if any) reasonable adjustment was necessary and subsequently no action to ensure that reasonable adjustment was in place.

The respondents highlighted that additional time was commonly given as a reasonable adjustment in the University setting compared to the NHS workplace:

> *'Not allowed as much time in work as at university'.*

One person commented that they have to take work home as a strategy to manage the distractions in the NHS workplace:

> *'Supported work at home on occasions where I have to do a lot of clerical and avoid distractions'*.

One person commented that they were too scared of asking for support in the NHS:

> *'After previous experience too scared of consequences of asking'.*

THE IMPACT OF SpLD ON ENGAGEMENT WITH CPD ACTIVITIES

Question 25

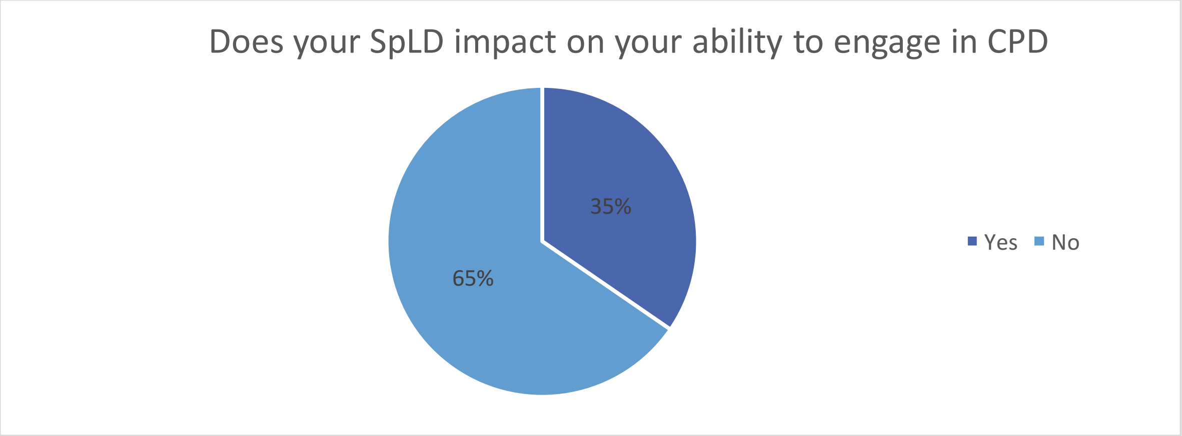


Figure 8 Does your SpLD impact on your ability to engage in CPD

Of the respondents who answered yes to the question (34.6%); most commented on the additional time it takes for them to undertake CPD:

> *'Does take me longer with written elements but I just get on and complete them in my own time'.*

Some highlighted that because they need to spend additional time in the workplace to keep on top of their NHS workload, this left them fatigued and with very little time for CPD:

> *'I have very little time as I am always catching up with admin in work'.*
>
> *'Very tired at the end of each day and often have to work over to complete work so reduces ability - still do some on time off.'*
>
> *'I find it very difficult but have to just work much harder than everyone else'.*
>
> *'If you have to work unpaid over-time to complete your job you don't get any allocated CPD time and if you want some life outside your profession it becomes nearly impossible to complete CPD'.*

Some highlighted that due to the lack of time and distractions in the workplace they had to undertake their CPD in their own time:

> *'I get distracted very easily and find working at home much more productive, therefore I complete my CPD at home where possible. I have participated in journal clubs in the past which have required a lot of prior preparation at home'.*

Many respondents highlighted that they had or were developing strategies to facilitate their CPD learning:

> *'[I have difficulty] researching topics and retaining information as I have to re-read information but I am developing alternative ways of learning with my study skills tutor at uni'.*
>
> *'I am able to complete the majority on the computer which means it has less of an impact than when I have to hand write work'.*

Some highlighted that their SpLD affected their confidence to undertake CPD. Others commented that CPD courses often do not cater for their learning needs:

> *'It is also recommended that I have prior access to slides etc to allow me to print out before a presentation - this is very rarely available'.*
>
> *'External and internal courses are not set up for dyslexics especially the e-learning packages which are now routinely used'.*

Some highlighted the lack of financial support in the NHS to undertake CPD:

> *'It also becomes very expensive to purchase your own assistive software for use when that provided by your university no longer works, which I did to aid my CPD but its not a long-term solution because PDF journals etc are not easily compatible with user friendly reading software. Software and computers with enough space to run them are incredible expensive on our pay salaries, yet I wouldn't/don't get any financial support for accessing disability allowance for work or CPD purposes; somewhat ironic given CPD is a requirement of my job'.*

DYSLEXIA: STRENGTHS/CHALLENGES

Question 26

Table 11 Dyslexia: strengths and challenges

Answer Options	Always	Often	Sometimes	Never	Response Count
I am good at problem solving/lateral thinking	34	40	6	0	80
I instinctively understand how things work	12	39	29	0	80
My visual-spatial skills are well developed	30	23	23	3	79
I have problems with information processing (taking in written or auditory information, processing information slowly)	29	20	29	2	80
I have poor short term memory (facts, events, times, dates)	28	17	24	11	80
I have poor working memory (holding several pieces of information while undertaking a task - for example, taking notes and listening, coping with compound questions)	25	14	29	12	80

I have trouble with communication (fluency in speech, word finding, misunderstanding or misinterpreting what others have said)	5	20	33	22	80
I am quite creative	24	25	25	5	79
I have trouble with literacy (spelling, reading, speed reading, difficulty with unfamiliar words or acronyms)	28	33	17	3	81
I have trouble with numeracy (sequencing number or letter strings, calculation)	8	13	42	16	79
I can be original in my thinking	12	46	21	1	80
My concentration span is short (maintaining focus, easily distracted)	16	24	28	11	79
I am sensitive to noise/visual stimuli and find them disturbing (can't screen out background noise, visual stress when reading - letters move or blur)	28	20	18	14	80
I find time management challenging	16	12	35	16	79
I take longer than others to learn new manual skills	9	4	35	32	80
answered question					81

The literature identifies 'deficits' associated with SpLD and in addition proposes other skills or attributes that may either be part of the 'syndrome' of a given SpLD or be part of an innate coping mechanism developed by the person with dyslexia to overcome his or her particular challenges. Equality and Diversity training emphasises the value in a diverse workforce by citing the 'value added' when the workforce is diverse. Some of the characteristics above might be recognised by other individuals as part of their individual make-up. It is again worth reflecting that the population sampled is part of a sub-set of those who have dyslexia, this subset is academically successful.

Respondents highlighted their strengths, which included:

People skills, creativity, thorough in their work, verbal skills, problem solving, determined, good time management/organised - coping strategies, logical and analytical. The respondent's comments included:

> *'I tend to be very practical and think very logically!!'*
>
> *'I think I compensate for my dyslexia by being organised, creative, assertive and a good verbal communicator'.*
>
> *'I have to be determined, motivated and dedicated to overcome the barriers'.*
>
> *'Once I understand something I am good at explaining things to others in easy to understand ways'.*

Respondents highlighted their challenges to include; difficulty navigating, spelling, reading and writing speeds:

> *'Spelling, reading speed and writing speed are huge areas of challenge for me, especially in the NHS, as clinical notes etc are all still hand written. Takes me a lot of time to complete them'.*

> *'I take longer to write reports or letters and often have to do this after hours when the open plan office is quieter'.*

One respondent felt they lacked confidence:

> *'Confidence is another thing...I lack this sometimes which may be just me or could be connected with SpLD as I suppose this makes me who I am!!'*

Another respondent commented that some challenges may relate to people hiding their SpLD in the workplace. They go on to add that they had received discrimination in the NHS due to their dyslexia.

> *'As with all dyslexics I am not stupid and therefore know how to hide my problems which in itself is not helpful in the long-term because you learn to use strategies to avoid the obstacles but never improve your skills. In fact, most colleagues probably would not recognise me as dyslexic but close friends and family certainly do. I know my dyslexia this has led to employment discrimination [employment offer withdrawn] in the past and significantly delayed the recruitment process'.*

SPLD AND THE RISK OF UNSAFE PRACTICE

Questions 27-29

Table 12 Do you feel that having a SpLD increases the risk of unsafe practice?

Answer Options	**Response Percent**	**Response Count**
Yes	8.8%	7
No	91.3%	73
Other (please specify)		26
answered question		80

Only 8.8% of this sample considered that an SpLD increased the risk of unsafe practice. In a report commissioned by the Royal College of Nursing (Dale and Aitken 2007) it was found that the General Medical Council and the Health and Care Professions Council had no reported cases of patient harm or concerns about fitness to practice associated with SpLD. The National Patient Safety Agency (NPSA) had considered 3 cases in the preceding four 4 years; in no instance did harm come to a patient. In each instance the concern was related to either misdialled telephone numbers or incorrectly documented blood results. Both errors might just as easily have been made by someone who did not have dyslexia. Dale and Aitken (2007) also reflect that there may be many practitioners who have unrecognised SpLD. Regardless of the lack of evidence to the contrary, there are still concerns (mostly anecdotal) that those who have a SpLD may constitute a risk to patient safety.

Several respondents acknowledged that having a SpLD had the potential to increase the risk of unsafe practice in the NHS. They felt this mainly related to confusion between left and right, and issues with documentation (mis-reading or errors in note taking).

However, what came across strongly in the majority of responses was how the respondents have strategies in place to prevent these potential issues. These included hyper-vigilance i.e. repeated checking of information themselves or with the assistance of others, using inclusive technology such as the internet and spell-checkers, and having support in place:

> *'Good habits learnt as a student carried on in my qualified practice.'*
>
> *'It is only when your colleagues or managers don't give you the support you need that you begin creating risks.'*
>
> *'Tend to be better at crossing [the] T's and dotting the I's, because more aware of risk of making mistakes. Known at work for being thorough.'*
>
> *'Not in my case as I am aware of my problems and always take actions to ensure that my practice is as safe as possible and if I think there is a safety risk I will take action or ask for assistance.'*

Question 28: Which of the following potential barriers to patient safety (if any) do you think that SpLD increases

Table 13 Potential barriers to patient safety related to SpLD

Answer Options	Response Percent	Response Count
Administration of medication	33.3%	20
Distinguishing left from right	38.3%	23
Errors in record keeping	70.0%	42
Manual skills	11.7%	7
Errors in extracting relevant information from medical records	43.3%	26
Poor time management	43.3%	26
Failure to act because of lack of confidence/fear	33.3%	20
Other (please specify)		25
answered question		60

Most respondents highlighted their hyper-vigilance to prevent potential safety issues in the NHS. Moreover, they highlighted that this might make them safer than their colleagues who have not been identified as having a SpLD due to their hyper-vigilance. They also commented that these safety issues could affect all staff, not just those identified as having a SpLD.

> *'All the above barriers can lead to patient risk with or without a learning disability. In my experience people who have a disability tend to be more effective in their work because they tend to check and double check their work and are less slap dash'.*

> *'I think all of the above could affect patient safety but could be caused by numerous additional factors in the workplace not just SpLD.'*
>
> *'Many of my colleagues also struggle with this, but do not have SpLD.'*

Question 29: What do you do to make sure that your practice is safe

The majority of respondents stated that they repeatedly check information themselves or ask colleagues to check. Many highlighted the use of inclusive technology such as spell-checkers, electronic patient notes and the use of standardised patient records helped to ensure safe practice:

> *'Administration of medication; I always double check if unsure when reading off meds cards due to bad hand writing and check with a colleague'.*
>
> *'I double/treble check, ask colleagues and certainly spend longer checking my documentation to ensure my practice is as safe as possible'.*
>
> *'I have a checklist to follow. I take my time and don't rush record keeping'.*
>
> *'Using electronic typed records aids data extraction over hand written work which is entirely unreadable for me'.*

Some respondents added that ensuring patient safety influenced the area in the NHS they chose to work:

> *'I have also chosen to work in environments where I am not required to extract data or document within tight time limits e.g. I plan my own day and work with patients I see over long periods to avoid things I really struggle with. One job where I was working in a rapid clinic environment I requested increased time and ultimately did not continue in the clinic because I saw fewer patients, I've always avoided jobs where I'd be expected to work in this environment again'.*

The majority of respondents also highlighted that due to their hyper-vigilance to ensure safety, they had to work late in the NHS to catch up and complete documentation:

> *'Having to work longer hours to catch up'.*
>
> *'Often work a little later to make sure things are done properly. Check notes several times'.*
>
> *'I am spending longer at work and do at least an hour unpaid overtime to do my records every day'.*

One respondent commented that staff need to feel able to disclose their SpLD in the NHS to ensure safety, but highlighted that this was not always the case:

> *'I am not afraid or worried about admitting to my disabilities when needed but I do know of other people who are less likely to speak out because of problems they have encountered previously'.*

4: LIMITATIONS OF STUDY

A potential limitation of a survey relates to the wording used in the questions; what may seem straightforward to one person may have a different meaning to another person. To address this limitation, the survey was pre-piloted on academics and then piloted on NHS staff with a SpLD. Feedback was positive with only minor changes in wording to two questions.

Ensuring the questionnaire had reached the target population was a further potential limitation. However, by using a rolling strategy of multiple methods, the team are confident that the questionnaire reached the majority of the intended population. This was evidenced by comments from several NHS staff who were sent the questionnaire towards the end of the survey period, who indicated that they had already received the survey via a different route.

5: SUMMARY

In phase III a questionnaire was developed to validate and generalise the findings of phase II to a larger group of NHS staff with specific learning needs. The main findings from the survey are presented below.

Demographics

The study sample was deemed to be representative of the North West NHS workforce with specific learning difficulties (SpLD). 127 people took part in the survey. The largest groups within this sample were nurses or physiotherapists (34.1% and 28.5% respectively) with occupational therapy and speech and language therapy being strongly represented. The majority of respondents (48.86%) held permanent contracts with their NHS employer. The duration of contracts ranged from six months to in excess of 20 years. 94 participants answered 'yes' to indicate if they had been identified as having a SpLD. The most common SpLD was dyslexia (n=92), with some of the respondents identifying multiple SpLD.

Disability and SpLD

The majority of respondents did not consider themselves to have a disability or that others saw them as having a disability. The majority of respondents stated that their SpLD did not influence their career choice or choice of specialism. Participants documents a range of strengths and challenges related to their SpLD. Strengths included people skills, creativity, thorough in their work, verbal skills, problem solving, determined, good time management/organised - coping strategies, logical and analytical. Respondents highlighted their challenges to include; difficulty navigating, spelling, reading and writing speeds.

Disclosure

The majority of participants were identified with a SpLD at University, where they disclosed as soon as it was identified. For disclosure on clinical placement and disclosure on application for an NHS post, there is an almost even split between the choice to disclose/not disclose. There are benefits to disclosure on placement because this would enable the making of reasonable adjustment and the integration, where possible, of assistive technology. There is also theoretical benefit in disclosing SpLD on job application if the organisation subscribes to ‘Positive Action in Job Advertisement’ (two ticks scheme) in that, should the applicant demonstrate through personal statement that they have essential/desirable characteristics itemised in the person specification, they will be guaranteed an interview. Once in employment the trend is toward disclosure. The ‘*Positive about disabled people, two ticks scheme’* was the least likely to influence disclosure. Non-disclosure was related to fears of discrimination, fears related to negative perceptions that may or may not be held by others, and perception that the use of assistive technology would lessen their worth in the eyes of others.

Experiences on NHS commissioned programme of study and in the workplace

The majority of participants did not feel that they had been treated less favourably than others who do not have dyslexia, nor did they consider that less was expected from them during their NHS commissioned programme of study. The experience of students in HE would appear to be mirrored in the experience of employees in the workplace. The majority of participants felt that they had been treated as favourably as others who do not have dyslexia, nor did they consider that less was expected from them. In addition, the majority had not experienced bullying and had supportive relationships with their co-workers.

While students in HE benefit from support for their academic studies while on campus, the same adjustment is not available for them when they are on placement in NHS Trusts and once they make transition to the world of work. The majority of respondents had not benefited from funding from Access to Work. At work, as in HEI, respondents felt that they had to ask for what they needed rather than have it provided automatically once the need was recognised.

Impact of SpLD on engagement with CPD

35% of respondents did feel their SpLD impacted on their ability to engage with CPD. The majority of these respondents noted the additional time required to undertake CPD and for many this was combined with a lack of time in the workplace for CPD.

SpLD and the risk of unsafe practice

Only 8.8% of the respondents considered that an SpLD increased the risk of unsafe practice. However, several respondents acknowledged that having a SpLD had the potential to increase the risk of unsafe practice in the NHS. They felt this mainly related to confusion between left and right, and issues with documentation (mis-reading or errors in note taking). The majority of respondents commented that they have strategies in place to prevent these potential issues. These included hyper-vigilance i.e. repeated checking of information themselves or with the assistance of others, using inclusive technology such as the internet and spell-checkers, and having support in place.

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