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Innovative thinking

Health Education North West/MMU

Widening Participation Project:

Final Report

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Health Education England North West (HEENW) commissioned this project. Its remit was set following an informal discussion with the commissioner and award of the tender.

In October 2014, Health Education England (HEE) published the strategy and initial action plan: Widening Participation It Matters! The strategy sets out five key goals, three of which are to: improve monitoring and reporting of widening participation activities and increase collaborative approaches in supporting widening participation initiatives, including outreach activity; and stimulate and increase the capacity of healthcare organisations in being able to expand and support work or work related experience opportunities.

The strategy intends to drive the widening participation agenda to ensure we have an NHS workforce that is more representative of the communities it seeks to serve and where development and progression is based upon a person's merit, ability and motivation and not their social background or the privilege, extent and effectiveness of their social networks.

We responded with a three-phase project to investigate widening participation activities (WPA), firstly on NHS commissioned programmes in Higher Education Institutes (HEI), specifically concerning students at Manchester Metropolitan University (MMU) who have disclosed a specific learning disability (SpLD), and secondly, validating the findings more widely to NHS healthcare professionals in the North West of England.

The National Health Service (NHS) employs more than 1.4 million people (HSCIC 2015). The Equality Delivery System (NHS, 2013a) includes specific goals and outcomes to guarantee equality for its workforce in accordance with the provisions of the Equality Act (2010) the Disability Discrimination Act (DDA) (1995) and the via the NHS Constitution (NHS, 2013).

The Equality Act (2010) and the DDA (1995) impose a general duty on public sector employers to consider reasonable adjustments for staff who have disclosed disabilities. 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%. Instances of disclosure by students on NHS commissioned programmes in higher education institutions (HEI) would appear to be markedly different with 12% of FT, UG students studying subjects Allied to Medicine and 9% of those studying Medicine and Dentistry disclosing a disability in 2013-14 (HESA, 2015).

"It is unclear why there a discrepancy in the number of students disclosing a disability in HE and the number of staff who disclose a disability in the NHS workplace?"

The Higher Education Funding Council for England (HEFCE) reported that first degree, FT students achieved a better degree classification and obtained a graduate job than the sector average if they had disclosed a disability and were in receipt of the Disabled Students Allowance (DSA) compared to those who had disclosed but were not in receipt of DSA (HEFCE, 2013). The reasons why students do not appear to disclose a disability to their eventual employers is unclear. It might be related to fears of discrimination, fears that they will be perceived only in terms of their disability, or because they do not feel their disability will interfere with their ability to fulfil the job role (Disability Rights UK, 2012).

This project has the potential to provide knowledge in order to enable a seamless transition from student status to that of NHS employee and facilitate the development of inclusive work practices that may reduce the necessity for reasonable adjustment. What is needed is a standardised methodology for others to follow in order to obtain knowledge about the nature of the student and workplace, identification of the challenges students and NHS employees with SpLDs encounter; and information on the barriers and facilitators of using supportive technology in the workplace.

This initiative has built upon completed and ongoing work within MMU to widen participation, including on its NHS commissioned programmes. Completed work includes “The Good Practice Exchange”, a university wide forum for collating inspiring, inclusive and multi-modal excerpts of good practice in teaching and learning. “A Course Development, Planning, Approval and Review Checklist” is available to ensure programmes of study are compliant with SENDA. The Inclusive Curriculum Task and Finish Group (TFG) with representation from the Centre for Excellence in Learning and Teaching and the Equality and Diversity team have taken on the task of reviewing current practice at MMU in inclusive curriculum design and delivery. Outputs from these projects are expected to include the development of web resources and guidelines that educate and inform the design and delivery of the curriculum in an inclusive way. This notion of inclusive curriculum goes beyond previously used definitions that refer only or mainly to disabled students, aiming to more accurately serve the diverse student base at MMU.



This study aimed to provide knowledge to enable a seamless transition from student status to that of NHS employee [and back again], and facilitate the development of inclusive work practices that may reduce the necessity for reasonable adjustment by:

PHASE 1: DETERMINING A HEI BENCHMARK ABOUT SPLD DISCLOSURE

- To design a specific algorithm to interrogate HEI student database to facilitate reporting of WPA activity to key stakeholders
- Benchmark data relating students on NHS commissioned programmes of study to incidence and prevalence of specific learning needs reported by NHS employers in Equality and Diversity annual reports.

PHASE 2: EXPLORING ATTITUDES AND PERCEPTIONS ABOUT SPLD DISCLOSURE IN PHYSIOTHERAPY

- To explore attitudes to disclosure/non-disclosure of specific learning needs
- To explore barriers and facilitators to accessing support for specific learning needs
- To investigate perceived impact of support for specific learning needs on CPD and career progression

PHASE 3: VALIDATING THE FINDINGS IN THE NHS WORKFORCE

- To use the findings of phase 2 to generate a questionnaire to validate and generalise the findings.

In the first phase, we designed a repeatable procedure to allow other HEIs to retrieve data relevant to students with a disability. The procedure was not restricted by cohort size, programme duration or management information system. It allowed comparison between institutions and the pooling of data at some point in the future. Future work might pilot the procedure in another institution to determine its adequacy given that the software used to maintain databases in other institutions may be different. Larger data sets will produce a greater insight and better management of students with disabilities.

We benchmarked three Physiotherapy cohorts at MMU with overall MMU student data as well as two other NHS commissioned programmes in the same Faculty. We also compared this to the percentage of NHS staff who disclosed a disability in 2012-2013.

HOW MANY STUDENTS DISCLOSE?

The lowest number of students disclosing on Physiotherapy courses is more than twice that reported by NHS employees in Equality and Diversity Annual Reports.

More BSc (Hons) Physiotherapy and Speech Pathology students disclosed a disability (8-16%) compared to other MMU courses. This is in line with the overall figure of 12% for all students studying subjects allied to medicine. On average, 7% of all MMU students disclose a SpLD.

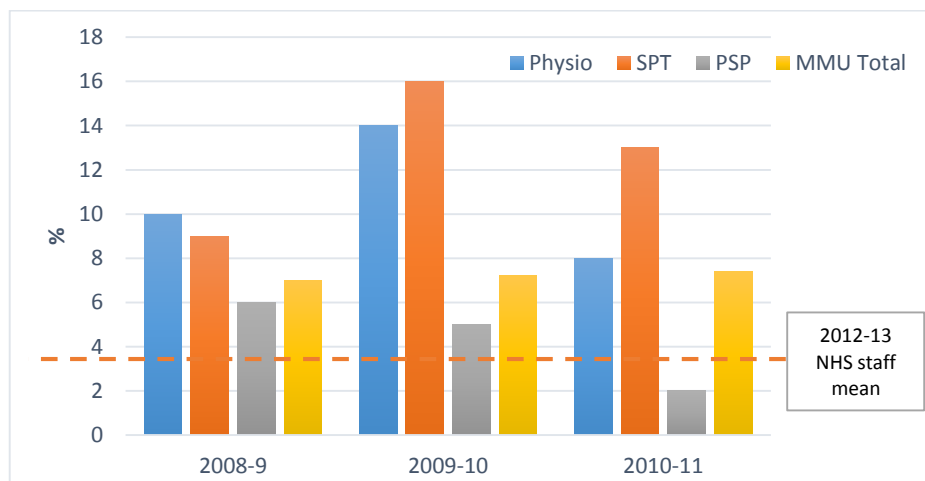


Figure 1: MMU students who disclosed a disability compared to NHS staff who have disclosed a disability.

Physio = BSc (Hons) Physiotherapy, SPT = BSc (Hons) Speech Pathology & Therapy, PSP = BSc (Hons) Psychology and Speech Pathology, MMU Total = all enrolled students

WHO DISCLOSES?

The differences in age between students who disclose and those who do not is very small. Those who disclose a disability are generally not older or younger.

WHAT DO STUDENTS DISCLOSE WITH?

In keeping with other literature, the most prevalent disability disclosed was dyslexia (fig. 2). Dyslexia is viewed as the most commonly recognised form of SpLD.

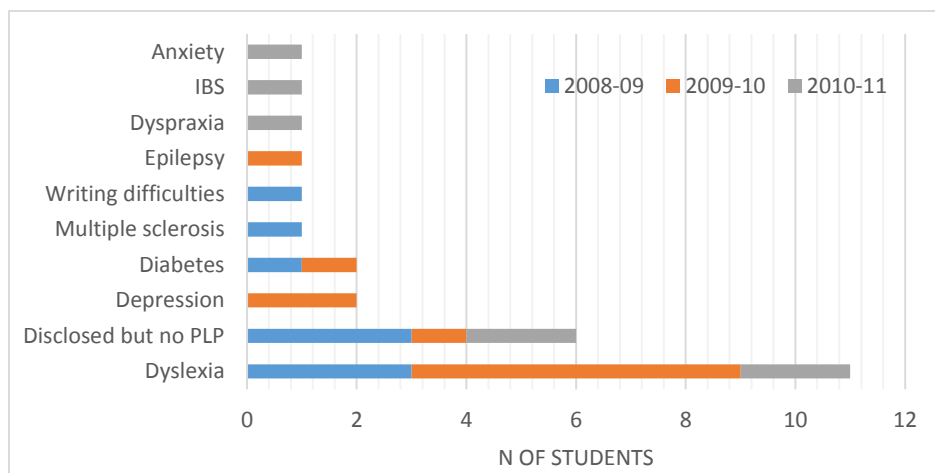


Figure 2: Nature of disability/Personal Learning Plan (PLP) by cohort for BSc (Hons) Physiotherapy.

DO THOSE WHO DISCLOSE PROGRESS AS WELL THEIR PEERS?

Over the three cohorts between 80% and 88% of students who did not disclose continued on to their final year. This compared to between 67% and 91% of students who disclosed.

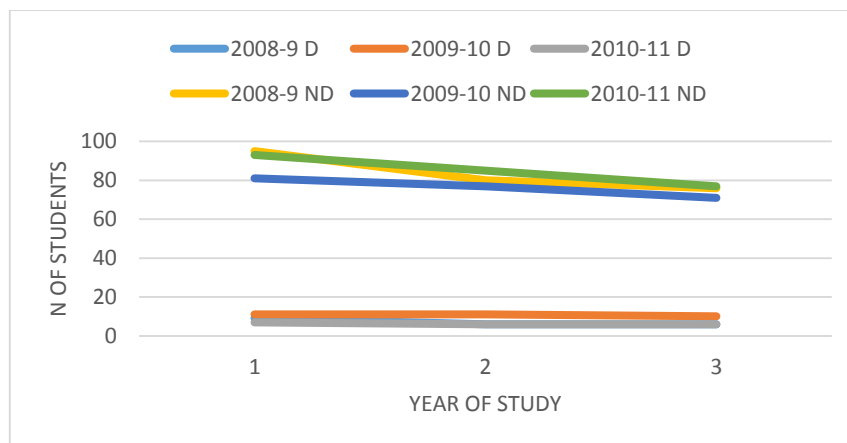


Figure 3: Progression of students who have disclosed compared to their peers

D = Disclosed disability, ND = Non-disclosure of disability

DO THOSE WHO DISCLOSE DO AS WELL AS THEIR PEERS AT GRADUATION?

HEFCE data indicate that students who disclose and are in receipt of DSA do better than those who are not (HEFCE, 2013). We found that students who have disclosed and are in receipt of a PLP generally do better than those who have disclosed and have not benefited from a PLP. No students with a PLP obtained a Third Class Honours degree over the three cohorts studied. Within each cohort there was little difference in the qualifications gained between those who disclosed their disability and those who did not.

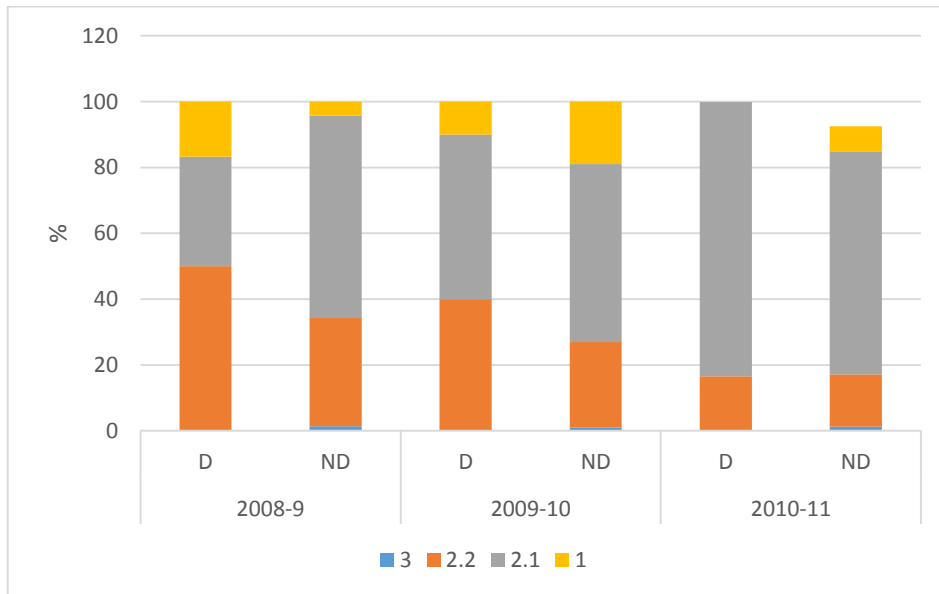


Figure 4: Qualification gained for those who did and did not disclose their SpLD.

D = Disclosed disability, ND = Non-disclosure of disability

SUMMARY OF PHASE 1: DETERMINING AN HEI BENCHMARK ABOUT SPLD DISCLOSURE

- More HEI students disclose their disability than NHS staff
- More MMU physiotherapy students disclose than MMU students as a whole
- HEI students who disclose a disability are generally not older or younger than their peers are
- In keeping with other literature, the most frequently disclosed disability is dyslexia
- Students who disclose and are in receipt of a PLP generally do better than those who have disclosed and have not benefited from a PLP
- Over the three cohorts studied, no students with a PLP obtained a Third Class Honours degree
- Students who have disclosed a disability and who benefit from a PLP make timely progress through their programme of study
- Students who disclose a disability have a smaller range of entry qualifications than their peers do
- Physiotherapy students with SpLD access HE via traditional and non-traditional routes
- Entry qualifications are not a suitable benchmark or comparator between cohorts because they are constantly changing

The second phase explored the experiences of eight physiotherapists recognised as having a SpLD. We investigated their experiences disclosing, impact of accessing support/supportive technology as a student on campus and placement, and in relation to disclosure and the impact of their disability on career progression and CPD as an NHS employee.

DEMOGRAPHICS

All participants had studied on one of two programmes at MMU, the BSc (Hons) Physiotherapy (N=6) and MSc (Pre-Reg) Physiotherapy (N=2) between 2004 and 2012. Participants were working as a Band 5 (N=3) or Band 6 (N=5) physiotherapist. The mean number of years qualified as a physiotherapist was 4.5 years. Most (6 out of 8) were diagnosed at school, 2 out of 8 were diagnosed at university.

WHEN TO DISCLOSE

Most participants chose to disclose their disability. Whilst one participant did not disclose at university initially, he did once he started to fail assessments.

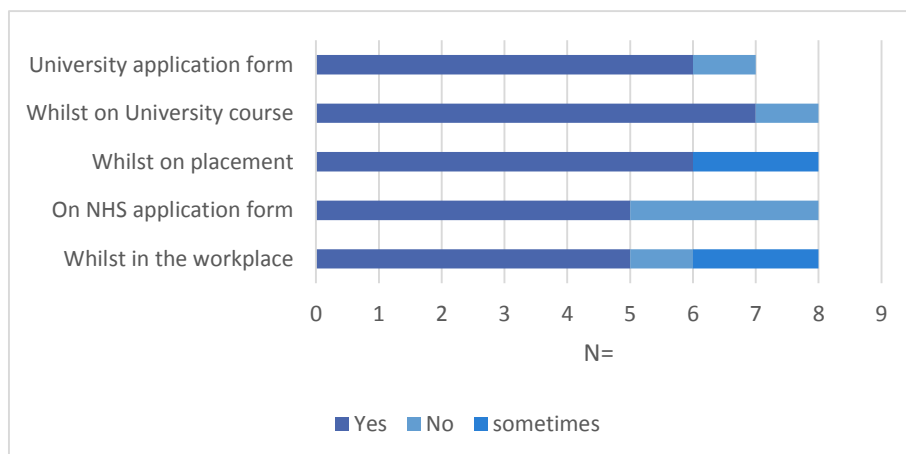


Figure 4: When do people disclose their disability?



INTERVIEWS

From the interviews, four main themes were identified: 'Having dyslexia'; 'Disclosure'; 'Support and strategies'; and 'NHS positive and negative response'.

HAVING DYSLEXIA

Most did not perceive themselves to have a disability and many perceived there was a stigma attached to the diagnosis.

'I don't class myself as disabled ... the way it's written on NHS Jobs.'

'I work with amputees so I would say no. It's because it's not, I guess, visual, very hidden.'

Having a SpLD diagnosis was a relief as it gave them an explanation of what was going on and that something could now be done about it.

'It was nice to know and have that confirmation that it wasn't me just being a bit stupid. It wasn't just a bit thick.'

'It makes me relieved because it's an explanation of what's going on.'

Having a SpLD had not affected their choice of career.

'Physio has been a passion I've had since – and I would never let my dyslexia get in the way with achieving what I want to achieve.'

'[Dyslexia] wasn't a deciding factor in my choice of career path.'

It did appear to be more of a factor in their choice of career specialism;

'When I was on a ward, whether it was respiratory or neuro or orthopaedics, I always had that bit more time to do it.'

'Outpatients was more challenging because of the time constraints.'

One person decided not to work in the NHS:

'For someone who has a problem with time as in processing, it's just impossible and it's not fair on the patient. The service to the patient – you're giving them a crap service. So I'd never work for them [the NHS], ever.'



DISCLOSING AN SPLD

A range of factors influenced decisions to disclose. More disclosed at university than they did at work or on placement. Previous literature suggests that those diagnosed with a specific learning disability during school/college years are more likely to disclose and access support (SCRHE 1998). We would agree with this.

Perception of SpLD being a disability:

'In job applications and things I don't tick it because I don't think it affects the job that I do.'

'No [I didn't disclose]. I think part of it was because the way it was written – "disabled student" – and I don't class myself as disabled.'

Perceived stigma:

'I still struggle to tell line managers my problems I have. It's pride, I'm embarrassed. I'm 32 and I'm still crap at reading.'

'The stigma – there was a bit of stigma going in the special needs class and sitting down getting teased by your peers. But it was more the teachers to be honest.'

Levelling the playing field:

'I didn't have to tell the University ... but it was when I started to fail was when I thought I need to [disclose].'

'I thought it was something I felt I was entitled to do, something if it would help me in any way to level the playing field.'

The support provided following disclosure:

'It's not just the technology; it's the pastoral and academic support that makes a massive difference.'

'The support was great. ... also in a way that didn't make me feel embarrassed or singled out in lectures in any way.'

Fear of discrimination:

'...it's your potential employer that could discriminate against you. I don't think they ever would have done, but there's always that fear as a newly qualified.'



The guaranteed interview scheme; there were mixed feelings about using the scheme:

'I want to take advantage of the something scheme that says, if you meet the minimum requirements, they have to give you an interview. Why wouldn't you tick that box? To me, that's just insanity not to tick it.'

'If you meet all the criteria, they have to interview you, which is why I've always ticked it.'

'I've always felt really awkward when it comes to that question; I've never known what to tick. ... I just felt I'd rather know that I'm going into this interview because I've earned it...'

'I wanted to be interviewed for what it says on paper not for my condition.'

The humanistic qualities of who they disclosed to:

'You're going into a busy working environment; you're sort of weighing up who's approachable and who's not.'

'I felt very comfortable with the supervisor, she was fab. I felt like I could disclose it.'

SUPPORT AND STRATEGIES

All felt they benefited from a PLP whilst undertaking their NHS commissioned programme at university. Whilst a range of support was advocated in their PLP, not all support offered was required.

'I got a laptop. It was nice to have a laptop I'm not saying it's not nice to have one but it didn't actually make a great deal of difference to my actual learning itself.'

'I was even offered a reader but I didn't choose to use that.'

All highlighted how valuable to their success the humanistic qualities of staff were, in addition to the extra time for assessments at university and writing up patient's notes in the workplace.

'I did declare it before I came" ... she came back to me the next day and said "what we need to do is, if you're going to be in an environment like this, we'd need to set up so that you can access notes and can have that extra time for it".'

'That was a hospital based placement. I did [disclose] to them and they were brilliant. They gave me time to write my notes and then she was quite discreet about it which was quite nice.'



Others no longer needed additional support in the workplace because they had developed workplace strategies

'If it was really noisy which obviously wards are, that would delay my writing time even further so I had to sometimes take notes into a quiet area and do that.'

'I have an extra 20 minute slot in the middle so that the early sets of notes I can catch up on and then at then at the end...'

'... I take more time to write things down, I abbreviate quite a lot. ... I think I've just managed to, over the time and getting more confident with types of words that we use in our jobs...'

'One of my problems was that I used to write far too much because I would struggle with condensing. So the pathway is really helpful for me as a prompt as to what I should be writing down.'

'All of our notes were written on the computer anyway so that made it a lot easier for me.'

Only one participant had utilised the Access to Work scheme, which was in part due to a general lack of awareness of the scheme amongst the participants and their managers.

'As an employed person I've never had support for disability in employment. I didn't know it was available to me.'

'What support is there?'. My senior said "don't know, I'll go and find out". Spoke to our department Head and said "what I can do is I can refer you to Occy Health. There's things they can put in place. Knowing that I'm going to have that support coming in, it's short term [current issues in the workplace] all of this now. Things are going to change; it's going to get better again.'

Most participants felt their SpLD did not have an impact on career progression, although a lack of confidence could be an issue.

'I think I am a lot more hesitant with progression to band 7, whereas I know a lot of my colleagues have just gone "boom" straight up into band 7 roles.'

Whilst the SpLD had an impact on their CPD, some had developed strategies to lessen the influence of this.

'I love trying to be as evidence based as I can and it's a real pain trying to read through journals. ...it probably takes me 5 times as long to read a journal as it does other people.'

'...technology now has made the environment for dyslexics easier without them even realising it. Even iPhones. When I'm in conferences, you take photos of slides so I don't have to write it down.'

'Getting onto the Masters, that's where I'm going to have to think; Okay, God what do I have to do about my dyslexia and everything again now.'

NHS POSITIVE AND NEGATIVE RESPONSE

Both positive and negative responses to the disclosure of a SpLD were experienced on placement as a student and in the workplace once qualified. One positive response was:

'... it was "do you need anything extra, do you need us to put anything in place for you?". It was never a "what are we going to have to do" it was always a "what can we do to help, how do we make this easier for you, how do we enable you to do this job?"'

Negative responses included issues related to a perceived lack of support from their clinical educator:

'...this educator was "no, this is how we do it, get on with it".'

A failure to disseminate to the team adjustments put into place to support the participant's specific learning needs:

'I have had a couple of times; "Well you've got a blocked [patient] slot, is it for anything?" "Yes." "Well, can you not do it another time?" "well, actually no I can't."

Perceptions of being 'bullied' by their line manager:

'I told them that I was dyslexic. And I got really badly bullied. ... It got used against me quite a lot and I had to go down the route of getting the CSP involved where notes had gone missing and it was "well you're dyslexic so you've probably forgotten about it".'

'Rather than talking to me about it, which I'm better at, she would complain to my manager about it and it built up and built up. It got to a point where she was very derogatory in front of me in front of colleagues and actually that was taken to a point where, going along the lines of bullying.'

'[Other managers said] we were keeping an eye on you because it was all on the verge of harassment/bullying". It really kind of affected me. I nearly walked away from physio.'

SUMMARY OF PHASE 2: EXPLORING ATTITUDES ABOUT DISCLOSURE OF SPLD IN
PHYSIOTHERAPY

- Most people with a SpLD don't perceive themselves to have a disability
- It is a relief to have a diagnosis
- It has not affected career choice but is a factor when specialising, some avoiding the outpatient setting
- People benefit from Personal Learning Plans but generally do not use all the support
- Extra time for assessment and note writing is particularly helpful in the workplace
- Having a SpLD does not generally impact on career progression
- Having a SpLD does impact on CPD but strategies to lessen this had been developed over time
- Disclosing a SpLD generally led to a positive response in HE
- Disclosing a SpLD in the NHS can lead to negative responses from colleagues and perceptions of bullying from line managers

The third phase sought to establish if themes identified during the interviews in phase II were consistent with the experiences of the wider NHS workforce.

A questionnaire survey 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. It allowed those who had a SpLD to participate even if they had not disclosed their disability to their employer.

The questionnaire, administered electronically using SurveyMonkey®, was sent to qualified staff from NHS commissioned programmes from across North West England who deliver direct care.

DEMOGRAPHICS

The study sample was deemed representative of the North West NHS workforce with a SpLD. 127 people took part in the survey. The largest groups within this sample were nurses and physiotherapists (34.1% and 28.5% respectively) with occupational therapy and speech and language therapy 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.

Table 1: Which professional group do you belong to?

Answer Options	Response Percent	Response Count
Biomedical Scientist	1.6%	2
Chiropodist/Podiatrist	0.8%	1
Dietitian	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

DISABILITY AND SPLD

The majority of Respondents did not consider themselves to have a disability or that others saw them as having a disability. Quantitative data from phase III of this project suggests that neither career choice nor specialism were influenced by the respondent's SpLD.

Respondents were *'more determined to achieve their goal'* and that they *'just had to work harder'*.

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'.

Participants' document 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-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 is a theoretical benefit in disclosing a SpLD on job application if the organisation subscribes to 'Positive Action in Job Advertisement' (two ticks scheme) in that, 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.

'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'.

'I choose not to use the positive discrimination for getting interviews as I want to get the interview on my own merit'

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.

'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'.

EXPERIENCES ON NHS COMMISSIONED PROGRAMMES 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.

'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.'

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.

'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.'

'I disclosed and experienced discrimination and have struggled to gain access to assisted software.'

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.

'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.'

'External and internal courses are not set up for dyslexics especially the e-learning packages which are now routinely used.'



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.

'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.'

'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'.

SUMMARY OF PHASE 3: VALIDATING THE FINDINGS IN THE NHS WORKFORCE

- This was a representative survey of the NHS workforce in the Northwest of England that have undertaken NHS commissioned courses
- Most respondents were female (86%), nurses (34%) and physiotherapists (29%), between 30-44 years (42%) and in an AFC band 6 role (36%)
- The most common SpLD was dyslexia (98%) with 52% diagnosed at university
- 60% do not consider themselves to have a disability and 75% do not think others see their SpLD as a disability
- 76% said career choice and 70% said specialism had not been affected by their SpLD
- Almost the same number who '*always*' disclosed their SpLD on placement and NHS application said they would '*never*' disclose
- Non-disclosure was related to fears of discrimination, negative perceptions that may or may not be held by others, and using assistive technology would lessen their worth in the eyes of others; "they just wanted to be treated equally"
- The 'Positive about disabled people, two ticks scheme' was the least likely to influence disclosure
- For some, as a student and worker with SpLD, they did not feel they had been treated less favourably than others, but did feel assumptions had been made about their capability
- Others have experienced bullying in the NHS following disclosure of their SpLD
- Whilst students in HE benefit from support whilst on campus, the same is not always available on NHS placements or in the transition to work
- 35% felt their SpLD impacts on their ability to engage in CPD. Additional time required to get things done in the workplace leaves little time for CPD
- Although acknowledgment was made that a SpLD had the potential to increase unsafe practice, most had strategies to prevent potential issues, including hypervigilance, arguably making them safer clinicians

The strategy 'Widening Participation, It Matters!' has set out to drive the widening participation agenda. Its aim is for an NHS workforce that is more representative of the communities it seeks to serve and where development and progression is based upon a person's merit, ability and motivation and not their social background or the privilege, extent and effectiveness of their social networks.

It is clear from this study that, for those with a SpLD, there are a mixture of needs in terms of the strategy. Some have experienced excellent practice and have felt supportive, both in HE, on placement and at work in the NHS. Others have had mixed experiences, where personnel, procedure, or facilities have let them down.

First, on NHS commissioned courses, students with a SpLD are over-represented rather than under-represented in terms of the total student population and misrepresented in Trust reports. Is this something the NHS should encourage or correct?

Second, The NHS can only improve the reporting of widening participation activities if it has an accurate idea of the true numbers of its students and workforce who have a SpLD. Presently, calculations of workers with a disability are based on the information they provide at application. Phase III of this study demonstrated an almost an even split between those who do and those do not disclose on clinical placement or NHS job application.

Third, the monitoring of widening participation activities relies on disclosure. Up to now, the reasons why students do not disclose to their eventual employers has been unclear (Disability Rights UK, 2012). Phase II and III of this study has confirmed that those with a SpLD do or do not disclose for reasons including:

1. Their perception of their SpLD being a disability;
2. The perceived stigma;
3. Levelling the playing field;
4. The support provided following disclosure;
5. Fear of discrimination;
6. The guaranteed interview scheme;
7. The humanistic qualities of who they disclosed to;
8. Their previous experience of disclosure/non-disclosure.

Presently, there is no formal opportunity for staff to disclose during work if they have reason to such as struggling with workload or a recent diagnosis. At every personal development review, specific questions should be asked to allow for disclosure. If a SpLD is disclosed, the reviewer could be responsible to action that a suitable assessment be undertaken and adjustments made.

This study has revealed that in some circumstances disclosure did not trigger further action to explore what, if any, reasonable adjustment needed to be made. Arguably, the workplace should be made accessible and it may be true that in some instances, no reasonable adjustment would be necessary

because systems of work were inclusive or the employee has developed workplace strategies. However, in order to make such a determination assessment of need would be necessary. Some PLPs recommend including time frames, inclusive curriculum, making resources available to all students in advance of a taught session, these help all. They should not be seen as a reasonable adjustment, they should be seen as 'business as usual'.

Fourth, it is clear that those with a SpLD who enter NHS commissioned courses do so on the same merits as their peers and do just as well. It is also clear that they have to work harder and overcome barriers such as stereotyping, timekeeping, inequity in the knowledge staff have about their difficulties, engaging with CPD and accessing the support they need.

Development and progression can only be based upon a person's merit, ability and motivation if they are provided with the same opportunities. There is a need to tackle perceptions of dyslexia and stereotypes of being lower in intelligence and less capable of achievement. This is consistent with notions around the stereotype and the misconception that dyslexia and intelligence are mutually exclusive. Lower, middle and upper management training should seek to eradicate ideas that "because the 'dyslexic' was intelligent, he/she could not be dyslexic".

Both in HEIs and in the NHS workplace, the amount of disclosure, attitudes to disclosure, experiences once disclosed in terms of assistance, attitudes from colleagues and managers, technical support and advice, and finally training, should be equivalent. Equality and Diversity training often emphasises the cultural/racial/religious and issues around some (visible) disabilities. The problem with SpLD's is that they are invisible.

Fifth, sometimes the person with dyslexia is seen as the privileged one. In phase II of this study, some of those interviewed indicated that their reasonable adjustments were sometimes considered 'negotiable'; for instance, gaps in diaries that were put there to allow additional time for administrative duties were seen as 'fair game' if the service was under pressure to match patient waiting times. These data suggest that persons with SpLD have to be assertive to ensure that they benefit from reasonable adjustment, where it might be more appropriate for line management to be assertive to ensure that reasonable adjustments are respected.

Students in HE have access to the DSA 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.

Sixth, changes to the DSA arrangements from September 2016 will mean the HEI, as a provider of goods/services will be required to make reasonable adjustment that will come out of HEI funds rather than central government funds. It is true that the current DSA arrangements do not recognise technological advances (BIS, 2014). This is also true for the current NHS working arrangements. Technology, for example electronic patient record keeping, is inconsistent throughout the NHS and as such, the needs of workers moving from one department / placement / speciality / hospital even within the same Trust may differ.



Finally, in order to stimulate and increase the capacity of healthcare organisations, as outlined in the strategy, Widening Participation It Matters!, development of the workforce is needed. Phases II and III of this study have identified that 35% of workers felt their SpLD impacted on engagement with CPD. The extra time required to complete CPD in conjunction with the extra time needed to complete work related tasks was the major factor. Study leave granted for CPD should take account of a SpLD.

RECOMMENDATIONS FROM THE WIDENING PARTICIPATION PROJECT

1. Equality and Diversity training is necessary for all staff and must include information about SpLD in order to dispel myths and stereotypes.
2. There should be a transparent and standardised process within HEI and the NHS for assessment of those with a SpLD and the implementation of its recommendations.
3. The NHS should progressively move to a more inclusive environment in order to accommodate the needs of a diverse workforce including those with SpLD.
4. Processes within the NHS should include timely implementation of recommendations and then adhered to, for example, time management issues, keeping slots in diaries and access to technology.
5. NHS processes should allow personal records to be updated about the disclosure of a disability [including SpLD] during the annual review process and/or post rotation.
6. The monitoring of NHS disability disclosure data should be continually updated throughout the working life of the employee, linked with the annual review process, to enhance the reporting of SpLD.
7. Staff should have to opt out rather than find and opt in to the Access to Work Scheme. Too frequently, NHS staff do not know about the help they can receive to complete their everyday work.
8. Study leave for CPD should take into account any SpLD disclosed.



CONCLUSION

This project, commissioned by HENW, aimed to address the strategy and initial action plan of 'Widening Participation It Matters!' We aimed to provide knowledge to enable a seamless transition from student status to that of NHS employee (and back again), and facilitate the development of inclusive work practices that may reduce the necessity for reasonable adjustment.

Through the three phases of this study, we have provided benchmark data and produced a standardised methodology for others to follow in order to obtain knowledge about the nature of the student and workplace (Phase I). We have explored the experiences of NHS staff with SpLD, including the transition from HEI to the NHS workplace and attitudes to disclosure, identifying the challenges students and NHS employees with SpLDs encounter (Phase II). Finally, we have validated these findings by surveying healthcare professionals working in the NHS in the Northwest of England (Phase III).

Having a SpLD involves overcoming and breaking down invisible barriers built by others. Quite often, those barriers are in defence of an invisible disability, such as dyslexia. More than twice the number of students chose to disclose their SpLD on their NHS commissioned courses in HEI, compared to when they started work in the NHS. In this study, we have identified many of the reasons why people do or do not disclose their SpLD.

The findings to the three phases have sequentially informed one another, leading to eight recommendations. These included training for staff about SpLD; transparent processes for assessment and implementation; providing a more inclusive working environment; continual opportunities to disclose a SpLD; continual monitoring throughout the working life of the employee; processes to ensure recommendations are implemented and adhered to; 'opting out' rather than 'opting in' to the Access to Work scheme; and the SpLD being taken into account during CPD study leave.

By implementing these recommendations, ultimately we can have an NHS workforce that is more representative of the communities it seeks to serve and where development and progression is based upon a person's merit, ability and motivation.



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