October 2022

Enabling our Disabled Talent

Research Report

Summary

NHS

Talent South East
NHS England

Introduction and purpose

Why do this research?

The NHS needs to attract and retain a highly trained, values-led workforce and to manage in ways that optimise performance and well-being. Disabled people make up a large proportion of the existing NHS workforce. They represent a considerable asset, including in relation to the insights they bring to service delivery. Effective talent management for NHS Disabled employees is an imperative, from a performance and financial perspective, as well as from an equity and ethical perspective.

This research was commissioned by Talent South East, a part of NHS England and explored the experiences and opinions of Disabled NHS employees on barriers to and enablers of progression, and the value they bring.
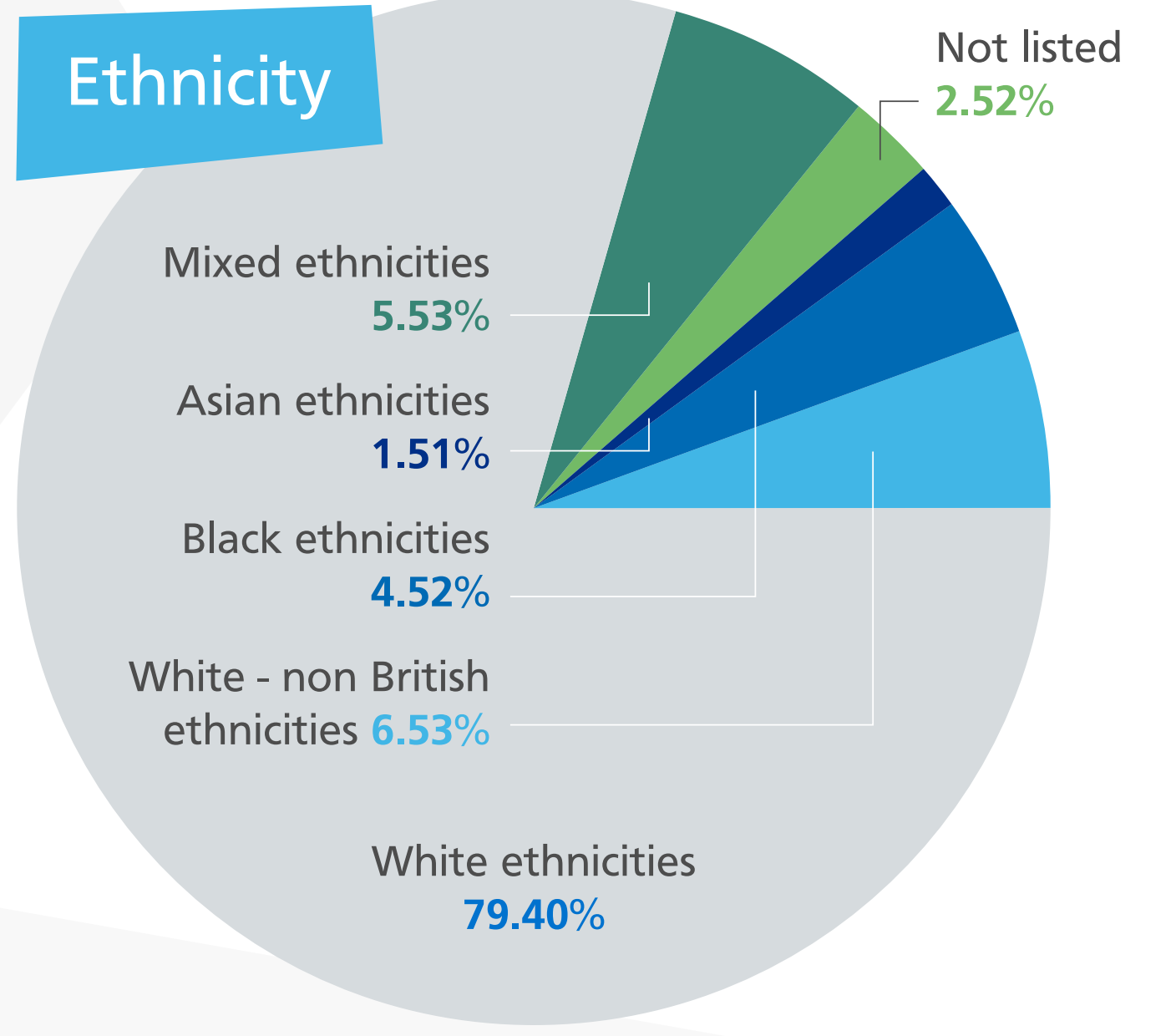
The research was commissioned to inform planning for career development and progression. We wanted to get a better understand what helps Disabled people to progress and to develop their careers within the NHS – and what gets in the way. This information will be used to ensure our work is inclusive, that we target effectively and can help our partners to do the same.

Disability-related terms used in this encompass both an individual model (based on the definition of protected characteristics in the Equality Act 2010) and a social or barriers model, which emphasises that people are disabled by systems, culture, policy and practice rather than inherently by their conditions.
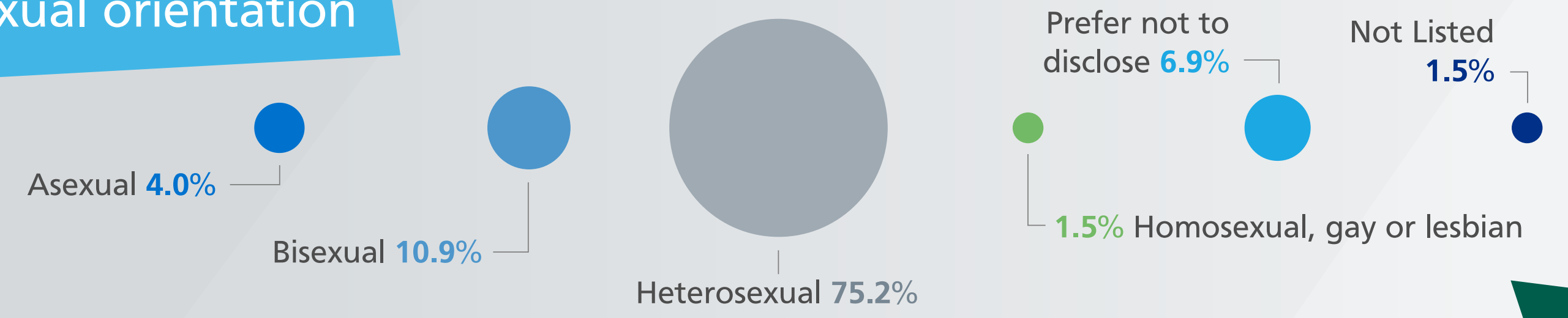
About the research

What research was done?

The research takes an intersectional lens, recognising people possess many characteristics impacting their career experience. There were 219 survey respondents complemented with a series of four focus groups with 15 participants and 12 individual interviews from January to May 2022. The survey invited respondents to share both their quantitative and qualitative information about their experience of disabilities in their work. The interviews explicitly explored dual or multiple barriers faced by minoritised employees, particularly in relation to ethnicity and LGBTQ+ identities.

Ethnicity

- Not listed **2.52%**
- Mixed ethnicities **5.53%**
- Asian ethnicities **1.51%**
- Black ethnicities **4.52%**
- White - non British ethnicities **6.53%**
- White ethnicities **79.40%**

Sexual orientation

- Asexual **4.0%**
- Bisexual **10.9%**
- Heterosexual **75.2%**
- Prefer not to disclose **6.9%**
- Not Listed **1.5%**
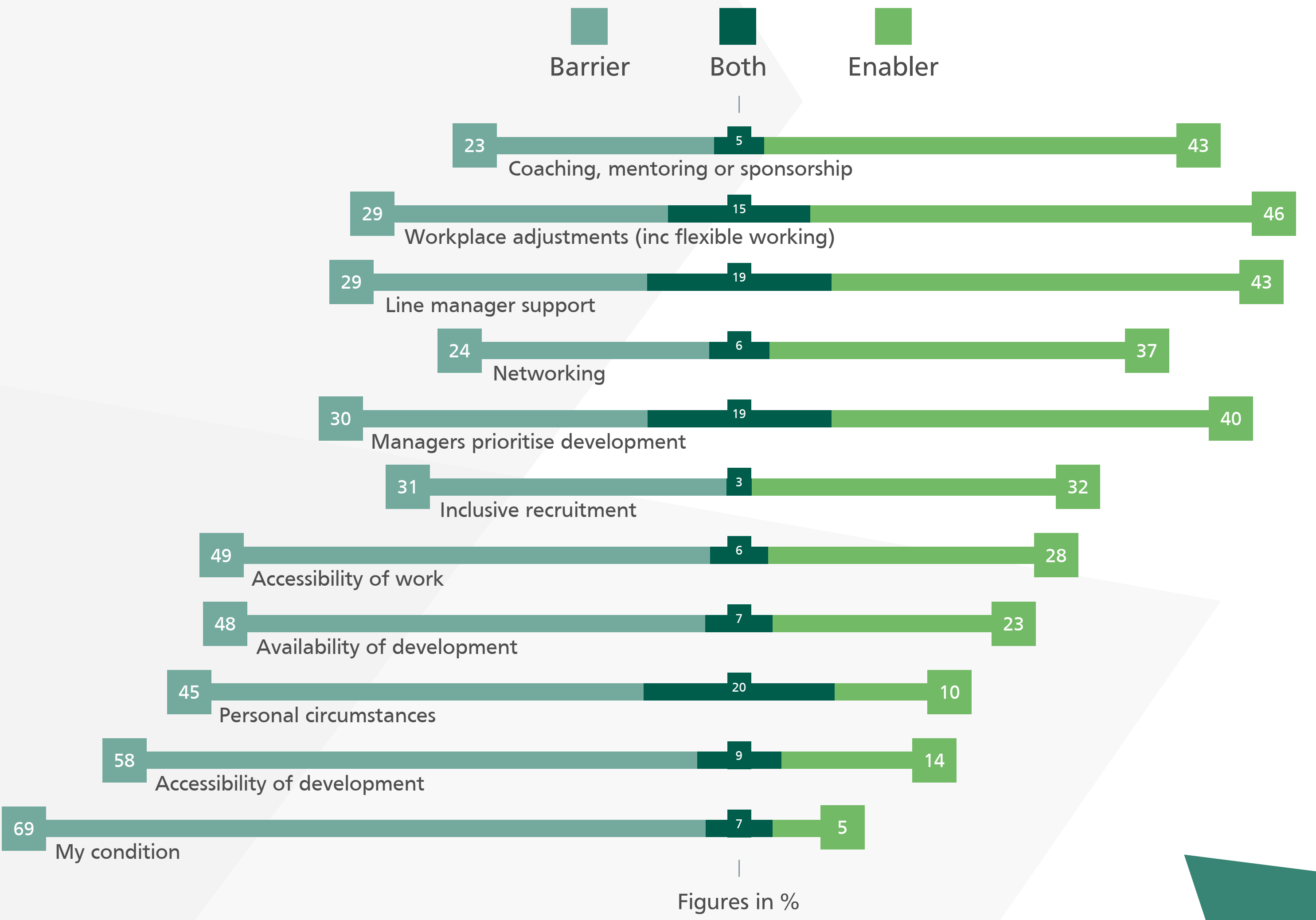- **1.5%** Homosexual, gay or lesbian

Key findings

Key findings address the following: Barriers and enablers, Access to training, Workplace adjustments, neurodivergence, openness at work, discrimination and formal management, aspirations, visibility.

Career barriers and enablers

Nearly two-thirds of survey respondents said they have experienced a negative impact on their career (64.5%). The full report details break downs across the main barriers but overall the impacts were consistently greater for those who fell into multiple marginalised groups: women, ethnic minorities, LGBTQIA identities, 36-55 year olds. Greater impacts were seen with multiple conditions and barriers impacted some conditions more than others.

The main enablers shared revolved around strong, supportive relationships with line managers, coaches and mentors as well as managers prioritising development widely and work-place adjustments. However, the latter was also shared as a barrier due to poor line manager awareness, responsibility sitting with the employee and long delays in implementation.

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Barrier   Both   Enabler

Category	Barrier	Both	Enabler
Coaching, mentoring or sponsorship	23	5	43
Workplace adjustments (inc flexible working)	29	15	46
Line manager support	29	19	43
Networking	24	6	37
Managers prioritise development	30	19	40
Inclusive recruitment	31	3	32
Accessibility of work	49	6	28
Availability of development	48	7	23
Personal circumstances	45	20	10
Accessibility of development	58	9	14
My condition	69	7	5

Figures in %

Key findings

Access to training

Many reported perceptions of exclusion from development, one describing it as feeling "like a punishment" for having their condition. Blended learning was desired, but we also note those with visual impairments felt most excluded, followed by Long Covid and mental health conditions.

Workplace adjustments

Across most conditions the number of people with workplace adjustments was low. People over 56 were less likely to have adjustments or flexible working and many participants shared long waits to implement agreed changes.

Openness about disability

This study reaffirmed low openness with HR. Those who were not open were more likely to have experienced discrimination, bullying and formal performance management. Women and people from ethnic minorities and identifying as LGBTQ+ were less likely to be open with HR and managers. Reasons cited included fear of being held back, a lack of role models or supportive, knowledgeable managers. Many cited outdated reporting classifications as dissuading declaration.

Discrimination and formal management processes

The majority had experienced discrimination and bullying and just under a third had been put through formal performance management. Variance was shown across conditions (mental health conditions the worst). People from ethnic minorities had consistently bad experiences, followed closely by women and those identifying as LGBTQ+ .

Aspiration, motivation and retention

Over half aspired to new roles with higher proportions for women, LGBTQ+, younger participants and ethnic minorities. Neurodivergent participants had the highest level of aspiration to executive roles, those aged 36-55, those above band 7 and people with physical health conditions.

Visibility and contributions of disabled talent

Almost two-thirds were unaware of Disabled people in leadership roles. People described a heroic-leadership culture that encourages individualistic promotion and reduces engagement. Most identified the contribution of disabled staff in terms of compassion for patients and staff needs, peer support and allyship all of which may contribute to the culture change required.

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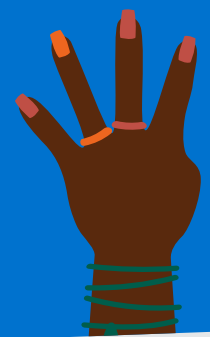
Conclusions

There are systemic, cultural and practical barriers, particularly in relation to identifying, delivering and managing general workplace adjustments, that impact health, well-being, performance, retention and the potential for career development and progression.

Additionally, specific career development and progression opportunities are inaccessible to many Disabled employees, because of apparent bias in the allocation of opportunities and because such opportunities are not always made inclusive and accessible.

This disabling effect on a significant proportion of the NHS workforce means that there is considerable unrealised capacity, contribution, insight and innovation from which the NHS and patients could benefit. The scale of this untapped, or restricted, potential is significant. Given the estimated one in five of the British population estimated to meet the current definition of being Disabled within the Equality Act 2010. An invest to save approach to Disabled talent could increase capacity and business efficiency for the NHS and employee engagement, discretionary effort and health and well-being.

Enabling Disabled talent requires addressing systemic, cultural, policy and process barriers and driving an increase in diversity at senior levels. These elements are intertwined – expertise from lived experience is needed to create the cultural change, inclusive-decision-making and 'pull' factor that will support retention and progression for Disabled talent. The current barriers that this research identifies prevent this progression, just as they bear down on the ability of Disabled employees to contribute to the service to their full potential in existing roles.

Contributors to this research identify the barriers to effective performance, career development and progression, confirmed by other research; the enablers; and the contribution, and potential contribution, of Disabled people to the NHS. While the barriers identified are common across sectors of the economy, progress has been faster in many sectors than in the NHS.

Talent Teams have an important role to play in supporting Disabled talent to secure the development and career opportunities that will demonstrate their potential to operate at more senior levels. Aiming for accessibility of mainstream programmes is crucial. This could helpfully be supplemented with bespoke initiatives for emerging Disabled leaders. Such initiatives could specifically support development of system-navigation skills and insights and confidence building - through peer action learning sets and access to senior mentors and coaches.

Given the ongoing impact of Covid, rising rates of mental ill health and an increasing understanding of neurodiversity, the NHS should invest in systemic solutions and in identifying and rapidly progressing diverse 'Disabled people' to enable the NHS to make the changes required to systems, culture, policy and process.

The NHS needs to ensure that its person-centred approach extends from patients to the people who shape its strategies and deliver its services.

Recommendations

Accountability

While expectations for inclusive leadership have been set the experience shared does not reflect it. We need clearer objectives for every leader and line manager, actively monitored and each of us held to account. Targets should incentivise continual improvement. Career conversations must be regular, informed and asset based. Workplace adjustments should be normalised, increased and actioned in a timely way.
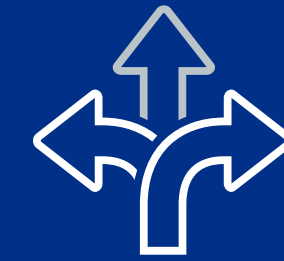
Accessibility

All interventions aimed to develop staff, including those procured externally, must have up-to-date review for accessibility and inclusivity. Information on adaptations offered and as standard must be shared transparently to help ensure people know they are included. Positive action should be increased for Disabled staff and followed up to ensure impact.

Role Models

Increasing visibility of Disabled leaders is key to shifting mindsets and encouraging compassionate, diverse and collective leadership as well as raising aspirations and declaration rates.

Address disclosure safety concerns of staff

Clear communication is needed around confidentiality, addressing discrimination concerns. Historic parameters for monitoring disability, health and neurodiversity should be reviewed with expert input.

Intersectionality

Improving work for Disabled staff is important, needs are complex and individual. A higher proportion of people identifying as LGBTQ+ have disabilities and we see lower levels of declaration within ethnic minorities due to fear of further discrimination. We highlight the cumulative impact on careers. The more 'boxes you tick' on a Diversity form, the harder it will be to get into a leadership position. Our solutions will need to reflect the complexity within every individual.

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