**WDES Network Chair Development Programme Report- Qualitative Thematic Analysis**

**Question (Pre-Event Questionnaire):**

***“To what extent do you agree/disagree that the NHS recognises the particular health & wellbeing needs of staff with Disabilities?***

***What, in your opinion, should the NHS do to further improve the health & wellbeing of staff with Disabilities?”***

There were thirteen respondents to the pre-event questionnaire who provided a tick-box response to this question, of these, eleven respondents provided comment responses.

**Themes in Comment Responses**

The most prevalent theme within the comments is the need for the NHS to support disabled staff, referred to by six respondents. For example, when disabled staff members undertake development opportunities such as training and education, extra support should be offered to check in with disabled students to ensure that accessibility problems have not arisen, particularly during work placements or on rotation in new teams. Disabled colleagues in development should be actively supported by disabled role models in senior roles who are visibly championed, for example reciprocal mentoring programmes should be offered. There should be better support and less red tape for staff to disclose their disability as well as gaining support and equipment. For staff who are currently employed and are diagnosed with a disability, smoother pathways should exist to support staff to move into roles which allow them to utilise their skills and remain working. Different kinds of disabilities should be recognised by NHS employers and they should provide a more personalised approach for supporting disabled staff. There should be better support for managers as there is too much variation. Financial and system support for verbal agenda is needed, for example central funding for reasonable adjustments rather than decisions being taken by local managers. The lack of support offered to disabled staff was also mentioned, with one respondent claiming that NHS employers very much wait to be begged for support, for example by not offering the Access to Work assessments as standard, and people with certain conditions certainly get discriminated against as opposed to supported.

Another theme within the comments is managers, referred to by three respondents. For example, conversations between line managers and staff about reasonable adjustments need to be normalised across the board. Managers should receive better support as there is too much variation. Line managers should not be able to make decisions on the funding for reasonable adjustments, there should be a central funding system in place. Managers and staff alike should receive disability awareness training, such as Welcoming All Customers customer service and accessibility training.

Culture is another theme within the comment responses, referred to by three respondents. For example, understanding of disabilities should be embedded within the working culture of the NHS. Reasonable adjustments should become part of NHS employer’s health and wellbeing culture, such as by offering Access to Work assessments as standard. One respondent described how they believed an outdated ableist culture exists within many clinical teams, whereby disabled colleagues are seen as less capable.

Three respondents referred to training in their comments. For example, staff should be trained in disability awareness and starting conversations about disability in the workplace, and this needs to be offered to all staff on a regular basis to equip them with the language and confidence they need to talk about everyone's health and wellbeing needs. All staff and managers should be offered Welcoming All Customers customer service and accessibility training. When disabled staff are undertaking development opportunities such as training and education, communication between NHS organisations and external providers needs to be improved so that disabled staff are automatically given the help and support they need while studying and in post, especially during work placements or on rotation in new teams.

Another theme within the comments was reasonable adjustments, referred to by two respondents. Both respondents expressed the need for reasonable adjustments to be centrally funded within each organisation, to remove the financial burden on individual teams, prevent the subsequent reticence of disabled staff to come forward and ask for what they need, and avoid line managers being forced to make these funding decisions themselves.

Some themes in the comment responses overlapped, such as support and training, support and managers, support and reasonable adjustments, managers and training, managers and reasonable adjustments, as well as culture and reasonable adjustments.

**Summary of Themes in Relation to the NHS and the Health and Wellbeing Needs of Staff with Disabilities**

* Support
* Managers
* Culture
* Training
* Reasonable Adjustments

**Overlapping Themes**

* Support and Training
* Support and Managers
* Support and Reasonable Adjustments
* Managers and Training
* Managers and Reasonable Adjustments
* Culture and Reasonable Adjustments

**Question (Pre-Event Questionnaire):**

***“Based on your experience, to what extent do you agree/disagree that NHS recruitment, selection, and promotion processes are fair to staff with Disabilities?***

***What are the barriers? Do you have any recent examples?”***

There were thirteen respondents to the pre-event questionnaire who provided a tick-box response to this question, of these, eleven respondents provided comment responses.

**Themes in Comment Responses**

Interviews is a theme within the comments, referred to by three respondents. The personal experience of one respondent is that their neurodiversity and how it presents is an obstacle in interviews because interviewers are looking for someone with a neurotypical personality like theirs and so do not engage well with neurodiverse interviewees. Another comment relates to how most NHS organisations use interview as their sole method of selection, and very few vacancies offer work trials or taster days, which some disabled applicants may find preferable and more accommodating to their needs. This issue is compounded by the current situation where interviews are being conducted almost entirely online and this may further disadvantage many disabled applicants, including those with sensory impairments. One respondent has a colleague who they describe as a fabulous healthcare professional, however, this colleague does not disclose that they have bipolar disorder when applying for jobs as they fear they would not even get an interview if she disclosed this information.

Another theme within the responses is promotion and career advancement, referred to by three respondents. For example, one respondent states that staff with disabilities often lack the confidence to apply for internal promotions and development opportunities, as they may not want to “rock the boat” and are already grateful for any reasonable adjustments which have been put in place for them. Disabled staff are often put off advancing beyond a certain level by a lack of visible role models and the inflexibility of hours of senior roles. Another obstacle disabled staff may face in terms of advancing their career is a lack of equitable funding for training, qualifications and opportunities offered to staff who work part-time due to their disability, particularly if they are on zero hours contracts. Sometimes managers do not understand how to support disabled staff and use a blanket Human Resources policy where absence due to disability is viewed as regular sickness and this negatively impacts promotion opportunities.

Another theme within the responses is support, mentioned by three respondents. For example, some recruiters do not understand how to support disabled staff in their roles. Some managers not understanding how to support disabled staff. Additionally, when nursing areas are supported with good staffing levels, these can be accommodating work settings for some disabled nurses.

Lack of understanding is a theme within the comment responses, referred to by three respondents. For example, there can be a complete lack of awareness or understanding surrounding disability, even from the people that are supposed to be leads. Some recruiters do not understand how to support staff in their roles, and some managers do not understand how to support disabled staff.

Bias is a theme discussed by two respondents. For example, some recruiters being biased against disability, and line managers without experience of disabled people having unconscious bias and rejecting disabled individuals for jobs and promotions.

Fear of disclosing disability is another theme which was referred to by two respondents. One respondent is concerned about a fear of discrimination if a disability is shared. Another describes how a colleague of theirs who has bipolar disorder does not disclose this on their job application forms due to fear of not even getting an interview, even if they are well qualified for the role they are applying for.

Another theme mentioned is the physical suitability of work environments, mentioned by two respondents. For example, some work environments may not be suitable for a member of staff with physical disabilities, such as many areas of nursing which can be a physically challenging job for even the most able. Another respondent described how they are not able to physically work in or see many departments before applying for a post.

Some themes in the comment responses overlapped, such as interviews and fear of disclosing disability, support and career advancement as well as support and understanding.

**Summary of Themes in Relation to Recruitment, Selection, and Promotion Processes for Staff with Disabilities in the NHS**

* Interviews
* Career Advancement
* Support
* Understanding
* Bias
* Fear of Disclosing Disability
* Physical Suitability of Work Environments

**Overlapping Themes**

* Interviews and Fear of Disclosing Disability
* Support and Career Advancement
* Support and Understanding

**Question (Pre-Event Questionnaire):**

***“Based on your experiences, to what extent do you feel that Disability Staff Networks are allowed and encouraged to be part of the decision-making processes in the NHS?***

***How could this be improved?”***

There were thirteen respondents to the pre-event questionnaire who provided a tick-box response to this question, of these, nine respondents provided comment responses.

**Themes in Comment Responses**

The most prominent theme raised by five respondents is the need for Disability Staff Networks to make meaningful connections with other professionals and committees within their organisation, particularly those who have power to effect change. For example, Disability Networks should make connections with the right people, be part of the management team and link in with staff who have decision making powers. Key Network members should be on the executive and non-executive committees, with the Networks being included when changing, writing or updating policies. Additionally, the Networks need to be autonomous from, but work closely with, the Human Resources, Operational Development and Equality, Diversity and Inclusions leads in order to raise issues and find real solutions that are implementable for all staff.

Another theme mentioned is inclusion, referred to by three respondents. For example, chairs need to share the benefits of an inclusive work environment. Networks should be included when changing, writing or updating policies. One respondent described how at their Trust lip service seems to be the norm with equality and inclusion not really being understood.

Funding is a theme raised by two respondents. Networks need to have sufficient funding and senior members of Networks need to be given paid protected time so that they can give their Networks the attention they deserve, enabling them to fully support and listen to their members in addition to the day-to-day responsibilities of their non-Network posts.

In the comment responses, themes of connections and inclusion overlapped.

**Summary of Themes in Relation to Disability Staff Networks Being Allowed and Encouraged to be Part of the Decision-Making Processes in the NHS**

* Connections
* Inclusion
* Funding

**Overlapping Themes**

* Connections and Inclusion

**Question (Pre-Event Questionnaire):**

***“Based on your experience, to what extent do you agree/disagree that employers of staff with Disabilities make adequate adjustments to enable you to carry out your work (e.g. flexible working, equipment...)?***

***How could this be improved?”***

There were thirteen respondents to the pre-event questionnaire who provided a tick-box response to this question, of these, nine respondents provided comment responses.

**Themes in Comment Responses**

The most prominent theme raised is managers, referred to by six respondents. For example, simpler processes should exist between line managers, Human Resources and Occupational Health. Requests should be considered by managers. Disabled staff should be encouraged and supported to request adjustments, particularly staff on zero hours contracts who might frequently change line managers. It is suggested that clear policies should be in place and staff should be made aware of how these apply to them, as opposed to the current situation where many staff find the provision of reasonable adjustments are at the discretion of individual managers, and if a manager blocks a request the staff member may have to go to Human Resources which can make the workplace very unpleasant

Two respondents link the theme of managers to the theme of variability. For example, approval of adjustment requests can seem variable and be dependent on the manager and type of work the employer is employed to do. One respondent described how within their Trust the provision of adjustments varies widely from team to team, with some managers providing full adjustments as a matter of course, and others refusing to offer flexible hours or changes to working conditions believing it would be unfair to nondisabled staff; the respondent’s view is that training is necessary to tackle outdated, ableist attitudes that still prevail within many services, particularly clinical teams, in relation to adjustments.

Encouragement is another theme mentioned by two respondents. For example, employees need to be encouraged to disclose their disability so that their employer can make sure that their needs are met. Disabled staff should be encouraged and supported to request adjustments, particularly staff on zero hours contracts who might frequently change line managers.

A theme raised by two respondents is support. For example, there should be simpler processes between Human Resources, Occupational Health and line managers, with more joined-up working to break down those barriers and so that the staff member feels that everyone is supportive. Disabled staff should be encouraged and supported to request adjustments, particularly staff on zero hours contracts who might frequently change line managers.

Human Resources is a theme mentioned by two respondents. For example, clear policies should be in place to avoid individual line managers blocking reasonable adjustment requests forcing the employee to escalate the matter to Human Resources. There should be simpler processes between Human Resources, Occupational Health and line managers to improve support for disabled employees.

The type of work is discussed by two respondents. For example, adjustments seem variable dependent on the manager and type of work the employer is employed to do. Outdated ableist attitudes still prevail within many services, particularly clinical teams.

Some themes in the comment responses overlapped, such as managers and variability, managers and encouragement, managers and support, managers and type of work, managers and Human Resources, Human Resources and support, support and encouragement as well as variability and type of Work.

**Summary of Themes in Relation to Employers of Staff with Disabilities Making Adequate Adjustments**

* Managers
* Variability
* Encouragement
* Support
* Human Resources
* Type of Work

**Overlapping Themes**

* Managers and Variability
* Managers and Encouragement
* Managers and Support
* Managers and Type of Work
* Managers and Human Resources
* Human Resources and Support
* Support and Encouragement
* Variability and Type of Work

**Question (Pre-Event and Post-Event Questionnaires):**

***“How confident are you about leading your Disability staff network, developing your own career, developing the career of others, your written communication, your verbal communication, your ability to communicate effectively to public/senior stakeholders when under pressure and your ability to structure your ideas and present them verbally?***

***We would welcome any other thoughts or comments you may wish to share with us in the textbox below.”***

**Pre-Event Questionnaire**

There were thirteen respondents to the pre-event questionnaire who provided confidence ratings, three respondents provided comments.

**Themes in Comment Responses**

There were no themes.

**Post-Event Questionnaire**

There were ten respondents to the post-event questionnaire who provided confidence ratings, eight respondents provided comments.

**Themes in Comment Responses**

Positive feedback is the most prevalent theme, with all eight respondents complimenting the session. For example, the programme was brilliant and easy to remember, really great session, excellent session, the session was really good, the session was very useful and the training session was enormously valuable. Cath was an enthusiastic, supportive and knowledgeable coach, One responded found the course really interesting with plenty of take away skills to communicate with impact and bring others along the journey, they found the session so valuable, relevant to current practice and the environment encouraging and supportive- it was an environment where one felt that Network roles were really valued in delivering key messages, including how this works towards a larger national goal.

Another prominent theme is appreciation, with four respondents expressing thanks for the session alongside positive feedback.

Four respondents requested further sessions. For example, respondents described how the session left them wanting to do more in the future, the session was wonderful and they wanted more please, further sessions would be extremely helpful and they really, really hoped more of these sessions can be run as it was incredibly useful.

Practice is a theme within the comment responses, referred to by three respondents. For example, some really helpful tips and good opportunities to practice them. One respondent believes that it will not be until they put things they have learnt during the session into practice that they will really know what effect it has had. Another respondent states they will definitely get into the habit to practice, practice and practice!

Three respondents discussed a disability specific session. For example, a request for further session/s specifically relating to disability and how this can affect confidence and composure. Also, a request for a session designed specifically with the disabilities of the participants in mind, such as how neurodiverse conditions can affect speaking. One respondent worried that the session was another case of trying to transfer an initiative that worked for BAME Networks directly over to Disability Staff Networks without sufficiently acknowledging the shift in demographic and needs.

Some themes in the comment responses overlapped, such as positive feedback and appreciation, positive feedback and request for more sessions, positive feedback and practice, as well as a request for further sessions and a tailored session designed for a disabled audience.

**Summary of Themes Relating to Other Thoughts and Comments (Post-Event)**

* Positive Feedback
* Appreciation
* Request for Further Sessions
* Practice
* Tailored Session Designed for a Disabled Audience

**Overlapping Themes**

* Positive Feedback and Appreciation
* Positive Feedback and Request for Further Sessions
* Positive Feedback and Practice
* Request for Further Sessions and Tailored Session Designed for a Disabled Audience