Disability Research Report and the Workforce Disability Equality Standard

1 Background

At its meeting of 30 October 2014, the Equality and Diversity Council (EDC) agreed the proposal to introduce a Workforce Race Equality Standard across the NHS with effect from April 2015. It was highlighted that whilst the focus of this standard was race, scoping was to begin on future standards for other groups and that work was to commence on sexual orientation, disability and gender.

NHS England commissioned a primarily quantitative research project with the explicit aim of exploring what issues and measures a Workforce Equality Standard for Disability should comprise, focusing on the experiences of staff with disabilities working within the NHS, drawing upon two national data sets:

- The 2014 NHS staff survey, completed by 255,000 staff, reporting their experiences of working in the NHS
- The National Workforce Dataset, with data gathered for workforce planning, personnel and wage payment purposes on the entire NHS workforce.

Peter Ryan and Mike Edwards of Middlesex and Bedford Universities Research Team worked with Ruth Passman and Kate Milton of the Equality and Health Inequalities Unit to produce a proposal for a Workforce Disability Equality Standards built upon the research findings. The Leadership and Workforce Sub-Group (LWG) of the EDC considered the proposal alongside the summary research findings at its meeting on 1st July, and agreed to make recommendations to the EDC on the basis of this work.

The research tender required a focus on the following issues:

a. Disabled staff representation at all levels of the NHS and covering different types of disability.
b. Why is there a disparity between the staff who declare a disability on the Electronic Staff Record System and those who declare a disability on the anonymous NHS staff survey?
c. How well are staff supported who become disabled during the course of their employment? Is there a process for recording this on the staff survey?
d. Appraisal rates for disabled staff compared to non-disabled staff.
e. Do disabled staff have similar levels of access to training and development as non-disabled staff?
f. How well do NHS organizations make reasonable adjustments for disabled staff, from the recruitment process to the end of employment?
g. What difference does the ‘two ticks’ symbol make to recruitment and employment?
h. What are the numbers of disabled staff who are the subject of employment processes and procedures, for example disciplinary and capability processes?
i. What are the turn-over, retention and stability rates for disabled staff within the NHS?

This research complemented some qualitative research carried out by Disability Rights UK (DRUK) for NHS Employers.

2 Key findings

Disabled staff representation at all levels of the NHS and covering different types of disability

Levels of reported disability are around 17% in the NHS Staff survey, and around 3% in the ESR. Neither data set allows for more specific analysis between different types or degrees of disability

The most likely reasons for this disparity between reported levels of disability are:

1. Differences in definition of disability used in the two data sets
2. Differing conditions for self-disclosure (NHS staff survey is anonymous)
3. Time of disclosure (ESR reports disability at the time of staff appointment, and is not reliably updated)

Differences in quality of support between staff with and without disabilities

There was not a specific survey question that addressed this issue, but it was possible to identify a number of questions that the report argues can be taken as acting as 'indicators': *What are the levels of bullying and harassment?; How far do staff feel 'Pressure to work when feeling unwell'?; How do staff perceive opportunities for career progression?*

Relative to non-disabled staff, disabled staff felt more bullied, in particular from their managers (12 percentage points more); more pressure to work when feeling unwell (11 percentage points more); and more disadvantaged with respect to career progression (8 points difference)

The report concludes that, relative to non-disabled staff, staff with disabilities rates themselves as substantially less well supported.

Appraisal rates

Rates of appraisal between staff with and without disabilities were broadly comparable. However there were substantial differences in how the value of appraisal was rated. Staff with disabilities are less satisfied with the effects of their appraisal. 7 percentage point fewer felt that appraisals improved their performance. Moreover, 9 percentage point fewer felt valued by their organisation for their work.

Experience of training

The NHS Staff survey indicates that most staff had mandatory training within the last 12 months and only 5 - 25% staff received no training in each specified topic. There is very little disparity between disabled and non-disabled staff in the proportion not receiving training in any of the topics, or in their satisfaction with the training.

Rates of participation in non-mandatory training are 5 percentage points fewer than non-disabled staff.

Reasonable adjustments

The NHS Staff survey asks if 'employer has made adequate adjustment(s) to enable you to carry on your work'. 40% respond 'Yes', 14% 'No' and 46% 'No adjustment required'. The proportion responding 'No' varies substantially depending on the Trust involved, from a low of 0% to a high of 41%. The proportion also varies by ethnicity, with white British staff with disabilities expressing the lowest rate of dissatisfaction with the adjustments their employer made, while all other ethnic categories have consistently higher rates. The relatively small groups of Bangladeshi and 'Other black background' staff have the highest rates of dissatisfaction.

Job Satisfaction
Staff with disabilities rate themselves as more dissatisfied with the recognition, support, responsibility and opportunities they have in their jobs, even though there is no difference in the satisfaction they report in the quality of care they give to patients. Staff with disabilities felt less recognised for their good work undertaken (8 percentage points fewer); they felt less supported by their immediate managers (5 percentage points fewer); they felt less supported by their work colleagues (3 percentage points fewer); they were more dissatisfied with the levels of responsibility they had been given (4 percentage points fewer); they felt they had less opportunity to use their skills (5 percentage points fewer); and finally, they were substantially less satisfied with their level of remuneration, and with being valued by their organisation for the contribution they were making (both 9 percentage points fewer).

3 Literature Review

As part of their research, Middlesex and Bedford Universities conducted a comprehensive literature review of previous research into a similar field. There were a number of findings which will have a bearing on how the results of this work are taken forward. These are:

Ableism
The emergence of the theory of 'Ableism' is a form of prejudice that indicates a preferential treatment that devalues and differentiates disability through the valuing of able-bodiedness which is seen as the norm (Ho, 2008). A critical feature of ableism is the belief that impairment or disability is inherently negative or a deficit position in need of action which seeks to minimise its effects but which shapes the identity of the disabled people. This concept is useful in interrogating equality practice so as to negotiate how the integration and engagement of Disabled people might be achieved and to identify opportunities to develop learning relationships between disabled individuals and their organisations. This also implies placing a positive value on the experience of disability as providing a unique perspective on the needs and priorities of the NHS client population, and ensuring that this is built in to the working culture of the NHS at every level.

Co-Production
Public services such as the NHS face an unprecedented set of challenges, increasing demand, rising expectations and reduced budgets which cannot be confronted through policy and reform alone but require radical innovation through co-production (SCIE, 2013). Co-production in Disability employment – making changes based on the experiences of Disabled professionals and employees and developing an equal partnership to develop a more positive environment through the co- design and co-delivery of change, training, service redesign and support, can break this cycle of disadvantage in employment and make their contribution more cost-effective and sustainable in the longer term.

The literature that grapples with a co-productive approach emphasises that a systems approach is essential to having a stronger impact on the delivery of quality services to end users in the NHS and its partners (Leatherman and Sutherland, 2007: Boyle and Harris, 2009; Hafford-Letchfield et al, 2014). In broader terms, maximising and supporting employment for Disabled people provides a route to social inclusion (Gosling and Cotterill, 2000; Hirst et al, 2004; Pearson et al, 2013) given the wealth of evidence about the economic, social, psychological benefits and the strong value attached to work by Disabled people (Adams and Oldfield, 2011) not to mention the social capital generated (Schuller and Watson, 2009).

This concept will resonate with staff-side colleagues. There is also significant resonance with the NHS Five Year Forward View which advocates maximising opportunities for

employment within the NHS as a route for social inclusion and to help reduce health inequalities.

A full copy of the report including all findings from the literature review is available to LWG members upon request.

4 Research Outputs and Next Steps

The research team has worked with NHS England Equality and Health Inequalities (E&HI) Unit to draft and define a set of metrics for the Workforce Disability Equality Standard to discuss to present to the EDC at its meeting of 28 July 2015, following its submission to the Leadership and Workforce Group (LWG). These draft metrics are attached as Annex 1.

The research team has also made a number of qualitative recommendations on the basis of their findings. These are detailed below.

Issue	**Evidence (NHS Staff Survey/ESR)**	**Recommendation**
Disabled staff representation at all levels of the NHS and covering different types of disability	Levels of disability were around 17% in the NHS Staff survey, and around 3% in the ESR There is an 11 percentage point difference in the proportion of staff with disabilities who feel under pressure from their manager to attend when feeling not well enough to perform their duties, compared to those without disability. More disabled staff felt (8 points difference; Q22) unfairly treated with respect to opportunities for career progression. This perception of being disadvantaged was especially pronounced amongst BME staff that were disabled (13 points difference). Disabled staff were substantially less satisfied with their level of remuneration (9 percentage points lower)	Develop an explicit, values-based, proactive rights- and strengths-based approach to disability in the work place. Use the legal framework of the Equality Act 2010 to underpin strategies and ensure that leaders, managers, staff, patients and carers understand their obligations and implications under the Act (especially with regard to 'reasonable adjustments', bullying and harassment, discrimination, and the concerns expressed by disabled staff with respect to levels of pay for equivalent work). The LWG and the E&HI Unit to establish jointly with NHS Employers a series of joint action learning sets exploring with disabled people and their organisations the development of an inclusive culture where staff feels supported and safe to disclose disability, focusing on the implementation of jointly agreed key issues arising from the DRUK and NHS England research report.

Issue	Evidence (NHS Staff Survey/ESR)	Recommendation
Different categories of reported disability	Neither the ESR or the NHS Staff survey distinguish between different types or category of disability	Work with the EDC Data Sub-Group to revise and refine NHS Staff survey and ESR data collection process to include the broad variety and categories of disability
Issues of Disclosure: Disparity between ESR and NHS staff survey in terms of reported disability	Much broader and more inclusive definition of disability in the NHS staff survey NHS staff survey is anonymous ESR declaration of disability is at appointment but not updateable	Through consultation with the relevant organisations, to unify the definitions of disability used by the ESR and NHS staff survey, by adopting the same standard definition used by the 2010 Equality Act Through further consultation with ESR (Picker Institute etc) to develop ways in which ESR data entry can be anonymized Use national influence to develop a responsive ESR system so that changes in disability status can be recorded as part of HR and appraisal processes. Identify and respond to the implications for staff who have less visible disabilities (particularly with reference to mental health issues) in relation to disclosure and protection under the Equality Act 2010.
Levels of bullying and harassment	Seven percentage points more bullying and harassment from patients and their relatives Twelve percentage points more bullying and harassment from managers, team leaders or colleagues Seven percentage points more discrimination at work from patients, their families or their managers or team leaders Eleven percentage points more feeling under pressure in the last three months from managers to attend work whilst feeling unwell	At the national level, ensure that an anti-bullying and harassment programme is in place which is disability-sensitive and can be rolled out at local level with relevant networks. Develop and implement a coherent, fair Disability Absence policy nationally Use national influence to support the use of disability sensitive mediation policies.
Experience of Appraisal	Rates of appraisal broadly similar	Ensure quality of disabled staff appraisals is included in the Disability Equality Metrics, with data taken from the staff survey, and that

Issue	Evidence (NHS Staff Survey/ESR)	Recommendation
	Seven percentage points fewer disabled staff felt that appraisals improved their performance. Nine percentage points fewer disabled staff felt valued by their for their work. They were substantially less satisfied with their level of remuneration (nine percentage points fewer) They were more unsatisfied with their levels of responsibility they had been given (4 percentage points fewer). They felt they had less opportunity to use their skills (5 percentage points fewer).	organisations take action locally to improve this. Use national influence to support best practice in making reasonable adjustments for disabled staff. Collate a national overview of issues arising for appraisal form a disability perspective and identify and disseminate best practice in this respect
Training and staff development	Very little disparity between disabled and non-disabled staff in the proportion not receiving training or in their satisfaction with the training.	Include non-mandatory staff training as a Disability Equality Standard (DES) metric
Management of reasonable adjustment	An average of 14% of disabled staff varying from 0% to 41% report that their Trust has not made a reasonable adjustment in their place of work to their disability	Encourage organisations to develop links with local Job Centre Plus re Access to Work funding to assist and support reasonable adjustment measures for disabled employees as part of action planning in response to disability metrics Enhance the profile of the NHS as a 'disability smart' organisation by developing a national updateable data base and resource bank on reasonable adjustment across all disabilities With the national Equality and Diversity Sub-Group of the Staff Council update the NHS Agenda for Change Handbook on reasonable adjustment but reframing the language

Issue	Evidence (NHS Staff Survey/ESR)	Recommendation
		Access and synthesise external resources such as Lloyds Bank 'disability smart' approach,
Does the 'Two Ticks' symbol make a difference?	-	Build in a robust monitoring and evaluation procedure for the 'Two Ticks' system to ensure systematic review and action planning as part of the metrics.
Experience of disciplinary and capability processes	-	Develop a disability-sensitive values-based approach to recruitment and retention ensuring that disciplinary and capability process are integrated.
Job satisfaction and career development	Disabled staff felt less recognised for their good work undertaken (8 percentage points fewer). They felt less supported by their immediate managers (5 percentage points fewer). Felt less supported by their work colleagues (3 percentage points fewer).	Utilise NHS Standards to integrate disability issues and mount a positive promotion anti-stigma campaign on disability both within the NHS and in the public arena See above

The recommendation concerning a 'disability absence policy' complements the guidance produced by the National Equality and Diversity Group in 2014, and a Disability Equality Standard could be useful as a tool for promoting this guidance again.

The E&HI Unit will work closely with the LWG to review the recommendations and proposed final standard, also referring to the DRUK survey for NHS Employers, and ensuring synergy with the mandating of the Equality Delivery System (EDS2)

5 Recommendations

It is recommended that the EDC support the development of a Workforce Disability Equality Standard, to be mandated in the 2016-17 Standard NHS Contract, of which the work to employ more people with learning disabilities will be a significant and discreet element. This will be the next tranche of the Workforce Equality Standard

It is recommended that this work is led by and Leadership and Workforce Sub-Group of the EDC, and NHS England's Equality and Health Inequalities Unit, which will establish a task and finish group, pulling in external experts, including DRUK and the research report authors to develop and consult on this standard prior to its roll out across the NHS in England.

Middlesex and Bedfordshire Universities, Ruth Passman and Kate Milton

On behalf of the Leadership and Workforce Subgroup – July 2015

ANNEX 1 WORKFORCE DISABILITY EQUALITY STANDARD REPORTING TEMPLATE		
Name and title of organisation	**Month**	**Year**
Name and Title of Board Lead for Equality, including WDES		
Name and contact details of organisations and people who commission NHS Services in your area		
Names of commissioning organisation this report has been sent to		
Unique Url link on which this report can be found		
This report has been signed off by on behalf of the Board on (date)		
1 Background Narrative : issues of completeness /reliability		
2 Total numbers of staff employed within this organisation at date of report (headcount)		
Total numbers of disabled staff employed within this organisation at date of report (headcount), and percentage of workforce that this equates to		
3 Self Reporting		
a) The proportion of total staff who have declared disability		
b) Have any steps been taken in the last reporting period to improve the level of staff declaring they have disability (please provide evidence). What was the impact and would there be a benefit in sharing this with others		
c) Have any steps been taken in the current reporting period to improve the level of self-reporting of disability		

Comparator with numbers of staff on staff on staff survey who have declared a disability)				
4 Workforce data: What period does the organisation's workforce data apply to?				
5 Workforce Disability Equality Indicators				
For each of these seven staff survey workforce indicators, the standard compares the metrics for disabled and non-disabled staff	Data for reporting year	Data for previous year	Narrative: the implications of the data	Action taken and planned and what was the impact of this, ie did it improve/makes things worse/make no difference (please provide evidence)
1 Percentage of disabled staff in Bands 8-9, VSM (including executive board members and senior medical staff) compared to the percentage of disabled staff in the overall workforce (add a question percentage of staff bands 1-4, 5-7 and 8 and above) separate one for medical staff.	Non-disabled	Non-disabled		
	Disabled	Disabled		
2a Percentage of disabled staff in bands 5-7 compared to the percentage of disabled staff in the overall workforce 2b Percentage of disabled staff in bands 1-4 compared to the percentage of disabled staff in the overall workforce	Non-disabled	Disabled		
	Non – disabled	Disabled		
3 Q20b: "In the last 12 months, how many times have you personally experienced harassment, bullying or abuse from you manager/team leader or colleagues?"	Non-disabled	Non-disabled		
	Disabled	Disabled		
4 Q15b. In the last 3 months, have you felt pressure from your manager to come to work despite not feeling well enough to perform your duties?	Non-disabled	Non-disabled		
	Disabled	Disabled		

5 Q22. Does your organisation act fairly with regard to career progression regardless of ethnicity, gender, religion, sexual orientation, disability or age?	Non-disabled	Non-disabled			
	Disabled	Disabled			
6 Q8g: How satisfied are you with the extent to which your organisation values your work?	Non-disabled	Non-disabled			
	Disabled	Disabled			
7 Q3e (Appraisal): Were any training, learning or development needs identified?	Non-disabled	Non-disabled			
	Disabled	Disabled			
8 Q3f (Appraisal): did your manager support you to receive this learning and development?	Non-disabled	Non-disabled			
6 Reasonable Adjustment (current and previous reporting year)					
Q29b Reasonable adjustment: Has your employer made adequate adjustments to enable you to carry out your work? (For reporting year)	% yes	% No	% No adjustment needed		
Q29b Reasonable adjustment: Has your employer made adequate adjustments to enable you to carry out your work? (For previous year)	% yes	% No	% No adjustment needed		
7 Disability representation at board level Does the board meet the requirement on Board membership as in 7 below?					
7 Boards are expected to be broadly representative of the staff and population they serve					
8 Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the 'well led domain'					

9 If the organisation has a more detailed plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above, setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other workstreams agreed at board level such as….
10 Two Ticks Symbol; Does your organisation hold the two ticks symbol? If yes, please indicate the number of staff interviewed and appointed in the last twelve months as a result of taking positive action.