

Valuing People for Real

Employing More People with Learning Disabilities in the NHS

Objectives

By March 2017

1. The NHS will be employing significantly more people with global learning disabilities¹ than at present, including through its supply chain.
2. The NHS will have laid the foundations for sustaining long term improvements in its employment of people with learning disabilities through leadership, partnerships, systems and processes.

Core Principle

People with learning disabilities have a right to have meaningful employment based on their own individual choices.

Context

The NHS England Five Year Forward View published in October 2014 sets the agenda for incorporating employment as a core aspect of the NHS role - supporting people to get and stay in employment in public, private and non-profit organisations; and leading by example as an employer.

NHS, Public Health and Adult Social Care Outcome frameworks² all show poor employment outcomes for PWLD. The Adult Social Care Outcomes Framework published in November 2014 showed that there are 141,980 adults with learning disabilities in England of which 9,580 (6.7%) are in paid employment, slightly down from the previous two years. With the employment for disabled people overall at 45.6% and for non-disabled people at 76.2%, PWLD continue to have the lowest paid employment rate in the country.

Since Valuing People was published in 2001 there has been research (e.g. by [Dr Stephen Beyer](#) and [National Development Team for Inclusion](#)), a range of organisations have pushed for improved employment outcomes for PWLD and several learning disability partnership boards have

¹ The three core criteria for a global learning disability (GLD) are significant impairment of intellectual functioning, significant impairment of adaptive/social functioning, and age of onset before adulthood. This project covers GLD and not specific learning difficulties such as dyslexia.

² NHSOF 2.2, PHOF 1.8, SCOF 1E

developed LD employment strategies. There are some examples of good practice but there are wildly different outcomes across the country, ranging from 23% paid employment in Bexley to 1.4% and 0.9% in Bolton and Medway respectively.

Over 65% of PWLD say that they would like a paid job. Unfortunately, the data suggests that their aspirations will not be realised unless decisive action is taken.

The NHS has a workforce of 1.7 million people, making it the fifth largest employer in the world and the largest in Europe. There are currently X number of disabled people employed in the NHS, which represents X% of the total workforce. The data is not broken down by type of disability and so it is not yet possible to establish the number of employees with learning disabilities.

If the NHS is to lead by example as an employer it must do better on employing PWLD. It will also contribute to the NHS complying with the Public Sector Equality Duty, lead to better health outcomes and save money for the public purse.

Objective 1: Increasing the number of PWLD employed within the NHS

We will work through learning disability partnerships or other appropriate structures in each local area (such as Health and Wellbeing Boards) as they should have the knowledge of what is already happening in the area and organisations that can contribute to achieving the objective.

The local structures will be expected to liaise with the health services in their area to agree (with reference to available baseline data) local ambitions for increasing the numbers of PWLD that health services will employ by 31 March 2017. We expect increased numbers to be achieved by:

1. Employing PWLD in reception areas through facilities management contracts to send a clear (and visible) message that the NHS is serious about this initiative.
2. Contracting with an established disability charity³ or supported employment provider (through direct employment within the NHS or as part of the charity) to improve health access and outcomes for PWLD e.g. advice, training, awareness raising, accessible information, advocacy, peer support, quality assurance and co-commissioning.
3. Identifying other jobs within the NHS and its wider supply chain that are potentially suitable for quick wins (e.g administration, catering, cleaning, portering, post) which could be part time and should be paid the going rate for the job, ideally the Living Wage and at least the minimum wage.

³ Examples include national charities such as [A4E](#), [Change People](#), [Mencap](#), [NEED Project](#), [Project Search](#), [Remploy](#), [Shaw Trust](#) and [Time to Change](#); and local organisations such as [Camden Society](#) and [Elfrida Society](#) (based in Islington).

4. Supporting existing efforts to employ PWLD within the NHS such as the creation of Learning Disability Network Manager co-worker posts (Olivia Butterworth can provide more details).
5. Identifying unemployed PWLD in the area that are currently seeking work or ready to work and including them in a ring-fenced pool for the identified jobs and recruiting to these jobs.
6. Adapting the recruitment process so that it works for PWLD e.g. information sessions instead of application forms and work trials instead of interviews. See Appendix A.
7. Ensuring that people receive the support they need to start work – welfare benefits advice, travel support.
8. Ensuring that people receive support in the workplace - reasonable adjustments, support from job coaches for up to the first three months of work funded from Access to Work; and capturing their lived experience to feed into learning and future job design.
9. Apply other sources of support such as the use of personal budgets (link to the Care Act requirements) which are currently underutilised in both health and social care for accessing employment support.

NHS England, led by Lela Kogbara, will work with NHS Confederation, NHS Employers and learning disability organisations to enable this to happen by:

- Using a **“call to action” from the Chief Executive of NHS England** soon after the 2015 general election to communicate the strategic intent of this project across the key players within the NHS, key partners and stakeholders (such as Public Health England, Local Government Association, and Association of Directors of Adult Social Services); and refer to previous positive initiatives within the NHS such as [Project Search](#) in Leicester and Nottingham University Hospital Trusts.
- Encouraging NHS organisations to immediately do whatever they can to take forward the agenda without national support (i.e. to “have a go”) while NHS England builds up its project management and support infrastructure.
- Leading by example by employing at least 4 PWLD in NHS England or its supply chain.
- Creating a national network of people to drive forward the LD employment agenda in regions and nationally - a lead person in each local authority area nominated by the local authority, Learning Disability Partnership or appropriate structure such as Health and Wellbeing Boards.
- Providing the lead people with training and facilitating learning and support networks provided by a commissioned specialist LD organisation.
- Amending HR policies and procedures as necessary, with the support of NHS Employers.
- Providing (or adapting existing) written guidance on recruiting and employing PWLD. See attached examples in Appendix B.
- Producing communications materials that can be adapted for local use.
- Monitoring progress and, depending on results being achieved, consider utilising contracts and other mechanisms to incentivise progress.

- Utilising an existing governance board (such as the Leadership and Workforce sub group of the Equality and Diversity Council) to oversee the work, monitor progress and agree priorities for support and/or intervention and publish results.

Objective 2: Laying the foundations for sustaining long term improvements in learning disability employment within the NHS

In order to ensure that the NHS continues to increase the number of PWLD that it employs after 2017 and is able to sustain a respectable level of employment on an ongoing basis so that it is “business as usual”, it will need to:

1. Provide leadership from the top – national and local.
2. Utilise the experience and expertise of organisations led by PWLD to develop a narrative and story around why we are doing this work and what we are trying to achieve and campaign for changes in attitude within the NHS and society more broadly.
3. Identify pilot sites to be exemplars of good practice for different models for employing PWLD.
4. Record the work that is undertaken to implement the increases in employment rates in each area, learn lessons communicate good practice and make changes to systems and processes as required.
5. Build on existing data collection and create local databases of PWLD to feed national information systems and to include age and other equality characteristics, career ambitions, jobs applied for, hours worked, benefit issues, etc.
6. Create pathways for entry into and progression within NHS employment – volunteering to simple tasks to more complex tasks; and part time to full time.
7. Work with local authorities to identify all schools that cater for PWLD, key year 9 transition planning, colleges training centres and engage them in shaping employment pathways into health for their students.
8. Work with the Skills Funding Agency to map existing further education provision for PWLD and provide funding and incentives to fill gaps that create “line of sight” to NHS employment, taking on board the findings of the Cavendish report and developing the role of nursing assistants.
9. Work with the Department of Work and Pensions (DWP) and the Treasury to address problems with benefits and provide funding (possibly on a payment by results basis) to scale up the work of the project nationally and locally.
10. Learn from the NHS personal budgets and NHS Employers websites to develop a space for NHS trusts with information, guidance and tools (e.g. suitable job descriptions in Easy Read).
11. Include this work within the remit of the governance board that oversees Objective 1.
12. Consider personal budgets as a vehicle for leveraging change in the NHS and get buy in from ADASS.

13. Develop a further extension of the disability tick within the NHS which shows it is a champion of employing people with LD.

Practical considerations

The scoping exercise for this project has already identified a number of challenges which need to be overcome.

Issues and Challenges	How to move forward
The NHS does not currently have resources or capacity that are dedicated to employment of PWLD. There are a number of things going on but no overview of the whole picture.	Allocate resources as set out below.
The NHS does not capture data on the number of PWLD that it employs and so we are not able to: (a) assess the gap between our ambitions and the current reality; (b) establish a baseline against which to set milestones and measure progress; or (c) Identify areas that require enhanced support.	Establish the number of disabled people working for NHS organisation and ask each organisation to collect data on which have global learning disabilities. Rather than setting top down targets use the “call to action” to invite local areas to set their own ambitions. Challenge ambitions further down the line when more information is available.
Adult Social Care Outcome Framework provides information on LD employment for 150 local authorities. Within each area there will be a number of organisations that have an interest in learning disability and it is not clear whether there are effective LD partnerships that have a strategic overview.	Lela scheduled to meet with Dominic Slowie on 30 April to agree best way of identifying local leadership.
Suitable jobs for PWLD are not identified across the whole NHS	As part of the “call to action” name some existing jobs that should be identified as appropriate, covering the full spectrum from repetitive tasks to advisory roles.
It is not clear whether the majority of local areas hold reliable data on PWLD in seeking work or ready for work	Use local authority social care services as the point of contact and use their clients as the starting point.
It is clear that there are a lot of different initiatives across the country with varying degrees of success.	Identify local areas (such as Bexley) with high rates of LD employment and persuade them to write up and share what they have done for dissemination.
Some HR practices within the NHS may not be conducive to employing PWLD e.g. the	Identify a lead HR person to support managers to get the job requirements right e.g. an “expert

Issues and Challenges	How to move forward
requirement to hold a degree may not be necessary for some of the jobs where it is currently a requirement.	by experience” may be as well qualified as someone with a formal qualification .

Resources

The resources required to make this happen are based on the assumptions that much of the work will be carried out by existing employees within the NHS who already have remits for learning disability, equality, general policy, HR and data; and the vast majority of jobs created will be existing job roles that are already budgeted.

It is estimated that an additional £872,000 will be required to take this work forward over the next year. This includes the creation of a small employment project team of four people. Initial very rough estimates are as follows:

	No. of people	Days per person	Est cost per day	Total Cost
Project design and leadership (Lela)	1	25	£600	£15,000
Consultant with knowledge of NHS and learning disability to work with individual leaders, boards and areas to help them problem solve and develop their plans and highlight best practise and evidence of what works and linking to key organisations to assist local systems if needed (Amanda Reynolds)	1	40	£800	£32,000
Special project co-ordination and support (NDTI)	1	40	£700	£28,000
NHS England directly employed project team to liaise with local areas, collate information, produce reports, develop website materials and resources and organise engagement events across the country.	4	220	£200	£176,000
LD specialist organisation(s) to put forward a range of models for LD employment and identify sites to pilot.	6	110	£200	£132,000
New specialist LD roles to improve health access and and outcomes for PWLD e.g. advice, training, awareness raising, accessible information, advocacy, peer support, quality assurance and co-commissioning. To be created as directly employed NHS staff or commissioned through a specialist organisation or supported employment provider.	6	220	£200	£264,000
Delivery costs – venue hire, materials, travel, etc				£25,000
Initiatives identified as the work progresses and contingency				£200,000
				£872,000

Overview of Learning Disability Friendly Recruitment Process

The most important thing is to get PWLD into a job and ensure that the experience of looking for a job and doing the job is positive enough to give them the confidence to continue in the labour market, even if the particular job does not work out. Everything else is secondary.

NHS Employers have published [top tips for employers](#) to recruit and support PWLD, which covers attracting potential applicants, adapting job descriptions and selection processes, interviewing candidates and retaining employees with learning disabilities. They have also published [useful documents and organisations](#).

The process below assumes that the PWLD looking for work have an allocated support agency – a charity, day centre, learning disability team, transition team, etc and sets out timed steps that might be useful for recruiting managers.

- a. Job is advertised in accessible format through support agencies for 3 weeks, with very clear information about wages, and giving a calendar for the recruitment process
- b. Any candidates interested are referred for “better-off” calculations to show the impact of employment on benefits and work out the optimum number of hours.
- c. Any candidates interested are provided with employability support from their support agency or referred to another local support organisation
- d. 1 week after closing date an information session is held for all interested candidates
- e. 1 week after information session pre-screen takes place to select shortlist, at which point providers must start the Access to Work job coach application process
- f. 2 weeks after pre-screen individual work trials takes place. Work trials will take over a period of between 1 day and 4 weeks, depending on the candidate and the job. All clients submitted to work trial will be given at least one day (for as many hours as one day’s work involves for this position) trial, unless a Health and safety or other serious concern arises, in which case the manager may terminate the trial.
- g. Within 1 week after the work trial the recruiting manager will confirm successful client to their support agency and notify others that they have not been successful, with feedback about how to do better next time.
- h. Within 24 hours candidates will be contacted by their support agency.
- i. Within 24 hours candidate confirms that they are still interested and job coach support organisation is identified.
- k. Within one week of this, a case conference will be held with candidate and all support services to ensure that necessary adjustments and support is in place
- l. Candidate and job coach visit the employer for one last pre-employment meeting
- m. Job coach to then confirm that reasonable adjustments are made and that contractual information has been given in an accessible format

- n. By agreement, candidate starts in employment.
- o. Support agency to check on candidate progress at day one, weekly for four weeks and then monthly for one year.
- q. Candidate, manager and job coach review progress as needed e.g. every two weeks for up to twelve weeks, at which point job coach support ceases.