

Widening Participation and Increasing Equity

*in south east London's health and
care workforce*

Appendix:
Experts by Experience in their own words

Experts by Experience



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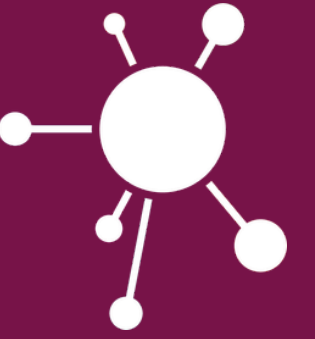
p. 31 -34 **people with caring responsibilities**

p. 34 - 43 **people from Black, Caribbean, or African** heritage

A note about intersectionality!



We have worked on the basis that people from the five underrepresented groups who led this project are likely to have intersecting experiences which span across the five groups & beyond. It is therefore likely that many of the insights within this appendix will be relevant for a number of the groups, despite being labelled as being for one specific group.



Experts by Experience:

deaf & hard of hearing individuals



deaf & hard of hearing individuals on being encouraged to work in health & care

A teacher laughed at me because I did not have GCSEs in those subjects. My exam subjects were chosen for me, & I never had a chance to choose. A drama teacher told me my voice was terrible. I was so angry & shocked that I walked out of my deaf school, went home early & sat on my front stair in my garden.

I also went to career advice to find out which path was suitable for my future career. They explained to me at that time it was limited for me because of my Deafness & it might give the NHS problems & complications.

I wasn't great academically – just kept being told I was stupid.

Unfortunately, the stalls at the career fairs did not provide sign language interpreters most of the time & offered limited choices to the Deaf community to access the information.

I was told that I am 'deaf & dumb' & cannot hear or speak with no written or reading skills. No one encouraged me as they probably thought I was fully disabled

When I was at school my teacher chose my work placement and it was so exciting, but then they changed their mind and decided to change my work placement. I felt so embarrassed & upset because it felt like the teacher did not think I was capable of doing the job. After that I lost my confidence & didn't know what to do for my career. I kept telling myself & others that I didn't know what I wanted to do.

To be honest, most of the jobs were chosen by school staff. I never had a chance to think about what job I wanted. All I knew about were carpenters & cleaners. No other information was provided.

deaf & hard of hearing individuals on applying for jobs in health & care

I am treated so badly as a Deaf patient in the NHS, why would I consider working for them? They rarely provide interpreters for appointments & I'm left wondering what on earth is wrong with me. I cannot believe this is still happening in this day and age. I would ask the NHS - when will you eventually become Deaf aware?

At the 1st interview, I was told to go to GP to get a letter to say that I can do a job. Once I did this, I was allowed to work.

I wanted to become an audiologist in the NHS. The application process was impossible. I was worried that if I ticked that I am Deaf they would think it would be too much hassle to employ me as they think communication would be a problem. I fully lip read! I applied to become an audiologist with SpecSavers & I've been working for them for a year now. They are supporting me with my degree in audiology. When I am qualified, I might try & apply for a job in the NHS again.

I have a counselling qualification Level 3 & would be able to work for the NHS but most of the time I am facing difficulty in applying as I know I won't be accepted due to my deafness. Even if the application states that they are welcoming diversity.

If I read ads for jobs in the NHS they say they will book an interpreter for interviews. But the application forms ask for skills like communication skills on the telephone or whether I mix well with people. The forms do not mention interpreters. Why??

Continued...

deaf & hard of hearing individuals on applying for jobs in health & care



I do not think the NHS would offer me a job because I am Deaf. Would they change all their forms & computer system into BSL for me? Would they provide an interpreter for me so I can do my job properly? I don't think they would. No, I would not take a job in the NHS, they are not Deaf aware.

There are long words I don't understand as everything is in English & BSL is my first language. It's too risky for Deaf people, I would worry I would get the blame if something went wrong.

The National Health Service needs to show the diversity of Deaf role models for nurses, doctors & health professionals, & that would be a true inspiration for the Deaf community.

Deaf people cannot understand if a person is wearing a face mask, some doctors or nurses refuse to take it off. I tell them, I cannot understand you! They ignore me & try to talk to me. How can I work with people I cannot understand? They need to remove face masks!

Yes, I know AtW, how to apply. But the NHS needs to know about this government scheme & how to support Deaf health professionals with the right equipment & support for their working day. For example, if the NHS does not know about AtW this could create barriers for Deaf people who are already applying for jobs as nurses, doctors, surgeons etc & it will put the burden on Deaf people themselves to sort this out.

deaf & hard of hearing individuals on Access to Work scheme

I did not have access to AtW budget when applying for roles, I did not always want to disclose my deafness in case of prejudice.

Big thank you to the charity that has an employment service which provided information in BSL. I understood how AtW works thanks to them.

When I was working, I never heard about AtW support in the workplace. I was working with hearing colleagues & communicating was mostly basic gestures without sign. It was difficult as I felt so isolated. If I had known, it would have been so great because I would have had more options in my life & done a different job that I might have enjoyed.

I was self-employed & applied to AtW. Some interpreters turn down working with me if the money is too low. They want more money (freelancers make double) I would not hire them if they were greedy (sorry to say this) I would choose deaf translators instead. They can use ATW to help with communication or translating BSL to English if I apply for a job. They collaborate with me.

deaf & hard of hearing individuals on working in health & care

I applied for a job as a filing clerk in the NHS, I got an interview but was not allowed to take my interpreter in to the exam. It was written in English & I couldn't understand it. I didn't pass the exam so I didn't get the job. I feel like a failure!

I have a medical engineering degree & currently work locally in the NHS. I find working in the NHS challenging as my managers & colleagues are not deaf aware. I am a Deaf lip reader, I think I would find it much harder if I was a Deaf BSL user.

Yes [I applied for a job], they gave me a trial, & then I became permanent.

I was offered a job at Springfield Hospital, but they took so long to let me know whether or not I was successful that I took another job outside the NHS.

I worked for the NHS but was discriminated against because I am Deaf. I would not apply for an NHS role again. They say they understand D/deafness, but they don't.

I work as a Mental Health Nurse for the Mental Health Service for Deaf Adults which is part of St George's Trust. My situation is unique in that our patients are Deaf & all of the staff are either Deaf themselves or can communicate in BSL. I do like working here but the job is hard. I feel comfortable in this environment as everyone is communicating in BSL & I don't feel isolated or left out. This is good for my own mental health, & it means that I can be better at my job.

Continued...



deaf & hard of hearing individuals on working in health & care

I would really like to go on to study to be a doctor when I leave school. I wear a cochlear implant but I still need help with communication. I am worried they will not let me be a doctor because I am deaf. I think it would be fantastic for the Deaf community if they could access a D/deaf doctor in the NHS. I really hope I can achieve my dream.

I used to work in a Hospital as a Pathology Administrator, but I left a year ago to go and work for a private healthcare company as they offered me more money. I get much better support now that I work for a private company.

I sent in an application & cover letter which said I was Deaf and needed a BSL interpreter. I never heard from them, not even to say that my application was unsuccessful.

The problem is I do not have a medical or science degree. I hope more courses & workshops for deaf people & young people are offered. I'd love to join those workshops. I would join them for CPD & add certificates to my CV. But there is no information about NSH roles that are suitable for Deaf people

Mainstream society says deaf people cannot work in the NHS because they cannot hear. They forget we have eyes, legs & arms. I hope more technology will help deaf people so we don't need ears to hear. For example we can see heartbeats on monitors, read pager messages, read 3D scans, see colours in test tubes, point to anatomy dummies to explain things to deaf people.

I wish I had known that I could have applied for a job in the NHS. It sounds very impressive. But if I cannot hear or speak with no written or reading skills, how can the NHS have a person like me?

deaf & hard of hearing individuals - further thoughts

I would be happy to hear about the results of this survey, & to know that opportunities are there for deaf people. I would like to see more adverts or workshops linked to jobs & careers and in places like GP surgeries & audiology departments

It would be good to feel equality within the NHS. I believe the biggest barrier is not that I am deaf but that the NHS recruitment teams are not fully aware of the support available at ATW. When we have support with communication we can work efficiently & communicate without barriers.

I would like to thank anyone who has been involved in creating projects which address the needs of deaf people. I hope in future we will have more access & won't need to be afraid of our own deafness holding us back.

I think if a recruiter had visited my school & provided information about careers in the NHS then I think a lot more Deaf people would apply & not think that the NHS jobs are for hearing people only.

It's fantastic that now future generations of deaf people will be provided with AtW information & opportunities to get jobs at the NHS without thinking that those jobs are impossible to achieve. That is a massive encouragement.

The NHS plays a crucial role in ensuring the wellbeing of all individuals, including those who are deaf or hard of hearing. One way to promote inclusivity & recognition of the deaf community is by actively promoting Sign Language Week & Deaf Awareness Week every year. Sign Language Weeks typically takes place in March, while Deaf Awareness week is usually in May. By highlighting & promoting these special events, both deaf individuals & health professionals can gain a better understanding of each other's needs & experiences. This can lead to increased feelings of value, respect & welcome within the healthcare system. Overall, recognising the deaf community as an important part of society is a crucial step towards achieving equality & promoting inclusivity.

deaf & hard of hearing school outreach: What you think about working in the health & care sector?

“Environment isn't good. I don't want to work with people, I don't like people!”

“No, study in Uni would be too difficult.”

“My sister works for the NHS, she wants to be a doctor in the army”

“I could not work for the NHS. My auntie works there, she is a nurse. I did a project in school about covid and nurses.”

“I feel like being deaf would impact me working for the NHS & there are a lot of problems & disputes around pay & working conditions that repel me from working there.”

“Overworked & underpaid”

“I don't think it is good for me because of busy around the building, I might be finding difficult to fit in.”

“Really not for me. NHS has a reputation for being stressful & long hours of work so I'm not interested.”

deaf & hard of hearing - deaf awareness during application process

Gemma

Background

Deaf BSL user with no additional needs. From a hearing family. Growing up, her family communicated using speech & did not sign. Gemma was educated in a mainstream school with a HIU/P until aged 7. Aged 8-11, she moved to a school for the Deaf, but this was all done using spoken language. She then went to a specialist Grammar School for the Deaf aged 11-1 where all lessons were in BSL. At school, she achieved 8 GCSE, 2 A levels. 1 AVCE. She didn't really have an idea of what she wanted to do when she left school. She thought she might like to work with animals or making clothes. Her family were very supportive & always encouraged her to do her best. Her mum worked in accounts for the local council, so Gemma used to help her mum with filing, photocopying, paperwork etc. She was then offered work experience for two weeks. Gemma didn't have any careers advice at school, but she was asked in 6th form if she wanted to go to university or work. She told them that she wanted to go to university. She went onto university & achieved a BA honours degree in theatre. She wanted to pursue her career in this area but could not find work.

Applying for jobs in health & care sector

She was not told about jobs working for the NHS but did apply for a job as a filing clerk. She was very excited when she was selected for an interview. Gemma was supported by a BSL interpreter. She had a good interview & got through to the next stage which was for her to sit a written exam. Gemma was told that the interpreter was not allowed into the written exam. Gemma explained that the written exam is not written in BSL but in English & BSL is her first language so she will need the support. Gemma sat the written exam without the support from the interpreter, which she found very difficult. She did not get the required mark to be offered the position. Gemma went on to say that she would love to work for the NHS, but they do not make it accessible for the Deaf community. There needs to be more D/deaf awareness in hospitals. The NHS need to train their staff in sign language. The hearing community think they can write things down & Deaf people will understand. Deaf people need to be supported with communication - there are lack of interpreters.

deaf & hard of hearing - successful career development in NHS

Peter

Background

Peter was born hearing, but over a few years suffered a significant amount of hearing loss while he was still a child. Peter was not classified as having a severe hearing loss until 2011 when he suddenly lost hearing in his left ear completely. He was sent to Guy's & St Thomas' & underwent various tests & was put onto their cochlear implant program. In 2012 it was agreed & in 2013, Peter had successful surgery which gave him 85% hearing gain.

Peter didn't learn British Sign Language as his parents didn't want this for him, so he learnt to lipread. He went to mainstream schools, struggling heavily with education due to not having the correct support. In 1989, a parent of a D/deaf child heard of his story & stepped in to get him the education & support he needed. He then moved to a specialist residential school for Deaf children. Peter left school with 8 GCSES, Bs to Es.

Work

Peter did work experience at school in various places. These included a computer store, hospital, & as an undertaker. He had his heart set on a career as an actor and did a BTEC National Diploma in Performing Arts. Peter was the first D/deaf person to complete the course. Peter found that this improved his confidence greatly. He got his first job working full time at a store. During this time, he was looking at other career choices which included applying to the Army, Navy, Airforce, Marines, Fire Service, Police & Paramedics. He was rejected by all because of his hearing loss.

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deaf & hard of hearing - successful career development in NHS

Peter

Working in health & care sector

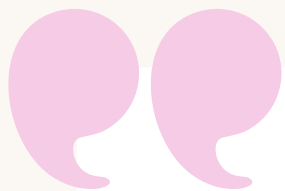
In 2004, Peter was made redundant from the store & worried as he knew it would be extremely hard to find a new job. His local library recommended that he joined the NHS as a volunteer to get experience. This he did in March 2004, helping procurement with materials' management. Peter made it clear to others that he was very good at computer/IT skills. This was overheard by the head of the department. She asked him to help her with her degree as she was not very computer literate & Peter was happy to help.

In September 2004, Peter left to get a paid job in a betting shop as he wanted to travel & needed to save. When Peter returned from his travels, he contacted the head of procurement at the hospital to enquire if they had any jobs. He was lucky & was employed as a bank Administration Officer. Peter did this for a while but found that it was not challenging enough. His boss referred him onto the EBME (Electro Bio Medical Engineering) department, which is now known as Clinical Engineering, to work with them. They sent him on a Medical Engineering course to get a qualification.

In 2016, Peter was promoted to a Band 7 supervisor & was responsible for looking after a small team. In 2018, he took on additional tasks, looking after community projects & was able to take on 2 apprentices. At the end of 2021, Peter was made a Band 8 manager, looking after services at 2 local hospitals. Peter now leads the Disability Council on Equality & Diversity. He was asked to join this after complaining about the lack of Deaf awareness in the trust. Peter says that "It has been a slow process getting people together", however, he has successfully implemented Deaf awareness training & secured a limited amount of funding for some clinical staff to be trained in BSL level one.

There are lots of changes that Peter would like to see in the NHS. He is continually fighting & campaigning for equality within the NHS, particularly for Deaf & hard of hearing people and is committed to working with Bexley Deaf Centre to make this happen.

deaf & hard of hearing - working in the London Fire Brigade



Background

Lisa is from a hearing family. Her first language is BSL. She was educated at a Deaf primary & secondary school. At primary school, she was allowed to use BSL but at secondary they were not allowed to sign, everything was taught using spoken English. At secondary school, she was not encouraged to follow her dream of becoming a flight attendant. Lisa got no support with any career choices. She told her school that she wanted to go to college but was told that she couldn't because she was Deaf & was told to learn bookkeeping. When she was at school around 30 years ago, tests like Maths and English were hard for a Deaf person.

Work

Her parents were very supportive, especially her mum who organised an interview for Lisa at the Greater London Council (GLC). There were around 30 Deaf people working there & they would get together at breaks to sign to each other. Lisa worked there until she was made redundant & then went to work in HR. In 1981 she joined the London Fire Brigade (LFB) which is where she still works today. Lisa has been fully supported by the LFB. She has Access to Work in place & has support from interpreters. She enjoys her work but feels isolated as there are no other Deaf people working there. "I am a minority and I sometimes get lonely".

Views on working in the health and care sector

Lisa said that she would love to see more Deaf people encouraged & supported to work in health and care jobs. They need to have more facilities and provisions for Deaf people. There is not enough Deaf awareness. Lisa said that organisations in the hearing world do not understand that Deaf people must sit exams and of course, they fail as their first language is BSL not English. Lisa said that she would never have applied for a job in the health & care sector as she would not feel confident that she would have been fully supported. "When applying for jobs, Deaf people should be given the questions in advance to help them to prepare for the interview which should be in BSL. The NHS needs to improve across the board".

Lisa



deaf & hard of hearing - benefits of supported employment

Sally

Background

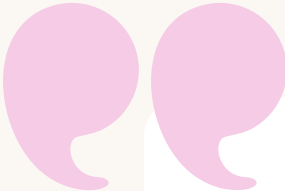
Sally grew up in a Deaf family. Her parents & siblings are all Deaf. Their first language is BSL. She was educated at a school for the Deaf. Her parents were very supportive & encouraged her to be the best she can be. When she was growing up, her ambition was to become a vet or work with animals. She left school with a few CSEs but, at that stage, was unsure which direction her career was going, she attended job club for D/deaf people.

Working in health & care sector

One of her friends told her about job opportunities in the NHS working for the Deaf Mental Health team. Sally was really interested & applied to be a nurse for the Deaf Services, Southwest London & St George's Mental Health NHS Trust at Springfield Hospital. All staff used BSL as their first language so when Sally went for her interview, there was no problem with communication. She got the job & began her nurse training. She never worried about communication being a barrier as BSL interpreters were provided and the services were for Deaf people. Sally said there was lots of support for staff. She always felt fully supported in her role. When asked if she enjoyed her job, Sally replied "Yes, I loved the job very much because all staff use BSL all of the time". Sally worked her way up the ladder & eventually became a senior staff nurse. She used Access to Work to support her in her role. Sally worked for the NHS part-time & full-time from 1992 until 2013, when she took early retirement due to health issues.

deaf & hard of hearing - supported employment in action

Michael



Background

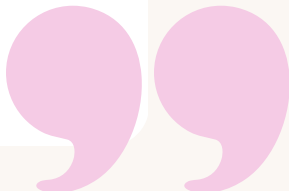
Michael was born Deaf to a hearing family. He went to mainstream schools (with HIU/P). His communication at home was lip-reading. His parents did not learn to sign. His wife is Deaf and his 2 children are hearing. All communication at home is spoken English with lip-reading.

Working in health & care sector

Michael has worked for the NHS for the past 10 years. He worked in patient records based in a local hospital & was then transferred to another local hospital where he has remained for the past 8 years. He currently works in a small office with 7 other members of staff – a good team of people. Michael’s mother approached Bexley Deaf Centre (BDC) for help. She was concerned for her son as he had been informed that his job would be relocating in April & that he would be in a busy room of 30 people. Michael suffers with his mental health & has become very anxious about the move.

His mother informed BDC that there was another upcoming meeting with the head of HR & Operations at the hospital. She wanted support for her son. Bernadette from BDC met him prior to the meeting. Michael explained that a meeting was held the previous week with HR, operations, & a note-taker but added that he had not received the notes ahead of this meeting. He felt very let down. Both Bernadette & Michael spoke about the lack of D/deaf awareness within the trust. He went on to explain that he does not mind relocating (in fact, he lives closer) but he is anxious about the size of the room where he will be working & the hectic environment. These worries had left him unable to sleep. Bernadette asked him if a referral to occupational health had been made & if a risk assessment had been conducted. He said no & was unaware of the importance of this. Bernadette explained that by law, the trust will have to make ‘reasonable adjustments’ to ensure that he is safe & that he can fulfill his role. She spoke to him about the Equality Act 2010. He was aware of it. Bernadette asked what he wanted the outcome to be. He said that he is happy to work at the new location in a small room. He is happy to work from home, or both in the office & at home.

Continued...



deaf & hard of hearing - supported employment in action

Michael

Bernadette & Michael went into the meeting. Michael explained how he was feeling & how the move was impacting on his mental health. He explained everything to them & what he would like the outcome to be. The outcome of the meeting at that stage was to meet him at the new hospital to see the room, conduct a risk assessment & make a referral to occupational health. It was made it clear in the meeting that the Trust was there to support him & reassured him that he should not worry. The following week, Bernadette accompanied Michael to the visit to the new location. The room was much bigger than he was used to. A risk assessment was conducted, & a referral was made to occupational health. After two months, Michael contacted Bernadette to update her. The Trust had decided that he could work from home 3 days one week & 2 days the following week. The room was not suitable for Michael to work in, so another room was found within the grounds. It was smaller, less busy, & had adequate lighting. Michael was grateful to BDC for their support.





Experts by Experience:

migrants/refugees/asylum seekers

LRMN

Lewisham Refugee & Migrant Network

migrants/refugees/asylum seekers on the importance of work

To do this job you need to have the passion of doing it, you need to be interested, need to treat them as your own parents, you need to have emotion. It is something that comes from inside you who you are inside you. It is something that you want to carry as your duty, because this is about human beings & you need to treat nicely, you need to learn how to respect people's dignity, their nature, respect people's culture, respect people's values.

You're desperate, you're being held down. You have no choice. You'll be with people you don't want to be around with & you force yourself into places you don't want to be.

The Home Office – they could stop looking at migration as a problem. Migration could also be a solution to the workforce, to the society. If we offer migrants like myself the opportunity to work of course we'll work: of course we want to provide for ourselves! Of course we want to provide for our families & lift ourselves out of poverty, reduce the stress, reduce the burden. Give us a chance to work, give us training sources, give us access to reasonable childcare.

Keeping us jobless brings so many issues, it brings heart ache, high blood pressure, hyper- tension, even cancer if not worse. If you're not happy your mental state is going down the drain.

When you look at my story... I've left my home country, came in here [to the UK authorities] and explained to them what my situation was. What they did was they just put me aside, let me grow up with no benefit of education or a proper job... your confidence, your mental psyche, you don't have to depend on anyone... If you give people the chance to work it will help the system as well. They can take themselves out of poverty, help their families, they wouldn't have to to depend on the system. It would reduce the burden on council flats. It would help reduce the stress & the burden on families.

migrants/refugees/asylum seekers on barriers to working in health & care sector

I've got my qualification back home but I can't work here unless I do the exam & the classes – but I have the baby & I don't have any support. It's just me & her alone and childcare here is so expensive.

Why would I want to work for an organisation that treats me like that? A culture that is not welcoming

Why did I leave? I think it was the organisation itself. I wasn't being heard. I felt the supervisor was attacking me alone & I didn't think it was fair. I felt I was being attacked & when I went to the higher authority they said it was just a misunderstanding. The supervisor literally would call & shout and belittle & I didn't think it was right. I didn't know [who] I could speak to. There was a breakdown. Who else could I speak to in the organisation? I didn't have the right tools. And I think they knew that. I felt like I was in a room with just walls & I had no one else to talk to. I went through a depression & didn't want to go into work in the morning. No job should make you feel like that. I felt like I was being attacked every day. It affected me physically & mentally.

In the college we don't have the opportunity to take technical courses [in English]

I have a qualification from a university in business administration. What I really like is working with clients, to help: that I like a lot. The primary barrier that we face is the language.

Continued...



migrants/refugees/asylum seekers on barriers to working in health & care sector

“Most people have paranoia & mental health struggles because of dealing with the system, especially if they have been for many years & decades. Going through the asylum process & being stuck in limbo leaves people in a worse mental health state”

“Even not regarding refugees, people in the NHS are not valued. The PPE etc, not safeguarding the staff, you see it in the news every day, especially with the COVID inquiry. They tell us we are disposable”

“I can see friends and family who have this job. What they complain about is - I really love taking care of adults & children & dying people - but what I really don't like about it is when they say they don't want to work with you because of your colour, because of your culture.”

“There are many people that come here with degrees & end up working in sectors such as cleaning because there just aren't the opportunities for them. If there was a system where the accredited qualifications from other countries could be exchanged with the health sector here, that would be great.”

“My English isn't good enough to go out & look for work. Because it's not only speaking, you have to write. If there is some problem you have to be able to record it, & I think my English is not enough”

“Sometimes I might take care of someone in a particular way & it not accepted here”



Experts by Experience: **neurodivergent people**



neurodivergent people on changing recruitment processes

Having the questions in advance would help autistic people & people with learning disabilities

I really hate interviews, I just go blank & I don't know what to say. I would rather do a work trial than an interview

With interviews, explain what you are going to do. Explain it so they understand it, don't make it difficult & don't talk jargon

They could give you a practice run for an interview first & then you do the real one

Application forms should be in easy read with matching pictures

They could have a little video showing what the job is, instead of a job description

Easy read is very good, I think more things should be in easy read. All this reading is very hard for people

neurodivergent people on employer awareness training

More work to stop people with learning disabilities feeling isolated. People need to get used to us being in the workplace – both employers & customers

More general awareness of SEN people in society & mainstream life

It is important for employers to have disability awareness training – a bit like the Oliver McGowan training

Not such much stigma attached to people with learning disabilities. More understanding from employers & more work to meet people's reasonable adjustments appropriately

It's really important that bosses understand people with learning disabilities. Deep down I don't think they really do.

Employer's to be more aware of people's medical needs for example, taking medication at a certain time of day or having diabetes

neurodivergent people on supported employment

“ I’ve had a job coach in a couple of jobs, they do build your confidence up a lot ”

“ More supported employment where people know how to work with people with learning disabilities. I avoid the job centre if I possibly can ”

“ Having tours of buildings to aid your understanding ”

“ A work trial is a good way, because it teaches people more ”

“ Travel training. A lot of people can’t figure out where to go to new places & they struggle with travelling ”

“ More awareness amongst people with learning disabilities about what support is available – maybe there is support but we don’t know about it ”

“ Having a mentor or a buddy at work, so you can learn about the role from them. ”

“ Have a way so that you can say I think I’ve made a mistake & have things explained to you in an easy way ”

“ More career support for people with special educational needs & higher expectations & support with individual planning ”

“ Being given a checklist – for example for things to bring to work or for tasks that you have to do ”

“ I think it’s crucial to have someone to talk to if you are being discriminated against or if you aren’t sure about something ”

“ Having more emotional support, with anxiety and so on ”

neurodivergent people on solutions to break barriers

It can be hard for some people with learning disabilities & autistic people to make relationships, so they need more support to make connections & build up their social skills at work. Especially at the start, so you keep the job & don't leave

More training for people with disabilities when there are changes at work

Where there are courses like food hygiene and first aid & so on that are needed to get work – they should be free for people with learning disabilities so they have the skills to go for jobs

I remember when I was doing work experience at a hospital, I felt a bit nervous. I was pleased my job coach was with me, because they fitted me in, they introduced me to people. I think if you've got a job coach. It's better so they can introduce you and you can talk to people. It makes it a bit easier

More employer flexibility for certain disabilities like people with ADHD not having to sit in one place for long periods

More internships in health and social care for all ages, not just for young people, but for any age

Employers should create jobs that are specifically for people with learning disabilities...
Employers should be more willing to take risks in employing people with learning disabilities

further insights from employment professionals working with neurodivergent people

We should think about how we can create a more accessible application process & recruitment process for people with learning disabilities. The application process should be more inclusive & more reasonable adjustments when attending interviews

Within health and social care they need to be a bit more open to, perhaps just going to an open ended interview, which is a bit more of a conversation, so bypassing the written recruitment process. Even potentially doing trial shifts & working on the job, & even extending to going straight into a trial period with the support of a job coach.

Bypassing that whole recruitment process & saying let's give it a week or two & see how it goes

More work experience opportunities would be helpful

More open communication as to what roles might be available in health & social care. If you go on the website it can be quite hard to find roles that are suitable

It comes down to having the ability to have those discussions with people at a higher level, either high up in HR or Director level & explaining what needs to change in terms of making the application process more accessible, more friendly, looking at job descriptions & seeing whether what's in the requirements needs to be in there

Within the recruitment process there needs to be more support with applications, but also reaching out to whoever is running the recruitment in health & social care to make more reasonable adjustments, to understand the person that you're working with, that you are able to properly support them

Continued...

further insights from employment professionals working with **neurodivergent** people



I think employer awareness training is always a very worthwhile thing, because there are so many people in these organisations who might not have any experience of people with learning disabilities, so it's like a great unknown to them & when you have awareness training it makes a lot more sense

Not enough people know about Access to Work, what it can do and what help you can get for a disabled employee

The most important thing is just employers being open to the prospect of employing someone (with a learning disability)

Because there aren't people with learning disability in health and social care, it means that other people will not look at it & think well that's a job that I can do. Because there aren't any comparable role models

further insights from employment professionals working with **neurodivergent** people

If you really want to have successful work placements that lead to paid employment, with support fading away so that a person is able to sustain employment over many years, then [supported employment] is a really brilliant and effective way of changing employer attitudes, finding people long term work and to bridge that employment gap as a whole.

It's not just about supporting the person either, it's about supporting the organisation too

We should do more job carving. If we want more people with learning disabilities in the workforce in health & social care, we should just create the vacancies around the individual & around their abilities, rather than trying to get them to fit job descriptions

The way it should be is that at the same time as you are teaching someone how to do the job, you are also teaching the employer how to best support them. Again is that's awareness – how do I support someone & you're demonstrating that to them and then you can step back

Supported internships can be a good halfway between college & the work environment. It's a different environment with different rules, different expectations & more complex social skills are required

Within the recruitment process there needs to be more support with applications, but also reaching out to whoever is running the recruitment in health & social care to make more reasonable adjustments, to understand the person that you're working with, that you are able to properly support them



Experts by Experience:

**people with caring responsibilities
(including young carers)**



Bromley Well

adults with **caring responsibilities** on barriers to working in health & care

“ I see myself in the wellbeing space, as a social prescriber or wellbeing coach potentially as a psychotherapist but will need qualifications ”

“ I work in the education sector, so nursing is not of interest to me ”

“ They really need to be valued more. To get more to stay in such sectors there needs to be more benefits to compensate for the work that they do ”

“ [we see midwives] working for long hours without a break, working through stress and fatigue, aware of the implications that had for safe practice ”

“ I still feel like I was not ready yet because of the language barrier here, especially as some patients are elderly, they can be quite impatient, so they expect you to quickly understand their concerns ”

“ We are being discriminated, I am white, but I am a foreigner & refugee ”

“ The NHS is only surviving because of kindness & good will – workers are doing the extra hours, additional shifts & more because of kindness ”

“ Little to no recognition - I just feel like the people that work as carers don't get much recognition at all whereas the doctors & the nurses in the actual hospital are more respected ”

“ I don't know if I want to do the qualifications yet ”

young people with **caring responsibilities** on barriers to working in health & care

They expect you to be flexible. To be available all day, every day

it can be hard adjusting to different times at school

having enough time for yourself

cost of public transport

It's hard to commit to a full-time job, but they're aren't part-time jobs with the right hours

There are cultural differences, my friend thought it was just her duty to care but after she came to YC she realised actually 'I'm a young carer!'. Some people just don't get it. Culture, religion & responsibility are all barriers.

They don't get what young carers are they just think we have to do a bit of cleaning and cook a few meals

I was late for work & all of the managers were waiting for me at the door. I was late because of my caring duties

You can't be far [away from home]

Painful to go share your personal information

Everyone's responsibilities are different. It's not the same for everyone... [managers] have a lack of empathy

young person with caring responsibilities - Young Cadets

Clarke

Clarke Jefferies, one of Bromley Well's Young Carers, was given the opportunity to join the Cadets programme as part of their work on reducing Barriers to Employment. Here he gives details of his experience:

During my Cadets programme we learnt about healthcare & what working in industries like caring, doctors, medicine & much more would look like & how young people can get apprenticeships working in the hospitality business. In one session we went to Princess Royal Hospital, & we learned about Occupational Therapy, Physiotherapy, Medicine & much more. There were interactive tasks along with note taking & a very detailed presentation of the hospital & what jobs & help it gives to the community. I was looking around for extra courses I can take to put on my CV. I could possibly use this in the future depending on the path I go down. As I am already a Young Carer, I have some experience in that area of specialties.

I will add this to my CV & it shows employers that I have done a wide range of courses based on different topics & that I could expand further on them in the future.



Experts by Experience:

**people from Black, Caribbean, or
African heritage**



people from **Black, Caribbean, or African** heritage on barriers to employment

I am not sure where to look for health or care jobs in South-East London. I guess I would go online to Google, or my local borough. But it would be helpful to know for sure

I have worked in the health sector before, but the scope or progression is limited. [...] There are lots of black people in the health sector but it is the promotion that is not available for us

The cost of the study is expensive, I remember I wanted to become a physiotherapist, but when I saw the fees to train, I was discouraged. I am sure it's the same for training as a doctor as well

people from **Black, Caribbean, or African** heritage - information, childcare & finances



36-year-old Lilian is based in Bexley. Although she is currently unemployed, she has a degree in Microbiology from a Nigerian university, & arrived in the UK on a student visa. Having studied refugee care in the UK, she is very eager to work in the health & care sector in SEL. Furthermore, as this 2-year student visa is about to expire, & restricts her financially (she has no recourse to public funds, and cannot work more than 20 hours per week), she would like to obtain a work visa. Thus, her new year resolution is to find a job as soon as possible. However, Lilian is worried about her job prospects due to:

Childcare & financial preoccupations: Lilian has a 1-year-old child, & she is aware that childcare costs are so high that she & her husband would probably not be able to afford them.

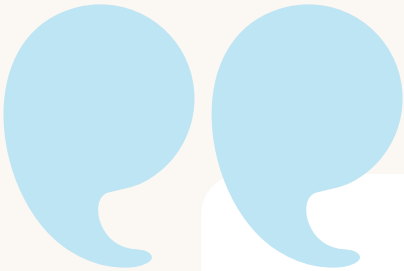
Lack of flexible hours to accommodate her child's needs: ideally, she would like to maintain a close bond with her child, but she is not sure that she would find an employer willing to provide her with flexible hours.

Lack of information: while she is interested in health & care jobs in SEL, Lilian is not sure where she can find the information about job opportunities, the application criteria & the recruitment process.

I hope my participation in this project will help me quickly find a health or care job in South-East London.

Nwaneri

people from **Black, Caribbean, or African** heritage - discrimination & mental health



Chinenye, 40, is based in South-East London (we decided to withhold her borough of residence). A teacher by background, she has been working in the care sector for nearly a decade, first in Ireland, & in the UK for the last 3 years. While she loves her job as a support worker, Chinenye testifies that:

She has had experience of discrimination – despite being qualified and having many years of experience as a support worker in Ireland, she struggled to find work when she settled in the UK. She applied for countless jobs without success, & it was only when a Mauritian employer, a migrant like her, offered her a position, that she was able to secure a job. Furthermore, in her experience, there are far less opportunities for progression for people of colour. In addition, punishments are more eagerly given to non-white employees

She was negatively affected by her experience as a patient in South-East London: although she is based in South East London, Chinenye works in Islington because she was mentally scarred by the negative experience she endured as a patient locally. There was no empathy & no warmth towards her as a patient, & she felt that she did not want this to be her place of work.

I did not like the care & communication I received as a black African patient in South-East London, so I did not want to work there either. I would be interested in suggesting solutions for improving things if possible.

Chinenye

people from **Black, Caribbean, or African** heritage: training & childcare



Armelle is 44, and lives in Greenwich. Having worked for over two decades as a retail manager, she is currently unemployed, & would like to retrain to work in the health or care sector.

Armelle was made redundant during the pandemic. She also caught covid, & was so impressed with the dedication she saw from the nurses & health workers who treated her, that she now plans to become a health or care worker too. Furthermore, she is already in the process of completing a Level 2 course in neuroscience. Armelle would:

Greatly appreciate more information on training & recruitment opportunities:

Armelle is confident that just as she quickly overcame the linguistic difficulties when she arrived in the UK as a French-speaking Congolese, she could quickly become an outstanding health or care worker. She just needs appropriate training, & relevant information as to where to find recruitment opportunities.

Prefer to work flexible hours to accommodate childcare: because she has a teenage child with additional needs, Armelle would like to find a job with an organisation that would make provisions for her childcare duties. She believes working for the NHS in the 111 environment could give her this type of flexibility.

I was inspired by the health & care workers who looked after me in South East London when I had Covid. I would like to give something back & join this workforce.

Armelle



people from **Black, Caribbean, or African** heritage - need for personal development



Abraham is a Manager at McDonald's & is equally involved in Training at Three. With over 27 years of experience in McDonald's in recruitment & over 17 years at Three, Abraham is familiar with the troughs & peaks that people from Black African/Caribbean communities face when it comes to seeking jobs.

In terms of the barriers preventing Black, African & Caribbean people from seeking health and care jobs in SEL, Abraham cites:

Lack of information on training and opportunities;

Discrimination – he says that very often CVs & applications are disregarded simply based on the names the documents/applications contain.

As solutions, Abraham proposes:

- Providing personal development & training to improve Black, African & Caribbean people's confidence, skills & motivation;
- Raising awareness of jobs & training opportunities by going into schools, churches, mosques & community centres

Hear directly from Abraham



people from **Black, Caribbean, or African** heritage - racial discrimination & need for support workers

Phillip is based in Lewisham and works for the NHS as a General Manager for the Royal London Hospital, as well as a Regional Director for St. Bartholomew's Hospital. He says that there exists some kind of "norm especially when you have a different accent" or when your identity is different, which causes the "people above you" to make decisions on your behalf. However, Philip stresses that he has never let other people's assumptions about him hold him back, & is keen to be a role model for other individuals from Black, African or Caribbean heritage.

Support networks are one of the ways racial discrimination & other barriers can be overcome. This builds confidence within the younger generation & simultaneously brings people together. He argues that people should just keep pushing forward & that it is good to see people who look like you in leadership positions.

Phillip also highlights the importance of 'having someone to talk to & share experiences with'

Phillip

Hear directly from Phillip



people from **Black, Caribbean, or African** heritage



lack of information

18-year-old Charlize is a Youth Worker based in Bexley. She says that:

A lot of the time, people go into healthcare jobs & the NHS without knowing much; While the information exists, it is not easily accessible, & some individuals are so unaware of it that they just assume it does not exist.

Charlize

Her suggested solutions are:

- Making the information more accessible;
- Having a one-stop & platforms where the information can be found very easily



Hear directly from Charlize



sponsorship opportunities

Tinashe is aged 24, he lives in Greenwich, & works as a Healthcare Assistant. Though he is currently in employment, Tinashe is acutely aware of the limitations of his status, as he arrived in the UK with a sponsorship visa, & this does not give him any flexibility to explore working for other employers.

Tinashe thinks it would be helpful to:

Know whether the NHS can help individuals coming from abroad to obtain sponsorship & work visas, so as to secure jobs that allow them to work more.

Obtain more information about sponsorship and job opportunities.

Hear directly from Tinashe



people from **Black, Caribbean, or African** heritage

financial resources & lack of information

Bromley-based Ebenezer studied Health & Physical Education, & wanted to pursue a career in physiotherapy. Despite his passion & desire to work in the health & care sector, he could not do so because of the costs. Financial concerns proved to be an unsurmountable barrier &, after graduating from university, he ended up becoming a teacher.

It would have been very helpful if I have had access to information about scholarships or any kind of financial support.

Ebenezer



Hear directly from Ebenezer

access to childcare

Pamela is based in Greenwich, & works as an imaging assistant in a hospital. As a mother, she testifies that:

It is hard for her to balance work & family;

- She struggles to cope with expensive cost of childcare – half of her salary goes to childcare, & as she has other bills to cover, this causes her anxiety and stress.

In terms of solutions, she would like to see:

- More help from the government;
- Childcare support for key workers;
- Childcare facilities and flexibility in the workplace

Hear directly from Pamela



Thank You for reading

For more information on the project, or if you have any questions, please email info@selalliance.org.uk

www.selalliance.org.uk

