

Widening Participation and Increasing Equity

in south east London's health and care workforce



May 2024



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Co-Designing Meaningful Change

This executive summary shares insight and actionable solutions from our South East London (SEL) Widening Participation and Increasing Equity in Health and Care Workforce project, which took place between October 2023-April 2024. The overall aim of the project was to co-identify key barriers to job access in healthcare for specific groups and communities, and co-create solutions to overcome identified barriers and enhance diverse representation in our workforce.

We have collaboratively identified five groups currently most under-represented in the SEL health and care workforce. Those are: *people with caring responsibilities (including young carers); people from Black, Caribbean, or African heritage; migrants/refugees/asylum seekers; D/deaf and hard of hearing individuals; and neurodivergent people.*

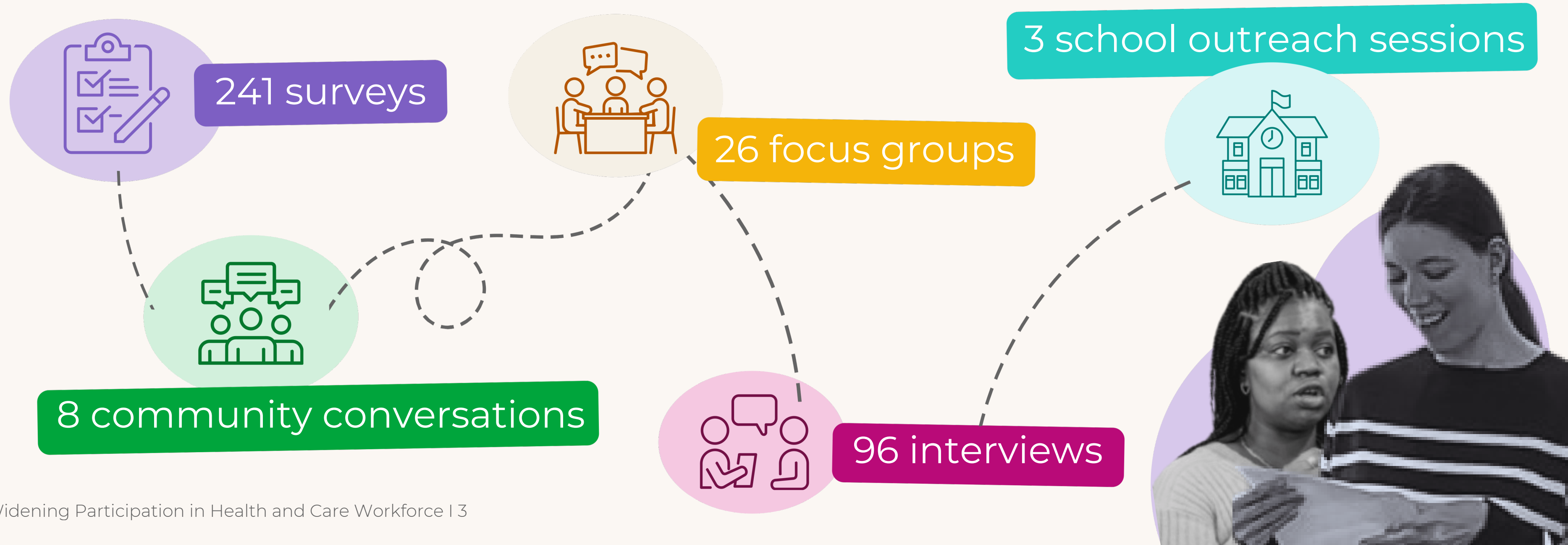
The project was funded by Health Education England (HEE), coordinated by SEL Voluntary, Community, and Social Enterprise (VCSE) Strategic Alliance and SEL ICB, and developed and delivered by specialist 'By and For' VCSE organisations, in collaboration with the communities they are embedded in.





Experts by Experience

SEL VCSE Strategic Alliance partnered with seven specialist By and For VCSEs who are embedded in our target groups to co-create the project's approach and implementation. The seven specialist VCSEs and their communities have taken wide range of approaches to the co-creation process and have spent a period of six months jointly designing and delivering unique collaboration with target communities. All experts taking part in this project have been paid fairly for their time and expertise, and several people have taken on further paid strategic influencing opportunities.





Barriers to Employment

Led by Experts in their own Experience from our target communities, and in collaboration with the selected specialist By and For VCSEs, our communities co-identified key barriers preventing them from considering and accessing healthcare jobs in SEL. Whilst each group spoke to their own unique experiences, many of the barriers identified were experienced by people across all the communities and groups who were part of the project.



Co-Created Solutions - **IDEAS**

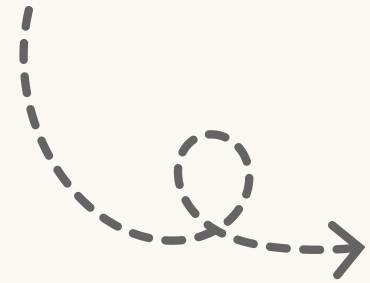


Our communities and specialist VCSEs then went on to co-create a wide range of tailored solutions to address the barriers they have identified during the first phase of the project. The solutions fall into five key **IDEAS**:

I-information; **D**-development; **E**-encouragement; **A**-awareness; **S**-support



Some quick notes before we dive in..

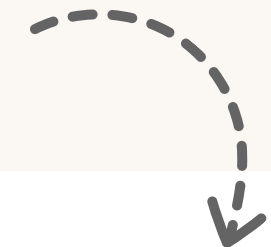


This symbol means the proposed solution is overarching for all groups

When a solution is specific to one of the under-represented groups we have highlighted it with a **bold subheadings**



When you see this icon click to hear directly from our Experts by Experience



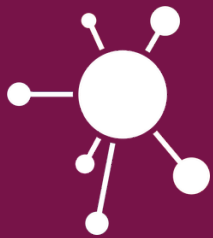
A note about intersectionality!

We have worked on the basis that people from the five under-represented groups who led this project are likely to have intersecting experiences which span across the five groups and beyond. It is therefore likely that multiple solutions will be relevant for a number of the groups despite being labelled as being for one specific group.



Barrier: Where to find jobs

Solution: Inform



1



a) Collaborate with specialised By and For charities and local volunteer centres to ensure all healthcare job opportunities are advertised by them directly to under-represented communities.

b) Have HR reps/employees with recruitment responsibilities attend community hubs to provide information about healthcare job opportunities.

2



Collaborate with local charities to provide personalised 'health job coaching' support for under-represented communities.

This should include:

- understanding health job requirements
- support with job search
- interview preparation

3

migrants/refugees/asylum seekers:

Support asylum seekers to access the job shortage list: asylum seekers waiting over six months for a decision can apply to the shortage job list. This means helping applicants manage the consequences arising from transition to work for those still in the asylum system, which include losing their asylum accommodation.

4

migrants/refugees/asylum seekers:

Provide information in a clear way that addresses the knowledge gaps sanctuary seekers may have about health and social care roles including:

- skills, tasks and risks, progression routes and their pay
- key attitudes and aptitudes
- hierarchies, team structures and standards
- culture and the working environment



Barrier: Communication barriers and lack of Job Centre support



Solution: Inform

5 easy-read job adverts:

- no jargon and with pictures or video instead of job description.
- Co-develop recruitment packs with people from under-represented communities.



8



Collaborate with specialist charities and recruitment agencies to develop new healthcare roles. Plus related skills-enhancing training initiatives for people from under-represented groups (e.g. developing digital skills)

10

6

D/deaf and hard of hearing individuals

Create a short British Sign Language (BSL) video that explaining what its like working for the healthcare system in SEL, what additional support is available, how to access it and footage of a deaf person already working in health and care setting. This will provide reassurance to the applicant that they will receive ongoing support during the application process and within the role. There are already good examples of this in SEL, co-developed with d/deaf charities and communities.

9



Raise awareness of existing financial help and other cost reducing schemes available for healthcare employees e.g. bursaries for disadvantaged individuals and schemes to support with accommodation/childcare/travel costs.

7

neurodivergent people:

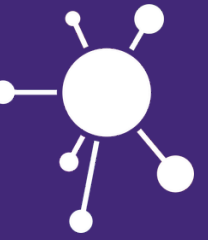
Develop 'recruitment checklists' for all parts of the recruitment and onboarding process to make them fairer, e.g. things you will need for an interview; things to bring to work.

10

migrants/refugees/asylum seekers:

Vet recruitment agencies you use, check their frameworks and approaches for working with sanctuary seekers, ensuring they are committed to transparency on 'level of English' requirements and avoid placing sanctuary seekers into jobs they do not feel competent to do.

Barrier: Inaccessible recruitment practices



Solution: Develop

1



Advertise roles in diverse places, not just on NHS/Local Authority platforms.

2

migrants/refugees/asylum seekers:

- a) Support immigration case work: in-house support staff who are specially trained to support their international workforce with extending their visas, similar to the immigration support provided to international students by universities.
- b) Partner with local specialist VCSEs to develop package of support for sanctuary seekers employees with newly regularised status. This should include: contract vetting support; flexible initial payment models to support sanctuary seekers moving out of poverty and unable to shoulder the costs of being paid monthly in arrears; 'dress-to-work' scheme offering access to work-appropriate clothing etc.

3



Develop (or improve existing) dedicated in-job growth and progression pathways for staff from under-represented communities, with clear explanations of HR policies and wider staff culture to ensure fairness.

4

Co-review all recruitment documentation:



- collaborate with local specialist charities and people to review job descriptions, person specification and advertisement for jobs to ensure they are simple and accessible.
- make sure all documents are short and that job description only include key relevant info for the role.

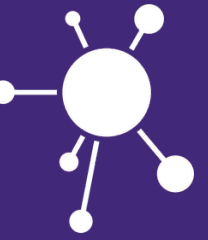
5



Develop a package of support to enable job-security and job-retention for people from under-represented groups who hold low-pay healthcare roles and have insecure socio-financial situation as a result. E.g. develop 'get to work' support scheme

Barrier: personal health and burnout

Solution: Develop



6

neurodivergent people:

Develop a 'buddying scheme' to provide workplace social connection and support for neurodivergent employees. It can be hard for some people to make new working-relationships, so they need more support to make connections and build up their social skills at work, especially at the beginning.

7

neurodivergent people:

Co-create with each new employee an individualised plan which will support employers to understand neurodivergent employees' unique and specific needs, e.g. taking medication at a certain time of the day, or a person with ADHD cannot sit for long periods in one place.

8

migrants/refugees/asylum seekers:

Develop organisation and cross-system community of practice for sanctuary seekers, to help develop our system's approach to in-work integration and progression.

9

Black, Caribbean, or African heritage

Provide access to culturally-informed employment support, including culturally-tailored clinical-supervision. This will also help with decreasing stigma surrounding mental health and would enable individuals of black, African or Caribbean heritage to feel more comfortable to speak of their experiences.

Barrier: Poor career advice and lack of confidence

Solution: Encourage



1



Raise awareness of the varied roles within the health and care sector by attending careers fairs in specialist and community settings, giving talks to young people in schools and colleges.

2



Co-develop and organise skill-enhancing workshops for different groups, with training on role requirements and strategies for enhancing in-job connectivity and effectiveness.

3

neurodivergent people:

Create roles specifically for people's abilities and use job carving, which breaks down a job into its component tasks and then restructures or redistributes these tasks to create a new job description that better fits the capabilities of a particular worker, (see [Project Search](#) for more information).

4



Create 'in-job' coaches who will act as advocates for employees from under-represented communities/groups to ensure an inclusive work environment. Coaches to provide 'on-the-job' training and support, implementing any needed workplace adaptation and help with equitable career development.

5



Champion role models within the workforce, who will provide inspiration and advice to those fearing discrimination and will be living examples that progress is possible & achievable.

6

migrants/
refugees/
asylum
seekers:

Access to Work training is needed at all stages of the employment pathway, including entry to work training for writing CVs, interview techniques etc.

7

Young
carers/Young
People:

Collaborate with other established youth programmes, such as NHS Cadets, to build skills relevant to health and care roles, in a way that is accessible to young people. This will also enhance the visibility and accessibility of the programmes.

Barrier: Qualifications and work experience



Solution: Encourage

8

Train all relevant staff on, and have clear pathways to, Access to Work schemes. Create specific training and employment pathways for marginalised groups with additional needs. These should be delivered across health and social care settings by health professionals with direct experience of the roles and explaining the wider system and culture in which roles are situated. Make training courses required for specific roles free, e.g. food hygiene, first aid, ESOL for professional and technical English.



9

migrants/refugees/asylum seekers:

Support the call to reform of Right to Work and around the asylum and immigration system. Highlight the consequences long term exclusion from the labour market can have on workforce recruitment and retention in the health and social care sector.

10

migrants/refugees/asylum seekers:

Inform and support sanctuary seekers with validating / transferring overseas qualifications.

11

Develop bespoke apprenticeship schemes for groups with additional needs of all ages, where they feel fully supported throughout the entire process and are guaranteed a position at the end of the training. This should be co-designed with under-represented communities, specialist VCSE organisations and local colleges. Ensure that colleges understand their legal responsibilities for all groups, e.g. under the Equality Act 2010 and UNCRPD (UN Convention on the Rights of People with Disabilities), to ensure that all groups with additional needs have access to an equal standard of education.



12

migrants/refugees/asylum seekers:

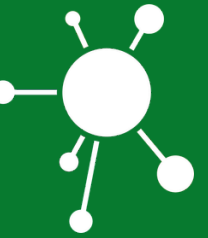
Collaborate with local and trust based volunteer centres to create dedicated pre-status volunteering and work experience for sanctuary seekers. This puts sanctuary seekers in a better position to secure a suitable first job once their status is regularised, by demonstrating their skills and gaining references.

13

people with caring responsibilities (including young carers):

flexible and adaptable training programs which can be accessed both online or in-person at own pace.

Barrier: discrimination



Solution: Awareness

1

Co-develop with By and For VCSEs community-specific insight and awareness raising training package for employees with recruitment, staff-onboarding and staff -management responsibilities (e.g. recruitment managers and HR personal).

Collaborate with existing specialist training providers (e.g. [Oliver McGowan](#)) to co-design training programmes with relevant communities.



2

D/deaf and hard of hearing individuals

Co-develop with specialist deaf organisations specific deaf-awareness training for staff with recruitment and onboarding responsibilities. This was the number one priority for the D/deaf and hard of hearing community, who shared many personal stories in which an employer's lack of understanding prevented them from accessing a job in healthcare, including an instance where an individual was asked to provide a letter from their GP to 'prove' they were fit for work just because they were deaf.

3

a) Co-develop with specialist By and For VCSEs cultural humility and anti-racist and anti-exploitative employment practices training for healthcare staff.

b) Co-review and re-design with specialist VCSEs and their local Anchor institutes' current structures and processes for employees from under-represented groups to report culturally insensitive and discriminatory workplace behaviours.



4

migrants/refugees/asylum seekers:

All employers and agencies should adopt [sanctuary principles](#) and be accountable for culturally informed anti-racist and anti-exploitative employment practices, including a protected whistle-blowing process.

Barrier: inaccessible recruitment practices



Solution: Support

1

D/deaf and hard of hearing individuals

Ensure your organisation has access to an appropriate interpreting service, that all employees with recruiting responsibilities know how to use it, and that adequate BSL interpreting support is available for all stages of recruitment and on-boarding process.

2

D/deaf and hard of hearing individuals

Understand the needs of each individual, e.g. note-takers for meetings, Communication Support Worker (CSW), or a fully qualified interpreter. These professionals should also be allowed into exam/test/assessment settings with the applicant.

3



Collaborate with [supported employment agencies](#) and local specialist charities to ensure your organisation's recruitment processes and practices are more flexible and accessible.

4

D/deaf and hard of hearing individuals

Provide information beforehand as to the layout of the interview room, ensuring interview room is well-lit and allows plenty of room for an interpreter. If an interview cannot take place in person, ensure accessible online platform is used and video interpreting services is available.

5

- a) Co-review the application and recruitment process with specialist VCSEs and people from under-represented communities.
- b) Ensure the application process uses accessible and user-friendly documents and platforms.



6

neurodivergent people:

- a) Provide interview questions in advance, clearly explain process, allow extra time and consider giving an interview practice run.
- b) Move from formal interview to more open conversation, bypass the written recruitment process. Allow trial shifts or go straight into trial period with the support of a job coach.

Barrier: lack of specialist in-job support and working hours

Solution: Support



7

D/deaf and hard of hearing individuals

Ensure newly-recruited D/deaf staff receive required support during the on-boarding/probation period while their application for Access to Work is being processed. If this part is addressed well, a D/deaf person will feel confident that they will be fully supported throughout their time in the role.

8

neurodivergent people:

Explore with newly recruited employees who are neurodivergent their preferred way for communicating with managers/supervisors (especially when any issues arise) so they feel confident to ask for support, and issues can be talked about in an accessible way and solved together.

9

a) Ensure specific and accessible training is given when there are changes in processes and policies.

b) Ensure all current staff are also provided with training on Access to Work scheme. There are many people working in the sector with additional needs who are not accessing support and as a result do not stay in their role.



10

people with caring responsibilities (including young carers):

Co-develop a lone-parent / lone-carer policy which offers solutions to address caring responsibilities, including: flexible ‘caring’ working hours, particularly around school hours; offer ‘caring’ breaks in the work day; flexibility around caring emergencies etc.

11

people with caring responsibilities (including young carers):

Lobby for investment into childcare as an essential economic instrument, with the goal of creating free or highly subsidised childcare facilities located at the hospitals for workers to access.

12

Black, Caribbean, or African heritage:

Consider creative childcare opportunities by embracing solutions provided by traditional African and Caribbean communities, whereby older people look after children e.g. utilising local spaces such as churches.

Next Steps



IMPLEMENT

Over the next year we will be working with all SEL Anchor institutes and the specialist VCSEs and communities who led this project, to support and progress the **implementation** of co- developed solutions.

REVIEW

We will come together again in Spring **2025** to explore **progress** of implementation and **impact**.

ASSESS

We will be assessing **long-term impact** on workforce representation in Spring **2026**.



The Specialist 'By and For' organisations who led this project:



Contact:
hello@lovo.org.uk

Ladies of Virtue Outreach is a not-for-profit organisation working to improve the employability and wellbeing of marginalised women and their families, who mostly come from minoritised communities. They aim to foster a secure and stimulating environment that equips women with professional and personal skills, and engages them in self-care activities to inspire them to live healthy and fulfilling lives.



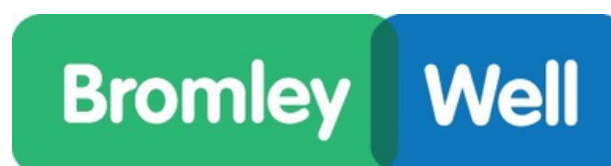
deafPLUS works to improve the lives of deaf and hard of hearing people in the UK by offering deaf friendly advice where needed. They provide a range of services to ensure that deaf and hard of hearing people have access to the support and resources they need to live a full and independent life; being part of a wider society.

Contact: info@deafplus.org



Lewisham Speaking Up supports people with learning disabilities to speak up, be heard and have a stronger voice to get better and fairer treatment. This includes services for Self-Advocacy; 1-2-1 Advocacy; Training and Health Advocacy.

Contact: info@lsup.org.uk



Bromley Well is a partnership between four large local charities, aimed at helping residents to improve their health, wellbeing and independence. Among their services they run Bromley Well Young Carers, delivered by our Partners Bromley Mencap.

Contact:
info@btse.org.uk



Founded in 1994, Bexley Deaf Centre provides support and services for deaf and hard of hearing people in the borough of Bexley, including maintaining hearing aids, teaching British Sign Language (BSL) and campaigning for equal access to services and activities.

Contact: tania@bexleydeafcentre.co.uk



Lewisham Refugee and Migrant Network exists to empower refugees and other migrants living in south east London to bring about systemic change to remove the challenges they face. LMRN advises on critical immigration cases, prevent homelessness, improve wellbeing, meet basic needs and campaign for change.

Contact:
alan.robertson@lrmn.org.uk



The Policy Centre for African Peoples works to enable African individuals and disadvantaged people of all ethnic origins to improve their lives through education, leadership training and social engagement, using a unique training model inspired by African philosophy.

Contact: info@pcap.org.uk

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

