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**Supported Employment Programme in NHS Trusts for Young People with Disabilities: Piecing the Puzzle Together**

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**June 2021**

**Acknowledgements**

The authors would like to thank Health Education England for funding this project and all those who gave their time by participating in it. Given current work pressures in the NHS, participants were particularly generous with their time. Any errors or misinterpretations are those of the authors alone.

**CONTENTS**

**PAGE**

**Abbreviations 5**

**1. Introduction 7**

**2. Approach 12**

**3.The Literature: Disability and the Equality Gap 16**

**3.1 The Scale 16**

**3.2 The Barriers to Employment 17**

**3.3 Benefits of Employment 18**

**3.4 Organisational Benefits of Supported 19**

**Employment**

**3.5 What Works 20**

**4. Supported Employment in Context 23**

**4.1 What is Supported Employment? 23**

***4.1.1 HEE Project Choice and Project***

***SEARCH 24***

***4.1.2 Supported Apprenticeships 26***

**4.2 The Supported Employment**

**Programmes Covered 27**

**5. Actors and Levels 31**

**5.1 Range of Actors 31**

**5.2 National Level 33**

**5.3 Local Systems and Employers Levels 35**

***5.3.1 Themes 35***

***5.3.2 Drivers and Connections 38***

**6. Delivering Supported at Trust Level 42**

**6.1 The Development Cycle 42**

**6.2 Starting up 43**

***6.2.1 The How 44***

***6.2.2 The Why 46***

**6.3 Challenges 52**

***6.3.1 WLT Work Experience 53***

***6.3.2 HHFT Supported Apprenticeships 53***

***6.3.3 OUH Traineeship 54***

***6.3.4 General Challenges 54***

**6.4 Impact 63**

***6.4.1 Jobs 64***

***6.4.2 Apprenticeships 71***

***6.4.3 Culture Change 73***

***6.4.4 Improvement and Innovation***

***in Service Delivery 74***

**7. Impact of Covid 76**

**7.1 General Response 76**

**7.2 Interrupted Programmes 81**

**7.3 New Programmes 82**

**8. Summary and Recommendations 86**

**Annex Case Study 92**

**References 96**

**Abbreviations**

ACAS Advisory, Conciliation and Arbitration Service

BASE British Association of Supported Employment

DfE Department for Education

DFN Project SEARCH David Forbes-Nixon Project SEARCH

DHSC Department of Health and Social Care

DWP Department of Work and Pensions

EDI Equality, Diversity and Inclusion

EHCP Education, Health and Care Plan

HEE Health Education England

HHFT Hampshire Hospitals NHS Foundation Trust

ICS Integrated Care System

LDEPLearning Disability Employment Programme

LCC Liverpool City Council

LUHFT Liverpool University Hospitals NHS Foundation Trust

MFT Manchester University Foundation Trust

MYHT Mid Yorkshire Hospitals NHS Trust

NDTi National Development Team for Inclusion

NUTH Newcastle upon Tyne Hospitals NHS Foundation Trust

NWL North West London

ONS Office of National Statistics

OUH Oxford University Hospitals NHS Foundation Trust

RBT Royal Berkshire NHS Trust

SEND Special Education Needs and Disabilities

WLA West London Alliance

WLT West London NHS Trust

WDES Workforce Disability Equality Standard

# **1: Introduction**

Employment is a key social determinant of health and wellbeing. People with disabilities, however, frequently face a range of significant barriers when seeking to access and retain work. These barriers typically include negative stereotyping; inadequate recognition of and resourcing for the support disabled people may require in the workplace; and a lack of understanding of the benefits disabled people bring to organisations. Consequently, people with disabilities are significantly more likely to be unemployed, underemployed, low paid and in precarious employment, compared with the general population (House of Commons, 2020)[[1]](#footnote-1). Prior to COVID-19 (henceforth Covid) barely half (53.2%) of people with a disability were employed. This figure was even lower for some conditions:[[2]](#footnote-2) for example, for people with a severe or specific learning disability it fell to just 17.6% (ONS, 2019).

The wider effects of Covid on the economy, including on the labour market, risk exacerbating these problems. Research demonstrates that people with disabilities are more adversely affected by economic downturns than people without them (Duffy and Stafford, 2009:25-29)[[3]](#footnote-3). They are, for instance, more likely to experience job losses, pay and hours of work cuts and have less access to training (Jones et al, 2020). More specifically, young people are likely to be disproportionally affected by the economic impact of Covid (ONS, 2020)[[4]](#footnote-4). This makes interventions aimed at supporting young people with Special Education Needs and Disabilities (SEND) into work especially important.

A child or young person has SEND if they have a learning difficulty and/or a disability and/or a physical or visual impairment that means they need special health and education support. This support is typically formalised and set out in an Education, Health and Care Plan (EHCP). EHCPs are for children and young people aged 0- 25 who need more help than is normally available through special educational needs support (SEN Support) in an education or training setting.  An EHCP is a legally binding document that identifies educational, health and social care needs and presents the additional support required to meet those needs. The education provision of the EHCP is provided by the child or young person’s local authority. EHCPs also aim to assist young people into adulthood, including into employment.

A range of actors, agencies and institutions have an interest in interventions leading to employment: not only the young people themselves, their families and carers, but a wider set of community stakeholders including educators, employers, supported employment providers and local authorities. The capacity of these parties to deliver on the requisite interventions is, nonetheless, an open question. Given a ‘crowded’ equality, diversity and inclusion agenda, the meaningful establishment of supported employment opportunities for young people with SEND remains a complex and fragile process, arguably made more challenging by the pandemic.

This study explores the development of supported employment programmes in the NHS. It addresses the challenges presented and how these programmes have and might be taken forward in the sector. With a total of 1.5 million staff, the NHS is the largest single employer in England[[5]](#footnote-5). As a major employer, the NHS has traditionally placed an emphasis on widening participation, and this has long been seen by policy makers as an essential part of the NHS’ approach to workforce management. As the 2014 HEE strategy document on Widening Participation noted:

Young people with special educational needs and disabilities should have access to professional help to develop their skills and experience, such as study programmes and other transition programmes into paid employment[[6]](#footnote-6).

More recently this policy goal has been re-cast as NHS Trusts acting as ‘anchor institutions’ with a responsibility to the local community as an accessible and attractive source of employment (Health Foundation, 2019)[[7]](#footnote-7). A policy interest in widening participation has also emerged in pursuit of inclusive forms of economic growth which engage and benefit not only select strata but the full diversity of socio-economic groups in a community[[8]](#footnote-8).

These themes were raised in *The NHS Long Term Plan* (NHS England, 2019), highlighting the need for improved employment opportunities, particularly internships, for people with a learning disability or autism. Indeed, the *Interim People Plan* (NHS England, 2019:50) explicitly presented the Trust as an ‘anchor institution’ able to provide employment opportunities for those in the community with disabilities. These references to the issue built upon and reflected established employer good practice in the NHS to support young people with SEND into work. This practice included supported employment programmes such as DFN Project SEARCHand HEE Project Choice, alongside schemes from other providers such Mencap[[9]](#footnote-9), aimed at delivering employment skills, experience and opportunities to young people in a healthcare context. More generally Trusts and less frequently general practices have adopted a variety of programmes engaging at different points on the employment cycle from pre-employment (for example careers information and internships) to selection (for instance easy-read application forms), employment and progression (including via apprenticeship training).

Yet despite these broadly conceived policy commitments and the promotion of good practice, progress on the implementation of the supported employment agenda in the NHS remains fragile and patchy. As beacons of good practice DFN Project SEARCH and HEE Project Choice programmes have made limited organisational inroads, running in just over thirty of NHS England’s close to 250 Trusts. Where the SEND agenda sits at the national and regional level, within Integrated Care Systems (ICS) and employing organisations remains far from clear. Whether and how policymakers and practitioners at these different levels connect in taking the agenda forward is opaque. Indeed, the low-profile nature of the issue is reflected in the absence of any mention of supported employment in the follow-up *People Plan,* 2020. It is further striking that in setting out the recruitment challenges for 2021, NHS Employers draw attention to ‘inclusive recruitment’, covering issues of ethnicity, gender and age, but without any mention of disability.[[10]](#footnote-10) As private sector employers, particularly in hospitality and retail, stop or pause their supported employment programmes in the context of Covid, the need for NHS England and HEE to take the lead on this agenda- to build on practice and address associated uncertainties and challenges - becomes all the more pressing.

This study explores the range of supported employment programmes to be found in NHS England. These include:

* **Work experience**- short exposure of and experience to the workplace often tied to learning activities.
* **Traineeships**- more formal but still short-term programmes providing direct access for and preparation for work and employment.
* **Supported Internship**s: formal programmes combining learning, skills development and job placements over an extended period, typically an academic year.
* **Supported Apprenticeships**: providing additional support and resourcing in pursuit of an approved apprenticeship standard.

In doing so, the study aims to:

* Provide an overview of the literature on disability and employment.
* Explore established practice on supported employment programmes in NHS England.
* Examine how such programmes have fared during Covid and the plans made to take them forward in the wake of the pandemic.
* Present the challenges faced in developing and running such programmes and the measures taken to deal with them.
* Establish a repository of information and sources on supported employment programmes in NHS England.

The report is divided into seven parts:

* Approach
* Literature
* Supported Employment in Context
* Actors and Levels
* Programmes in Practice at Trust Level
* The Impact of Covid
* Summary and Recommendations

**2: The Approach**

Funded by HEE, our study was carried out in the six-month period from November 2020 to April 2021. The research approach comprised three main parts:

* **A Rapid Literature Review**: To position the study, we undertook a brief review of the literature on disabilities and employment. This was designed to bring out key themes and issues emerging from previous research, sharpening the focus of our study and providing points of reference for its findings.
* **A Programme of Interviews:** To develop insights into the design, operation and impact of supported employments programmes in the NHS from the perspective of different stakeholders we conducted a programme of interviews. This was the core data base for the study. A total of 24 interviews were completed involving 33 individuals and centred 10 case study Trusts, close to a third of Trusts delivering supported internship programmes in NHS England.

Table 1 below sets out the interviews completed, the interviewees’ roles and organisational affiliations as well as the dates the interviews were conducted. In the main carried out between December 2020 and February 2021, it is clear from the Table that interviewee and case selection were sensitive to:

* + **Location:** The research concentrated on supported employment programmes in a particular ICS: North-West London (NWL). The researchers were not only familiar and involved with developments in this ICS, but NWL had made considerable progress in introducing supported employment initiatives including DFN Project SEARCH and HEE Project Choice supported internship programmes. Thus, two NWL Trusts figured in our study- West London NHS Trust and London North West University Healthcare NHS Trust (LNWUHT), particularly its Northwick Park site.

At the same time, the study was keen to explore developments in other parts of the country, as a means of picking up examples of good or innovative practice, in particular related to HEE Project Choice, a programme initially emerging in the North East. It can be seen from Table 1 below that alongside healthcare providers in the NWL, Trusts were covered in Yorkshire (Mid Yorkshire Hospitals NHS Trusts (MYHT)), the North East (Newcastle-upon Tyne Hospitals Foundation Trust (NUTH)), the North West (Manchester University NHS Foundation Trust (MFT)), Hampshire (Hampshire Hospitals NHS Foundation Trust (HHFT)) and Thames Valley (Oxford University Hospitals NHS Foundation Trust (OUH) and Royal Berkshire NHS Trust (RBT)).

* + **Type of Programme:** The research sought to cover different types of supported employment programmes. Although the main focus was on supported internships, an interest in work experience took us to West London NHS Trust (WLT), in traineeships to OUH, and in supported apprenticeships to HHFT. The study was also drawn to a couple of Trusts (WLT and HHFT) seeking to link different forms of supported employment to create a development pathway for young people with SEND.
  + **Stakeholder:** The interviews covered the wide range of stakeholders involved in the design and delivery of supported employment programmes. This included interviews with representatives from: local authorities (Liverpool City, Brent, Harrow, Ealing); national programme Leads (DFN Project SEARCH and HEE Project Choice); the ICS (NWL and area networks (West London Alliance); Supported Internship Providers (Kaleidoscope-Sabre); and HEE Regional Talent for Care Leads; (Midlands, London, East and South of England); and Trust Leads. The stakeholder most obviously missing from our interviews was the school/college, although we explored their role and contribution in our Trust interviews[[11]](#footnote-11).
  + **Level:** It follows from the range of stakeholders listed that the study aimed to interview those at different levels of the healthcare system- national, regional, area and organisational. We were interested in working through the puzzle of whether and how they interfaced with each other on this agenda.

The interview questions were open, allowing interviewees to bring up the issues of most importance to them, but they were guided by the study’s themes: the state of supported employment programmes prior to, during and post Covid. Most interviews were recorded and transcribed. For the purposes of coding and presenting quotes in the report, the interviewees were divided into three main categories: National (N). Locality (L) and Trust (T) actors. The code for any given quote used below follows from these categories. For example, where National Interviewee 1 is quoted, this is referenced in the text as ‘N\_1’; where Locality Interviewee 1 is quoted ‘L\_1’ and so on. This coding is not used where a quote is clearly linked to an interviewees’ organisational identity.

* **A Review of Advice and Guidance on Supported Employment**: To become a source document for useful material on supported employment programmes, a wider review of the ‘grey literature’ and various other sources was undertaken. The report therefore includes sources providing practical advice and guidance on supported employment programmes.

**Table 1: Completed Interview Programme**

|  |  |  |
| --- | --- | --- |
| **Organisational Affiliation** | **Job Role** | **Date of Interview** |
| Liverpool City Council | Supported Employment Officer, Intern to Work  Children and Young People’s Service | 4/2/21 |
| Hampshire Hospitals NHS Foundation Trust (HHFT) | -Associate Director of Apprenticeships  -Supported Apprenticeship Lead | 7/12/20 |
| HEE South East Region | Programme Manager (Nurse Expansion) | 27/1/21 |
| HEE Project Choice | Apprenticeship/Transition Lead | 25/1/21 |
| HEE Project Choice | -National Lead — Operations  -HH Project Choice Regional Manager | 18/1/21 |
| The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) | HH Project Choice Manager  HR Projects Team | 27/1/21 |
| Mid Yorkshire Hospitals NHS Trust (MYHT) | -Head of Diversity and Inclusion  -Supported Internship Lead | 25/1/21 |
| Royal Berkshire NHS Trust (RBT) | OD Manager | 10/2/21 |
| Oxford University Hospitals NHS Foundation Trust (OUH) | Apprenticeships Business Manager—Practice Development and Education | 6/2/21 |
| Health Education England | National Programme Manager, Talent for Care – Widening Participation | 10/12/20 |
| Kaleidoscope-Sabre Supported Employment | -Senior Manager  -Senior Manager | 21/1/21 |
| Manchester University Foundation Trust (MFT) | Head of Widening Participation | 27/1/21 |
| West London NHS Trust | - Deputy Director of Organisational Development  - HEE Project Choice Lead | 2/12/20 |
| Health Education England, London | Associate Workforce Transformation Lead | 1/ 2/21 |
| Health Education East of England | Head of Education and Transformation | 5/2/21 |
| West London Alliance (WLA) | Head of Economy & Skills (interim) | 21/1/21 |
| West London Alliance | Programme Manager  Inclusive Employment Programme | 10/2/21 |
| NHS LDEP programme | Prep for Adulthood programme member, East Midland Co Ordinator | 27/1/21 |
| Liverpool University Hospitals NHS Foundation Trust (LUHFT) | -Head of Sustainability. & (Project SEARCH Business Liaison Broadgreen Hospital)  -Widening Participation and Apprenticeships lead) | 26/1/21 |
| -Brent Council  -Ealing Council  -Harrow Council | -Inclusion Service Development Manager. Inclusion Service  -Children and Young People, Senior Associate: Progression and Pathways, Ealing Learning Partnership  Programme Lead SEND Strategy | 10/12/20 |
| HEE Midlands | -Workforce Transformation Leads  WP/TfC Lead | 3/2/21 |
| London North West University Healthcare NHS Trust | -Head of Multi-professional Development Department  -Widening Participation Lead (Apprenticeships, Work Experience, Supported Internships) Learning & Organisational Development Northwick Park Hospital | 9/12/20 |
| DFN Project SEARCH | CEO | 10/12/20 |
| NHS Executive/Innovation | Director of Equality and Inclusion | 26/1/21 |

**3: The Literature: Disability and employment gap**

Workers with disabilities experience a disproportionally high level of job insecurity, underemployment and unemployment compared with people without disabilities. (Meacham et al, 2017:1475)

*It is likely that the negative labour market effects of an economic downturn will not be felt equally across society, and there are reasons to expect disproportionate impacts on disabled people* (Jones et al, 2020:1)

#### This section is based on a rapid review of the literature and sets out:

#### The scale of the employment gap faced by people with disabilities;

#### The barriers that they can face; and

#### The benefits for individuals and organisations that do support the employment of people with disabilities, including young people with SEND.

**3.1 The scale of employment inequality**

#### Prior to COVID-19, the ONS (2019) recorded that 53.2% of people with a disability in the U.K are in paid employment, compared to 81.8% of the population as a whole. This average masks particularly low levels of employment for specific groups. For instance, according to the Royal National Institute of Blind People just 27% people with a visual impairment are in work, the National Autism Society reports that just 16% of adults with autism are employed and according to the ONS (2019) just 17.6% of those with a specific or serious learning disability are working.

The wider economic impact of Covid is likely to exacerbate this inequality. Research demonstrates that people with disabilities are more adversely affected by economic downturns than people without disabilities. They are more likely, for example, to experience job losses, pay and working hours cuts as well as less access to training (Jones et al, 2020). People with disabilities who are not in work find it even harder to gain employment during recessions, as the numbers of job seekers rises. Challenges have deepened during Covid, reflected in the fact that 55% of disabled people have self-isolated because of Covid compared to 37% of non-disabled people (ONS, 2020). Disabled people’s health and well-being will be more heavily affected by Covid relative to non-disabled people.

Economically young people with SEND are likely to be doubly impacted by Covid: they have a disability and are young. Young people have been particularly badly affected during the last year with unemployment rates for 16–24-year-olds increasing by 14%, with a further 181,000 young people economically inactive. The experience of unemployment has long term negative effects on young people, including lifetime lower incomes and poorer mental health compared to people who do not experience unemployment or older workers, who do. The aggregate effect of this is a risk that health inequalities will widen.

**3.2 Barriers to employment**

As challenges to employment amongst young people with SEND continue and indeed deepen with Covid, so barriers to their employment remain. Meacham *et al.,* (2017) highlight stereotypes and prejudices deterring employers from seeking to employ people with a disability: fear, uncertainty and lack of experience. They note that “*workers and job seekers with disabilities often cite employer attitudes and workplace discrimination as barriers to acquiring and retaining employment*” (page 1477). Negative stereotypes about people with a learning disability or autism include misconceived views on: poor attendance, low productivity and limited ability to perform. This stereotyping not only stops people with disabilities from gaining employment but also impacts on those who do manage to obtain work – *“a negative work culture may result in increased stress and low retention rates”* (page 1478).

These outcomes also reflect the fact that people with a disability can face workplace isolation (Lopez *et al.,* 2009). This has a number of implications, including a lack of access to information about internal job opportunities, which stops progression, and a failure to appreciate and recognise their in-job performance (Putman, 1995). The latest NHS Staff Survey[[12]](#footnote-12) records that while 62.1% of all staff feel they get *‘recognition for their good work’*, this figure falls to 49.1% for those who state they have a disability.

**3.3 The benefits of employment**

Alongside financial benefits, employment is associated with a range of other positive outcomes for the individual employee. It is linked with quality-of-life measures, such as a sense of fulfilment, belonging and self-efficacy (Katz, Dejak and Gal 2015). A review of over 300 studies by Goodman (2016:2) found a large body of evidence showing employed individuals are healthier than those not in work. This general finding also applies to people with disabilities. Although the precise mechanisms linking employment activity with positive mental and physical health outcomes are not fully understood, reviewing the evidence for people with disabilities, Goodman suggests:

Work is therapeutic, promotes recovery and rehabilitation; leads to better health outcomes, minimises the harmful physical, mental and social effects of long-term unemployment, promotes full participation in society, independence and human rights, reduces poverty and improves the quality of life and wellbeing (2016:6)

Curnock et al (2016) specifically compared health and wellbeing outcomes for 124 people with disabilities in England who moved from receiving benefits to employment, with those who remained on them. They found clear evidence of improvements in both mental and physical health for those in work. People with disabilities are particularly prone to social isolation because of the barriers they experience in their everyday lives. This impacts on health and wellbeing (Red Cross, 2017). Meacham *et al.,* (2017) found that people with a learning disability who obtained and sustained employment gained greater independence and self-sufficiency.

|  |
| --- |
|  |
|  |
| A list of the benefits of employment Financial independence, Improved sense of belonging, Improved health and well- being, Better mental health, Increased self -efficacy, Less social isolation and greater participation in society |

**3.4 Organisational benefits from supported employment**

The employment of people with disabilities not only benefits the individual, but also the organisations that they work for (Austin and Pisano, 2017). Meacham and colleagues (2017:1479) point to improved productivity and lower turnover as key benefits deriving from inclusive employment:

People with a LD often have high levels of organisational commitment and a need to build strong social relationships and to belong at the workplace…individuals generally return the benefits they receive.

Unpublished research undertaken by Kessler (2018) of London NHS trusts providing supported employment opportunities for young people with SEND identified the following reasons that motivated employers to provide opportunities[[13]](#footnote-13):

* To support social mobility and inclusion.
* To employ workforces better reflecting their local communities.
* To secure a return on investment through creating a pipeline of future worker and reducing workforce turnover[[14]](#footnote-14);
* To improve wider staff morale[[15]](#footnote-15) [[16]](#footnote-16);
* To reflect certain values: *“it is the right thing to do”* ;
* To build upon ‘affective connections’: a significant number of people had personal experience (for example another family member) of people with a disability.

**3.5 Supported employment – what works?**

In terms of gaining employment, structured programmes aimed at supporting people with a disability into work result in better employment outcomes for those individuals, compared to those who have not accessed such schemes. Wehman and colleagues (2014) found that autistic young people who completed a DFN Project SEARCH internship, over the long-term had better outcomes (in terms of hours worked and hourly wage), than individuals with autism who had not completed an internship. Timmons and colleagues (2012) reported that young people with a learning disability were four times more likely to find work if they had participated in a supported employment programme[[17]](#footnote-17).

A key insight from the research literature is that successful employment programmes do not concentrate solely on human resource processes, such as recruitment and selection, awareness training and work accommodation. They also create an inclusive workplace culture (Fujimoto and colleagues, 2014). Thus, in reviewing evidence on the human resource practices that support the employment of people with a learning disability, Meacham and colleagues’ (2017) point to the importance of creating socially inclusive workplace cultures (norms, values and beliefs), framed by a greater understanding of what people with a learning disability need in terms of support.

One of the key challenges in developing such a culture is dealing with the multiple actors–departmental managers, supervisors, work colleagues and external agencies- likely to be involved. It is here that HR teams have a particularly pivotal role:

HR needs to ensure workers with disabilities are placed in sustainable work situations and supported with development opportunities throughout their employment. Sustainable practices should begin with employment and ensure the on-going health and safety of workers with a disability, (Ibid:1477).

Based on their case study research of the hotel industry Meacham and colleagues (2017:1479-1484) set out the factors that can positively support employment opportunities for people with a LD or autism:

* The creation of socially inclusive workplace cultures; built upon *“trust, cooperation, shared codes and language”*[[18]](#footnote-18).
* ‘Social exchange’ support in the form of “Buddy’s”.
* Flexible working.
* A supportive management, which understands that people with a learning disability might require additional support or time to understand and master tasks.
* Integration of the worker with a learning disability or autism into the wider team/workforce, which also helps overcome prejudices. One manager in their study is quoted as saying: *“I was nervous at the start…but you get used to it and see they are just like you really”*.

This literature review has set the general context for our study. It was broadly framed, exploring why and with what outcomes for various actors, supported employment schemes were introduced. Our study explores such issues with a specific focus on supported employment interventions amongst healthcare employers in NHS England and we now turn to the findings from this study in three sections: supported employment in context; actors and levels; and programmes in practice.

4. **Supported Employment in Context**

**4.1 What is supported employment?**

The British Association of Supported Employment (BASE) defines supported employment as a model which ‘uses a ***partnership*** strategy to enable people with disabilities to achieve ***sustainable*** long-term employment, and businesses to employ ***valuable*** workers’[[19]](#footnote-19) (emphasis added). Stressing the importance of employment as the end goal, it is a definition with three key features. First, the reference to ‘sustainability’ draws attention to the need for employment to be meaningful and lasting rather than tokenistic and brief. Second such programmes are presented as a ‘win-win’ option: young people with disabilities being provided with employment opportunities, in the process becoming ‘valuable employees’ for businesses. Third, the model flags-up the importance of partnerships in developing programmes. The BASE definition, however, inevitably begs questions about *how* people with disabilities might be supported into sustainable employment and the actors *who* might be involved in the requisite ‘partnership’ strategies.

The four main forms of supported employment- work experience, traineeship, internship and apprenticeship- combine off-the-job learning with exposure to the host employer organisation and its work processes, procedures and roles. However, moving through the different programme types, they are differentiated by:

* Increasing length
* Greater formalisation of arrangements
* Deeper engagement with learning and work
* More intense support and,
* Closer proximity to permanent employment.

From amongst the four programme types, ***supported internships*** have attracted the most interest in the NHS. This is the intervention most explicitly geared towards preparing the young person with disabilities for employment, taking them to the cusp of the labour market and often providing them with a gateway into a permanent job. The Department for Education (DfE) notes:

‘A supported internship is one type of study programme specifically aimed at young people aged 16 to 24 who have a statement of special educational needs or an EHC plan, who want to move into employment and need extra support to do so’[[20]](#footnote-20).

**4.1.1 Project Choice and DFN Project SEARCH**

This emphasis on *employment* as the key outcome underpins DFN Project SEARCH and HEE Project Choice, the two supported internship programmes with the most traction in the NHS England. A recent presentation by DFN Project SEARCH lists 22 hospitals, covering 20 different Trusts delivering the programme, while HEE Project Choice notes around 12 Trusts providing its programme.

DFN Project SEARCH and HEE Project Choice do have different provenances, with the DFN Project SEARCH[[21]](#footnote-21) model originating at the Cincinnati Children’s Emergency Department, USA in 1996 and Project Choice at a clinical biochemistry laboratory in Sunderland hospital in 2005 and subsequently taken on by HEE, as the education provider, in 2017[[22]](#footnote-22). These contrasting provenances are partly reflected in the distribution of the programmes, with HEE Project Choice Trusts mainly located in the North-East (albeit with increasing numbers in others parts the country), while almost half (9) of the hospitals listed by DFN Project SEARCH set out in its presentation, are in London.

In terms of design, the two internship programmes share core features. They are both aimed at young people with a range of disabilities, including physical disabilities and visual impairment, although mainly drawing in those with learning disabilities, especially autism. Participants are recruited from local special schools and colleges and typically have an Education, Health and Care Plan, with the monies being drawn down along, in some instances with additional Access to Work funding, to finance the programmes. Both programmes follow the academic year (September to July) with interns accessing up to three job placements -one a term- with a host employer. The interns are supported by an on-site team which includes job coaches, who match job placements to the interns’ interests and capabilities and provide initial guidance in developing the necessary employability skills. This team is also available to support existing employees trained to act as intern mentors in the respective placements.

There are differences of detail in the implementation of these two programmes. For example, HEE Project Choice interns receive their learning on a designated day, devoting the rest of the week exclusively to their job placement. DFN Project SEARCH adopts a more blended approach, with interns leaving from and returning to a base room before and after their placements on each day of the working week. These respective models have different perceived strengths. The HEE Project Choice model of one day at college and 4 straight days at work in the placement might be seen as a more authentic employment experience than the DFN Project SEARCH model with it twice daily meeting of the interns. However, the more blended DFN Project SEARCH approach might be viewed as providing greater opportunities for shared learning and development, allowing strong social networks with fellow interns to grow and emergent individual issues to be dealt with in a timely way.

HEE Project Choice also has a slightly more developed support pathway linking different types of opportunity. Thus, it offers a ‘pathway to employment model’ with students from local area schools invited to start their experience of employment in the NHS with careers information and work experience in the year/s preceding a supported internship. Students can then take part in the supported internship and can progress on to supported apprenticeships and/or jobs.

**4.1.2 Supported or inclusive apprenticeships**

The notion of a supported, or inclusive, apprenticeship[[23]](#footnote-23) has perhaps received less attention in the NHS than supported internships. National policy makers have, however, periodically addressed this issue. The Learning and Skills Councils 2005 publication *Through Inclusion to Excellence’* was the basis for the Little Report 2012, *Creating an Inclusive Apprenticeships Offer*[[24]](#footnote-24) which in turn fed into a review exploring access to apprenticeships by those with learning disabilities, commissioned by the government in 2016 and undertaken by a task force led by Paul Maynard MP[[25]](#footnote-25).

In general, these different pieces of work have stressed the importance of publicising apprenticeship opportunities for young people with disabilities. In more practical terms, they have made suggestions centred on, for example, combining funding streams to support these schemes and encouraging modifications to workplace policy and practice to facilitate the take-up of apprenticeships for this group.

The value of these various reports should not be understated. The Maynard Task Force for example suggested a relaxation of Maths and English requirements onto apprenticeships which has since been adopted. They do, however, pre-date significant changes to the broader apprenticeship model, for example the shift from apprenticeship frameworks to standards and the introduction of the apprenticeship levy. Most recently HEE guidance has defined supported apprenticeships in terms of ‘reasonable adjustments’ allowable under the Equality Act, 2010 (See ACAS advice on reasonable adjustments[[26]](#footnote-26)). As the HEE notes:

A ‘Supported Apprenticeship’ is an apprenticeship where reasonable adjustments are applied so that individuals with a learning difficulty or disability can achieve the apprenticeship. For example: additional time to complete the apprenticeship; support with recruitment; support with adaptations/reasonable adjustments in education support; and reduced working hours.

**4.2 The Supported Employment Programmes Covered**

In setting out the range of programmes introduced in our 10 case study NHS Trusts, Table 2 below indicates that the majority (8) have supported internships. In the main these were DFN Project SEARCH programmes although three Trusts (WLT, HHFT, NUTH) deliver HEE Project Choice, and one Trust (MFT) a programme run with Pure Innovation. The Trusts’ history with supported internships did, however, differ: a number operating them for many years, in some cases almost a decade (Barts, NUTH and the RBT), others much newer to the initiative (MYNH, LNWUHT, LUHFT and WLT).

**Table 2: Overview of Supported Employment Programmes in Case Study Sites**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trust** | **Programme** | **Sites** | **Start** | **Partners** | **Covid** |
| **1.Mid Yorkshire Hospitals NHS Trust** | DFN Project SEARCH (Supported Internship (SI)\* | -Pinderfields  -Dewsbury | Sept. 2017: Pinderfields  Sept. 2019: Dewsbury | **Pinderfields**:  -Highfield Special School  -Wakefield College  -Wakefield Council  -HFT[[27]](#footnote-27)-supported employment providers  **Dewsbury:**  -Kirklees College  -Kirklees Council  -C and K Careers[[28]](#footnote-28) -Real Employment | 2019-20 cohorts: academic content completed. No onsite placements. Three allowed to join 2020-21  2020-2: Joined on basis of academic content and work placement uncertainty. Not yet back on site. Those eligible offered placements 21-22 |
| **2.Barts** | DFN Project SEARCH(SI)\* | Royal London  Whipps Cross  Newham University Hospital | Sept 2013 | -Initially Whitefield Academy Trust  -Kaleidoscope Sabre |  |
| **3.Royal Berkshire NHS FT** | DFN Project SEARCH [[29]](#footnote-29)(discontinued SEARCH 20-21/own model) (SI)\* | Mainly single site-Reading | Sept 2011 | -Brookfields Special School  -Reading College,  -Ways into Work[[30]](#footnote-30)- supported employment provider | 2019-20 cohort-academic context completed. Those completing placements rolled forward to 21-22. Slightly smaller 20-21 cohort. Given roll-over may skip intake in future year |
| **4.Liverpool University NHS Trust** | DFN Project SEARCH (SI)\* | Broad Green  (Hoping to expand to Royal Liverpool and Aintree sites) | Sept. 2020 | -Liverpool City Council  -Greenbank College  -HFT-supported employment provider  -HSBC funding to refurbish base room | 2020-21 on-site- non Covid site |
| **5.Newcastle upon Tyne Hospitals NHS Foundation Trust** | HEE Project Choice (SI)\* | Three main sites (2 hospitals and Trust HQ) | Sept 2012 | Connexions Teams Newcastle City Council | 2019-20: Funding for an additional term (Sept-Dec 2020) to complete placements |
| **6.West London NHS Trust** | HEE Project Choice  (Work experience for one year each student & SI) \* | Two main sites: HQ and St. Bernards | 2019 | -Belevue Special Needs School  -Springpod (for virtual work experience)  Ealing Council | Front loaded education  Virtual work experience being developed |
| **7.Hampshire Hospitals HNS FT** | HEE Project Choice  (SI)\*  4 Supported Apprentices | Winchester  Basingstoke (all supported apprentices)  Andover | Sept 2018 (SI) | -HEE (for supported apprenticeships)  -Basingstoke College of Technology (BCOT)  -Hampshire County Council (for internships) | No placement  Distance learning |
| **8.MFT** | Bespoke MFT SI programme (around 33 participants a year) | Three sites | Around 2016 | -Pure Innovation[[31]](#footnote-31)  -Local Colleges | No placement  On-line learning  Diverted onto other projects fund raising for Trust |
| **9.OUH** | Supported Traineeship (5 trainees, 13 week prog.) | Single site | Oct.2019-Dec 2020 (discontinued) | -Mencap[[32]](#footnote-32)  - HEE funding | No Placements since March 2020. Continued learning |
| **10. LNWUHT (especially**  **Northwick Park Hospital)** | -DFN Project SEARCH  Apprenticeship (1)  -Work experience | Single Site: Northwick Park | Search: Sept. 2017  Apprentice: 2018  Work exp. 2019 | Harrow College  Kaleidoscope -Sabre  Harrow Council  Shaftesbury High School | Placements stopped  Continued distance learning,  Plans to return to site in Spring deferred but placement secured at another trust site  Ongoing family curriculum keeping families informed. |

\* DFN Project SEARCH and HEE Project Choice tend to have similar numbers at each site of between 10-12 interns. This cohort size is a standard requirement for these programmes, aligned with the requisite number of job coaches. Both programmes also routinely operate across the school year from September to July.

Additional features associated with our case study Trusts are worth noting:

- It can be seen from Table 2 that in some cases, supported employment programmes were delivered at specific sites or hospitals rather than across the Trust as a whole, a testament to the incremental effort required to set up such schemes across an organisation (see the section below on challenges).

- There were examples of other supported employment schemes: at OUH- the development of traineeships; at WLT an emphasis on work experience; and at HHFT - supported apprenticeships.

- A couple of case Trusts linked different programme types to create pathways of opportunity for young people with disabilities: at WLT the HEE Project Choice model of work experience leading to internships and at HHFT internships through to apprenticeships.

In the next section we explore these programmes in greater detail by looking at how they have developed and operated.

**5. Actors and Levels**

**5.1 The Range of Actors**

In recounting the story of a healthcare award ceremony where HEE Project Choice first received public recognition, the founder of the programme tells of the only person more surprised than her at the accolade being the Trust’s Chief Executive sitting on the other side of the room, unaware but delighted that the scheme was running in his organisation. Similarly, the MYHT Lead took immense pride at being able to introduce Project SEARCH at a ‘financially challenged’’ Trust with a strikingly risk adverse culture.

However, alongside these examples of programmes emerging in unlikely and unexpected way, are interviewees highlighting the immense challenges of getting schemes ‘off the ground’. A local authority interviewee with deep experience of supported employment programmes, dwells on the complexities faced in introducing these schemes, a consequence not least of the wide range of stakeholders involved:

There are so many stakeholders involved across different departments and directorates. It is quite complex. So, if you were coming in from the NHS and trying to identify if you wanted to do it (supported employment) and trying to identify who you should talk to, it is not necessarily easy to find the right groups of people, and it isn't always just one directorate; it often cuts across quite a lot. (L\_7)

These different experiences speak to the paradox, perhaps uncertainties of change in the NHS: instances where barriers have been cut through almost by force of will on the part of an individual programme champion, sitting alongside the daunting grind of navigating a way through the administrative and procedural maze required to bring change about. In part, such contrasting scenarios point to alternative models of organisational change in the NHS: the bottom-up and the top-down. More tellingly they suggest contrasting preconditions to achieve various outcomes, and as such are different sides of the same coin. The commitment and passion of a champion might spark a supported employment scheme. It is in embedding and scaling-up such schemes within and across employers and systems that the inter- and intra-organisational intricacies need to be addressed and the various actors involved.

Figure 1 below gives an overview of the range of actors with a stake in supported employment programmes found at different levels of the health and social care system: the organisational (the Trust/employer); the locality; the regional; and the sector-wide (the NHS). In identifying the diversity of stakeholders at each level, questions inevitably arise about how these actors align both within and across the different strata. We were able to glimpse this process at the national, regional, and locality levels, while examining it in detail at the organisational level.

Diagram listing stakeholders. Stakeholders are listed under four categories.
Organisational, listing Trust Board, Trust liaison, Placement/ mentors, Work colleagues, College/Tutor, Job coach. National, listing DHSC, DWP, DfE, HEE National, Representative bodies e.g. Mencap, BASE, NHS Employers. Locality listing ICS People Management Board, Sub Regional Alliances e.g. WLA , Employer Networks, Local authorities, School/ colleges, Supported employment providers. Regional, listing, HEE Regions, NHS Regions, Local Authorities.  

***5.2 National Level***

At the national level, the development of supported employment programmes is an issue which cuts across government departments and requires a joined-up approach to delivery. The ***Department of Work and Pensions*** contributes to the funding of programmes through the ‘Access to Work’ scheme, with the aim of supporting disabled people start or stay in work. A few sites (for example HHFT) reported this funding as a crucial component of programmes, others noted difficulties in accessing it. DWP provides support through its Jobcentre Plus service connecting to vacancies in the local area and as a possible source of young people with disabilities for traineeships (see OUH). Benefit support administered through the department also plays an important part in incentivising (or not) different life choices for these young people and their families.

The ***Department for Education*** (DfE) is heavily involved in the regulation of education and associated development pathways for young people with learning disabilities including transition into adulthood, clearly informing the management of these issues by local authorities. Less directly the Education and Skills Agency and the Institute of Apprenticeships and Technical Education[[33]](#footnote-33), affiliated to the department, connect to and support different development opportunities such as supported apprenticeships. Furthermore, the DfE has at various times provided ‘seed corn’ funding to support young people with disabilities, for example between 2014-18 two grants to all local authorities of between £40-80,000 (depending on authority size) to encourage the growth of supported internships.

The ***Department of Health and Social Care*** engages with supported employment principally through ***NHS England/Improvement and Health Education England***, both formally classified as executive non-department bodies.[[34]](#footnote-34) NHS England/Improvement’s contribution to the employment of young people with disabilities has been limited. In 2015, it launched the *Learning Disability Employment Programme* (LDEP)[[35]](#footnote-35). Taken forward in partnership with NHS Employers and at times with the support of not profit organisation National Development Team for Inclusion (NDTi)[[36]](#footnote-36), this programme has produced detailed guidance on the employment of people with disabilities and sought to encourage Trust engagement through a Learning Disabilities Pledge[[37]](#footnote-37).

Building on a commitment in the *Five Year Forward Plan*, the NHS has more recently launched a *Workforce Disability Equality Standard* (WDES), comprising a series of metrics against which Trusts can benchmark their performance in this domain. [[38]](#footnote-38) However, these metrics principally rest on the self-report experiences of existing employees with disabilities (mainly expressed through the NHS Staff Survey), scarcely touching on the provision of supported employment opportunities for people with disabilities yet to join the NHS workforce. Few of the Trust interviewees covered in our study pointed to the LDEP or the WDES as stimulating or underpinning their supported employment programmes. As one of our national interviewees noted, ‘The NHS work around inequalities has not yet focused sufficiently on people with disabilities either in terms of recruitment but also supporting existing staff who have disabilities.’ (N\_7)

Health Education England has played a more direct and meaningful role in the development and implementation of supported employment programmes:

- ***HEE strategy and framework documents*** (including the Talent for Care and Widening Participation strategies) have raised the profile of supported employment programmes and positioned them within the broader NHS employment, training and development agenda.

-HEE has ***helped resource*** programmes, particularly through both national and regional funding. From our case studies, the supported apprenticeship programme at HHFT had benefitted from national funding, while the traineeship at OUH had received financial support from the HEE South-East. In both cases the funds had been used to employ a dedicated facilitator or coordinator for the programme.

-Most significantly HEE has become the ***provider of Project Choice***. The programme has pride of place on the front page of the Talent for Care website and attention has been drawn to the increasing take up of the programme, including at three of our case studies Trusts (WLT, HHFT and NUTH).

Given the extensive range of priorities jostling with one another, HEE’s contribution to the development and implementation of supported employment programmes has been impressive but inevitably fragile and with, to date, patchy impact. References to young people with disabilities in policy documents remain brief. Resourcing has been bound by the financial year and consequently relatively restricted in scale. The adoption of HEE Project Choice programmes by Trusts has been growing but remains modest. In interviewing regional HEE TfC/WP leads there was an undoubted enthusiasm for supported employment programmes and a keenness to encourage them. At the same time, there was an uncertainty about how the development of these programmes fitted within their portfolio of activities. Indeed, there was a broader paucity of information amongst these leads on how Trusts in their patch were taking forward this agenda:

We know it is a priority; we know it is an area we need to look at but it is having the hours, the capacity….In the short to medium long term we would be looking at ways or approaches that we could work in this area, further explaining what we're doing, a more targeted approach probably but it is about capacity. There is more HEE is keen to do but it is how it is done in the best way. (N\_1)

**5.3 Local System and the Employer Levels**

**5.3.1 Themes**

At the level of the local system, our pattern of interviews took us both to the local authority and to partnerships of such authorities. As an example of the former we were directed by HEE in the north west to the Liverpool City Council (LCC). In the case of partnerships our interest in the ICS in North West London brought us to the West London Alliance (WLA) a network of seven London Boroughs, pursuing a ‘programme of collaboration and innovation to improve outcomes for West London’, centred on employment and skills but also on a wider range of issues including housing and transport[[39]](#footnote-39).

There were striking similarities in approach to supported employment between LCC and WLA (taken forward in broader, co-ordinated way in the latter case). In both cases:

* ***In both cases, the initial stimulus for action on supported employment was provided by the DfE ‘seed corn’ grant noted above,*** pooled in the case of the WLA boroughs. These funds were used to develop the infrastructure for the roll out of programmes.
* ***A dedicated role was established to take this agenda forward in the respective areas****:* the programme manager for the Inclusive Employment Programme at WLA and the Supported Employment Officer positioned within Children and Young People’s Service at LCC. In the WLA case securing on-going funding for this post (first via HEE and more recently the local ICS) had been a challenge, with calls for it to be placed on a firmer basis (L\_7).

These dedicated roles have proved crucial ***in taking forward*** supported employment in their respective catchment area by:

* + responding to and encouraging demand for programmes
  + identifying partners
  + developing stakeholder networks
  + providing information to relevant actors, not least potential host employers for programmes
  + sharing good practice on programme design and implementation
  + seeking to generate and co-ordinate resourcing.

Indeed, an interviewee from the HEE North West region put the contrast between the high uptake of support employment programmes in Liverpool NHS Trusts compared to Manchester Trusts down to the appointment of the Supported Employment Office by LCC and the absence of an equivalent figure in Manchester.

* ***Initially the supported employment programmes in these two localities (West London and Liverpool) cut cross all employers and sectors -health and non-heath- in the respective catchment areas.*** For example, the WLA had a concentration of service employers from hospitality, catering and transport around the Heathrow Airport complex interested in supported employment. The value of involving a broad range of employers lay not only in generating a range of host employers for programmes, but in: deepening the pool of employment opportunities available to interns on graduating from the supported internship programmes; drawing- upon and leveraging stakeholder expertise; and establishing role models for other employers.
* ***There were specific attempts by LCC and WLA to establish supported internships within the local NHS Trusts***. This reflected:
  + A recognition that Trusts were invariably a major employer in the catchment area.
  + Trusts had the capacity to host a scheme and provide employment going forward.
  + Trusts were a microcosm of the economy with scope to offer a diverse range of in-work experiences.
  + They had an essential awareness of the impact of employment on health inequalities and wellbeing of local citizens including those with disabilities.
* **In both the LCC and WLA catchment areas there were concentrations of Trusts adopting both the DFN Project SEARCH and HEE Project Choice** **programmes.** We covered Liverpool University Hospitals NHS FT (LUHFT), but other Trusts in the city had also introduced programmes: Liverpool Women’s NHS FT and Mersey Care NHS FT. In the case of the WLA, five Trusts in the patch now delivered a supported internship programme, with plans in place to broaden involvement:

We have ambitious plans to scale that further across all trusts, helping them in a range of different areas along a pathway from early years through to adult in work settings. (L\_7)

**5.3.2 Drivers and Connections**

Local authority involvement in supported employment programmes was driven by multiple factors. In WLA the interest originated in Children’s Services Directorates in response to grant funding from DfE to support the establishment of Supported Internships. Increasingly, the agenda has been linked to the Economy and Skills Directorate and an ‘economy and skills’ agenda[[40]](#footnote-40) centred on a notion of ‘inclusive economic growth’, which embraces young people with learning disabilities, along with other socio-economic groups often marginalised in the labour market:

We can certainly position it as part of the inclusive growth work, and part of how we might want to look at addressing inequalities in the round with SEND being a particular element of that. (L\_6)

Indeed, a focus on socio-economic inclusion has deepened in the context of Covid:

Post Covid there is a very strong strand in that work around, ensuring we don't exacerbate inequality and we see SEND as part of that. (L\_6)

There were other, more specific, drivers, for example, local authority interest in the level of support-spend on young people with disabilities and the ongoing search for ways to use it in more cost-efficient and -effective ways:

Supporting people with SEND is a big issue for all of the boroughs, not least because of the costs attached to the support. So there's a clear rationale for supporting this cohort into work and helping them stay in work. (L\_6)

However, as initiative taken forward within the local economy in this way, the setting up a supported employment programme at local systems level was a challenge: rather like a waltz, with a need to find the right partner on a crowded dance floor of strangers. As Figure 1 above notes there are at least three major actors at the locality level- the local authority, the school/college and the supported employment provider, for instance Mencap and Kaleidoscope Sabre- seeking to connect, in turn, to a fourth key actor- the host employer or Trust. As suggested by Figure 2 below, the initial impetus for a programme could come from any of these four main actors. However, as Figure 2 also indicates, the difficulties faced by local authorities and employers in connecting with one another and with the right people in their respective organisations remain daunting and acute.

***For the local authority*** it is not always easy to identify, let alone connect with the right people within a Trust. Our LCC interviewee noted the importance of a presentation he made to a meeting of apprenticeship leads from all of the Liverpool NHS Trusts, allowing him to bring supported employment programmes to their attention. Engaging with training leads may well be necessary, but it is unlikely to be sufficient. For LCC the right people within a Trust were also actors with organisational influence but crucially a passionate commitment to the underlying idea and purpose of the programmes:

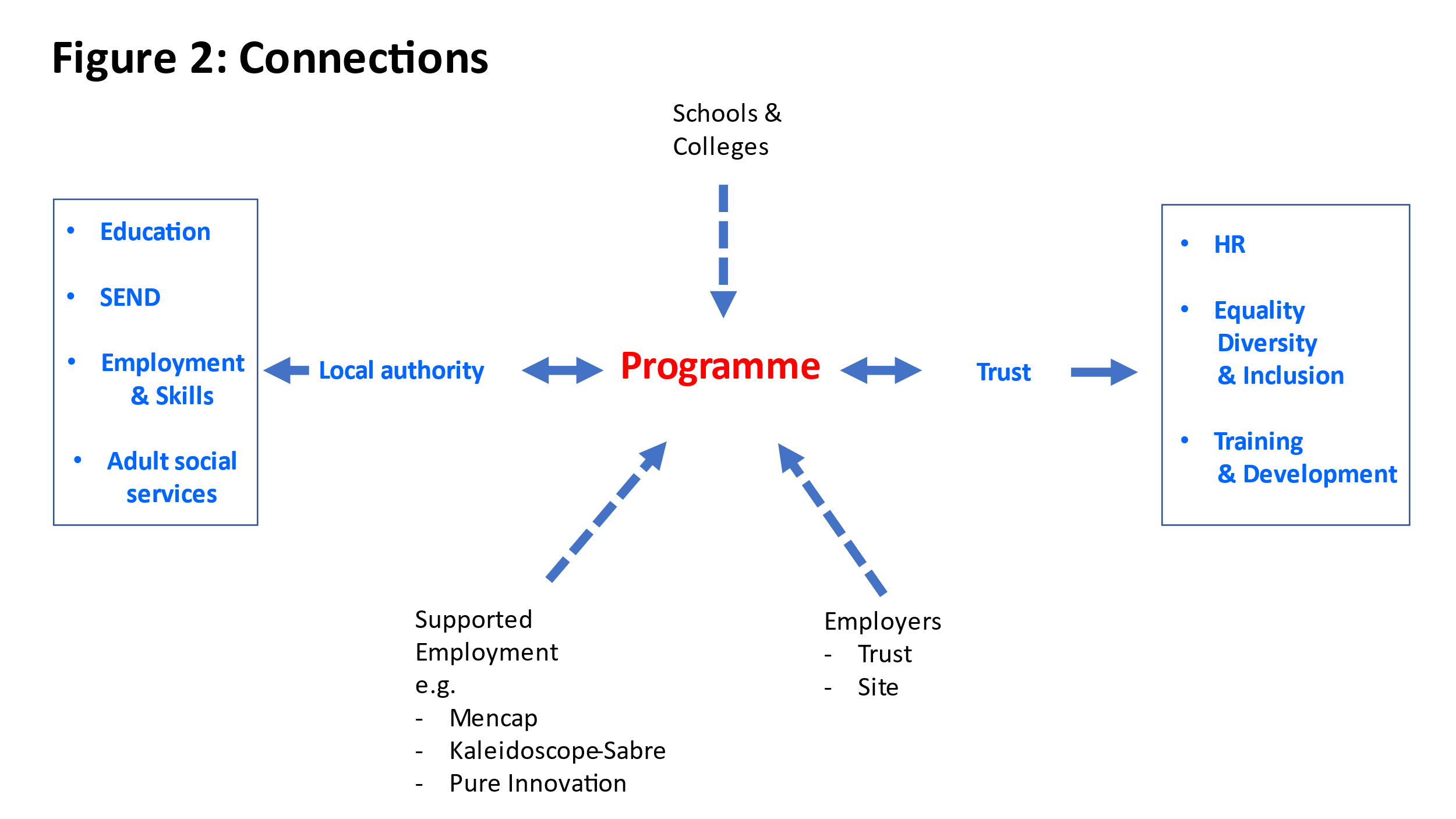
The person we work with there (Trust name), her background is adult social care, working with people with disabilities trying to get them into employment, she gets it. She's a massive advocate. At (another Trust name) we’re working with two key people: a guy who works in sustainability and someone who works in HR, a former nurse, with a heart and head for getting young people into jobs at the hospital.

Key actors in Trusts might be located in diverse and disconnected departments and teams with overlapping but very different priorities and agendas: human resource management, equality and diversity, organisational development and training. In the case of the WLA, it was working originally with HEE North West London as a sub-regional presence, and more recently with the local ICS, that facilitated the process of engaging with the right Trust people:

Trying to identify the employer (or Trust), the right people within the employer was really quite difficult. We didn't really get too far with that until we started working with HEE and the Northwest London ICS area, and that really helped us unlock who we should talk to in Trusts and gave us a forum to speak to those Trusts. So we were very fortunate to be invited to regional meetings where we were able to meet education leads with links to HR leads. They were the right people to talk to. But until we started working together, we hadn't really made very much headway at all in contacting the right people within trusts. (L\_7)

***For the Trust***, the challenge is finding the right people within the local authority to help develop a supported employment programme. These LA people are again typically found in different, often loosely connected directorates, with their own agendas. Our WLA interviewee noted four different local authority teams crucial in this respect: the Education Directorate; the specialist SEND team, the Employment and Skills Directorate, and in some cases the Adult Social Services Directorate (see Figure 2 below).

Having explored the development of supported employment programmes at the national, regional and locality levels, we turn now to the key site of interest, the organisation. It is here, of course, that the schemes are introduced and delivered.



**6. Delivering Supported Employment at Trust Level**

**6.1** **The Development Cycle**

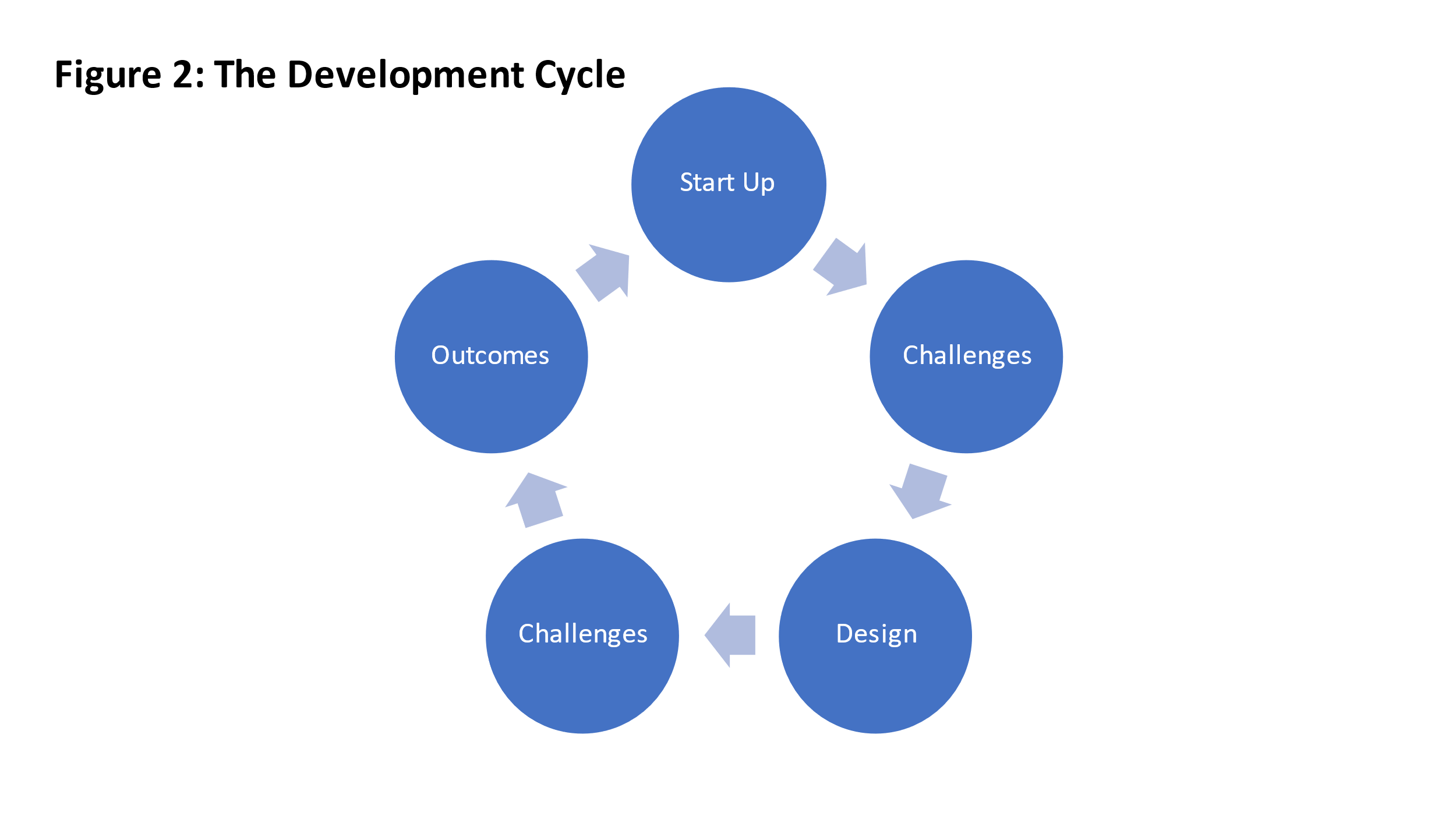
Examining the development and operation of supported employment programmes in the ten case study Trusts, this Chapter is the core of our report. In the main these Trusts had introduced the DFN Project SEARCH and HEE Project Choice supported internships programmes[[41]](#footnote-41). However, there were examples of:

* A supported internship programme delivered with another provider (Pure Innovation at MFT)
* Supported work experience (West London) and traineeships (OUH).
* Apprenticeships schemes (HHFT).
* Cases of Trusts seeking to link programmes (WLT/HHFT and HEE Project Choice) to create development pathways for young people with disabilities.[[42]](#footnote-42)

We have touched above on the different ways in which supported employment programmes develop within Trusts. It is a process sensitive to various contextual factors but often with common features suggesting a cyclical rather a linear pathway. Trusts learn from their experience of a programme and consequently re-visit aspects of it on a regular basis: its purpose, form, contribution to and positioning within the organisation. In a not untypical narrative:

* A highly motivated individual from within the Trust driven by individual values and personal experience or an equally committed actor from outside the Trust, say from a local authority, college or programme provider, sparks the Trust take-up of a scheme.
* Once this spark is struck and not without challenges at various points, the programme proves itself as having significant, often unforeseen Trust benefits.
* This consolidates, often extends, support from the programme amongst a wide range of stakeholders, at the same time embedding it within the organisation.

This cycle is presented in the Figure 2 below. We consider each of the different phases in turn- start-up; challenges and outcomes (see Table 2 above for an outline of programme designs).



**6.2 Starting-up**

Every supported employment programme has its own ‘creation story’ comprising two main parts:

* procedural – ***how*** the scheme was introduced; and
* substantive – ***why*** it was introduced.

***6.2.1 The How***

In terms of ***‘the how’***, we have noted that a few of our case Trusts were driven to a programme on the initiative of particular stakeholder with an enthusiasm for the intervention. This proactive stakeholder might be from outside the Trust. For example, we have drawn attention to the role of local authorities singly or in partnership in stimulating the introduction of programmes. For example, WLA and LCC respectively were influential in encouraging the start-up of programmes respectively at Northwick Park and LUHFT. In the case of MYHT the driver was a local special school:

A local SEND school were keen to bring Project SEARCH in. They had been over to Cincinnati to see it in action and the head teacher was keen. They were looking for other partners, but they really wanted the hospital, because of the variety of jobs and opportunities it brings.

More typically the spark came from **within** the Trust, often from a postholder within the HR Directorate able to connect to a more senior manager with a shared interest in a programme:

The Trust CEO at the time had a major role in terms of learning disability. He was on an external steering group. He had a keen interest. (T\_3)

In the original scoping meeting the school bought to us the horrific figures in terms of employment rates for young people with SEND. It did strike a chord. We were looking to make improvements and advance our EDI (Equality, Diversity and Inclusion) agenda anyway and it had a personal resonance as well. (T\_5)

We (HEE Project Choice) have a meeting with somebody from the workforce and development team and they feel this was a good idea and they want to become part of it to improve their equality and diversity links or there is someone in the Trust who has a son or daughter with additional needs, who feels very passionately about making life changing opportunities for young people with learning disabilities. (N\_3)

One of our very senior HR people has a son with autism. and she knew the head teacher at (school name).(T\_4)

Most of our cases sought sign-off for the programme from the Trust board. As one interviewee with broad experience of schemes across Trusts noted, ‘It is not crucial, but it is important to have CEO buy in’ (L\_5). However, start-up champions were sometimes able to develop the programme ‘below the senior management radar’. This is not to negate the need to float the idea with organisational colleagues to develop a sense of whether it was ‘runner’, but this could be undertaken in a relatively informal way:

It didn't require board level sign off but certainly engagement with my peers across the senior workforce team; peers from recruitment, occupational health and a number of senior stakeholders in the business in terms of positioning this as something we are looking to do, and whether we had some organisational buy in to run with. (T\_5)

Such a low-key approach was possible because ***upfront***direct programme costs to the Trust were quite low. In essence supported employment programmes were self-funding, with education and job coaching costs covered by funding associated with an EHCP. As noted in the case of MYHT, ‘At the time we were a (financially) struggling Trust so if there had been costs involved, we'd have never got it through’. In another case, MFT calculated their supported employment programme took up just 0.1 of a full-time employee over the year.

On-going resourcing, however, remained an issue. The need for a dedicated in-house programme facilitator or co-ordinator was highlighted as crucial by many interviewees. At WLT for example, HEE Project Choice funded two band 5s to look after work experience and the newer supported internship programme:

That’s been essential. It became very evident this couldn’t be done by one person and it couldn’t be added to other people’s jobs. That connection with the students, the communication with the schools and colleges, that takes a huge amount of time and resources. It was because we had that funding that we were able to progress.

The availability of funds to resource a post could, however, lead Trusts to take-up an initiative as a pilot exercise without a more detailed consideration of whether it addressed broader organisational strategic goals. This was arguably the case with the OUH traineeship, supported for a year by HEE. This support was valuable, allowing OUH to explore this option, but in the absence of a wider strategic fit and underpinning organisational infrastructure the programme did not continue beyond the funding period.

There were other costs associated with programmes: in the case of DFN Project SEARCH, for instance the base room and more generally the time and commitment of mentors in job placements. However, these were not upfront, direct costs and indeed could sometimes be met from other sources: for example, in the case of Broad Green at LUHT, the Trust secured a grant from the bank HSBC to refurbish an old building for the base room.

***6.2.2 The Why***

In terms of ***‘the why’*** some caution is needed in listing the reasons which might lead a Trust to introduce a programme. These reasons can and do shift with time and experience of the programme. Such shifts can be captured by distinguishing between two sets of underlying reasons for a programme: ‘Hooks’ and ‘Slow Burners’.

* **Hooks**

Hooks were the factors that Trusts could hang initial engagement with the scheme on. They included:

* **Symbolism**

The adoption of a supported employment programme could be used by Trusts as a signal, typically to outside stakeholders, that the organisation was addressing the issue of inclusion. For example, in their 2019-20 Trust Annual Report both Barts[[43]](#footnote-43) (p19) and MYHT[[44]](#footnote-44) (p22) make specific mention of their DFN Project SEARCH programmes. In some instances, although not in these two cases, such symbolism could lead to a programme being viewed as a tick box exercise. Naturally, this is problematic if it renders the programme tokenistic. More typically, what starts as a tokenistic exercise quickly leads to an enthusiastic embrace of the scheme as its more tangible benefits become clear (see slow burners below):

At the beginning I inherited this widening participation remit and it (the supported internship scheme) was a bit of a tick box for me, a way to get my job done. But once I started going around and interacting with the interns you see how this is changing their lives and you really bring your heart to it. (T\_2)

* **The Social Responsibility Argument**

A similar dynamic was at play at Trusts where weight was placed on the social responsibility case for supported employment: initially it was seen as ‘the right thing to do’. This point was made by an interviewee from HEE Project Choice, although they noted that while ‘doing the right thing’ was a necessary prompt, it was often not sufficient without a programme champion:

People know it is just the right thing to do. That was the drum we originally beat: it is the right thing to do and if somebody the size of the NHS can't do it then we should be ashamed of ourselves. But I learnt early on, you'll get nowhere unless you have absolute commitment. It is not easy to employ these young people. If it was easy they would not need us. You can moralise about it as much you like but you have to have a champion within the Trust who really believes in what you're doing. (N\_3)

In the case of WLT, the moral argument quickly gave way to an appreciation of the scheme’s value:

To be honest when we started off it almost felt like a charitable thing to do; people did it because it made them feel good about themselves, as opposed to doing it because I want to grow this person into a potential employee. That has started to change now and we had one of the lads who was so good and so well respected from work experience he got a job on the bank and we employ him on the bank for a couple of days a week now.

* **Developing a Representative Workforce**

In the rationale most closely connected to the notion of the anchor institution, a number of Trusts viewed the take-up of supported employment as a means of establishing a workforce more representative of their local community. At Northwick Park:

It is very clear about where that hospital sits in the community that it serves and what its workforce should look like and that it should include people with learning disabilities, and it should include everybody. So that is a very clear objective of theirs, it should be representative of the people it serves.

These views were echoed at MYHT:

One of the drivers was around a representative workforce. The Trust strategy which went from 2017 to 21, reflected one of the objectives from the equality and diversity strategy that we produced, around developing a representative workforce.

* **Creating a pathway of career development opportunities for young people with SEND**

Two of our Trusts (WLT and HHFT) had explicitly adopted a scheme to link supported employment interventions, creating a pathway of development opportunities for young people with disabilities. In both cases, the Trusts had adopted HEE Project Choice, particularly well geared towards establishing linked opportunities. At ***WLT*** work experience was adopted as a feeder into its internship programme on various grounds. First, work experience provided young people with disabilities and their families an opportunity to get a better feel for the organisation before ‘plunging’ into the much more immersive supported internships. Second, work experience could prepare the young person for the internship if they did decide to choose that option. Third, the Trust felt the young people with work experience provided it with a known and ready-made pool of candidates from which to select its interns:

The work experience has become our feeder into supported internships. More work experience students give us a larger pool to select really good supported interns from. For the students, work experience gives them that overview of what the world of work is like, and the opportunities available, and it helps parents know that we want to be a supportive employer, delivering a professional programme.

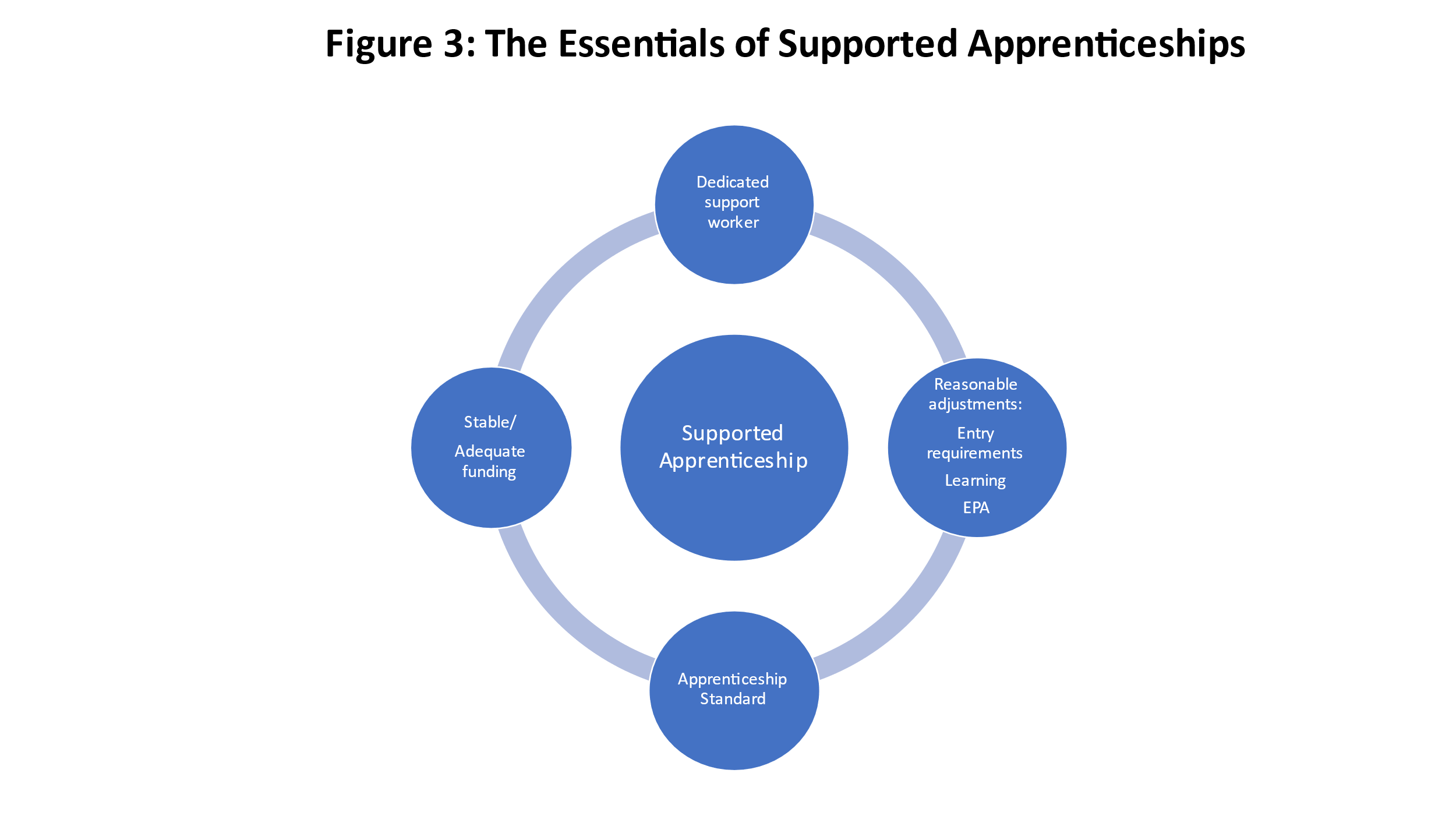
More generally, the value of work experience as a feeder into supported employment programmes was stressed in the interviews with representatives from local authority SEND and inclusion teams in Harrow, Brent and Ealing:

There should be some thinking about how much work experience is needed and how to make those relationship between schools and employers as solid as you can so that you develop the confidence. It works well as a good preparation for employment and shows the difference from other models where there was no previous work experience before starting a supported internship. (L\_8)

***At HHFT***, the focus was on the connection between supported internships and supported apprenticeships as a means of creating a pathway into employment. It was a connection also raised by our LCC interviewee who noted:

It (the supported apprenticeship) is something we'd love to expand because it makes a really nice pathway way out of a supported internship and for those not quite ready to go into full blown employment.

There is scope to debate what is meant by the notion of the supported apprenticeship. Earlier we noted that HEE had presented this intervention in terms of ‘reasonable adjustments’ made, for example, to: entry requirements, modes of learning and end point assessment. At HHFT supported apprenticeships involved two further elements. The first was an appropriate apprenticeship standard. The Trust had struggled with this - ‘our hands were tied a little bit given the roles these apprenticeships are in’ - but selected the level 2 Customer Services Practitioner standard, broadly framed as ‘delivering high quality products and services to the customers of their organisation.’ [[45]](#footnote-45) The second additional element was the appointment of Trust staff dedicated to providing the additional support required by the apprentices particularly in dealing with the educational and learning components of the programme. At HHFT two staff were providing support for four apprentices, a level of resourcing not without its funding challenges (see below in section on challenges). A summary of the key elements of a supported apprenticeship are present in the figure below.



* **Slow Burners**

Slow burners were reasons for introducing supported employment which, whilst not immediately obvious to Trusts, became apparent as the programme bedded down. We will not intensively discuss these reasons in this sub section, viewing them as organisational outcomes to be considered later in the report. However, a few are worth briefly noting here:

* **The Business Case**

The Business Case argument- typically a cost-benefits analysis of a supported employment programme designed to establish its contribution to the organisation- can be a powerful ‘hook’ reason (notwithstanding the challenges of identifying and measuring costs and benefits in this context). It is striking, for example, that Mencap labels its brochure on supported employment schemes ‘Good for Business’[[46]](#footnote-46) However, it is equally noteworthy that the business case often only becomes apparent after the programme has been introduced and begins to generate unforeseen positive outcomes. This lagged appreciation of the business case is a testament perhaps to uncertainty and a lack of knowledge about the potential and capabilities of young people with disabilities. As one Trust interviewee noted:

This (the internship) was seen as the right thing to do and it is only in subsequent years that we have developed the business case. Early doors we were swayed by the moral case. (T\_5)

Other ‘slow burners’ include, and we will elaborate on these below:

* Changing organisational culture.
* Bringing distinctive capabilities.
* Addressing staff vacancies, particularly for entry level roles.
* Establishing a talent pipeline of committed and enthusiastic employees.
* Positively impacting on staff morale.

**6.3 Challenges**

The challenges associated with supported employment can arise at different points in the development of a programme (See Figure 3 above). We have already seen that there can be major challenges at the start-up stage with the need to connect a wide and diverse range of stakeholders. There can also be challenges associated with managing students through transition into employment. In this section we focus on early and ongoing challenges faced, returning to the transition issues in the impact sub-section.

At the outset, the main challenge is simply one of getting a ‘foot-in-the-door’. Once through the door, the benefits emerge and, as we have seen, DFN Project SEARCH and HEE Project Choice programmes can run for many years, in the case of RBT, Barts, NUFT for over a decade. However, the generally smooth running of programmes should not detract from operational challenges faced by specific programmes covered in our study- for instance at WLT, HHFT and OUH- and a broader range of challenges apparent in most case Trusts.

***6.3.1 WLT Work Experience***

For WLT secure and stable sources of funding for its supported employment programmes was a major challenge:

The biggest battle was getting the funding and that was stressful. Securing it every year and having only secondments wasn’t helpful when you are trying to build a vision for the future. Having that longer term investment in the beginning would have been a lot easier and enabled us to plan more strategically which cannot be done when you don't know if you’ll have people in post in three months’ time.

HEE Project Choice funding was a welcome source of support to WLT in this respect but with a slight trade off in that it was predicated on an increase in the annual number of work experience students taken on by the Trust. WLT valued the perceived richness of their pre-HEE Project Choice work experience programme which rested on a relatively small cohort of between 10-14 students per year. The quality of the student experience was reflected in the fact that 7 of the Trust’s last cohort of 10 work experience participants proceeded to move into the Trust’s first internship programme. HEE Project Choice funding was linked to a more than doubling of WLT’s work experience students, a compromise the Trust was able and willing to take as a means of developing a more sustainable programme.

***6.3.2 HHFT supported apprenticeships***

The resourcing of the supported apprenticeship programme at HHFT was also proving a challenge. The available funding from the Trust’s apprenticeship levy, the apprentices’ EHCPs and a small amount (£150 per apprentice) from a national pot, funded 0.5 of a post to help, at the time, four supported apprentices (in linen portering, the radiology department, appointment bookings and in medical records). The Trust’s experience to date suggested that this was an inadequate level of resourcing. In the event, HEE had provided additional funding on a time limited basis for two full time members of staff (at pay bands 6 and 7). Clearly the success of supported apprenticeships rests on adequate resourcing. In the HHFT case this resourcing was fragile and uncertain, suggesting the need for more secure sources of support. As the programme Lead noted: ‘We underestimated the time you needed to be with them.’ Funding support was welcomed but viewed as uncertain and perhaps insufficient to secure the programme going forward.

**6.3.3 OUH Traineeship**

Following HEE funding which allowed the appointment of the year-long employment of a dedicated programme lead, the OUH traineeship was unable to embed itself within the Trust. While the programme had allowed the Trust to take tentative steps towards the establishment of the necessary infrastructure, it remained an isolated initiative, too detached from the Trust’s wider workforce or Equality, Diversity and Inclusion strategy to gain traction.

**6.3.4 General Challenges**

More generally the challenges facing supported employment programmes in our case study Trusts ranged from simple inconveniences that were readily overcome, to more profoundly systemic challenges, much less easily address. These substantive challenges included the following:

* **The base room:** Of particular importance to DFN Project SEARCH, finding space for a base room in a busy hospital with many demands on space was not always straightforward:

The biggest problem we had was where we would get the accommodation for a training room for them. With a new hospital there is very little surplus accommodation. (T\_4)

* **The practicalities of induction:** Checks and identification for procedural purposes could be difficult where interns lacked basic documentation:

The right identification which a lot of our learners don't have, producing a bill or driving licence or passport, which they don't have (T\_2)

* **Organisational change:** Trusts are complex organisations regularly subject to re-structuring and other change with the potential to disrupt placements and the management of placements. The re-tendering of estates and facilities services can add a further element of uncertainty to the many interns located in these areas on their job placement:

We know hospitals go through major restructures particularly if they merge, so that is one of the challenges, looking at where the organisation is at any given time. (L\_5)

In one of our case Trusts, this challenge was addressed by including in tender documents a requirement that bidders offer DFN Project SEARCH placements- a light touch form of contract compliance.

* **Trust liaison contact**: The smooth running of a programme often rests on the relationship with the Trust’s liaison contact and how well connected that individual is with the rest of the organisation:

At Whipps Cross (part of Barts) and Northwick Park, while the Trust does not contribute financially, they do make a room available. They also provide a business liaison contact, in both cases a long standing and trusted colleague. The efficacy of these liaison contacts lies not in hierarchy but in the breadth of relationships they have across the Trust and in the levels of trust with colleagues. (L\_7)

* **Placements:** The availability of various job placements is essential to any supported employment programme and particularly internships. In the early days of a programme this is typically where organiser devote their main effort:

When I first started the project that was where the legwork was: in getting placements and getting people on board. (T\_3)

Given the responsibility and commitment required from work areas to take on interns, the absence of problems in finding and maintaining these placements in our case study Trusts was striking, Indeed the absence of such problems might be likened to ‘the dog that didn’t bark’:

The teams in the Trust we needed to get on board have been fantastic. The Trust as a whole and the culture has been quite embracing of PC which has helped. (T\_2)

I am really lucky; we’re so well established I have never had placement shortages. We have rolling placements; people want to be involved year on year. ...I have never had a ‘no’ to a placement in a department. I have been to and talked about the project. It sits well in the NHS because people have the right attitude and really want to help. We have 42 departments and over 500 mentors trained. (T\_3)

This should not, however, detract from the various concerns raised about the nature and organisation of placements in the case Trusts. For example, host organisations sometimes prejudged the appropriateness of job placements for young people with SEND. Many of the placements in our case Trusts were in facilities and estates (for example, portering, catering, cleaning):

There can be a perception in the early days about what departments might be suitable for these young people and maybe even choose departments before they have met the young people. That is their perception about where people with learning disabilities might fit in and it might lead to a decision about manual roles being mores suitable than clinical. (L\_5)

Indeed a few interviewees would have welcomed a slightly broader range of placement options:

We have always found enough placements, but it would be good to have more of a pool and more variety. (T\_2)

The challenge of identifying a suitable number of rotations which provide a breadth of experience for the young people was something we grappled with in terms of achievability. (T\_4)

However, in most of our case Trusts placements were to be found in clinical, sometimes highly technical work settings. Indeed, the use of placement matching, to fit the needs and interests of the young person with disabilities, was widespread in the cases. This was reflected in ‘job carving’, the bespoke design of placements and jobs to fit the skills and interests of the young person.

While finding a broad and committed set of placements was not a major problem, the need to sustain the placements *over time* remained:

Having a strong portfolio of placements is really important. Initially we had quite a narrow scope of placements; those placements were getting tired and saturated. Do start as early as possible to get a broad portfolio of placements. (T\_5)

* **Challenging workplace norms**

There were examples of interns in their placements challenging a team’s working norms. This was apparent, for instance, in high performing interns placing the traditional pace of work under the spotlight:

It can lead to problems with the staff team if they have an exceptionally good intern in place, who has outshone them in their working capacity. (L\_5)

One of the lads on first intake on selection day was very rigid as a result of learning disabilities. However once in the workplace his rates in terms of work, the team found him quite threatening in terms of he was delivering more than them. (T\_4)

* **Addressing Emotional Needs**

As we move to the more profound challenges, the emotional needs of young people with disabilities were raised as a important consideration in some of our cases. These needs could be significant, with resource implications for managing them. The main programmes –DFN Project SEARCH and HEE Project Choice – have been sensitive to this issue, with their rich intern-job coach ratio, typically one coach for every four interns. But intern pastoral needs could often go beyond those centred on the job, placing stress on the programme. As one interviewee noted, in broad socio-economic terms interns often lead ‘complex lives’ (L\_5) with associated personal challenges. As another interviewee noted:

Interns have specific social and emotional needs, and the impact they might have on placements, and their ability to engage with the programme should not be underestimated. Offering pastoral support, that is important. It is not just about the work placement. It is everything else that is going on, which could impact. (T\_2)

* **Engrained Attitudes and Fear of the Unknown**

Past experience of or uncertainty about supported employment, amongst those employees in the host workforce can lead to a residual reluctance to engage with a programme:

So if a college has been in and had a placement with a Trust and that placement has been negative, you find a lot of the staff teams we'd ask to be mentors would be a straight ‘no’ because of the fear factor of what have they may have faced historically……It is the unknown. We say that if you've got worries and concerns let's have them, no one will think less of you because you're worried, I’ll think less if you're worried and don't tell me about it. (N\_3)

As this interviewee continued, these concerns can often be readily addressed through open and direct communication and the provision of ‘myth-busting’ information:

The support we provide with the team quickly allays these worries. Once they have mentor training. Once they see the support we give and the stories of students and the videos, it really gives them a different viewpoint. (N\_3)

Other interviewees echoed these points:

I don't think employers are being discriminatory; it is a fear about doing or saying the wrong thing and once an employer spends time around these young people, they realise they’re normal, just a little bit different. Everyone has a support need, so it is just a matter of employers feeling more confident and having a job coach or experience in those fields, then you can help an employer learn how to support these young people best and they get a massive buzz out of helping these people. (L\_1)

We work with amazing teams but there are still some people that hear the word ‘disability’ and the guard comes up. If we could take that away and just see these young people: they are amazing and they can do so much. There is an unconscious bias. A lot of the work I do is persuading and educating people and a lot of that is challenging, why do you think that's not going to work. (N\_8)

* **Low Aspiration and Expectations**

The most endemic and deep seated of challenges faced by supported employment programmes lies in the low aspirations and expectations held by and for young people with disabilities. Systemic low ambitions can readily impact the young person’s sense of self-worth. As one interviewee noted:

You have to breakdown the barriers the intern comes with and give them that self-belief that this is possible ***despite everything everybody has ever told them***, ‘you can do this’. (emphasis added) (L\_5)

It is a challenge which is likely to impact such programmes and their stakeholders in various invidious ways: the willingness of an employer to introduce a programme; the orientations of the family and the young people themselves as they engage; and their employment prospects going forward. The danger of low aspirations held by so many different stakeholders is their self-fulfilling character.

A couple of sets of interviewees comments brought home the systemic nature of this challenge. The first touched on a support and benefits system skewed towards the highly erroneous and distorted presentation of the young person as ‘needy’ and ‘low functioning’. The effect is often to incentivise the suppression of aspiration and expectation. One of our local authority interviewees, focusing on the family of young people with SEND, puts this succinctly and eloquently and is worth quoting at length:

The key challenge is lack of aspiration for young people and their families. A family with a young person with an EHCP spends most of their time explaining to professionals about all the support needs for their young person so they can get service, from birth and whatever happens to the young person. (L\_1)

He continues:

They're told “Johnny” is not going to be able to work, or he can't do this or that. We come in at the end of everything and say you know what, Johnny can work, forget what you have been told over the last 19 years over the next year we'll prove to you Johnny can work. Some families look at us as if we're mad and other say we'll give it a go. It is about raising the aspiration of families and young people and then getting employers to see the ability of these young people rather than the disability. (L\_1)

A similar view was expressed by another interviewee:

Often they (families) have spent their entire life until that point talking about the young person in the most negative of terms to get what they need out of the system. So, they focus on the young persons’ deficits because they need an ECHP and then they come along to an open evening and we say we can get you a full time job in 9 months and they look at us as if we're crazy. Then we deliver that. (L\_5)

The second set of comments relate to an education system similarly assuming low achievement by and limited opportunities for young people with SEND. As Trust interviewee noted:

At the first meeting we had with the school it was clear that students’ paths were mapped out: they go to school they go to college, do a course and then become unemployed. It was trying to deviate from that and say there is an alternative, but really selling that was a challenge. (T\_1)

On being asked for a system change that would facilitate supported employment, another interviewee simply noted:

Aspirational goals in education - there should be a presumption of employability. (L\_5)

He continued by stressing the importance of building employability into the curriculum for these young people:

Some work we're doing with schools is pre supported internships, so building employability into the curriculum. Why don't we have those discussion in schools about careers and jobs and work? And what does it look like? Why don't we have some activity in every class that is having the conversation about work as an expectation? Let's start the conversation early and all the way through schools so we don't have to undo some of that learning in just 9 months and so we can be build on learning that would propel people further forward. (L\_5)

Similar views were expressed by another interviewee:

There has to be a shift in schools, pre-secondary, to have discussions with children about the world of work and what’s possible irrespective of their level of ability and cognitive abilities because it’s possible, as we know, to support someone into something that is meaningful. (N\_5)

**6.4 Impact**

Supported employment programmes have the capacity to impact in different ways and on a variety of stakeholders. However, securing these outcomes requires a sustained effort, not least given the differences in desired outcomes held by different stakeholders. An interviewee noted her greatest frustration as being where:

A young person is keen to enter employment and go through the internship and there is a job, but the families block the offer, because they feel they can gain more security staying on benefits. (T\_3)

Clearly the programmes are designed and geared throughout to secure certain outcomes, in the case of internships most obviously full-time employment. Nonetheless, underling the relentless drive to this and other outcomes is a distinctive process, captured by the term ‘transition’- the movement from a programme to a new destination- requiring a considered and dedicated focus. It is noteworthy, for example, that HEE Project Choice has a specialist ‘Apprenticeship/Transition Lead’, with the inclusion of the term ’apprenticeship’ indicative of this opportunity as a viable option for a young person with SEND.

A basic distinction can be made between person and organisation centred outcomes from supported employment programmes. As an example of the person-centred, we have already noted the health benefits associated with employment for young people with SEND and indeed programmes have the potential to contribute beyond employment to the more general well-being and quality of life of the individual:

It is about them getting a job or apprenticeship, but it is also a change to a person’s life, so if a person comes to us with communication difficulties, with mental health issues, an inability to go out into society then if we change that that is part of our metric. We look at jobs and apprenticeships, but it is also about soft skills, development, about spending the rest of your life having better health and social care than when you started. (N\_3)

As an instance of organisation-centred outcomes, we have highlighted an underlying objective of programmes to change the organisation’s culture (see below). More generally such programmes can also create ‘win- win’ situations, with various parties gaining at the same time. Good health not only benefits the young person but the broader community as that person contributes to the local economy and draws less on its scarce health and social care resources. In this section we present the various programme outcomes.

* + 1. **Jobs**

The supported internship programmes delivered by our case Trusts were largely successful in finding jobs for their students. Whilst not the only possible career outcome- graduates could also go onto voluntary work, programmes of further education and development- full-time employment was ‘hard-wired’ as the default outcome. DFN Project SEARCH set a target of around 60% moving into employment and in the main our case Trusts with DFN Project SEARCH (and HEE Project Choice) programmes were achieving this goal.

Many of the jobs secured were within the host Trust. A key plank of the business argument for supported internships rested on interns as a previously neglected but valuable source of committed and enthusiastic labour, with lower turnover and sickness absence, and able to take up hard to fill posts. This was confirmed in our study:

Individuals have been appointed on merit. It shows that with the right support people with learning disabilities are clearly as hard working as anybody else. In fact, they have been really dedicated employees, their absenteeism rates are lower. It is because they really value the opportunity and for us it increases staff morale; it really adds to diversity and innovation (T\_4)

At the same time, a proportion of interns is moving to employment in other organisations, in part reflecting the preferences of graduates but also the contracting pool of jobs in some host Trusts as cohorts of interns move through the organisation year on year. This contraction was particularly marked in Trusts, such as the RBT, which had been running internships for a considerable number of years. It was encouraging a wider networking by the Trust with employers in the local economy to secure future, more diverse employment opportunities:

We have tried to move things on; so with (DFN) Project SEARCH it revolves around one host organisation but we work in a more networked way in the NHS, connected with other organisations, plus in terms of thw needs and aspirations of lots of young people many of whom might not work in direct clinical roles, but might want to work in outsourced services grounds, and engineering etc. It was a case of us freeing ourselves from that and being able to network better with other businesses, rather than us just being a standalone- so we have sought to do that. (T\_5)

Notwithstanding this general success in finding jobs, additional points on the jobs-front are worth noting:

* + ***Different employer approaches.*** There were Trusts strongly wedded to the value of interns as a source of employment, routinely ring-fencing jobs for them at the end of programmes. Other Trusts viewed their organisational contribution as resting on the provision of the training without any necessary commitment to providing future employments:

Some Trusts are extremely proactive and see HEE Project Choice as an investment; they’ll be identifying job roles before the interns are even in placement. There is that commitment. They don't even know the interns, but the workforce teams will be saying we have 100 vacancies in estates and facilities, we have 10 interns and in September they will go into these roles; we can ring fence some of these roles for the interns. (N\_8)

Another interviewee noted:

A Trust involved in (DFN) Project SEARCH for five years was very keen that interns should have a positive experience while at the Trust but was less overt about being that young persons’ employer. It was much more about the experience needs to be valuable and if they get a job at the end that would be great, but that job doesn't have to be with the Trust. (L\_5)

* + ***Early preparation for job search.*** Attention was drawn to the importance of focusing on job seeking from the outset of the programme. The bi-termly DFN Project SEARCH Employment Planning Meetings do encourage interns to focus on future employment but as one interviewee noted as a learning point:

Start planning for transition into paid employment from day one. In the early years we didn't think about outcomes until mid-way through the final term, and then that became a massive rush….. If it becomes evident that we are not going to be able translate a placement into a paid opportunity you have to recognise that early and focus on that person to help get them along a different pathway (T\_5).

* + ***Recruitment and Selection.*** Many of those interns who find jobs with the host Trust are already well known to it through the programme. As one of the Trust respondents noted, the internship can be seen as a ‘one year interview’ for a job (T\_1).

Indeed, interns are often offered or encouraged to apply for a post:

Students tend to go into jobs (8 out of 10 jobs) where they have done the job already and so by time of recruitment it really is going through the process because they know they want that person to remain with them, they have invested time and training and seen them develop (T\_3)

Nonetheless the recruitment and selection process can still be challenging and intimidating for a young person with SEND:

‘The recruitment process is a painful but a necessary evil to get them to the end point’. (T\_3)

Many of our Trusts made reasonable adjustments to the recruitment and selection process, not always readily accepted by others in their organisation:

When you talk about reasonable adjustments in an interview it can look really unfair. Say the interviewee has the questions in front of them on paper. For those NHS colleagues not experienced in that, you can see why they think, it will give that person an unfair advantage. HR on the whole is supportive, is willing to make changes, but there was a bit of a fear thing. (N\_8)

Adjustments by our case Trusts included:

* + - * **A preview of the interview questions.**
      * **A written copy of the questions to refer to in the interview.**
      * **Bringing a supportive worker into the interview.**

One of the most noteworthy adjustments was the ***working interview***: a process which takes place at the young person’s workplace and as they are doing their job. This allows the applicant to remain in a familiar environment while raising the visibility of their work-based capabilities and allowing them to be more easily referenced:

Working interviews- they are the best. Trusts see what they're getting, Trusts allow the intern to go in and do a half day, a trial and hour or two, they are the best ones. In interviews they’ll get nervous, and sometimes they don't perform well. With working interviews interns can show their skills. (N\_8)

Notwithstanding these adjustments, difficulties remain with aspects of the recruitment process. In the NHS, along with most employing organisations now, applying for a job is typically an online process where some technical support might be needed. As a Trust interviewee noted:

NHS recruitment is very thorough online, on the NHS Jobs website, an online system called track is where all job applications have to be and that is really difficult for our learners.  I support them to set up an account on the day and they submit an application. (T\_3)

The basics of creating of a job description (JD) can also be procedurally challenging, particularly where ‘job carving’ requires a bespoke JD:

We want students to transition without a break so that is a challenge, the timing. With a carved role there needs to be a new job description as the new role did not previously exist, so there is an HR process to go through- the challenge is the bureaucracy of it, particularly in the NHS. You have a JD, why can't you adapt it rather than go through 4 different panels? (N\_8)

More generally, the job description often retains standard elements, such as ‘work experience’ which these young people, new to the labour market, find difficult to meet. As one Trust interviewee noted:

I have been trying to take ‘experience’ out of the JD, but it is so difficult. (T\_1)

This concern was linked to a more profound point about selection criteria, and the fit between individual and organisational values in their framing. One Trust interviewee noted that young people with SEND were particularly likely to have values aligned to the Trust. As she succinctly put it:

You can teach a nice person to mop a floor; you can’t teach someone who can mop a floor to be a nice person. (T\_1)

This interviewee continued:

I am trying to push that experience isn't as important as values. The SEND students are fantastic individuals; they are loyal, have all of our Trust values- caring, togetherness, responsibility. Do they need to show they have 6 years experience in mental health to mow a lawn? No, they need to show they're great person and we can teach them how to mow a lawn. For some reason it is the other way round (T\_1).

* + **Sustained employment**

The most meaningful outcome is where the intern not only secures a job but is able to sustain employment in it:

We can get outcomes, but it would be meaningless to do a year’s internship and go into employment and tick a box for 6 weeks and say yes this is the outcome. The students work so hard and the staff team work so hard to support them, it has to be maintained. (N\_8)

As another interviewee noted:

If supported to move to employment, they (young people with SEND) are also seen in their community, seen in work, valued at what they do and able to travel in their community-they are more independent and usually healthier when in work. (N\_4)

Sustaining employment is challenging as the interns move from the relatively sheltered and supported environment of the programme to the more uncertain domain of work. Providing support beyond the programme requires additional resourcing. HEE Project Choice is sensitive to this need:

We recognise things change; communication breakdown, managers can change, restructuring will happen at the workplace that can impact on the young people we work with. (N\_8)

HEE Project Choice commits to stay in contact with graduates and employers for up to five years after the programme. Follow on support for graduates of other programmes is less certain. For the Project SEARCH programme in Northwick Park, the supported internship provider, Kaleidoscope -Sabre has a year-long contract which supports the interns for a few months after they have completed the on-site programme and in other programmes where follow-on support is commissioned, they provide longer term support to interns, employees and employers. Post internship funding for follow on services is an issue for all localities and the delivery of these services is dependent on local partnership funding and commissioning agreements.

* + 1. **Apprenticeships**

in contrast to other training interventions, the young person with SEND taking up an apprenticeship is a paid employee. As a possible progression route, apprenticeships can present challenges. In the case of HHFT attention was drawn to the resource intensive nature of this option, particularly problematic given uncertain and short-term funding to support it. Moreover, with considerable emphasis placed on adjustments for young people with SEND, questions arise about the availability of appropriate ***apprenticeship standards*** for such an intervention.

The new ***End Point Assessment*** (EPA) also throws up concerns, particularly centred on possibly intimidating procedures for the supported apprentices:

With the new apprenticeship, so many organisations are involved whereas before you would have an assessor on the job and the individual and the assessor would know each other. But because the EPA is someone coming in towards the end, that is difficult particularly if you have barriers to your learning and social needs (N\_8).

We had limited scope to explore how far, beyond our HHFT case, apprenticeships were being accessed by people with SEND. We were, however, able to source details of the number of apprentices in the North East across four years between 2017-21, a region with strong HEE Project Choice representation and which employs a dedicated Apprentice and Transition Lead. These data are presented in Table 3 below. It is striking that in certain years- 2018-19 and 2019-20- the proportion of apprentices with SEND in the North East reached almost 10%. As noteworthy is the fact that the most popular apprenticeships (34 over the four years) were clinical ones- the senior/health care support worker- although the customer service practitioner (26), also used in HHFT, was also relatively common.

**Table 3: Apprentices with SEND in the North East[[47]](#footnote-47)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Year** | **Standard** | **Number of Starts** | **Number of Starts with SEND** |
| 2017/18 | Healthcare Support Worker | 52 | 1 |
|  | Operations/Departmental Manager | 89 | 1 |
|  | Team leader/Supervisor | 59 | 0 |
|  | Customer Service Practitioner | 86 | 15 |
|  | Senior Healthcare Support Worker | 71 | 4 |
|  | Business Administrator | 45 | 3 |
|  | Total | 402 | 24 (5.9%) |
|  |  |  |  |
| 2018/19 | Dental Nurse (integrated) | 9 | 0 |
|  | Healthcare Support Worker | 87 | 8 |
|  | Operations/Departmental Manager | 16 | 2 |
|  | Team leader/Supervisor | 30 | 2 |
|  | Customer Service practitioner | 4 | 3 |
|  | Senior Healthcare Support Worker | 23 | 3 |
|  | Business Administrator | 17 | 0 |
|  | Emergency Service contact | 8 | 0 |
|  | Customer Service Specialist | 5 | 3 |
|  | Ambulance Support Worker | 38 | 2 |
|  | Total | 237 | 23 (9.7%) |
|  |  |  |  |
| 2019/20 | Dental Nurse (integrated) | 5 | 0 |
|  | Healthcare Support Worker | 65 | 8 |
|  | Operations/Departmental Manager | 34 | 2 |
|  | Team leader/Supervisor | 83 | 11 |
|  | Customer Service practitioner | 18 | 5 |
|  | Senior Healthcare Support Worker | 75 | 7 |
|  | Business Administrator | 37 | 1 |
|  | Payroll Administrator | 7 | 0 |
|  | Ambulance Support Worker | 124 | 6 |
|  | Total | 448 | 40(8.9%) |
|  |  |  |  |
| 2020/21 | Dental Nurse (integrated) | 13 | 1 |
|  | Healthcare Support Worker | 49 | 3 |
|  | Operations/Departmental Manager | 24 | 2 |
|  | Team leader/Supervisor | 43 | 3 |
|  | Customer Service practitioner | 24 | 3 |
|  | Senior Healthcare Support Worker | 34 | 0 |
|  | Business Administrator | 9 | 0 |
|  | Ambulance Support Worker | 76 | 4 |
|  | **Total** | **272** | **16 (5.9%)** |

* + 1. **Culture Change**

In earlier sections exploring the objectives driving supported employment programmes we noted the capacity of such interventions to change organisational culture in positive ways. This objective was presented as a ‘slow burner’, the positive impact often being unintended and not realised until the programme had been running for some time. The presence of young people with SEND not only changes workforce attitudes to this group- normalising their presence at the workplace and breaking down prejudices and myths- but in a more general sense workforce morale is raised and attitudes to work shifted:

There was a change in the culture, making our organisation a little more flexible, open and knowledgeable about disabilities and needing to make adaptations. For example, there were a couple of areas where there was negative (employee) behaviour. When you put a student in, it becomes really difficult to say that you hate your job and that you don't like coming in, when you have someone with Down Syndrome next you saying, ‘This is the best thing I have ever done in my life. Thank you for helping me’. It is transformational. It really made people think differently about their behaviours and values. (T\_1)

* + 1. **Improvements and Innovations in service delivery**

There were various examples where young people on supported employment programmes had contributed to improvements in the delivery of a service. In one instance the simple presence of a young person was seen a calming influence:

You have people coming into reception and not being aggressive and for example demanding where my parking is. That was completely different when we had a SEND student in there. People coming in were courteous; it just cheered people's days up. (T\_1)

In another the young person had the time or the sensibility to identify a patient need:

I always think back to one example in the first intake, and he was in a ward as a ward housekeeper, and had become really friendly with the patients and he noticed with a particular patient that they wouldn’t drink any water, and it wasn't that the patient wouldn’t drink but they would only drink bottled water. The student took a pound coin from the patient and bought a bottle of water for them. Just a small example of how a young person on a programme can have a profound impact beyond work in terms of enhancing the offer and delivering patient care. (T\_4)

This latter example might also be seen as an instance of innovation, where a new perspective is brought to a situation leading to novel solutions. There were other examples, particularly related to ‘reasonable adjustments’, where supported employment was encouraging new ways of thinking:

(The supported internship) has allowed us to increase adaptability, so we’ve introduced more innovative ‘reasonable adjustments’. There was a lad with a hearing impairment but no BSL (British Sign Language). He really thrived in a portering role but with his impairment we knew it was going to be challenging. Usually porters communicate through walkie talkie, and through the tutor we purchased an old mobile phone, and instead of a walkie talkie he used text messages about where to collect the specimens from. Having him on the programme allowed the team to think more creatively and adapt their practices to enable him to fit in. (T\_4)

In this Chapter we have drawn upon a development cycle for supported employment programmes to present the main findings from our study as they relate to start-up, challenges and outcomes. We now turn to a specific and acute challenge to programmes, Covid: how it has affected the design and operation of programmes and how it might impact on their future development.

**7. The Impact of Covid**

**7.1 General Response**

Unsurprisingly, the pandemic has heavily disrupted programmes, particularly supported internships with their significant reliance on varied and extended job placements. As one senior figure in DFN Project SEARCH noted it had been a ‘crazy year’ with initial ‘uncertainty about what to do’ (N\_6). In this chapter, we explore the impact of Covid on the take-up, design, operation and outcomes of support employment programmes.

In general, responses from lead national organisations have included:

* Calls for more intense ***collaboration*** and ***communication*** between partners and sites using established networks to share information and practice related to responses and ensure awareness of the programmes is sustained with stakeholders.
* ***Adaptation of programme design and delivery*** and the introduction of ***support mechanisms*** to deliver programmes in a Covid safe context and flexibly given restrictions and pressures. Examples include HEE Project Choice adapting their programme design and developing a wide range of new resources that could be delivered face to face and remotely. Nationally the programme is developing a new virtual careers and work experience application designed for SEND students which can be used during the pandemic and afterwards to reach larger numbers of schools and students to prepare them for employment and raise awareness of careers and jobs within the NHS.
* ***New ways of working developed by sites and*** supported by national guidance and framework documents, particularlyon operational planning*.* For example, prompted by Covid, HEE Project Choice has developed a comprehensive operational planning document on continued learning and adaptations, with the contents page of the document shown below:

HEE Project Choice Operational Planning 2020-21 document developed to provide guidance on programme procedures for the new intake starting in September 2020 following the COVID-19 pandemic & the changes to procedures as a result.

|  |  |
| --- | --- |
| Flow Chart 1– Continuation of Remote Learning | 3 |
| National or Local Lockdown - Remote Learning Protocol | 4 |
| Flow Chart 2–Full Classroom-Based Learning | 5 |
| Full Classroom-Based Learning Protocol | 6 |
| Flow Chart 3– Programme Resuming - Socially Distancing Classroom Based with Placement Opportunities Protocol | 7 |
| Programme Resuming - Socially Distancing Classroom Based with Placement Opportunities Protocol | 8 |
| Return to Office Flow Chart | 9 |
| Intern Covid-19 College Venue Risk Assessment Checklist | 10 |
| Intern Covid-19 Placement Venue Risk Assessment Checklist | 13 |
| Covid-19 Office Venue Risk Assessment Checklist | 16 |
| Covid-19 Secure Travel Risk Assessment Checklist | 19 |
| Annex 1 - Health and Wellbeing | 22 |
| Annex 2 – COVID-19 Infection and Prevention Protocol | 25 |
| Annex 3 - Safeguarding Policy Covid – 19 Addendum | 28 |
| Annex 4 – COVID-19: Classroom Risk Assessment and Action Plan | 33 |
| Annex 5 – COVID-19: Office Risk Assessment and Action Plan | 52 |

DFN Project Search has also taken contingency steps:

* The development of an ‘***Autumn Curriculum’*** including new ways of working for job coaches and educators.
* The encouragement of each programme to develop a ‘***Business Continuity Plan’*** designed to ‘address possible scenarios and offer a variety of solutions’ in addressing them.
* The drafting of a template plan centred on three such scenarios, where: base room capacity is reduced; students have difficulty returning to host employer sites, and placements are reduced.
* The production of more detailed framework ‘***Recovery Plan’*** centred on ***preparing*** for returning to the host and based on: 
  + Developing intern risk assessments
  + Organising family engagement sessions
* A concentration on ‘***the logistics*** of returning to the host’ including a focus on:
  + Covid testing
  + PPE requirements
  + Induction refresher
  + Pastoral care and safeguarding.

A summary of developments in our case study Trusts during Covid is presented in Table 4 below. It is clear from this Table that the impact of Covid can be considered in two parts:

* Interrupted programmes: where programmes were already in progress when Covid struck.
* New programmes: where programmes were due to be launched during the pandemic.

In this Chapter will explore these two parts in turn, drawing on the information presented in Table 4.

**Table 4: Supported Employment Programmes and Covid**

|  |  |
| --- | --- |
| **MYHT** | 2019-20 cohort:   * Academic content completed. All 11 interns completed the first term placements and part of the second before the programme was suspended in March due to the pandemic. Three interns rolled forward to 2020-21   2020-21 cohort:   * Went ahead with open day & recruited interns. Offered programme with learning but placements TBC. * One site originally Covid free-planned placements, but a later upsurge postponed these. * When interns returned, job placement priority for those who can’t continue for another year. * More creative approach to job placement- other organisations/placements a few days a week. * As an employment programme, job placement seen as essential. |
| **RBT** | 2019-20 cohort:   * Academic content completed. * Those not completing placements rolled forward to 2021-22.   2020-21 cohort:   * Overlap between the two cohorts, so a slightly smaller 20-21 cohort. * Reconvened for start of academic until latest lockdown. * Given roll-over may skip intake in future year. |
| **NUTH** | 2019-20 cohort   * March to July no placements, alternative remote delivery in place (to replace first 2 points)     2020-21 cohort   * Cohort recruited. * Overlaps with 19/20 cohort. * Twice weekly lateral flow tests introduced. * Interns plan return to college February 1st * Full return to risk assessed covid secure placements planned March 8th. * All students offered vaccines. |
| **LNWUHT** | 2019-20 cohort:   * Interns stopped attending on site in March 2020 and the job placements stopped (halfway through 2nd rotation). * All training was put on hold. * Interns finish qualification on line. * Third rotation back on site. * Placements were risk assessed, reviewed and altered-to areas safe to work in without patient contact and Wards without covid and not in high-risk areas. * 12 students. 2 left pre Covid. Of the 10 students, 8 returned on site and 5 have already found jobs.   2020-21 cohort:   * Cohort recruited. * First term (Sept-Dec) off site based at the College, front loading the ASDAN qualification. * Will allow 2 placements in following terms but ongoing uncertainty about return to site. An alternative hospital within the trust is hosting placements in the interim * Family curriculum drafted to keep parents/carers informed. |
| **LUHFT** | 2020-21 cohort:   * Start of Project Search 2020- decision to go ahead as planned. * Facilities contractor pulled out placements because many staff shielding. * Some in-house placements- e.g. outpatients- also withdrawn. * went ahead with modified open day for 20-21 recruitment. * 10 interns on Broad Green site Sept 2020 but no placements. * Face to face training continued because interns arel classified as employees. * First term combination of online and face to face learning. * 2 placements not three planned. * Classroom session re-arranged; masks and social distancing around hospital. * Interns have been offered a Covid vaccination as part of the hospital staff. programme. Those with patient contact were prioritised first and all learners will have been vaccinated (first dose) by the end of January 2021. * The programme lead did the vaccinations (she is a trained nurse) and their Tutor stayed with them to support them too. * Job proposed (although not instituted) - Covid Janitor. |
| **WLT** | Work experience:   * Off site since Covid March 2020. * Kept in contact with school and sent material for activities for students and Trust offered to come onto their site.   2020-21 cohort:   * Recruited 10 interns. * Worked through the summer keeping in touch. * September 2020 front loaded all the education so could concentrate on work placements after the new year. * From Jan 2021 two out of 10 on placement- admin areas. * The rest will drip feed from Jan through rest of year to get their hours on site. * Extra work in classroom working on CVs, mock interviews/Maths and English up to Jan when take exams. |
| **HHFT** | * No placements. * Distance learning. |
| **MFT** | * No placements. * On-line learning. * Diverted onto other projects e.g. fund raising for Trust. |
| **OUH** | * No Placements since March 2020. * Continued learning. |

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**7.2 Interrupted Programmes**

With most supported employment programmes following the academic year, the first, March 2020 lockdown fell towards the end of Term 2 during the 2019-20 cycle, around two thirds of the way through the programme. In all of our case study Trusts on-site activities, including job placements, unsurprisingly largely ceased. In some cases (for example RBT) most of the academic work had been completed. Elsewhere learning continued on-line, with Trusts seeking to retain contact with young people. For example, WLT remained in touch with work experience students by providing them with activities and exercises.

With interns, in particular, missing their third placement, a number of Trusts (NUTH, MYHT, RBT) were keen and able, with local authority support, to roll over some of their participants into the next academic year so securing them a final rotation. With these Trusts continuing to recruit interns for 2020-21, this resulted in two cohorts notionally being ‘on the books’ for the first term in the new academic year. At RBT, sensitive to this overlap, a smaller cohort was recruited for 2020-21. At the same time, many of the 2019-20 interns had been through two placements, rendering some job ready. Indeed, in one case (Northwick Park) it was even possible to return interns on site in July with some success in finding interns jobs on completion:

We're still getting successes, so at Northwick Park 7 interns came back and 5 went to full time jobs. If we had sat back and said no because of Covid, none of these 5 would be in jobs today. The Trust was engaged, the college was engaged and we kept that dialogue open and honest dialogue with the families.

Moreover, attention was drawn to ‘reverse job fairs’ in certain DFN Project SEARCH Trusts in London, where rather than prospective employers setting up their stands to attract future employees, the interns themselves showcased their capabilities and job readiness online. Various Trusts were able to find jobs for their 2019-20 interns, in some cases in areas of employment emerging in the context of Covid: for example, at NUTH four interns found jobs in a new Covid testing centre and at LUHFT a new job role of ‘Covid Janitor’ was proposed for one intern at Broad Green (although not eventually instituted):

One of our interns has just been offered a job they have created for him: a Covid Janitor- someone to top up sanitizers, make sure there are the masks around the hospital. He was working in the post room, but his manager was so impressed with his work ethic that a new role was created for him.

HEE Project Choice has been working with local employers to offer new placements where options had been depleted by Covid, as well as securing new job opportunities internal and external to hospitals. Examples of new jobs found included a Youth Voice Support Worker for Newcastle City Council (2 posts), a new position ensuring that the views of young people with SEND are heard as the city’s services are designed and delivered. Another example is of a full-time job secured at an artificial grass installer after a placement and ‘glowing references’ from a local cricket club.

**7.3 New Programmes**

As already implied even during 2020 many of our case Trusts continued to recruit young people with SEND to their 2020-21 academic year programmes. In two Trusts- LUHFT and WLT- this was the first year, respectively for their Project SEARCH and HEE Project Choice programmes. WLT had continued to keep in touch with its prospective interns and their families following their selection earlier in the year, preparing them for and briefing them on the programme. As the new academic year started in September 2020, there was a slight relaxation of the national lockdown before movement into the tiered arrangements in November. In most Trusts students turned up at the start of the programme. Indeed, on sites free of Covid patients, for example at the Broad Green site at LUHFT and the HQ site in WLT, there was scope for interns to take up their placements. However, the availability of job placements was beginning to narrow at this time. For example, at LUHFT facilities contractors put placements on hold with challenges around shielding staff, while in certain clinical areas involving patient contact placements were similarly not available.

Involvement in 2020-21 programmes was, however, short lived. With the full lockdown from early January 2021 most job placements, went on hold. In general, there was a front loading of the educational component of the programme, with the online/distance system developed during the previous academic year:

We fronted loaded all the education, so the student experience was not totally ruined. We got the education completed up front and concentrated on work placements after the new year. It was either that or pull the project, so we adapted to make it work. (T\_1)

In some cases, new learning and off-site work centred activities were developed: for example, at the Wythenshawe site of MFT, interns worked around a fund-raising project to recruit more dementia nurses. The most striking initiative was being developed at WLT, where working with a software company the Trust was seeking to develop a virtual work experience programme, adapted for ‘mainstream’ students with scope to extend it to young people with SEND.

At the time of our ***fieldwork***, England was still firmly in lockdown with the future of this year’s programmes, especially in terms of placements, in doubt. It was stressed at national level that given the employment-centred nature of DFN Project SEARCH two placements were really required to meaningfully complete the programme, a point echoed at one of our case Trusts:

We're quite clear that Project SEARCH is an employment programme not just another vocational programme and the end result is always to equip interns with the skills to be able to compete for jobs in the open market. So whatever we can do to help toward that with the current constraints is our objective. (T\_4)

However, at the time of ***writing*** and with all due caution, the situation for programmes and their placements appears much more positive, indeed in some Trusts interns have received vaccinations as part of the broader programme for all NHS staff allowing them to return to their work sites (see for example LUHFT).

The people we work with at the hospital have been incredible because from the outset they have treated the interns as their employees, as an example getting them the Covid jab. It is a positive story which shows what can be achieved in the middle of the pandemic, even though a lot of other host employers are saying, ‘it is too risky’ or ‘we’re not sure about keeping interns safe’. The guys at Broad Green are really keen for the interns to be on site because they need staff on site.

Interns able to complete a placement in the first 2020-21 term might well be able to still complete two of their rotations, raising questions as to whether in some Trusts they will again be offered a roll over term to acquire their third. Amongst those yet to complete any placements, the situation is more uncertain. Certainly, West London Alliance Councils have been considering options going forward to address the challenges associated with Covid to ensure that interns get the support they need to progress and host organisations can manage the impact on the cohorts coming through for the 2021-22 academic year.

When interns do complete the programme, they will be presented with a labour market profoundly affected by Covid. The scale and nature of these changes are yet to become fully apparent with the furlough scheme still to unwind. Notwithstanding these uncertainties, it is likely that competition for jobs in the context of rising unemployment will be intense. One of our interviewees put it succinctly by noting that Covid would ‘steal job opportunities’ (N\_8). This is not to detract from new job roles created by the pandemic and the need to recruit to the health and care sector. As noted by an interviewee:

The interns last year got good outcomes despite everything. Really good employment: for example, one student got a job as a domestic last week because in her hospital they are upping their cleaning regime. (N\_8)

While another interviewee went on to stress in a more impassioned rallying call that:

We can't give up on jobs for these young people because of the pandemic. We still want that outcome; they want that outcome; is it going to be harder?, yes, but that is not going to stop us. (L\_5)

In what has been an unprecedented period for the NHS, the participating trusts and their supported employment partners not only maintained their programmes but were able to support students throughout the period and in some cases to the point of starting paid jobs. In all case Trusts, partners worked together to plan and adapt programmes, changing course many times as the pandemic and restrictions evolved. This is a significant achievement and demonstrates the commitment to students participating in NHS supported employment programmes, the organisational value of the programmes and the strength of the partnerships in our case Trusts.

**8.** **Summary and Recommendations**

A host of community actors have a stake in the employment of young people with disabilities. Most obviously the young people themselves, their health and life chances crucially impacted by their employment opportunities, but also: their families and carers, with a strong affective commitment to the young person’s present and future well-being; national and local policy makers responsible for resourcing their care and support; and employers and employees for whom these young people remain a potential source of valuable and valued labour.

Yet despite the evident personal, organisational and community gains from young people with disabilities in employment, the proportion in paid work remains shockingly low, in the case of those with *learning* disabilities, well below one in five. Why is there such a disconnect between the high societal value of employing young people with disabilities and the low numbers in employment? A disconnect which the shadow of Covid threatens to deepen as labour market opportunities tighten.

As a self-proclaimed ‘model employer’[[48]](#footnote-48), currently re-framed as an ‘anchor institution’, with socio-economic responsibilities to its constituent local communities, the NHS has long been sensitive to the value of employing young people with disabilities. A well-established interest in promoting widening participation, most recently taken on by Health Education England and overlapping with its Talent for Care agenda, has sought to encourage the inclusion of these young people in the healthcare workforce. More tangibly, the agenda has been underpinned by resourcing and support, most clearly reflected in HEE taking on the role of Project Choice provider in 2017. This scheme sits alongside other supported employment programmes in the NHS, for example DFN Project SEARCH, and initiatives providing work experience, traineeships and apprenticeships.

And yet for all the impressive resourcing and commitment, the number of supported internships in NHS England stands at barely three dozen from over two hundred Trusts. Indeed, for a significant majority of healthcare employers, the question is not so much how do we protect supported employment programmes and associated job opportunities for young people with SEND in the context of Covid, but how do we get started with a programme in the first place and in more challenging circumstances?

In talking to actors with a stake in supported employment programmes- work experience, traineeships, internships and apprenticeships- and in focusing on Trusts willing and able to adopt one or more of them, our study has sought to provide some insight into their introduction, development and impact. In the process we have sought to signpost the reader to advice and guidance on such issues with links and references.

The paucity of supported employment programmes in the NHS no doubt reflects, in part, the diversity of actors with a stake in their implementation. The report highlights the complexity of interaction between these actors within and across different levels of the NHS- the national, regional, and organisational. As daunting are the challenges revealed as facing our case Trusts in adopting and operating programmes. These ranged from prosaic practicalities such as finding a base room to the profoundly systemic, for instance, support and benefit mechanisms which dilute or suppress the aspirations held by or for these young people. Indeed, in the face of resourcing challenges, the OUH traineeship for young people with disabilities proved transitory, while the sustainability of the supported apprenticeship scheme at HHFT remained an open question.

Crucially, however, our Trusts were, in the main, able to manage and address these challenges, in doing so realising various benefits, some foreseen, others a welcome surprise. The cases highlight the capacity of programmes singly or in combination, not only to improve the life chances of young people with SEND but to: develop workforces that more clearly reflect the demographics of their local communities; generate a supply of enthusiastic, committed and sometimes uniquely capable employees; and nurture more open, inclusive and innovative work cultures.

Most striking in discussing the recent pandemic was not the way Covid had compromised supported employment programmes, but the way Trusts had fought ferociously to retain and adapt them, ensuring their survival post-crisis. Why fight so hard to keep schemes if their benefits were not proven and guaranteed?

Our study suggests that breaking through residual stereotypes and unconscious bias to ‘kick-start’ a supported employment programmes, remains a redoubtable barrier. However, we found that once implemented and experienced the benefits of schemes become fully appreciated and prized by key organisational actors. Too often schemes are seen as introduced as a ‘leap faith’ encouraged by one or two passionate organisational champions. In setting out the views and experiences of ‘good practice’ Trusts, this Report is designed to ensure that supported employment schemes no longer need to be selectively adopted as a ‘leap faith’ but rather as an evidence-base, planned and routine part of the inclusion agenda in every NHS Trusts.

To facilitate this process further we set out below a series of recommendations which in line with the structure of our report are related to levels of the NHS system involved in the implementation of programmes:

**National Recommendations**

1. NHS Arms-length bodies should work together, and with other government departments. to produce an **NHS supported employment strategy** **and plan** to achieve the *NHS Long Term Plan* aspiration of substantially increasing opportunities to work for people with disabilities in the NHS. This strategy should include:

* Revision of *The Workforce Disability Equality Standard* to include a metric associated with the number young people with disabilities involved in supported employment programmes.
* A requirement of Trusts to report on the number of places provided on supported employment programmes in their annual Equality Report (including nil responses).
* Contract tenders should require all potential contractors to participate in supported internships programmes (by offering job placements) being delivered by the contractor Trust or other NHS body.

1. NHS Employers, NHSEI or HEE should develop a **single** **on-line** **central resource** available to all NHS employers, which collects ‘reasonable adjustments’ made by Trusts to allow the **recruitment, selection and employment of young people (and adults) with disabilities**. This resource could also sign-post employers to general information, advice and guidance in respect of supported employment.
2. HEE should routinely collect (if it does not already) the number **apprentices with SEND** and regions should routinely review their numbers.
3. A HEE/NHSEI led working party should be convened to explore whether and how **supported apprenticeships** might be developed by Trusts. This should include exploring more secure forms and sources of funding.

**Recommendations for the regions**

1. Working through their People Boards, regions should devise and deliver **medium term plans** linked to national policy, to expand supported employment opportunities in their areas.
2. HEE and NHSEI regions should **collect information on supported employment** programmes amongst the Trusts and other employers in their area. This should serve as a platform for facilitating the development and expansion of these programmes.
3. The HEE regions should use their appropriate networks - work experience and apprenticeship - to **promote** such programmes in a sharper and more proactive way.

**Recommendations at ICS level**

1. Aligned to regional plans, ICS People Boards should agree an overarching **supported employment strategy** and set **system wide outcome-driven targets**, such as the number of supported internships and employment rates. This strategy should be incorporated within ICS objectives in terms of health inequalities and supporting people with disabilities and wider workforce planning interventions such as school’s engagement.
2. **Create an ICS SEND system-wide group(s)** that bring stakeholders together including social care employers, councils and supported employment agencies. This will allow the sharing of expertise and pooling of resources. ***(Attached as an Annex is a case study of a developing systems approach in North West London)***
3. Develop an **“end-to-end” approach** to supported employment that includes careers information, advice and guidance and in-work development through apprenticeships. The approach should also encompass inclusive recruitment and selection processes.

**Recommendations for employers**

1. Aligned with the ICS supported employment strategy and plan, Trusts should **connect with relevant stakeholders** in local authorities to deliver employment and work experience opportunities locally.
2. Annually **ring fence a minimum number of posts/vacancies and work experience** opportunities (including apprenticeships) that could be filled by young people with disabilities.
3. **Communicate** across the organisation the benefits of supported employment and celebrate success.
4. **Dedicated posts** should be identified to develop and manage supported employment programmes and work with local and regional stakeholders.
5. All NHS staff should **receive training on understanding autism, learning, sensory and physical impairments**

**Annex**

**CASE STUDY**

**Working as a system to close the disability-employment gap**

Introduction

The Integrated Care System in North West London, called the *Health and Care Partnership* (HCP), serves a population of over two million people, and has been working with local authorities and other partners and as a system to meet the aspiration of *The NHS Long Term Plan* to close the disability-employment gap. Linked to the HCP’s wider workforce strategy which includes recruiting and retaining more local people, the approach is producing employment rates in excess of 80% and should result in improved health outcomes for the individuals concerned, along with other benefits. Working collaboratively as a system delivers a number of benefits including the pooling of resources and sharing of expertise.

Key Benefits and Outcomes

For employers –

* Improved recruitment and retention
* Greater motivation and job satisfaction amongst staff supporting the programme
* A workforce that better reflects the communities the NHS serves
* Meeting social responsibility objectives

For individuals –

* Improved health and wellbeing outcomes (for example fewer inpatient stays)
* Financial independence

For systems –

* Fulfilling its role as an ‘anchor institute’, including aligning with the local industrial strategy.
* The efficiencies derived from partnership working.
* Engagement with local labour markets.

What was the issue?

The North West London HCP wished to improve health outcomes for people with learning disabilities and autism. It also wants to address wider workforce challenges by recruiting more local people into health and social care employment. Employment rates for people with learning disabilities in England are just 17% and 16% for people with autism – the lowest for any group. Even when in work people with learning disabilities and autism experience lower hourly pay rates and higher turnover than the population as a whole. The North West London HCP wants to seek ways to actively recruit into work more people from disadvantaged groups including those with a learning disability and autism and help close the disability-employment gap.

What happened

From 2018 partners in North West London including NHS Trusts and local authorities have developed a strategy to grow employment opportunities for people most distant from the labour market, including those with learning disabilities and autism. This job and career strategy has the following features, it is:

* Embedded in the HCP’s wider workforce planning.
* “End-to-end” starting with pre-employment and young people and progressing to entry-level employment through to career progression.
* Joined-up. To avoid fragmentation all workforce interventions designed to recruit more local people such as school’s engagement have been bought together.
* Systems-wide. North West London partners pool resources, share experiences and capacity to deliver outcomes.

The strategy is delivered through partnership working that includes local hospitals, local authorities, employment support agencies such as HEE Project Choice, Mencap and DFN Project SEARCH, schools and colleges and others. Partners collaborate to deliver a range of supported employment interventions including work experience, traineeships and internships. The NHS is now the single largest provider of supported employment opportunities across West London boroughs. Jobs covered include:

* Administration
* Libraries,
* Receptionists
* Healthcare Assistants
* Catering
* Gardening
* Theatre Assistants
* Post room
* Medical records
* Shops
* Cleaning
* Housekeeping
* Ward hosts
* Finance

Barriers and how they were overcome

Partners encountered a number of challenges including capacity, fear for example of the degree of support individuals might require, work -readiness and the need for on-going support. Working as a system and in partnership provided the means to overcome barriers. For example, partners were able to share experience and expertise. They were also able to pool resources and highlight successes. The success of the programme demonstrated the benefits for employers.

Results and benefits

The North West London HCP programme to close the employment and disability gap is delivering benefits to the individuals involved in the supported employment schemes, those who support them in the workplace, employers and the NHS as a whole as the following quotes from participants illustrate-

*“I do feel employing people with disabilities has huge benefits. A lot say ‘I have had all this care from the trust, now I am working there and giving something back’”*

*“Having a person with learning difficulties in the department has made us much more aware of how we communicate with people and it has given a boost to everyone in the department”*

*“We find the staff satisfaction is amazing. There are loads of people in the teams who feel their morale is better”*

Around 80% of people on the HCP’s supported employment programme enter employment or higher education – this is considerably higher than comparable programmes.

Key points

* Young people and adults with learning disabilities and people with autism experience significant levels of unemployment and underemployment.
* Providing supported employment opportunities, such as internships, delivers benefits not just for the individual’s concerned but also for organisations who secure a loyal employee and for the system as whole (work is associated with improved health and wellbeing including for people with disabilities).
* The NHS is one of the largest employers in the world. By working in partnership at STP/ICS level employers with local partners particularly councils are able to work together, pool resources and expertise to grow supported employment opportunities.
* Strategies to close the disability-employment gap should be ‘end-to-end’ (starting before employment and continuing once people are in work), joined up and embedded in wider STP/ICS workforce strategies.

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11. It might also be argued that we did not include the young people themselves, their families or carers. However, in a piece of work principally focused on the management of supported employment programmes, we chose the focus on the stakeholders listed. A longer, more detailed study would most certainly need to cover young people and their families. [↑](#footnote-ref-11)
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14. Further revealed in a study (Beyer and Beyer, 2017) which revealed turnover as one study found that people with a learning disability stayed in their job 3.5 times longer than their non-disabled co-workers [↑](#footnote-ref-14)
15. One participant in Kessler’s research is quoted as saying: *“we find the staff satisfaction is amazing. There are loads of people in the teams who feel their morale is better because the young person is there”* (2018: 6). [↑](#footnote-ref-15)
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17. It is worth noting that some of the support mechanism available to young people with SEND, such as education provider-based programmes are not as readily available to adults. [↑](#footnote-ref-17)
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