NHS
Health Education England

WIDENING PARTICIPATION IT MATTERS!

OUR STRATEGY AND INITIAL ACTION PLAN








OCTOBER 2014

THE NHS CONSTITUTION
the NHS belongs to us all

Contents

Executive summary

Introduction

Health Education England (HEE) exists to improve the quality of care for patients by ensuring we have enough staff with the right skills, values and behaviours available for employment by providers. As part of our role we have leadership responsibility for promoting equality, diversity and enabling widening participation in relation to the development of the current and future healthcare workforce.

This strategy sets out how we will drive widening participation using our workforce and education commissioning leverage and strategic partnership working. This is with the intention of ensuring an approach where the NHS workforce is more representative of the communities it seeks to serve and where development and progression is based upon a person's merit, ability and motivation and not their social background or the privilege, extent and effectiveness of their social networks.

Widening participation – Why does it matter?

This strategy is needed and timely given that:

- the population of England is changing. Changes in population demographics will have implications for the demand on healthcare services and the ability of the NHS to attract, train and sustain the development of a workforce capable of responding to the changes that population growth will have.
- efforts to improve social mobility are a major theme of current UK policy. Despite recognition that there has been some improvement in equality and measures of social mobility, deep-seated and systematic differences which can affect an individual's potential and opportunities for enhancing social mobility remain.
- equality, diversity and inclusion are core values for the NHS but it remains an ongoing challenge to ensure that equality and diversity is actively integrated and managed as a key aspect of organisational and workforce development.
- the diversity profile of the current workforce in England is not representative of the general population that it seeks to serve, nor is the diversity profile of those employed by the NHS representative across the key staff groups.
- while students undertaking NHS funded healthcare programmes come from a range of diverse and socio-economic backgrounds, there is further improvement to increase participation and progression from under-represented groups for some healthcare education programmes and entry into healthcare professions.
- participation in education and work is associated with better health and wellbeing outcomes. Given the benefits of employment and the impact of the NHS as a major local employer, the health sector has a specific interest, as part of holistic preventative health and wellbeing strategies, in how it influences and contributes to enabling employment and widening participation opportunities for the communities it serves.
- there have been significant efforts to develop and widen participation for access to the healthcare workforce and/or to undertake healthcare education programmes. However more systematic planning and evaluation is needed to know what does and does not work in enabling effective widening participation.
- given that much of the development and investment in the healthcare workforce is enabled and achieved through higher education delivery, HEE has, through its commissioning function and relationships with education providers, a significant opportunity to be an effective collaborator with other national organisations in implementing policies to improve access to education opportunities by under-represented groups.

Our strategic goals

The key goals of this strategy are to:

- **improve monitoring and reporting of widening participation activities:**
  we will work with national stakeholders, education and health care providers to improve the monitoring and reporting of widening participation developments in relation to any education programmes/workforce developments that HEE funds and supports.

- **enhance further the visibility and targeting of Health Careers Information and Advice:**
  Crucial to this is the need to present information, which clearly illustrates the breadth of career and progression opportunities available within the NHS and wider health sector.

- **increase, through research and evaluation, the understanding and evidence of what and what does not work in relation to widening participation developments in healthcare education and workforce development:**
  the commissioning of research to investigate the specific needs of under-represented groups as they apply, commence and progress on healthcare education programmes including their programme outcomes.

- **increase collaborative approaches in supporting widening participation initiatives, including outreach activity:**
  support NHS organisations and wider health sector employers in committing to more sustained collaborative models with education providers (higher education, colleges and schools) and others in supporting their widening participation initiatives including outreach work.

- **stimulate and increase the capacity of healthcare organisations in being able to expand and support work or work related experience opportunities:**
  enable wider, larger scale, sustained and coordinated access for potential participants, from all backgrounds and circumstances, seeking a career and/or employment in the health sector to gain work experience opportunities.

This strategy reflects HEE's active and significant commitment to widening participation. Through the initial actions proposed here, it sets out at national level how we might achieve a more coherent and coordinated approach to widening participation in the development of the future and current workforce.

We accept that this is a broad strategy and we fully expect that it will evolve and focus further, as we understand better the profile, implications and barriers faced by those from under-representative groups in being able to access healthcare education opportunities and entry into the healthcare workforce.

1 Introduction

Health Education England (HEE) exists to improve the quality of care for patients by ensuring we have enough staff with the right skills, values and behaviours available for employment by providers (HEE 2014). As part of our role we have leadership responsibility for promoting equality, diversity and enabling widening participation in relation to the development of the current and future healthcare workforce (Department of Health [DH] 2014, DH 2013). This responsibility is crucial for ensuring that the healthcare workforce represents the society that it seeks to serve in the delivery of healthcare services.

Any effective widening participation programme must provide access to education, employment and development opportunities for under-represented individuals (and groups) helping them to realise their personal potential and, in doing so, reduce cultural, social and economic disadvantage. This is one of the key reasons why this strategy is needed.

Moreover, effective widening participation should provide an approach to workforce management and development where the value and contribution of a diverse workforce is actively managed, respected and there is a robust promotion of a culture of equality, inclusion and opportunity. This is a central tenet of the NHS Constitution (2013) which is a key driver for the work that HEE supports.

This strategy sets out how we will drive widening participation, using our system influence, workforce and education development, commissioning leverage and strategic partnership working. The successful use of our levers (Box 1) will help us deliver a talented and diverse workforce, where development and progression is based upon a person's merit, ability and motivation and not their social background or the privilege, extent and effectiveness of their social networks. If we get this right it should also have an impact in reducing health inequalities, one of our key long term strategic aspirations (HEE 2014).

Purpose

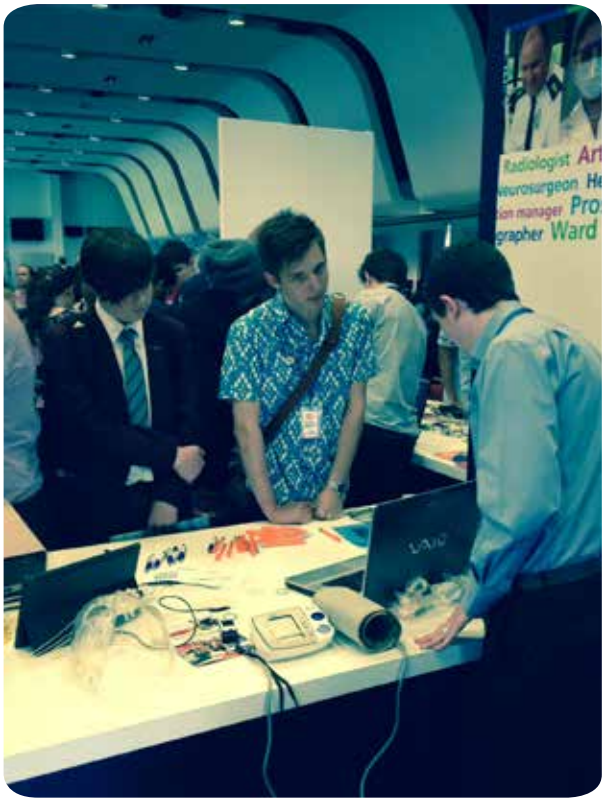
Improve quality of care by ensuring our workforce has the right numbers, skills, values and behaviours for patients today and tomorrow.

1. Workforce planning
- identifying the numbers, skills, values and behaviours to meet current and future patient need

2. Attracting and recruiting the right people to the posts we have identified
- using NHS Careers, value based recruitment, Oriel, return to practice and widening participation

3. Commissioning excellent education and training
- using our financial and contractual levers to ensure that the next generation receive high quality training that equips them to provide high quality care

4. Lifelong investment in people
- supporting our staff to be the best they can throughout their careers, including the training and development of non-professional staff



Box 1: Health Education England Purpose and Levers for Workforce Development (HEE 2014)

1.1 Characteristics of the Workforce

HEE has set out in Framework 15 (HEE 2014) how we see the development of the workforce and the characteristics that will need to be developed if we are to meet the current and future needs of patients. These characteristics include, developing the skills which enable the workforce to encourage and support people to manage their own health, promote behaviours aimed at securing co-productive models of care, and ensuring at all times, safe, high quality care regardless of setting. A key feature of these characteristics is the anticipation that the healthcare worker is likely to be a member of a wider community of health that supports an individual patient.

Central to the essence of future workforce characteristics is the need to attract and recruit people who have the desired values, behaviour, and motivation to provide care. As the pen portraits for Ashraf, Chantelle and Joan illlustrate, and which are included in Framework 15 illustrate, we need to ensure the ability to attract motivated people from a diverse range of backgrounds, seeking targeted ways to help them learn about potential healthcare careers and overcoming some of the barriers that might otherwise prevent their ability to access available healthcare education or workforce opportunities.

2 What is widening participation?

Dependent upon context, widening participation can mean different things and thus it is difficult to propose an overarching definition.

For the NHS, widening participation is often applied within the context of seeking recruitment to entry level jobs and supporting progression through the the healthcare support workforce and, for some, progression into pre-registration training. Within this context, under-represented groups are most likely to be disengaged young people, those without qualification, low skilled, part-time and temporary workers, those on low incomes and/or working age benefits, older adults, those with literacy, numeracy or learning difficulties and some minority ethnic groups (Tight 1998). In addition, widening participation is also related with equality issues ensuring that those people from diverse backgrounds are encouraged and have equal access to opportunities for career development.

Within the higher education community, widening participation refers to the participation of disadvantaged groups in higher education, seeking to remove the barriers to accessing and succeeding in higher education, including financial barriers (Office for Fair Access [OFFA] 2013). The focus here is increasing the engagement of learners from specified socio-economic classes, those from state schools or from neighbourhoods with a record of low participation in accessing higher education, given that significant and persistent differences in participation rates remain.

As part of this strategy we will need to review and agree with our healthcare employers and healthcare education providers, a definition of widening participation which best reflects a shared meaning and helps us understand how we measure and monitor widening participation. This will then help us recognise any gaps, understand the implications and priorities for action to bring about improvement. This will take some time to define and agree.

Therefore, at this point, it is better to reflect what widening participation is about and seeking to achieve and at least use this to inform our initial response which is:

- a commitment to equity.
- raising aspirations.
- increasing awareness of education and its benefits.
- enabling fair access to development opportunities for education, learning, training employment and further career development.
- targeting the increase in education and employment opportunities, particularly for under-represented groups so that representation in education and the workforce is representative of the broader population.
- promoting achievement.
- supporting progression.

Widening participation does not therefore just happen, it requires:

- recognition that there may be/are inequalities that need to be addressed for social good.
- active and focused planning.
- commitment and partnership working between a range of stakeholders at national, regional and local community level to address the issues of concern.
- further development of policies, strategies, systems and processes to enable fairness and/or appropriate positive action to tackle any inequalities identified.

Widening participation has been shown to increase social mobility. Where mobility is upward, it is likely to increase life, career, employment, and social prospects and help reduce poverty.

Current UK government policy is seeking to promote social mobility and enabling widening participation (www.gov.uk). HEE, through the significant investment it provides for the education and development of the current and future healthcare workforce, has a significant role and opportunity to leverage the conditions for wide, inclusive, and lifelong participation. In doing so, it will make a direct contribution towards increasing equality, diversity, social mobility and wellbeing not just for the healthcare workforce but for the benefit of society and the wider UK economy.

3 Widening participation – Why does it matter?

This section of the strategy sets out the reasons and case for why this strategy is timely and needed.

3.1 Population demographics

The population of England is changing. Changes in population demographics will have implications for the demand on healthcare services and the ability of the NHS to attract, train and sustain the development of a workforce capable of responding to the changes that population growth will have.

England has a population of just fewer than 54 million people, with a significant increase in this population since 2001. The increase in population is being driven by an increase in the number of births but also about 46% of this growth is attributable to inward migration (Office for National Statistics [ONS] 2014). London, South East and the North West have the largest regional populations while East Midlands and North East have the lowest.

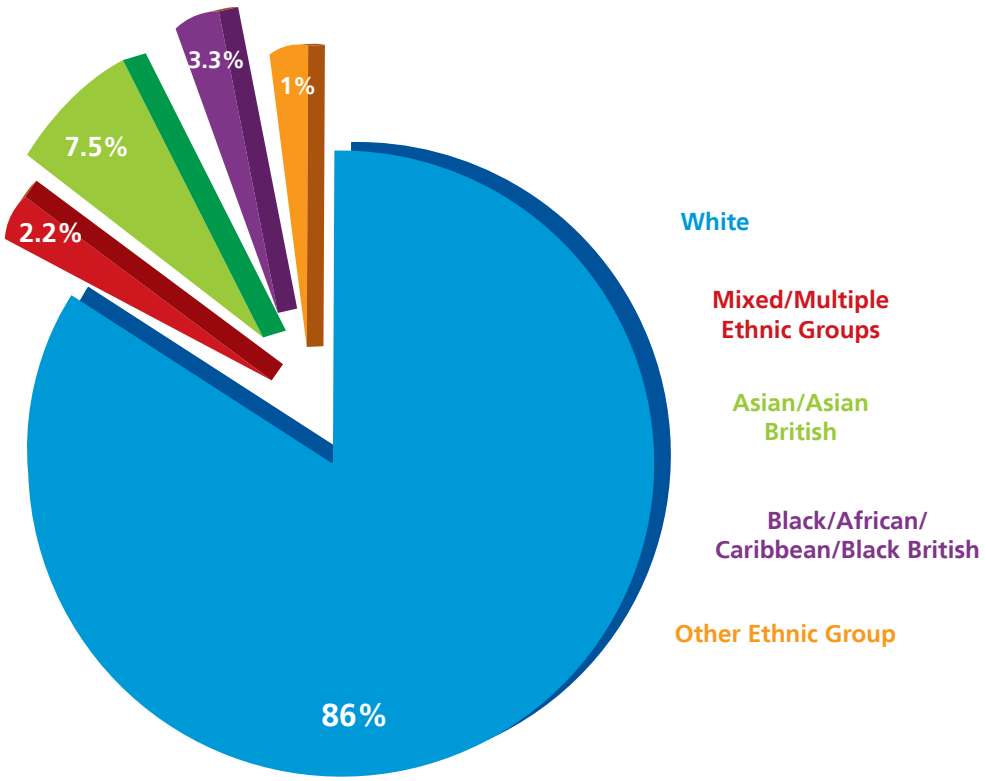
There are more females (51%) than males (49%), with the median population age being just under 40. Those aged 15-24 account for approximately 13% of the population, while those aged 65 and above account for just over 17%.

England is becoming a more ethnically diverse country with an increase in the number of people identifying with a minority group. Chart 1 depicts the current ethnicity identity profile. London is the most ethnically diverse region in the country while the North East and South West are the lowest (Chart 2).

Approximately 10 million people in England and Wales have limited activity due to health or disabilities.

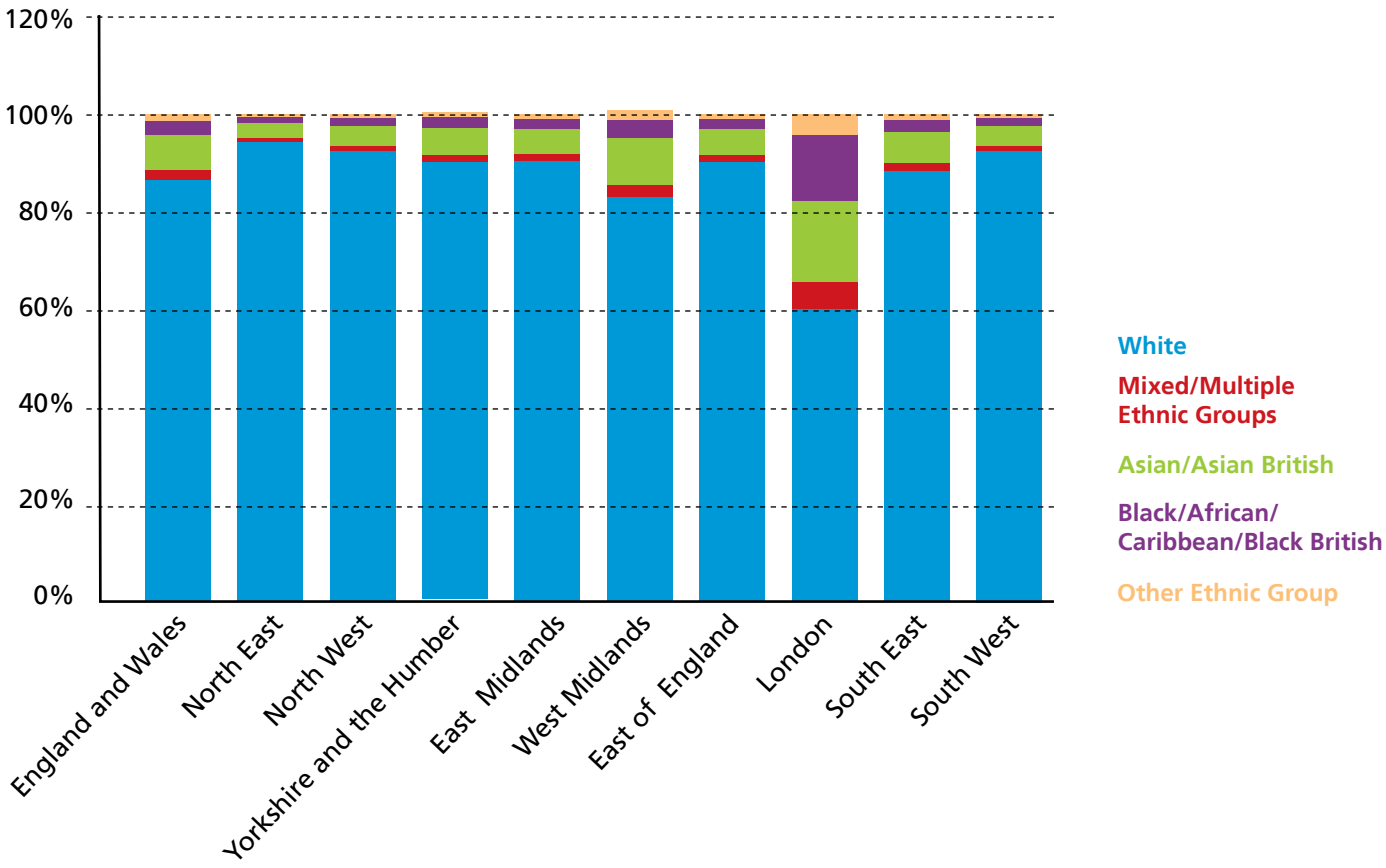
In relation to sexual identity, 94% of adults identified themselves as hetrosexual/straight, with just under 1% identifying themselves as Gay/Lesbian, Bisexual at 0.5%, with 3.2% of respondents refusing to respond/don't know and those describing themselves as other at 0.5% (ONS 2010).

Chart 1: Ethnic groups, England and Wales (2011)



Source: Census 2011, Office for National Statistics

Chart 2: Ethnic groups by English regions (2011)



Source: Census 2011, Office for National Statistics
Based upon UK data collected April 2009 – March 2010

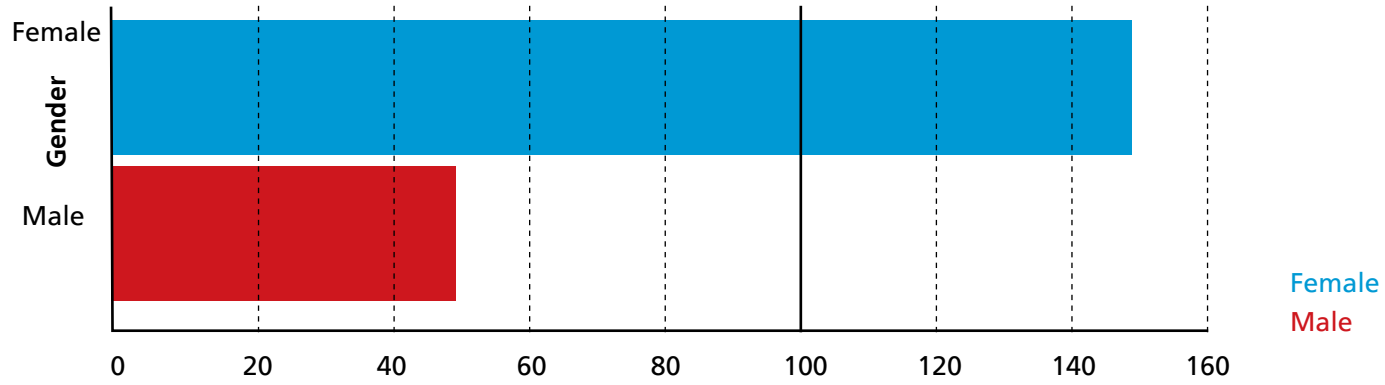
3.2 Diversity profile of the current NHS workforce in England

The diversity profile of the current workforce in England is not representative of the general population that it seeks to serve, nor is the diversity profile of those employed by the NHS representative across the key staff groups. Action is needed to increase diversity.

Overall, the key summary points are:

- the NHS workforce is significantly underrepresented by males. However for some workforce groups, such as medicine and qualified ambulance staff, this gender ratio, although improving, is inversed. Chart 3 identifies the current gender ratio compared to local population while Chart 4 also shows this difference by Local Education Training Board (LETB). Chart 5 gives the gender distribution by main staff groups. It also needs to be noted that for some specific staff groups in some LETB areas there is a higher male representation compared to the overall NHS profile. Chart 5 gives an example of this in relation to the nursing workforce group.

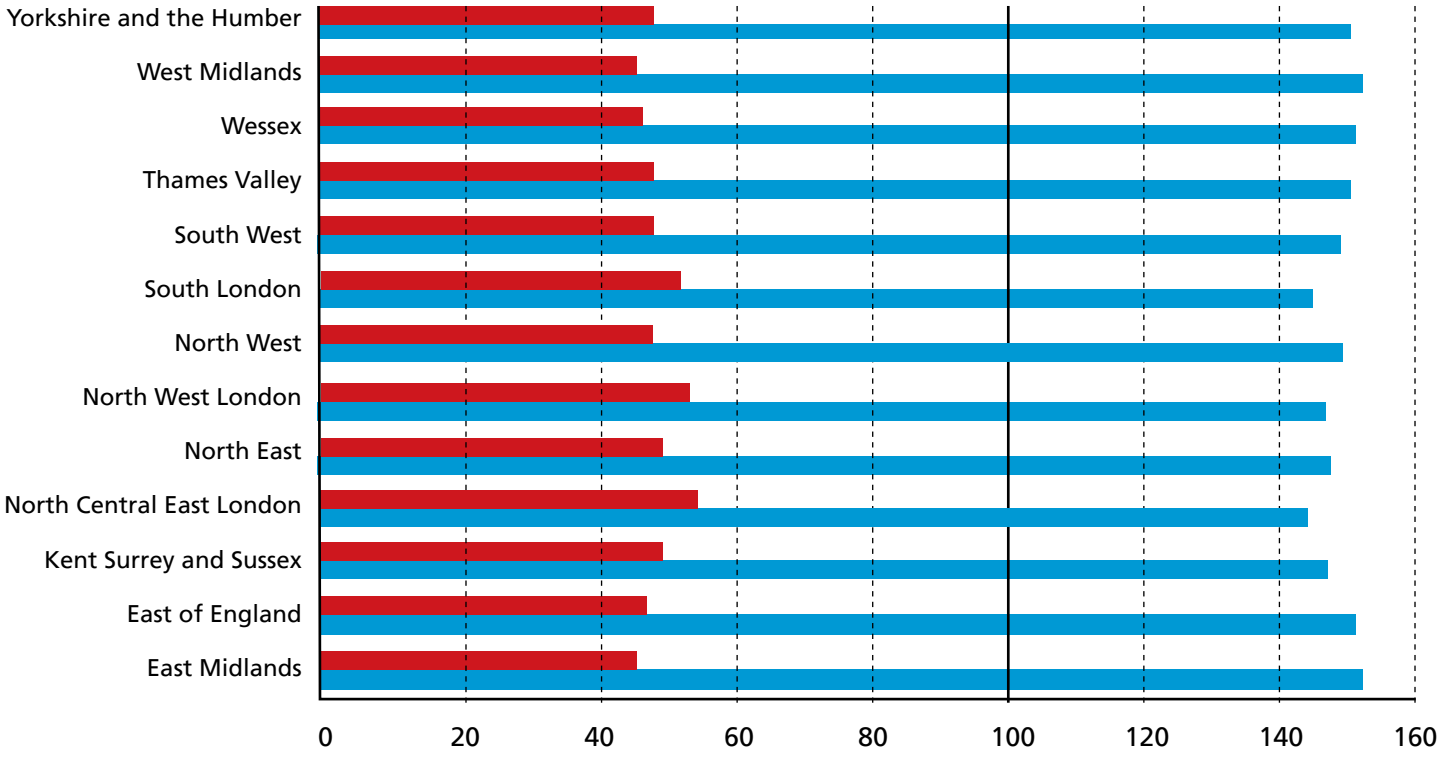
Chart 3: Gender representation in NHS Workforce (England) for all staff groups compared to gender distribution in England population



Source: Based upon ESR Data Warehouse October 2013

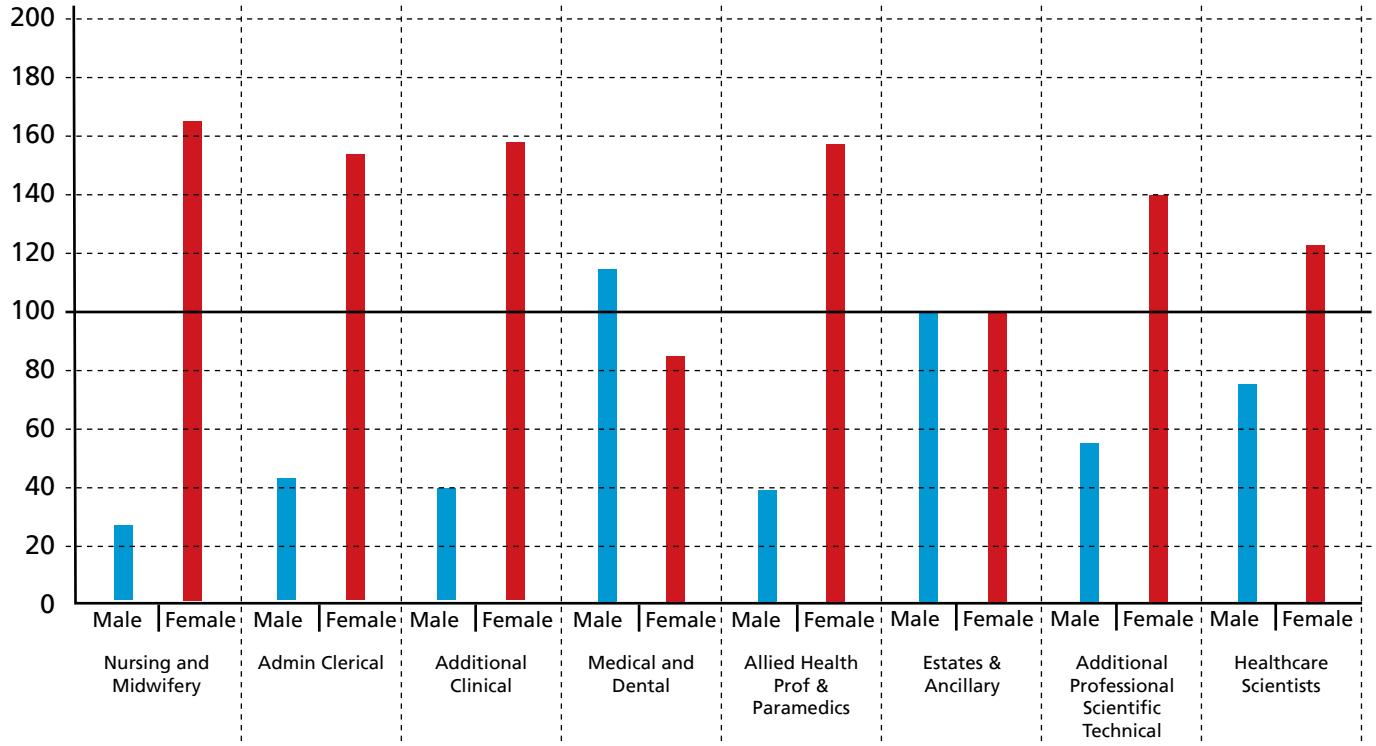
[2] The '100' line shows where the national figure would be for the population group being illustrated. If the NHS figure is '50' – this shows that in this NHS group there are only half as many people in this group as there would be if the group mirrored the national representation – i.e. the group is 'under-represented' in the NHS. If the NHS figure is above 100 this is indicating over representation.

Chart 4: Gender representation profile in NHS Workforce (England) by LETB vs gender in local population



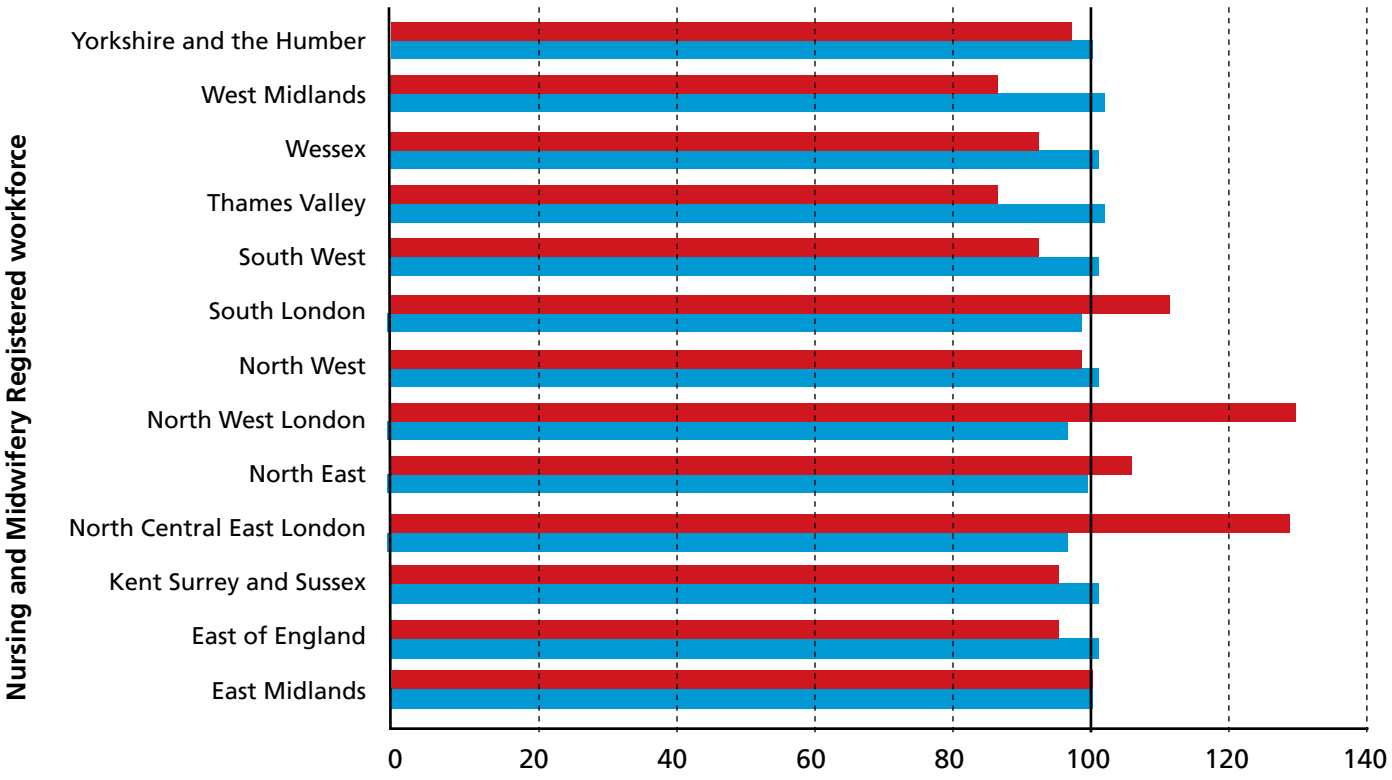
Source: Based upon ESR Data Warehouse October 2013

Chart 5: Gender representation for main staff groups for the NHS Workforce (England) compared to gender distribution in England population



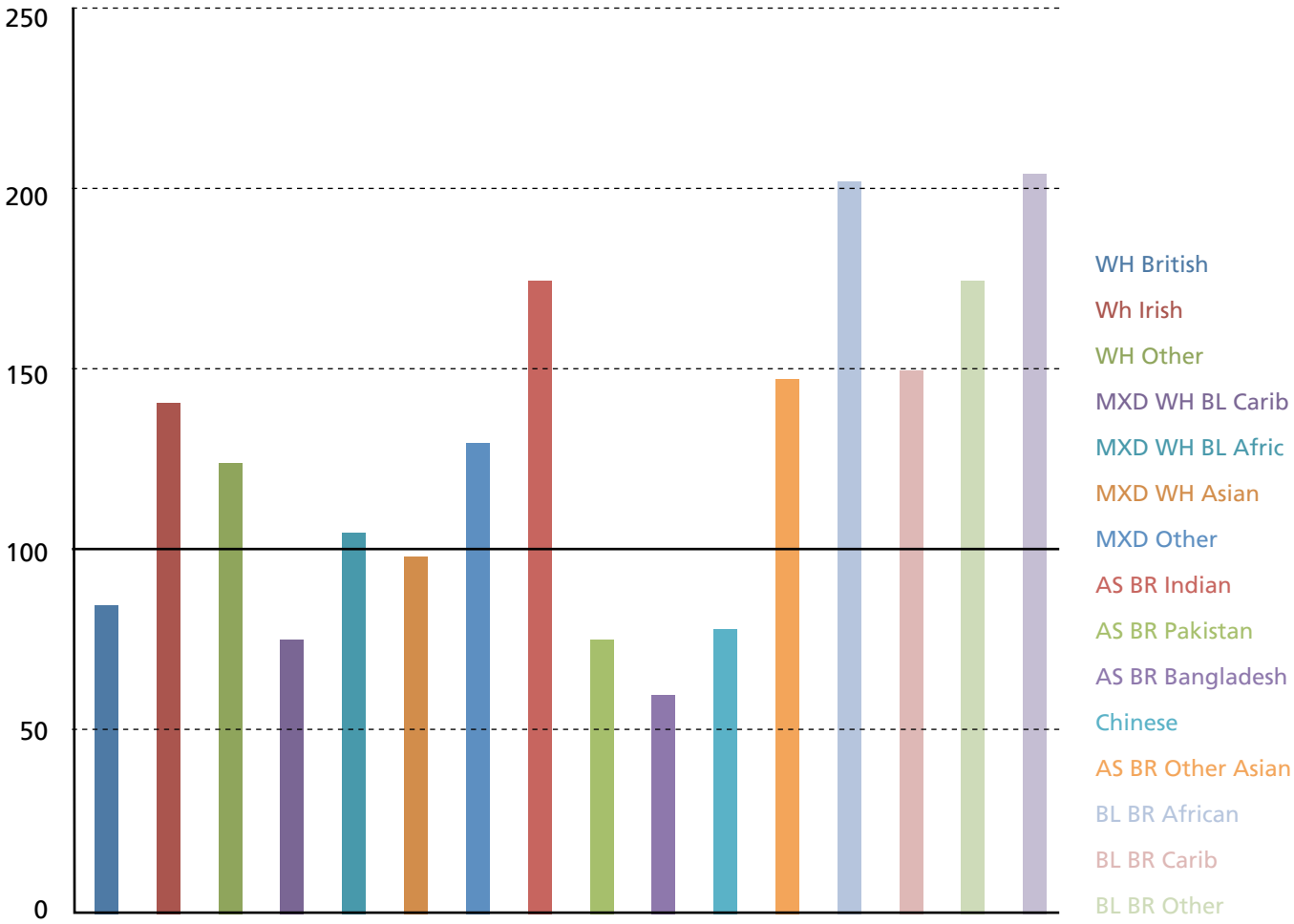
Source: Based upon ESR Data Warehouse October 2013

Chart 6: Gender distribution by LETB vs gender distribution within the NHS Workforce (England) for Registered Nursing and Midwifery workforce group



- with regard to ethnicity, the NHS workforce data is mainly aligned on most ethnicity categories (Chart 7). There are though some examples where the profile for some ethnic identities is significantly over or under represented. For example, there is a larger proportion of Asian staff in the medical and dental staff groups in comparison to the total workforce but there is underrepresentation amongst those from an African/Black identity. Similarly, qualified ambulance staff have an increased number of "white" staff in comparison to the NHS workforce and the population.

Chart 7: Ethnic group representation for all staff groups in the NHS Workforce (England) compared to ethnic distribution in England population

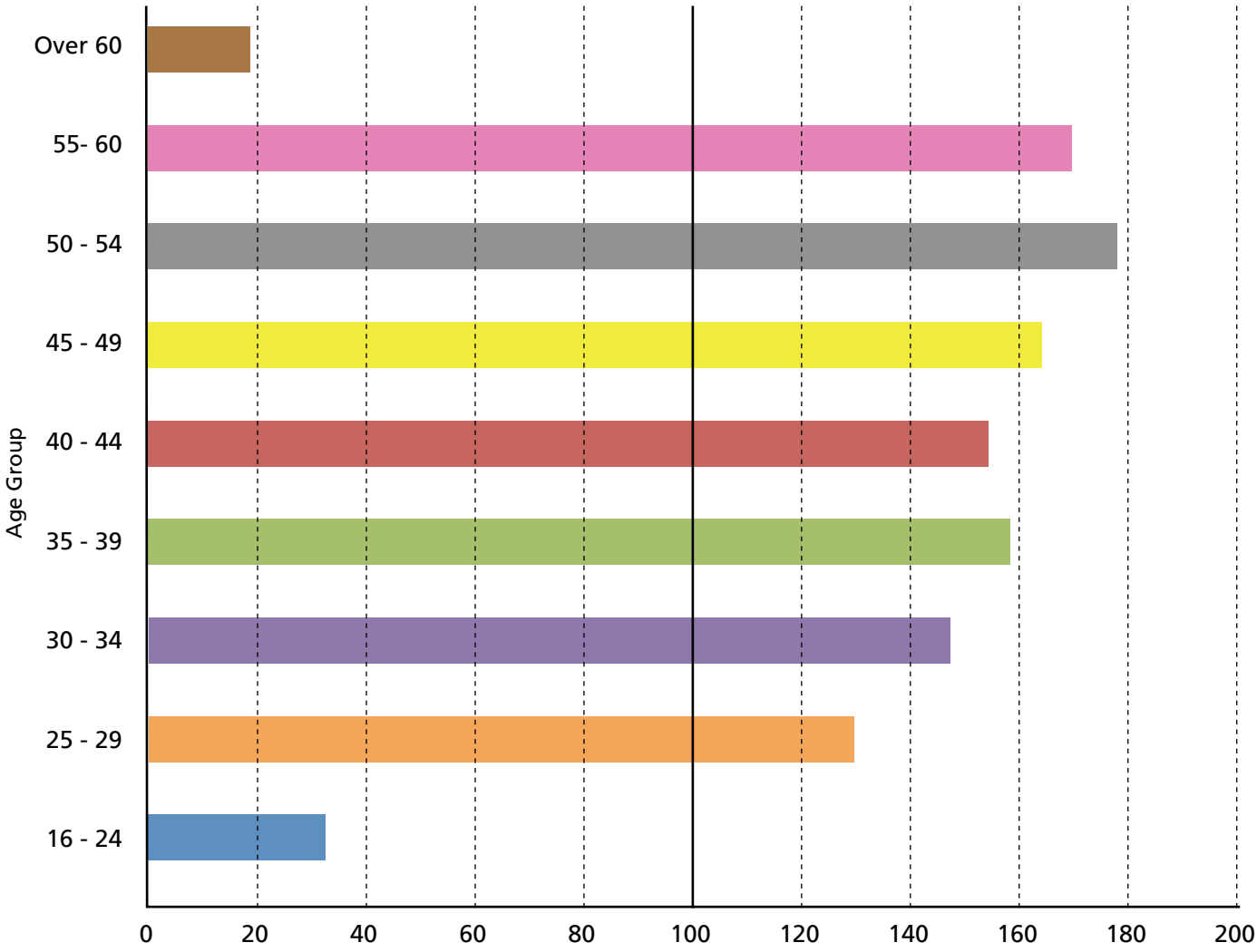


Source: Based upon ESR Data Warehouse October 2013

- the 45-49 year olds are the largest workforce age group. However, as depicted in Chart 8, the 50-54 and 55-60 years are over represented when compared to the proportionate representation in the general population. Nevertheless, many of the current workforce aged over 50 leave the NHS workforce early, before reaching their pension age. This loss of valuable experience is attributable to current work practices and lack of flexible working patterns. The concern is that if the patterns of early withdrawal continue within this workforce group, then this could lead to potential staff shortages. This indicates the need for more flexible and supportive employment frameworks that are focused on motivating and supporting retention of existing staff.

- Although the NHS supports, through commissioned training routes, a large young workforce in training, the number of 16-21 year olds directly employed by the NHS is under represented and could be improved, particularly given current wider issues of youth unemployment. NHS Employers have set out guidance for how healthcare employers might adapt their recruitment processes so that they are more youth friendly, provide case studies demonstrating the benefits of engaging young people and recognising their contribution as part of future workforce supply (www.nhsemployers.org). The need for this has been emphasised, with research indicating there is significant mismatch between employers expectations of young people during the recruitment process and young people's understanding of what is expected of them (CIPD 2013).

Chart 8 : Age group representation for the NHS Workforce (England) compared to age group distribution in England population



Source: Based upon ESR Data Warehouse October 2013

- only 2.4% of NHS staff has declared a disability compared to 17% in the general population. This difference is partially explained by significant non-disclosure by participants compared to other sectors, poor recording and data quality by healthcare organisations.

  It is recognised that across all sectors there are significant data gaps and quality in the recording of equality and diversity characteristics which prevents ability to identify an accurate sector profile baseline. More systematic data capture is needed if accuracy is to be assured and reasonable analysis and inferences made. This is something which has been identified as an important challenge which needs to be addressed (Equal Opportunities Commission 2011).

3.3 Diversity profile of the students currently enrolled on NHS funded (part or full time) healthcare education programmes.

There are over 350 potential career options in healthcare. HEE commissions 129 structured programmes of education for 110 different roles. Of these, there are 35 main education programmes for non-medical clinical professions and 94 programmes of medical and dental education. This next section identifies the diversity profile of those students currently on an NHS funded pre-registration programme.

Chart 9 identifies the ethnic identity of students currently enrolled on programmes (2013) while Chart 10 shows age distribution.

In relation to disability, the majority of students on all programmes do not have a disability; pre-clinical medicine had the highest number of students without a disability at 94% while students on biomechanics had the lowest level at 76%. Where a disability was recorded this was most frequently recorded as a specific learning difficulty (such as dyslexia) with students on pharmacy programmes recording the highest programme level at 5.6%.The only other remarkable feature in relation to disability was that 3.1% of students currently enrolled on an audiology programme had a recorded deafness/hearing disability.

Given the link with widening participation, social mobility and access to higher education Chart 11 identifies the number of students on programmes who attended a state school. Medical, dentistry and dental nursing programmes had the lowest number of students from state schools while Mental Health, Pharmacy and other subjects allied to medicine (not recorded elsewhere) had the highest. Chart 12 illustrates the distribution of enrolled students by their recorded NS SEC code[3], while Chart 13 identifies the percentage of enrolled students on NHS funded programmes from neighbourhoods with a low participation rate in accessing higher education. Finally, Table 1 identifies by age distribution the amount of bursary support that applicants received on commencing their programmes. This data indicates that 90% of applicants aged 16-34 will receive some level of bursary contribution, with on average 87% of these applicants receiving a level of contribution of between 41-100%. Analysis of student bursary data indicates that 75% of applicants from a minority ethnic identity will receive bursary support, with 59% receiving 100% bursary level support.

National Statistics - Socio-Economic Classification (NS-SEC) was developed to replace Social Class. It takes into account new work patterns in the UK and the changes in education levels required for and the status of, large numbers of occupations. NS Sec Classifications 1-3 are classed as 'not low Sec' whereas 4-7 Sec are identified as being in the 'low Sec group'.

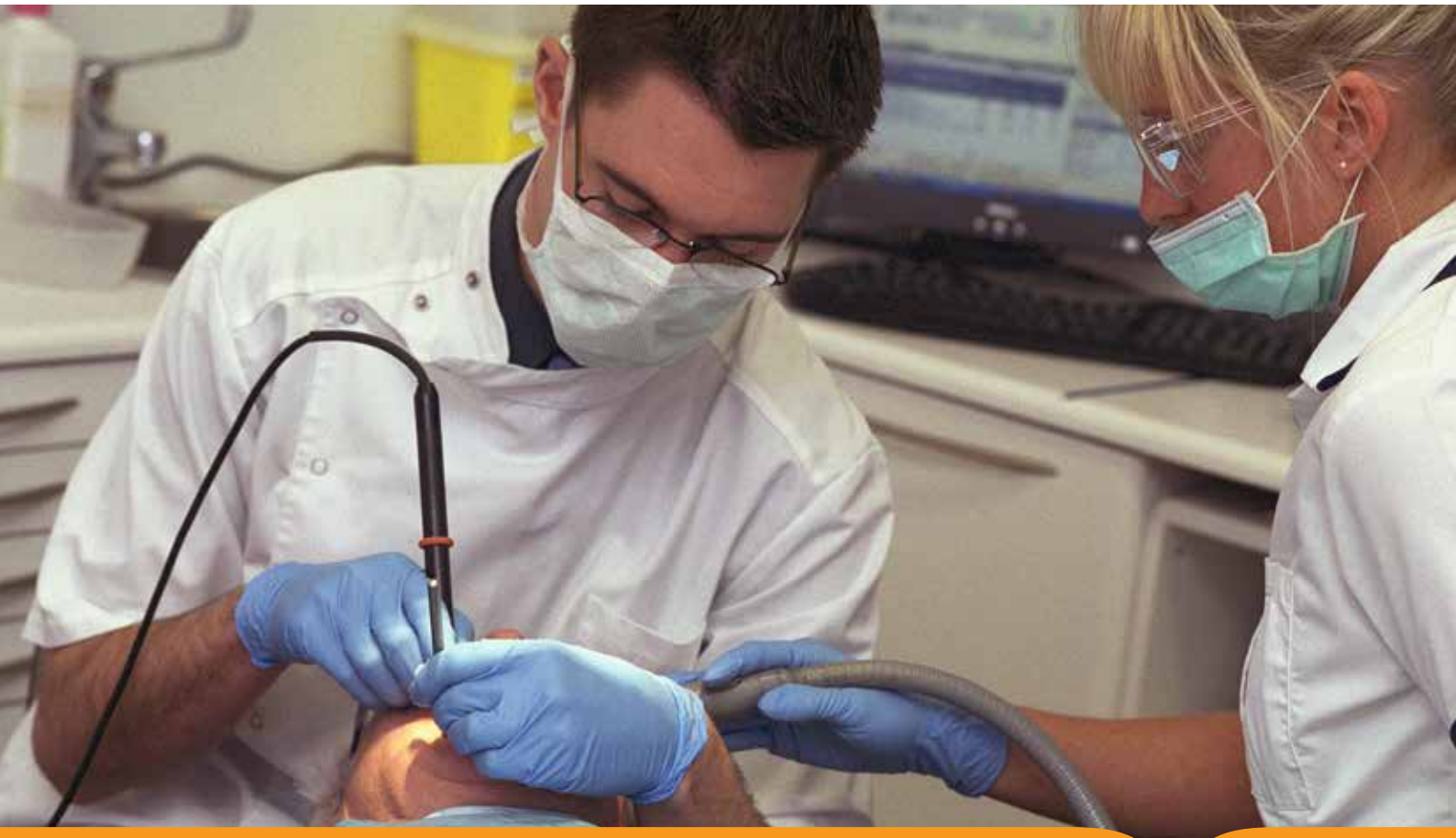
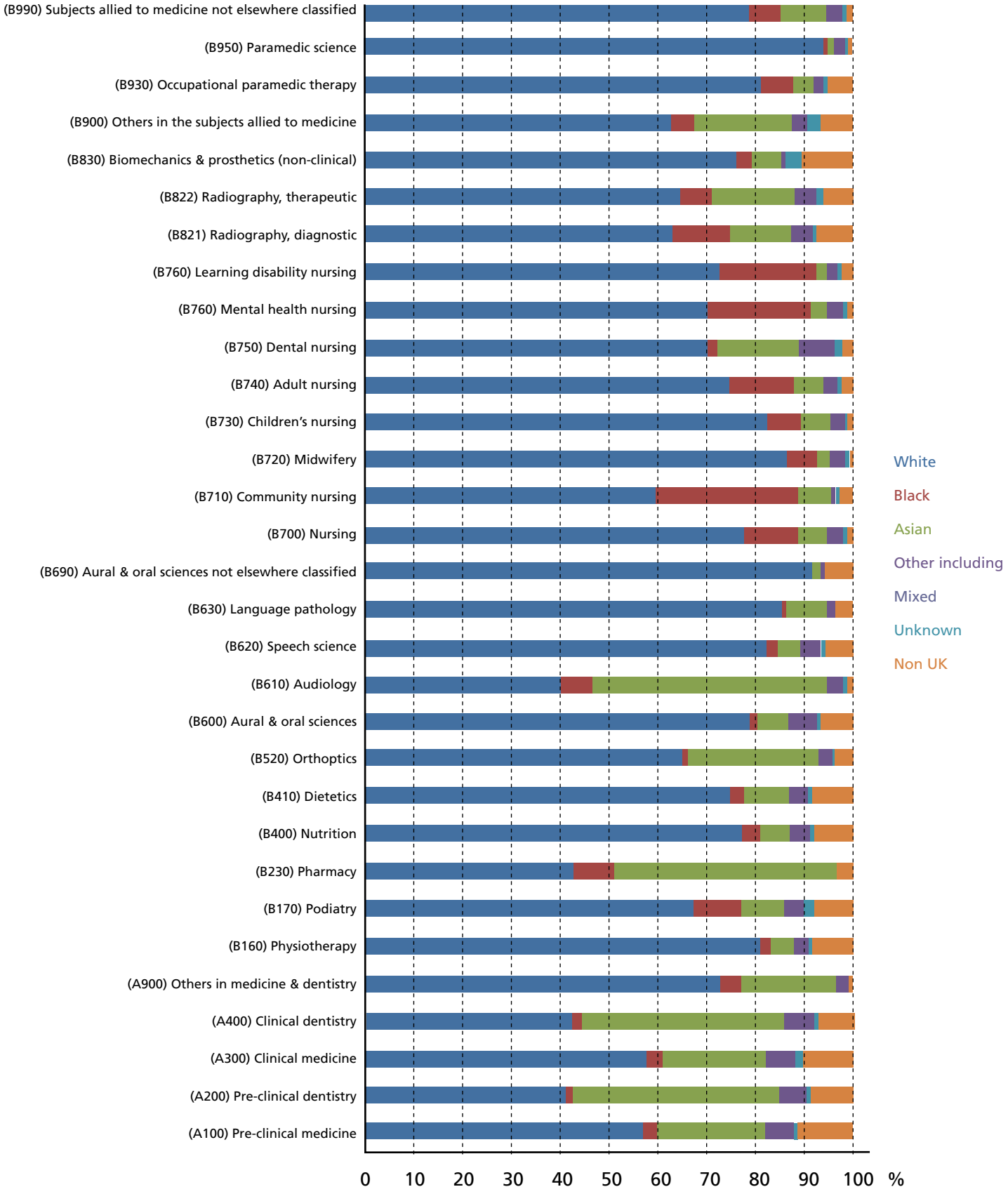
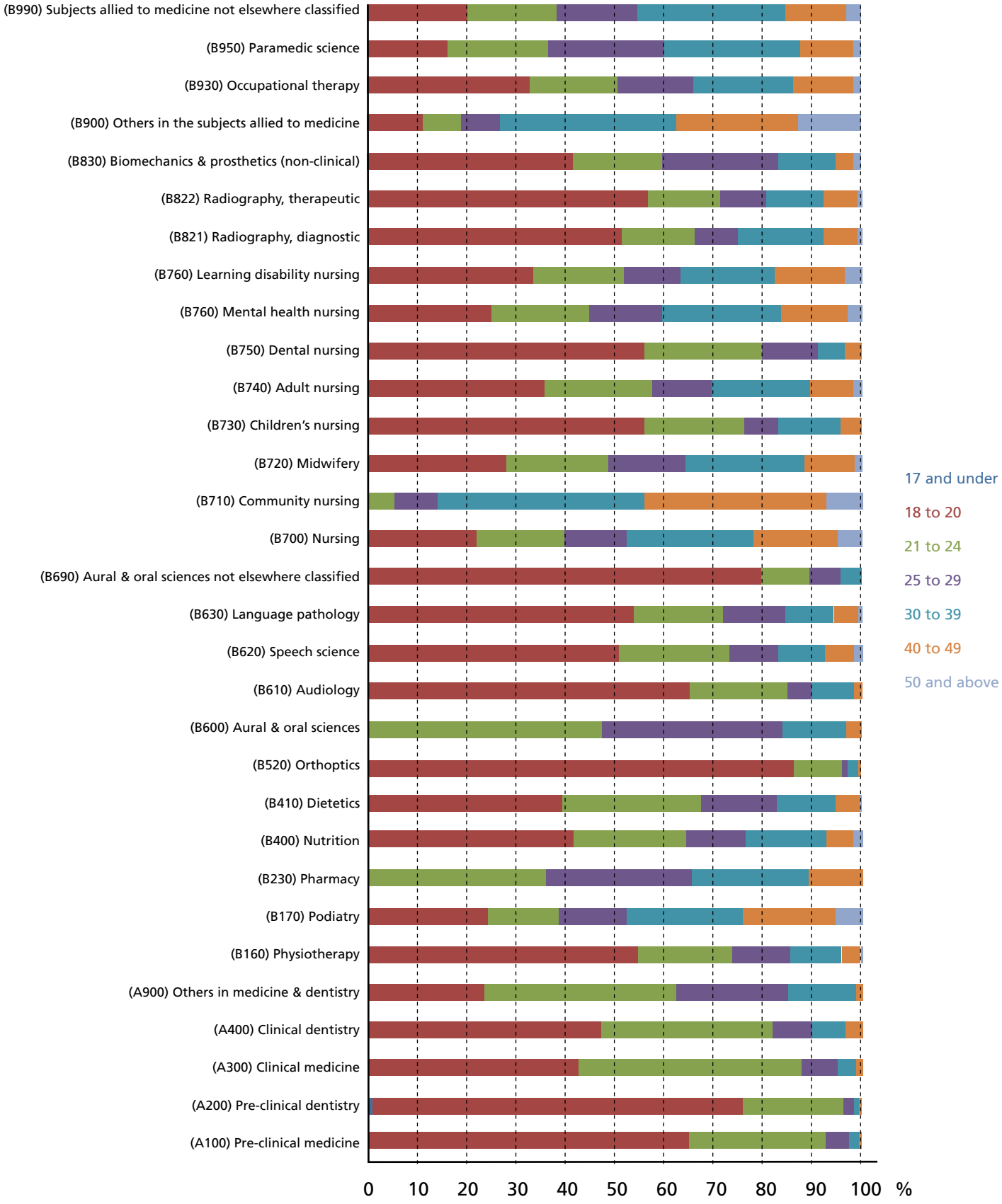


Chart 9: Ethnic identity distribution of enrolled students on NHS funded programmes (2013)



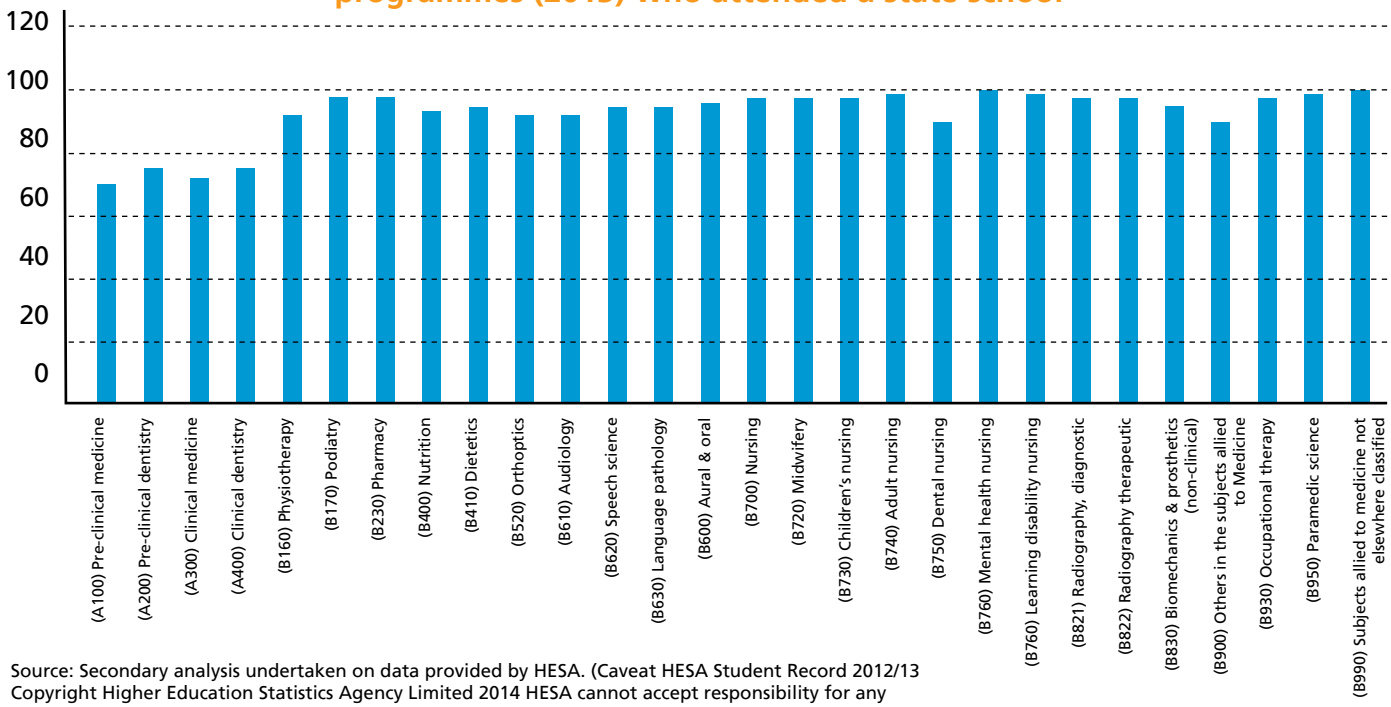
Source: Secondary analysis undertaken on data provided by Higher Education Statistics Agency (HESA). (Caveat HESA Student Record 2012/13 Copyright Higher Education Statistics Agency Limited 2014 HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties).

Chart 10: Age distribution of enrolled students on NHS funded programmes (2013)



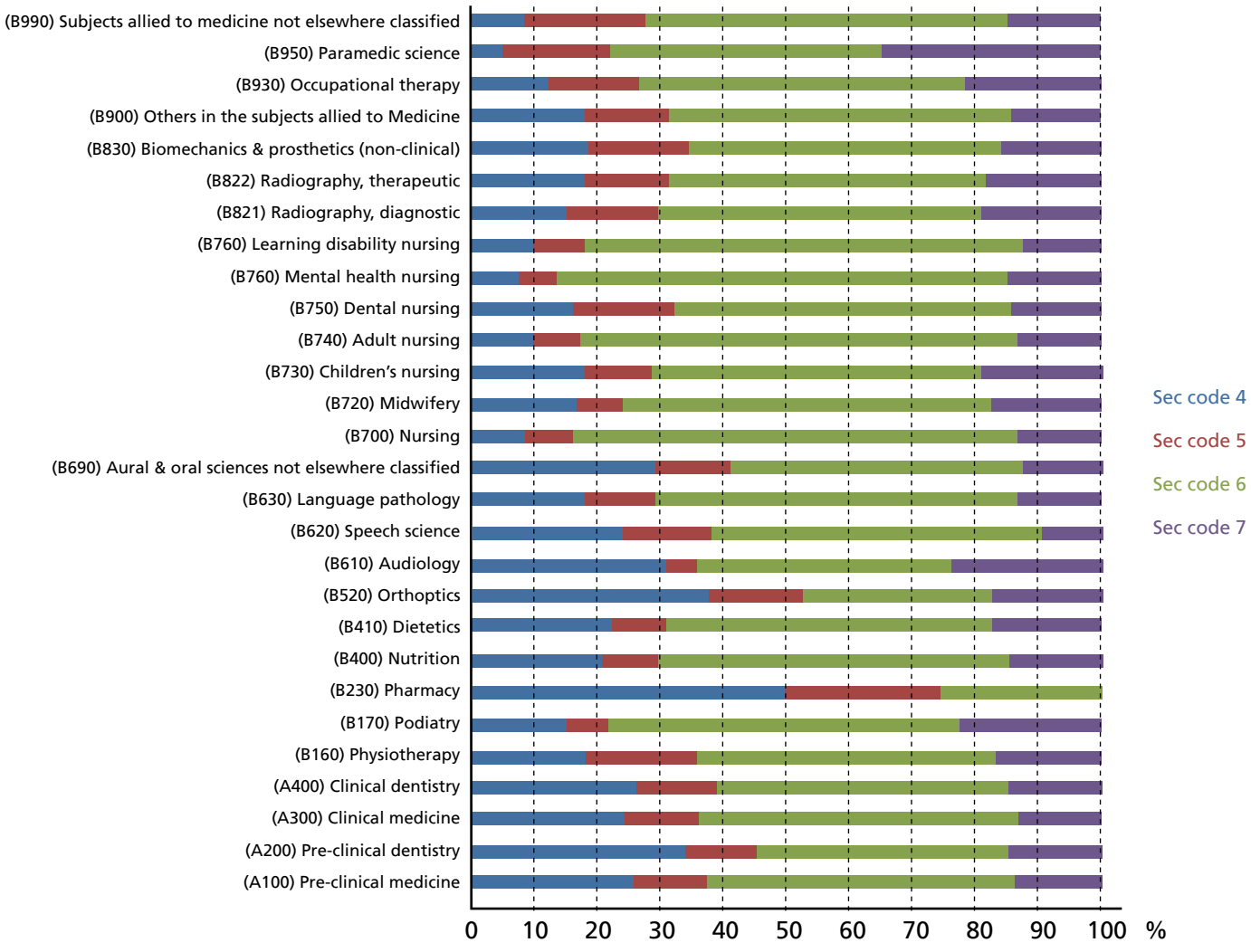
Source: Secondary analysis undertaken on data provided by HESA. (Caveat HESA Student Record 2012/13 Copyright Higher Education Statistics Agency Limited 2014 HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties).

Chart 11: Percentage of enrolled students on NHS funded programmes (2013) who attended a state school



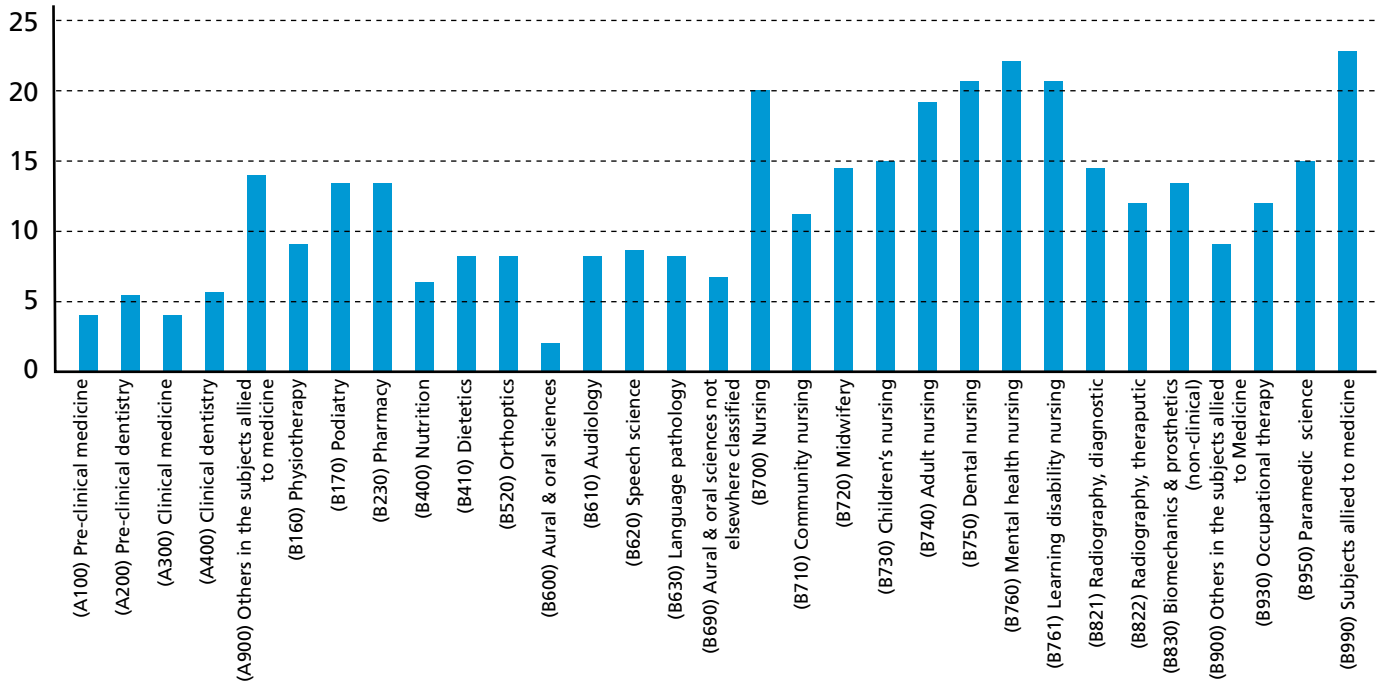
Source: Secondary analysis undertaken on data provided by HESA. (Caveat HESA Student Record 2012/13 Copyright Higher Education Statistics Agency Limited 2014 HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties).

Chart 12: Distribution of enrolled students by their recorded NS SEC code on NHS funded programmes (2013)



Source: Secondary analysis undertaken on data provided by HESA. (Caveat HESA Student Record 2012/13 Copyright Higher Education Statistics Agency Limited 2014 HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties).

Chart 13: Percentage of enrolled students on NHS funded programmes (2013) from low participation neighbourhoods



Source: Secondary analysis undertaken on data provided by HESA. (Caveat HESA Student Record 2012/13 Copyright Higher Education Statistics Agency Limited 2014 HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties).

Table 1: Percentage of applicants receiving indicated level of eligible bursary contribution by age

Age	1-20%	21-40%	41-60%	61-80%	81-99%	100%
16-24	86%	81%	77%	68%	61%	51%
25-34	8%	12%	13%	19%	26%	34%
35-44	5%	6%	8%	9%	10%	13%
45-54	1%	2%	2%	3%	2%	3%
55-64	0%	0%	0%	0%	0%	0%
65+	0%	0%	0%	0%	0%	0%

Source: Secondary analysis on data provided by the NHS Student Bursary (figures rounded up to nearest decimal point).

Based upon 2012 data, more students on health visiting (10%), radiography therapeutic (5.9%), nursing (5.8%), learning disabilities nursing (5.6%) and pharmacy (5.2%) discontinued their studies. While overall discontinuation of study trends were, on total average across all NHS funded programmes, similar by gender (Male 2.27%: Female 2.93%) and ethnicity (White 3.19%, Black 2.75%, Asian 2.82%, Mixed/Other 2.68%). There were some specific increased differences by programme which merits further investigation. For example, the level of discontinuation for students with a Black ethnic identity from pharmacy programmes was approximately 7% higher than for students with a recorded White or 6% higher for a student with an Asian ethnic identity. Similarly, more students with a Black ethnic identity discontinued their studies from dietetics, nursing and midwifery programmes compared to those from White, Asian or Mixed ethnic backgrounds. In relation to gender, the level of discontinuation was approximately 3% or higher for males compared to females on speech science, nursing, midwifery, and radiography therapeutic programmes (range 3-10.5%).

Effective widening participation strategies require equal importance being placed on interventions which enable participants from under-represented groups to progress and complete their educational activities.

3.4 Equality and diversity

Equality, diversity and inclusion are core values for the NHS. This is reflected in the commitment captured in the NHS Constitution (2013) and demonstrated through organisations fulfilling their legal responsibilities as part of prevailing equality legislation requirements.

Significant efforts have been made to promote equality and diversity, with many NHS organisations utilising the Equality Diversity Scheme to help improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS (NHS England 2014).

However, it remains an ongoing challenge to ensure that equality and diversity (E&D) is actively integrated and managed as a key aspect of organisational and workforce development, and moves beyond an approach which is predominantly based upon ensuring minimum legal compliance (Royles 2011, Kalra et al. 2009, John 2004).

Kline (2014) has reported that there has been a decrease in the number of staff from BME backgrounds in senior positions within the NHS. This has prompted the fear that the delivery of services could be impacted, given that the ability to draw upon a diverse range of perspectives is essential for the effective commissioning of healthcare services.

Other research in relation to the equality management of healthcare professionals recruited from overseas has found compromised experiences of equality and inclusion (Likupe 2013, Alexis & Vydelingum 2009, Hunt 2007, Smith et al. 2006). Kalra et al. (2009) contend that leaders who can listen to, understand and motivate different ethnic patients and staff will be a crucial asset in the healthcare workforce for any country with diverse populations. The significance of this is current, given the renewed drive by some healthcare organisations to recruit healthcare professionals from overseas in order to address nursing and potentially other workforce shortages and the increasing diversity of the UK population which has seen an increase in those identifying themselves from a minority ethnic group up from eight per cent in 2001 to fourteen per cent in 2011 (Office for National Statistics 2012). This shift in ethnicity identity of the population also brings into view the increasing implications for the NHS workforce to be able to deliver culturally competent and sensitive care. If this is to be authentic, engagement with and recruitment of staff from the various ethnic populations will be needed to provide insights, role modelling and contribute to training developments. An effective widening participation strategy will be a key enabler in helping to support such an approach.

While there is some research in identifying equality issues for some equality target groups within the workforce, such as those from BME background, more research is needed to give visibility and help understand the experiences of those with other protected characteristics such as disability and sexual orientation. This is needed to help design workforce development strategies that are enabling, sensitive and inclusive.

Clear links between leadership and open, inclusive and supportive staff engagement approaches have been found to be enablers for predictors of good quality healthcare (Maben, Adams et al.2012, West, Dawson et al. 2009). The importance of supporting positive experiences has been recognised in the recently released nursing strategy (NHS Commissioning Board 2012). The NHS Leadership Academy ensures that the values of equality, diversity and inclusion are a main theme of frontline and senior leadership development programmes that they support, seeking to engender a leadership culture and motivation where these core principles are understood and actioned as a holistic commitment to leadership. While there is recognition that access to programmes by BME groups has increased, it is recognised that more work needs to be done to enable progression into higher roles (NHS Leadership Academy 2014).

NHS Employers has set out useful guidance for enabling healthcare organisations to direct their planning efforts in supporting an effective approach to E&D management. A number of NHS organisations are demonstrating commitment, practical application and progress in the use of this guidance (NHS Employers Equality and Diversity Partners Scheme).

3.5 Work – health and wellbeing

Participation in meaningful work is a key determinant of self-worth, identity, family esteem and is a means of social participation and fulfilment. It is accepted that there are clear links with unemployment, work and health outcomes (World Health Organisation 2013, Chief Medical Officer 2012, Bambra 2011, Bambra & Eikemo 2009, and Waddell & Burton 2006). Likewise it is acknowledged that the opportunity and participation in employment can directly promote better health and wellbeing for individuals, families and society at large (World Health Organisation 2013, Black 2008). The greater the time someone lives in disadvantaged circumstances the more likely they are to suffer health problems, with unemployed people and their families at much higher risk of premature death. Children living in workless households are also more likely to experience worklessness themselves during their own adult life, perpetuating a potential cycle of deprivation which risks further widening and deepening inequalities.

In their review of the research on the links between work and health and wellbeing, Waddell & Burton (2006) contend, that in most circumstances, there is strong evidence that unemployment is generally harmful to health, including risks of higher mortality, poorer general health, poorer mental health, minor psychological/psychiatric morbidity; higher medical consultation, medication consumption and hospital admission rates. They go on to note that for those out of work but subsequently re-employed adverse health impacts such as general and mental health, depression, psychological distress and minor psychiatric morbidity can be reversed.

While in the UK employment rates are showing improvement, unemployment remains a significant issue, with over 2.2 million people registered unemployed (Office for National Statistics 2014). Of particular concern, though with some evidence of recent improvement, is continuing high levels of youth unemployment as unemployment remains substantially higher among younger people compared with older people. Recent statistics indicates that 747,000 young people aged 16-24 were unemployed and of these 200,000 young people had been unemployed for 12 months or more (Office for National Statistics 2014). Based upon recent figures, 975,000 people aged 16-24 were recorded as not in education, employment or training (NEET), with the number of NEETs highest in England in the North East, North West and the West Midlands (Office for National Statistics 2014). The public health concerns of high youth unemployment/ NEETS has been particularly highlighted (World Health Organisation 2013).

Unemployment rates can vary by ethnicity and disability, with the unemployment rate for people from minority groups at approximately double the national average. There is a similar discrepancy in relation to disability, where approximately 30% of working-age disabled people are in employment compared to the working-age non-disabled people (Office for Disability Issues 2014).

Given the health benefits of work and consequences of unemployment the health sector has a specific interest, as part of holistic preventative health and wellbeing strategies, in how it influences and contributes to enabling employment and widening participation opportunities for the communities it serves. There is evidence that healthcare organisations are doing just that, with a recent call for best practice in support of the development of this strategy capturing such examples (see 4.10). One of the other ways that this can be demonstrated is through the recognition of Corporate Social Responsibility (CSR).

3.6 Corporate social responsibility

The health sector is a major employment sector, with recent estimates suggesting that health contributes to approximately 8.5% of total gross national product (UKCES 2012).

NHS organisations are key agents for bringing about health, social and economic benefits in the communities that they serve given their status as a major local employer, the partnership activity they support and through the use of its purchasing power. Although the NHS is operating within a complex and challenging environment a recent analysis has suggested that in England, NHS organisations annually collectively contribute as much as £30 billion in economic activity (Barclays and Foundation Trust Network 2013).

There is more recognition and understanding of the social and economic value that large organisations, institutions and businesses can bring to the areas in which they are located and active. The concept of CSR reflects this effort with encouragement that organisations are active in planning and organising their business activities to achieve social responsibility aims. Indeed, legal expectations have been set for public bodies to consider how through the services they commission and procure they can bring further economic, social and environmental benefit for the communities in which they operate (Public Services (Social Value Act) 2012).

While previously CSR has been mainly positioned as a philanthropic act, better understanding of the way it can be demonstrated and measured is emerging. Research findings indicate that it can enhance an organisation's reputation, promote new relationships with the community and other business's and bring some efficiencies in service and operating costs (Galbreath 2010, Idowu and Towler 2004).

There are a range of NHS organisations who are articulating and progressing their CSR strategies and linking these with strengthening community engagement (Pennine Care NHS Trust 2012, Guy's and St Thomas NHS Foundation Trust 2012, Royal United Hospitals Bath 2010). It is through such strategies that incorporating actions to engage, invest in skills and development of local workforce talent can be captured and linked to widening participation initiatives which provide work experience, volunteering and employment opportunities into entry level jobs; which, given the wide range of job roles available within the NHS, can be extensive. This activity contributes directly to supporting a future source of workforce supply.

3.7 Social mobility

Efforts to improve social mobility are a major theme of current UK policy (www.gov.uk). Despite recognition that there has been some improvement in equality and measures of social mobility, deep seated and systematic differences which can affect an individual's potential and opportunities for enhancing social mobility remain (Centre on Dynamics of Ethnicity 2014, Social Mobility and Child Poverty Commission 2013).

Social mobility has been defined as the measure of how free people are able to improve their position in society. This includes the movement of individuals across social class or income structures. Social mobility is typically associated with generational improvements. When a society is mobile, it enables individuals, regardless of background, an equal chance of progressing in terms of income or occupation (Milburn 2009). Access to education and employment opportunities are key enablers for supporting social mobility.

The recent State of the Nation report (Social Mobility and Child Poverty Commission 2013) has identified the significant challenges that prevail in ensuring the conditions to enable maximum social mobility-enhancing developments. In brief, these challenges recognise:

- the progress achieved in social mobility over the last century has now flatlined and if not addressed could go into reverse with adverse consequences for society at large.
- children from the most disadvantaged areas are only a third as likely to enter higher education as children from the most advantaged areas, and are less likely to attend the most selective higher education institutions.
- high performing individuals at GCSE level who are eligible for free school meals (FSM) are less likely to attend university than their peers but when people from state schools do reach university, they can often outperform pupils from independent schools with similar prior attainment.
- participation in higher education by white British teenagers is lower than for many ethnic minorities; however minority graduates remain under-represented in the graduate recruitment of large organisations.
- there are approximately 3,700 'missing' state school students each year who achieve the grades to get into the Russell Group of universities but still do not achieve admission.
- social class is now considered the main barrier for an individual's potential for moving into a professional career.
- greater efforts are needed for access to professions, including medical and other healthcare professions, to open doors to a wider pool of talent.

If social mobility is to improve and help break the cycle and transmission of disadvantage then the Social Mobility and Child Poverty Commission (SMCPC) asserts that amongst other strategies that the following are needed:

- a focus on reducing youth unemployment, particularly for those classed as NEETs (Not in Employment, Education or Training).
- clear accessible routes into work for those pursuing both vocational and academic education and training.
- quality employment opportunities throughout the country with good progression potential and fair recruitment processes.
- an increase in the availability of careers, advice, information and guidance and more work experience opportunities.

The Commission is also strongly urging improvements for wider access to elite universities and access to professions by under-represented groups. Wider entry into the medical profession has been particularly highlighted as needed (Social Mobility and Child Poverty Commission 2013, General Medical Council 2013, Milburn 2009).

3.8 Access to education

Education is a key determinant of life chances (Equality and Human Rights Commission 2014). In relation to providing education progression opportunities for young people, current UK education policy is focused on:

- developing strong vocational education pathways, with specific emphasis on encouraging the wider application and adoption of apprenticeships.
- supporting those with the interest and the ability, equal opportunities and access to higher education.

The NHS has shown a strong commitment to supporting the development of both the future and current workforce through vocational pathways. For example, Health Education North West commissions 400 cadets each year, across a number of subject areas including informatics, business administration, finance and health. Young people completing these Level 2 or 3 programmes can then either enter into the workforce and/or progress on to higher education. Many NHS organisations have developed their own programme supporting the development of their support staff and linking this development towards the achievement of qualifications that can then enable the person to consider whether they might wish to progress and take further qualifications, including undertaking a pre-registration healthcare programme.

The NHS is demonstrating strong commitment to the value of apprenticeships, with over 11,000 people commencing an apprenticeship in 2013-14. Several healthcare employers are collaborating as part of a government initiative to help redesign apprenticeship frameworks further so they are flexible and as responsive as possible in supporting relevant work skills and potential career development. While the uptake of apprenticeships has been positive some limited evidence suggests that uptake from members of the workforce from more diverse backgrounds has not been as strong as it could be (Table 2).

Table 2: Diversity profile of NHS staff commencing an apprenticeship pogramme in 2013-2014 (n=2602)

Age*	
16 - 18	11%
19 - 23	25%
Over 24	64%
Gender	
Female	81%
Male	19%
Ethnicity**	
White	89%
BME/Other	11%
Disability	6%

Based upon data provided by Health Education North West, Health Education North East, Health Education Yorkshire and the Humber
*Although the total average is given by age for all starts, the range of averages for apprenticeship starts for 16-18 and 19-23 year olds in Yorkshire and the Humber and North East was higher at 20% and 38% for 16-18 and 40% and 55% for Over 24's respectively.
**where data recorded and known, 57% of starts for North West did not have a recorded ethnicity identity.

Evidence of increased access and participation by under-represented groups into higher education has been recorded (Department of Business, Innovation and Skills 2014, UK University Alliance 2014). However, in 2013, men from the most advantaged areas were over three times more likely to enter higher education than men from the most disadvantaged areas, compared with women where the ratio has reduced to 2.5. In addition, more females continue to enter higher education than men apply (UCAS 2013). Improvements in the entry rates of participants from less advantaged backgrounds have increased for the second year in higher tariff institutions. However it remains that the most advantaged young people are seven times more likely to enter a higher tariff institution then the disadvantaged 40% (Nartey 2014). Consequently, it is differences in gender and ethnicity, those applying for higher education from less advantaged backgrounds and variance in entry rates between higher tariff and lower tariff institutions for disadvantaged applicants which primarily influences widening participation efforts.

To renew the aims and focus of widening participation efforts in higher education a national widening participation strategy has recently been jointly produced by the Office for Fair Access (OFFA) and the Higher Education Council for Funding Education (HEFCE) (Department of Business, Innovation and Skills 2014). To continue to narrow the ever present gaps in access to higher education by disadvantaged people, support student achievement, promote further educational progression and reduce inequalities in employment outcomes between different groups the priorities for action can be summarised as being:

- more strategic alignment between key stakeholders and education providers to ensure that efforts and investment in widening access are coherent and effective.
- recognising that widening participation needs to encompass the whole student lifecycle, from recruitment, progression, achievement and movement into appropriate employment.
- increasing evaluation and generating the evidence for understanding what works.
- an increase in the partnerships to deliver collaborative action to support widening participation outreach activity.
- more effective information, advice and guidance.
- test different support activities, including financial support.

There is already significant performance measures concerning widening participation which education providers are expected to monitor and report against (OFFA 2014). Education Institutions are required to submit and agree access agreements with OFFA, this access statement indicates the level of fees that an education institution is seeking to charge and the arrangements they have put in place to support best access and widening participation. Recent analysis has shown that education providers have increased their widening participation investment and this is having an impact on attracting and sustaining students from diverse backgrounds (OFFA & HEFCE 2014).

In the context of healthcare programmes, the challenge is how best to identify, understand and monitor the access profile for learners accessing NHS funded healthcare education programmes, without creating undue burden but ensuring sufficient scrutiny to enable overall trend analysis.

Given that much of the development and investment in the healthcare workforce is enabled and achieved through higher education delivery, HEE has, through its commissioning function and relationships with education providers, a significant opportunity to be an effective national partner in supporting the aims and delivery of the national access strategy and driving up further widening participation initiatives.

3.9 Access to professions

In 2012, there were over 95,000 applications for the available training places at medical schools in England, resulting in an application ratio of 10.5/1. Given such demand, entry standards are very high and medical schools are able to be highly selective based upon educational attainment. There has been a persistent specific concern which has identified that selection methods persistently fail to widen participation (Social Mobility Commission 2013, Cleland and Nicholson 2013, Milburn 2012).

A large survey recently conducted by the GMC (2013) of Foundation and Specialist Trainees has confirmed that there remains limited representation from those from lower socio-economic backgrounds within medicine. The survey found that over one-third of trainee doctors attended private school compared with seven per cent of the general population and just eight per cent of trainee doctors received free school meals (FSM) at any point during their schooling, compared with one quarter of the general population while six percent of participants grew up in a deprived area within the UK.

There have been some recent concerted efforts to enhance Access to Medical Professions (Social Mobility Commission 2013, Milburn 2012). To help consider how best to widen participation in medicine a national project, 'Selecting for Excellence' has been established and is being coordinated by the Medical Schools Council. This project which includes key stakeholders, such as the General Medical Council (GMC), Department of Health and Health Education England (HEE) is seeking to:

- consider issues for increasing the application and selection of candidates from a range of different socio-economic backgrounds.
- give clarity on the aims of selection in promoting the role of the doctor.
- encourage models for promoting access to work experience.

In addition, the GMC has considered selection processes and encouraged medical schools to reflect on opportunities for greater consistency and collaboration. This was informed by a literature review commissioned to explore the variety of selection methods currently used (Cleland & Nicholson 2013). Addressing this area is another focus for the Selecting for Excellence project.

The Selecting for Excellence project is due to report in December 2014 and has already published a significant interim report which has produced further research and progress on enabling strategies (Medical Schools Council 2014). HEE is pleased to be supporting this project, recognising that shared commitment with the other stakeholders who have committed to the aims of the Selecting for Excellence project is the best way to influence and achieve the anticipated change.

While widening access to the medical profession is a particular priority the same principles and commitment for action equally apply to other professions, albeit that the level of progress needed may not be as extensive. In part, this is because in relation to widening access to nursing careers, there has already been considerable interest in developing progression pathways. This has been triggered by the fact that potentially a large number of current Health Care Support Workers are interested in becoming a registered nurse and providing a vital future qualified nursing workforce supply (NHS 2010).

Charts 9 and 10 illustrate that students from a range of ethnic, socio-economic backgrounds have commenced a healthcare programme and on successful completion will help to increase the diversity of the workforce. However, these charts also indicate under and over-representation. For example, students from an Asian ethnic identity are over-represented on medicine, dentistry, audiology and pharmacy programmes, while those from a Black identity are lower in comparison, although they have an increased representation on nursing type programmes. Similarly, the majority of students on paramedic science programmes are from a White ethnic identity.

Part of the challenge of widening access is not just to remove barriers to participation, such as a lack of financial support, but to help potential participants from disadvantaged backgrounds feel inspired and confident to make an application. In addition, supporting applicants to overcome the social, emotional and environmental perceptions of studying at a high elite university will also be required. However, another major requirement is the need to improve educational attainment between the most advantaged and disadvantaged groups, something which needs to happen much earlier in education development if future inequalities are to be reduced (Chowdry, Crawford et al. 2013). This is critical given that prior attainment remains the main criterion used by higher education institutions to offer and accept applicants (Higher Education Research Funding Council 2014 [HEFCE). Moreover, poor achievement in secondary schools has been identified as a more important factor in explaining lower HE participation rates among pupils from low socio-economic backgrounds than barriers arising at the point of entry to higher education.

Other recent research indicates that students with similar prior attainment from independent schools do consistently less well at the end of their degree studies than students from other schools and colleges (HEFCE 2014). In addition, prior attainment levels by gender and ethnicity can also be a varying success factor with students from white backgrounds achieving higher degree outcomes compared to students with other recorded ethnicity, while female students performed better compared to males (HEFCE 2014). In the context of completing higher education healthcare programmes the magnitude and implications of these characteristics need to be specifically researched and will form part of the proposed action plan for delivery of this strategy.

3.10 Widening participation initiatives

There have been significant efforts to develop and widen participation for access to the healthcare workforce and/or to undertake healthcare education programmes. A recent call for best practice seeking details and impact of developments put in place by healthcare organisations, education providers and others generated over ninety submissions. The range of initiatives supported are summarised in Box 2. While some of these initiatives can show some impact, overall more systematic planning and analysis of such developments will be needed to capture full value and impact. However, they clearly show that NHS organisations, education institutions and other partners are concerned, active and investing in planning and testing developments to widen involvement and this needs to be celebrated. They do also indicate some activity that could be more widely adopted, particularly work experience initiatives and ambassador schemes. However, collaborative funding support may be needed to sustain potential developments and ensure equity across LETB regions.

Findings from a literature review undertaken to inform this strategy has found a number of research reports on interventions to widen participation and access to healthcare education programmes (Khaene et al. 2014). However, the overall conclusion is that due to inadequate definitions of target groups, small-scale studies and methodological issues it was difficult to assess the usefulness, effectiveness and potential wider application of such studies. Similar conclusions have also been reported by others in the context of widening participation initiatives for access to medicine (Cleland and Nicholson 2013). This suggests that development of a research evaluation framework, guiding how any future widening participation interventions and studies might be best approached, would be helpful.

Although the review by Khaene et al. (2014) found only a limited evidence base related to the impact of widening participation initiatives in healthcare education programmes, several recommendations for action are suggested including:

- improved information, advice and guidance (IAG). This is particularly needed given the decline in the provision and the quality of IAG services now available in many schools in England (Ofsted 2013).
- greater use of mentorship approaches including current students and graduates to help support and guide participants.
- education institutions reviewing patterns and biases in the admissions processes and addressing them through approaches such as the use of contextual data, compact arrangements, and/or training for admissions staff.
- the setting up of more long-term partnerships between key partners such as schools, education providers and NHS organisations to collaborate and design an integrated suite of interventions rather than one-off interventions that start engaging children, young people and adults much earlier rather than just at the recruitment and selection stage.

These recommendations support those made by others (BIS 2014, Moore, Zimdar et al. 2013, Ofsted 2013, Milburn 2012, Spielhofer et al. 2010).

The Professions for Good Practice and SPADA (2012) have produced a Social Mobility Toolkit which suggests best practice is achieved through a range of stakeholders including professional bodies, regulators and education providers collaborating in order to guide actions to increase social mobility through access to professions. The toolkit, which was sponsored by the GMC amongst other key stakeholders, is also supported by the Equality and Human Rights Commission.

The intention is to draw upon some of the principles and guidance proposed in the toolkit, some of the best practice examples currently being supported and the recommendations from the available research as part of the strategic activities proposed in this widening participation strategy.

3.11 Work experience

Undertaking work experience has been identified as a key mechanism in helping young people and others to guide and decide their career choices. Effective work experience, or work-related learning, can help raise awareness and ambition, provide insights into the reality of work, support the development of key employment skills and address some of the stereotyping and misconception of roles. Frequently, it is an important element for those seeking to make an application to undertake an education and training programme leading to registration as a healthcare professional. Equally, it can also be a helpful way to support those people seeking to return to practice or back into work and also introduce awareness of other, non-clinical roles and entry level jobs available within the NHS and potential career progression opportunities. The value of work experience for those interested in healthcare careers has been supported (Smith et al. 2013, Pearce 2008, Kamali et al. 2005).

However getting access to work experience opportunities has been judged 'a lottery' (Milburn 2012) with the concern that opportunities are most likely to be taken by those with wider social networks and links. Consequently, there is encouragement for more transparent approaches for supporting work experience and for employers to review their practice. In some sectors, this has resulted in formal work experience initiatives being established to specifically target under-represented groups and those from less advantaged backgrounds (www.primecommitment.org.uk).

A survey, undertaken to inform this strategy, to assess the current capacity and approach of the NHS in supporting work experience opportunities has demonstrated significant commitment by employers to provide work experience opportunities (Box 3). This commitment is seen strongly as a way to demonstrate widening participation and reflect social responsibility. However, the findings also show that most requests for placements come from individuals and/or family connections, with only forty two per cent of organisations indicating that they give preference for placement requests for young people from schools or other education providers within their local area. This may in itself give rise to inequity and therefore a more planned, transparent and targeted approach by healthcare employers in allocating and supporting work experience is needed.

Box 2 Widening participation in healthcare/education: overview of returns for call for best practice

Purpose: A call for best practice was issued, seeking responses from healthcare organisations and education providers for evidence of any widening participation developments they have supported which helped:

- widen access and recruitment for training and/or employment to the healthcare workforce
- aid career progression for under-represented groups
- lead to an increase in diversity of the healthcare workforce

Response: Over ninety individual submissions were received, reflecting a range of interventions and initiatives and included engagement with people across the life course; from children in primary school to young unemployed individuals, to lone parents contemplating a return to work. There were case studies involving those with learning disabilities, significant examples of interventions aimed at promoting access to healthcare professions and development of programmes to support Bands 1-4 development. Summary examples are given below.

Access to professions

St George's Medical School, London and University of Manchester identified the developments they have put in place to widen access to medicine and other healthcare professions by under-represented groups. This included residential summer schools, other supported outreach and involvement of student ambassadors. Both education providers indicate significant success with 90% of students attending the St George's Summer school indicating that they would like to pursue a healthcare career, while 93% attending the Manchester Access Programme had much better expectations of the programme they wished to apply for.

Information, advice and guidance

Health Education East of England has been operating a successful Health Ambassador Scheme, recruiting, supporting and putting ambassadors in contact with schools to promote interest and aspiration in healthcare careers. They have trained over 400 health ambassadors and through the scheme have supported contact with over 39,000 young people interested in healthcare careers.

Pre – employment

A range of trusts have established pre-employment programmes as a way of engaging disadvantaged people and promoting progression into entry level jobs. For example, Plymouth Hospitals NHS Trust established Project Search specifically to attract people with learning disabilities for employment within the Trust. Offering a nine-month college to work internship, this programme has seen 13 people finding employment within the trust/service providers. Salford Royal NHS Foundation Trust, in partnership with the Skills for Health Academy North West and Salford College, has run a 14 week bespoke pre-employment programme, consisting of 4 weeks sector based training and 10 weeks placement with up to 6 months post programme support. 45 participants have found employment and the trust now uses the post-programme as a key recruitment pathway.

The full directory of Call for Best Practice will be published on the Widening Participation Programme web pages at www.nw.hee.nhs.uk

Box 3 Summary of NHS work experience capability and capacity survey

Purpose: Work experience has been identified as a key way to promote interest in and access to healthcare careers. Many NHS organisations already support work experience, therefore the purpose of this survey was to understand current capacity, good practice and barriers to further expansion.

Response: 168 responses were received although after accounting for duplications and completeness of information, 116 individual organisational responses were useable. Based upon the number of NHS provider organisations, this equated to a 45% response rate.

Key findings

Majority of trusts responding have a formal work experience programme (79%)

Supporting workforce pipeline (83%) and widening participation (81%) were seen as the main expected outcomes for organisations in supporting work experience

Placement capacity, lack of coordination support and risk management issues were ranked as the highest barriers for organisations in being able to support work experience

Majority of trusts do not prioritise placements for local education providers/ agencies (58%)

46% of trusts target/ experienced in supporting young people Not in Education, Employment Training (NEET) Placements

Good agreement that further educational resources and potential managed models of work experience would be helpful

Some trusts supported over 800 work placements per year, but more frequently 25% of trusts supported between 100-250 requests per year

Most requests came from individuals (88%), Colleges and Schools (78%) Internal staff (68%) with only 39% coming from education/ business link

Coordination of work experience is frequently managed by Learning and Development (44%), HR (20%) and other (33% teams). There are capacity issues

Implications

- Many organisations are supporting work experience and committed to using this activity to support widening participation.
- Current capacity and capability is under strain in some organisations and could be increased with further investment and support for coordination.
- Improvements in best practice guidance would be helpful.

Action

Supporting the adoption of the Practise work experience commitment (Appendix 1) could be a helpful way to build upon current practice and support more targeted and transparent work experience opportunities to maximise widening participation.

4 Promoting widening participation – Our proposed strategic enablers and goals

Based on the current policy directives, state of related and potential developments and appreciating the specific influence and contribution that Health Education England might have in promoting widening participation we have identified the following enablers and strategic goals, which we will progress:

Enablers

Promote and support partnerships:
We will stimulate further the development of national and local partnerships, including resourced programmes of activity between the NHS and other stakeholders to increase the exposure by young and older people to the purpose, value and diverse range of healthcare roles and potential careers.

Strategic goals

Improve monitoring and reporting of widening participation activities:
We will work with national stakeholders, education and healthcare providers to improve the monitoring and reporting of widening participation developments in relation to any education programmes/workforce developments that HEE funds and supports.

Enhance further the visibility and targeting of Health Careers Information and Advice:
This will require more creative ways to present information and advice that will appeal more directly and sensitively to potential participants from diverse backgrounds. Related to this is the need to present information which clearly illustrates the breadth of career and progression opportunities available within the NHS and wider health sector.

Increase, through research and evaluation, the understanding and evidence of what and what does not work in relation to widening participation developments in healthcare education and workforce development:
This will require the commissioning of specific research to investigate the needs of under-represented groups as they apply, commence and progress on healthcare education programmes including their programme outcomes. Priorities would seem to be exploring the experiences of participants from BME backgrounds, mature participants and those with disability. This is needed to help inform priorities, better guide the design of any planned interventions and help assess the return on investment. This also needs to take account of the potential impact of widening participation on programme retention and attrition.

Increase collaborative approaches in supporting widening participation initiatives, including outreach activity:
NHS organisations and wider health sector employers in committing to more sustained collaborative models with education providers (higher education, colleges and schools) and others in supporting their widening participation initiatives, including outreach work

Stimulate and increase the capacity of healthcare organisations in being able to expand and support work or work related experience opportunities:
Enable wider, larger scale and sustained coordinated access for potential participants, from all backgrounds and circumstances, seeking a career and/or employment in the health sector to gain work experience opportunities. There will be a need to overcome some of the barriers that prevent some participants, particularly those from less advantaged backgrounds, from accessing such opportunities.

5 Strategic goals and actions: What do we need to do?

Table 3 identifies the strategic goals and an initial set of actions that HEE will support to commence the implementation of this strategy:

Table 3: Strategic goals	Proposed actions	Who	By When	Evidence of Impact
Improve monitoring and reporting of widening participation:	Work with stakeholders to agree a definition of widening participation and based upon this, review the relevance of available and reliable data items that would enable meaningful, achievable and effective monitoring, without causing unnecessary burden.	HEE and relevant stakeholders.	April 2015.	An overarching definition developed and is being used to inform data planning and monitoring.
	Influence and work with other stakeholders (for example, ESR National Team, HEFCE, OFFA, UCAS and HESA), interested in or involved in designing, developing or managing systems to enhance the quality, completion and reporting of equality and diversity data.	HEE	Ongoing.	HEE involvement in any working groups/developments established.
	Ensure widening participation is a key theme for consideration included in all relevant education and workforce guidance and planning developments, related to the development of the current and future workforce.	HEE/LETB's	Annual cycle and ongoing.	Features as part of the annual cycle of workforce and education commissioning or renewal of any other relevant guidance issued by Health Education England.
	Ensure that any education information management systems directly supported by Health Education England (and Local Education Training Boards [LETB]) are designed or amended to record and report.	HEE/LETB's	Ongoing but review on an annual basis.	Will be included in any design specifications developed to support the design of systems to report the uptake of any funded education activity.

Table 3: Strategic goals	Proposed actions	Who	By When	Evidence of Impact
Enhance further the visibility of Health Careers Information and Advice:	With involvement from representatives from identified under-represented groups, review the presentation and relevance of current Careers Information materials, resources and their potential for enhancement to ensure appropriate use.	HEE	June 2015	User testing undertaken and any appropriate amendments made.
	Based upon intelligence identify the requirements for any specific campaign approaches to reach particular under-represented groups to participate in available education and development opportunities.	HEE/LETB's and other stakeholders.	Ongoing	Any relevant campaign developed and presented in partnership with other stakeholders. Response impact to any campaign.
	In partnership with other stakeholders, including relevant educational charities, put in place and evaluate the effectiveness of arrangements to help teachers and career advisors better understand the breadth of healthcare education, career and progression opportunities available in the NHS and wider health sector.	HEE/LETB's and relevant stakeholders.	Ongoing but review by June 2015.	Evaluation: Levels of awareness and utilisation of careers information and advice by teachers and career advisors.
	Using the model as indicated in Appendix 3 set up and advance a partnership agreement for shared activity with relevant nationwide organisations involved in engaging, supporting and providing Information and Advice to young people, to present the breadth of career opportunities within the NHS.	HEE/LETB's	By March 2015 and ongoing.	Partnership framework in place and at least 3 partnerships with focused activity being undertaken with priority groups, and any agreed co-activity being supported across the majority of LETB's.
	Provide support for access to relevant training programmes/ resources to increase the capability of staff such as managers, educators and others in providing careers guidance to new and existing healthcare staff.	HEE/LETB's	By June 2015 and ongoing.	

Table 3: Strategic goals	Proposed actions	Who	By When	Evidence of Impact
Increase, through research and evaluation, the understanding and evidence of what and what does not work in relation to widening participation developments in healthcare education and workforce development.	With involvement of high-level stakeholders (e.g. HEFCE, OFFA, Medical Schools Council, Council of Deans of Health and other education providers) develop an appropriate research programme to investigate/evaluate at least three priority issues related to widening participation in healthcare education.	HEE with the support of relevant stakeholders.	By March 2015.	Agreed research priorities identified and commission issued.
	Agree investments and put in place appropriate mechanisms to commission required research/evaluation.	HEE	By March 2015.	Commissioning timeframe and investment in place.
	Review, disseminate and act upon as appropriate, the findings of any research/ evaluation produced.	HEE/LETB's	Ongoing.	Any relevant findings are actively disseminated and implications reflected in HEE business and commissioning plans.
	With other partners such as HEFCE, the Medical Schools Council, Council of Deans of Health and relevant educational charities, support the development and promote the use of a framework to help guide evaluation of any NHS supported widening participation developments.	HEE and other stakeholders.	Ongoing but review progress by September 2015.	Agreed framework in place.
	Identify the principles and anticipated mechanisms that might be used to help education institutions to isolate and monitor the impact of any widening participation activity on overall programme delivery.	HEE/ LETB's and education providers	By September 2015.	Case studies produced which illustrates approaches to how monitoring at programme level can best be managed and reported.
	Evaluate the adoption of the Work Experience and Ambassador Schemes.	HEE/LETB's	12 months after formal launch.	Evaluation report available and disseminated.

Table 3: Strategic goals	Proposed actions	Who	By When	Evidence of Impact
Increase collaborative approaches in supporting widening participation initiatives, including outreach activity:	Identify, encourage and support models of engagement, between local NHS employers, education providers and stakeholders, relevant to local context and geography, in the delivery of widening participation initiatives, including outreach, aimed at promoting access to healthcare education programmes.	HEE/LETB's, education providers and healthcare employers	Review by June 2015.	Number of formal agreements/ relationships in place/best practice case studies.
	Agree a single point of contact for education and stakeholders within an agreed LETB/Sub-geography level interested in progressing partnership approaches for maximising outreach work with local NHS organisations.	HEE/LETB's	By May 2015.	Single point of contact established in each LETB/relevant sub region.
Stimulate and increase the capacity of healthcare organisations in being able to support work or work- related experience opportunities.	Promote and support, through the Learning Development Agreements, commitment by NHS organisations to the Work Experience Practise and the Ambassador Commitment (Appendix 1 & 2).	HEE/LETB's	By April 2015.	Work Experience Practice and Ambassador Commitment published and being promoted.
	At LETB level, identify potential models, sustainable arrangements/systems to provide a coordinated approach for supporting organisations in enabling work experience commitments/involvement in Ambassador activities.	LETB's	By June 2015 and ongoing.	Agreed model in place and investment to support in place.
	Support the development and testing of new approaches to provide work experience/work -related opportunities.	HEE/LETB's	Ongoing	Any new developments, guidance and approaches, shared with all relevant stakeholders.
	Through the NHS Careers service provide a web presence to identify which organisations have formally committed to the Work Experience Practise and Ambassador Commitment.	HEE	By April 2015.	Web presence in place and communicated to organisations and participants.
	With NHS Employers and other agencies, promote and share relevant information with employers about the Work Experience and Ambassador Commitment's through their communication channels.	HEE /NHS Employers and other stakeholders.	Ongoing.	Range of communications used, levels of employer awareness.
	Work with NHS Careers to update its Work Experience Toolkit.	HEE	By April 2015	Revised toolkit available for use by organisations.

Table 3: Strategic goals	Proposed actions	Who	By When	Evidence of Impact
	Develop and put in place monitoring and reporting mechanisms to assess the impact on • reaching target learners take up of work experience • organisational work experience capacity/demand • extent and level of involvement in Ambassador related activities • number of registered Ambassadors • continuing relationships and links with participants interested in pursuing a career in health care following completion of any work experience opportunity.	HEE/LETB's	By June 2015.	Framework and agreed mechanisms developed.
Promote Best Practice: Recognise and celebrate best practice in widening participation to encourage wider adoption.	Set up and maintain a directory of best practice widening participation initiatives that are being supported by NHS and partner organisations.	HEE	By November 2014.	An initial directory in place and mechanisms in place for how it will be further developed and maintained.
	Support the Medical Schools Council in implementing the recommendations arising from the Selecting for Excellence Final Report.	HEE	By December 2014 and ongoing.	Involvement in implementation group and best practice indicators published.
	Assess demand for a National Forum/Community of Practice for Widening Participation leads to engage and share best practice developments.	HEE/LETB's	By June 2015.	Demand for potential plans and mechanisms for supporting a Widening Participation Forum are available.
	Establish and/or sponsor a national/local recognition award for excellence in widening participation by healthcare/partner organisations.	HEE/LETB's	By July 2015.	Criteria, process and invitation for submissions for award in place.
	Work with the NHS Leadership Academy, NHS Employers and other stakeholders to assess the representativeness of the workforce in senior leadership positions and support any positive action/best practice initiatives to address any identified imbalances.	HEE/NHS Leadership Academy, NHS Employers and other relevant stakeholders.	Ongoing;, review by December 2015.	Research/census undertaken. Proposed plan/ best practice guidelines/case studies developed.

6 Links with other Health Education England's strategic activity

- **Education commissioning:**
  As part of all education commissioning activity supported by HEE we will ensure that the key principles of equality and diversity and widening participation are appropriately reflected. HEE is specifically reviewing attrition from healthcare programmes and therefore links with this strategy will be required to properly judge and account for the 'degree of acceptable impact risk' for any supported developments without inferring and triggering poor performance issues.

- **Health careers strategy:**
  Developments are in progress to renew and enhance the NHS Careers service, with developments expected to deliver a new digital service, improvements in information and advice resources both for those interested in a healthcare career or for those that provide careers advice to others. Ensuring that any materials produced are relevant and appeal to the broadest audience is a key aim.

- **Clinical graduates strategy:**
  The monitoring components to be delivered through the Widening Participation Strategy will have relevance here in helping to monitor the success of graduates by their diversity characteristics as they exit programmes and move into their first employment destination.

- **Talent for Care strategic framework:**
  The Widening Participation strategy is also directly linked to our Talent for Care Strategic Framework which sets out our proposals for how we will promote, develop and appreciate further the contribution of the healthcare support workforce. The proposals identified in this widening participation strategy will contribute to the aims of the 'Get In' work stream. It will also link with the other two work streams, with a direct link in supporting the implementation of the progression framework for Healthcare Support Workers moving into nursing and other healthcare professions.

- HEE, as part of the implementation of the strategies identified above, are supporting a range of initiative's to enable the development of the workforce. This includes, for example, recognising the value of volunteering as a pathway into employment and/or education, the development and implementation of the Care Certificate. We will ensure we are making the necessary links in demonstrating how these initiatives can reflect the goals of our Widening Participation strategy.

7 Making it happen - coordination, monitoring and communication

It is proposed that a strategic oversight group comprising representatives from HEE, NHS Employers, Council of Deans of Health, the Medical Schools Council, HEFCE, Office for Fair Access and NHS Leadership Academy will guide and oversee the delivery of this strategy. One of our National Directors/Directors for Education and Quality will act as the Senior Responsible Officer, while in each of our LETB areas there will be a designated lead who will plan and coordinate local delivery of the strategy, ensuring implementation best reflects and builds upon local arrangements.

HEE has already committed some investment to commence implementation of this strategy. In addition, LETB's will also plan and make available investment to support local activity.

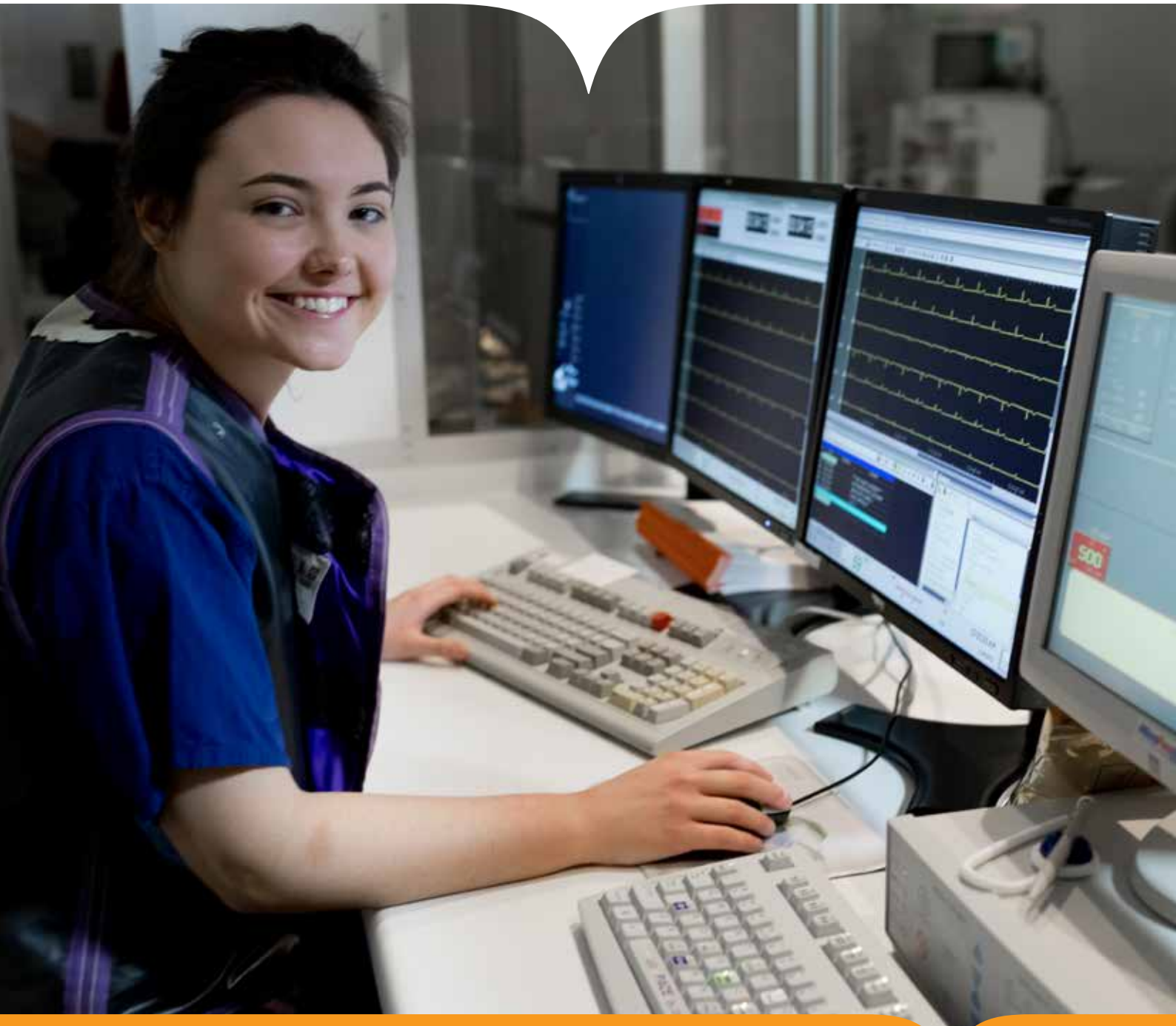
Implementation progress, risk monitoring and management will be fully reported as part of HEE's performance framework. This will also include the reporting mechanisms necessary to show progress against HEE's mandate and business plan priorities.

The progress of the strategy will be shared on a periodic scheduled basis including updates through our stakeholder newsletter Health Education Matters, website and briefing reports. Each LETB will plan and communicate the progress of the strategy through their own local established stakeholder mechanisms.

8 Final comment

This strategy reflects a significant effort to affirm HEE's commitment to widening participation. The initial set of actions proposed in this strategy will help us capitalise on some of the excellent developments already evident across LETB regions whilst also articulating at national level a more coherent and coordinated approach to widening participation. We expect that the commitments shared and progressed here will enable HEE to engage effectively as a national partner with others stakeholders who have a role in driving widening participation.

In presenting this strategy, we recognise that we need to plan for and recognise that any developments put in place will only realise benefits in the medium or long-term. Equally, we also recognise that any interventions we support may not have the same impact across the different equality and socio-economic target groups. Yet despite this, HEE's commitment to widening participation for the benefit of patients, healthcare services and the workforce is significant, deep and active. We look forward to working with our education providers, healthcare organisations and our other partners in progressing this strategy for common purpose and benefit.



Glossary

Careers, information, advice and guidance: Refers to services and activities intended to assist individuals, of any age and at any point throughout their lives, to inform and make educational, training and occupational choices and to manage their careers.

Contextual data: Refers to data (such as the type of school they attend, socio-economic background) matched to applicants, to assess an applicant's prior attainment and potential to succeed in higher education in the context of the circumstances in which their attainment has been obtained (Supporting Professionalism in Admissions Programme 2013).

Corporate Social Responsibility (CSR): Acknowledgement by companies (and organisations) that they should be accountable not only for their financial performance, but also for the impact of their activities on society and/or the environment.

Cultural competence: Refers to the ability of systems to provide care to patients with diverse values, beliefs and behaviours, including tailoring delivery to meet patients' social, cultural, and linguistic needs (Betancourt et al. 2002).

Equality: Is about creating a fairer society where everyone has the opportunity to fulfil his or her potential.

Diversity: Is about recognising and valuing difference in its broadest sense.

Widening participation:

Has several meanings dependent upon context:

- *higher education:* Refers to the participation of disadvantaged groups in higher education, seeking to remove the barriers to higher education, including financial barriers, that those students from lower income and other under-represented backgrounds often face (OFFA 2014).

- *NHS:* In relation to the NHS, widening participation frequently refers to the strategies and approaches for supporting entry into the workforce by under-represented groups (i.e. Gender, Ethnicity, Disability), and ensuring fairness of opportunity for all.

Social inclusion: Refers to enabling people and communities to fully participate in society. (Charity Commission).

Social mobility: Refers to the movement of individuals (or groups) from one social group to another. Social mobility can be up or down and can be either intergenerational (occurring between generations, such as when a child rises above the class of his or her parents) or intragenerational (occurring within a generation, such as when an individual changes class because of business success) (Sociology About.Com).

Social value: Refers to a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits to society and the economy, whilst minimising damage to the environment (Procuring for the Future 2006).

Well-being: The subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional ('happiness'), development and activity dimensions (Waddell & Burton 2006).

Widening access: Refers to ensuring equity, opportunity and success in higher education for under-represented groups.

Work experience: Refers to a short period spent in a workplace, usually by young people, to learn what it is like to undertake a type of work, introduce positive work habits such as attendance and working conditions and provide training in some basic work skills (National Council for Work Experience).

Work-related learning: Refers to planned activity that uses the context of work to develop knowledge, skills and understanding useful in work (Qualification Curriculum Authority 2003).

Useful Links

Centre on Dynamics of Ethnicity:
A research centre which is focusing on an interdisciplinary programme of research concerned with understanding changing ethnic inequalities and identities.

Equality and Human Rights Commission:
Has responsibility for challenging discrimination and promoting equality and diversity.

Health Education England (HEE):
Has responsibility for the education, training and personal development of the healthcare workforce in England.

Higher Education Funding Council for England (HEFCE):
Widening Participation sets out the priorities and approach for how the Higher Education Funding Council for England supports widening participation and access to higher education.

Medical Schools Council:
Links to the Selecting for Excellence project being led by the Medical School Council which is seeking to widen access to medical school training.

National Skills Academy Health:
Sets out how the National Skills Academy for Health supports employers with the development of their workforce.

NHS Employers:
Equality and Diversity in Practice: Gives access to the Equality in Practice guidance being supported by NHS Employers.

NHS Equality and Diversity Council:
Has responsibility for bringing people and organisations together to realise a vision for a personal, fair and diverse health and care system.

NHS Leadership Academy:
Has responsibility for providing a range of leadership development programmes and develop leadership capability with the aim of improving people's health and their experiences of the NHS.

Office for Disability Issues:
Has responsibility for leading and driving delivery of the government's vision for disabled people.

Office for Fair Access:
Has responsibility for promoting and safeguarding fair access to higher education for lower income and other under-represented groups.

Office for National Statistics – Labour Market Statistics:
Provides access to the key economic, and labour market statistics at national, regional and local levels.

References

Alexis O. Vydelingum V. (2009). Experiences in the UK National Health Service: the overseas nurses' workforce. Health Policy. Vol. 90(2-3), pp320-8.

Bambra C. Eikemo T A. (2009). Welfare state regimes, unemployment and health: a comparative study of the relationship between unemployment and self-reported health in 23 European countries. Journal of Epidemiology and Community Health. Vol. 63, pp 92-98.

Barclays and the Foundation Trust Network. (2013). Providing value: The economic and social value of foundation trusts. [pdf] Foundation Trust Network. Available from ww.foundationtrustnetwork.org [Accessed June 2014].

Black C. (2008). Working for a healthier tomorrow. London,The Stationary Office.

Chowdry H. Crawford C. Dearden, L. Goodman A. and Vignoles A. (2013). Widening participation in higher education: analysis using linked administrative data. Journal of the Royal Statistical Society: Series A (Statistics in Society), Vol.176, pp 431–457.

CIPD. (2013). Employers are from Mars, young people are from Venus: Addressing the young people/jobs mismatch. Available at http://www.cipd.co.uk/binaries/employers-are-from-mars-young-people-are-from-venus-addressing-the-young-peoplejobs-mismatch_2013.pdf

Cleland J. Nicholson S. (2013). A review of current practice to support widening participation in medicine. (Selecting for Excellence End of Year Report 2013) [pdf].Medical Schools Council. Available from http://www.medschools.ac.uk/AboutUs/Projects/Widening-Participation/Selecting-for-Excellence/Pages/Selecting-for-Excellence.aspx [Accessed June 2014].

Department for Business, Innovation and Skills. (2014) National strategy for access and student success in higher education. Available at https://www.gov.uk/government/publications/national-strategy-for-access-and-student-success [Accessed June 2014].

Department for Business Innovation and Skills. (2014). Corporate Responsibility: Good for Business & Society. Government Response to call for views on corporate responsibility. Available from https://www.gov.uk/government/consultations/corporate-responsibility-call-for-views [Accessed May 2014].

Department of Health (2013). Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays. Department of Health. Available from https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays [Accessed May 2014].

Department of Health. (2013). Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values, London: Department of Health.

Department of Health. (2013). The NHS Constitution. Department of Health. Available at https://www.gov.uk/government/publications/the-nhs-constitution-for-england [Accessed May 2014].

Equality and Human Rights Commission. (2011). How fair is Britain? The first triennial review executive summary. Available at http://www.equalityhumanrights.com/key-projects/how-fair-is-britain/ [Accessed: December 2013].

Equality and Human Rights Commission. (2011). Equally professional: Diversity Monitoring in professional bodies. Available at http://www.equalityhumanrights.com/advice-and-guidance/professional-bodies [Accessed December 2013].

General Medical Council. (2013). 'The state of medical education and practice in the UK'. General Medical Council. Available at http://www.gmc-uk.org/publications/23435.asp [Accessed June 2014].

Health Education England. (2014). Framework 15 health Education England Strategic Framework 2014-19. Health Education England. Available from www.hee.nhs.uk [Accessed June 2014].

Health Education England. (2014). HEE Business Plan 2014/15. Health Education England. Available from www.hee.nhs.uk [Accessed June 2014].

Higher Education Funding Council for Education. (2014). Differences in degree outcomes: Key findings. Higher Education Funding Council for Education. Available at http://www.hefce.ac.uk/pubs/year/2014/201403/ [Accessed June 2014].

Hunt B. (2007). Managing equality and cultural diversity in the health workforce. Journal of Clinical Nursing. Vol 16, pp 2252–2259.

Idowu SO. Towler BA. (2004). "A comparative study of the contents of corporate social responsibility reports of UK companies". Management of Environmental Quality: An International Journal. Vol. 15(4), pp 420-437.

Kamali AW. Nicholson S. Wood DF. (2005). A model for widening access into medicine and dentistry: the SAMDA-BL project. Medical Educator. Vol.39 (9), pp 918-25.

Khaene A. Madden M. Thomas L. Brown J. Roe B. (2014). Literature Review on approaches and impact of interventions to facilitate Widening Participation in Healthcare Programmes Available from www.nw.hee.nhs.uk [Accessed June 2014].

Kline R. (2014). The "snowy white peaks" of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England. Middlesex University Research Repository. Available athttp://www.mdx.ac.uk/aboutus/news-events/news/snowy-white-peaks.aspx [Accessed June 2014].

Likupe G. (2013). Experiences of African nurses and the perception of their managers in the NHS. Nurse Management. DOI: 10.1111/jonm.12119.

Johns, N. (2004), Ethnic Diversity Policy: Perceptions within the NHS. Social Policy & Administration. Vol 38, pp73–88.

Maben J. Adams M. Peccei R. Murrells T. Robert G. (2012). 'Poppets and parcels': the links between staff experience of work and acutely ill older peoples' experience of hospital care. International Journal of Older People Nursing. Vol.7 (2), pp 83-94.

Milburn A. (2012). Fair Access to Professional Careers: a progress report.[pdf] Gov UK England Available from https://www.gov.uk/government/publications/fair-access-to-professional-careers-a-progress-report [June 2014].

Milburn A. (2009). Unleashing Aspiration: The Final Report of the Panel on
Fair Access to the Professions. [pdf] Available from http://webarchive.nationalarchives.gov.uk [Accessed June 2014].

Moore J. Zimdars A. Wiggans J. (2013). Contextualised admissions: Examining the evidence, Report to SPA, the Supporting Professionalism in Admissions Programme, Cheltenham: SPA.

Nartey A. (2014). Inequality, life chances and education: a UCU policy on widening participation. [pdf]. University College London. Available at www.ucu.org.uk/media/pdf/j/g/ucu_lifechances_policy_feb14.pdf [Accessed May 2014].

NHS Commissioning Board (2012). Compassion in Practice: Nursing, Midwifery and Care Staff. Our Vision and Strategy. The NHS Commissioning Board, Leeds. Available at https://www.gov.uk/government/news/top-nurses-announcenew-strategy-to-build-culture-of-compassionate-care-across-the-nhs [Accessed May 2014].

NHS. (2010). Widening participation in pre-registration nursing programmes Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213867/dh_116655.pdf [Accessed October 2014]

NHS Leadership Academy. (2014). Response to Roger Kline's 2014 Paper: The "snowy white peaks" of the NHS. NHS Leadership Academy. Available at http://www.leadershipacademy.nhs.uk/about/our-work-and-its-impact-on-the-nhs/response-to-roger-klines-2014-paper-the-snowy-white-peaks-of-the-nhs/ [Accessed May 2014].

Office for Disability Issues. Disability facts and figures. Office for Disability Issues Available at http://odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures.php#imp [Accessed May 2014].

Office for Fair Access & Higher Education Funding Council for England. (2013). National Strategy for Access and Student Success Interim report to the Department for Business, Innovation and Skills by the Higher Education Funding Council for England and the Office for Fair Access,http://www.hefce.ac.uk/media/hefce/content/news/news/2013/NatStrat_interim_report.pdf: Higher Education Funding Council for England.

Office for Fair Access & Higher Education Funding Council for England. (2014). Outcomes of access agreement, widening participation strategic statement and National Scholarship Programme monitoring for 2012-13.[pdf] Available from http://www.offa.org.uk/publications/ [Accessed July 2014].

Office for National Statistics. Labour Market Statistics. Office for National Statistics Available from http://ons.gov.uk/ons/rel/lms/labour-market-statistics/may-2014/statistical-bulletin.html [Accessed May 2014].

OFSTED (2013). Going in the right direction. Career guidance in schools from September 2012. OFSTED. Available at http://www.ofsted.gov.uk/resources/going-right-direction-careers-guidance-schools-september-2012 [Accessed: December 2013].

Pearce SJ. (2008). Working with schools in deprived areas to raise aspirations for medicine and other healthcare science careers. Clinical Medicine Vol 8 (3), pp 301-303.

PRIME (2012) PRIME, the work experience commitment from the legal profession, Available at: http://www.primecommitment.org/ [Accessed: December 2013].

Professions for Good and SPADA. (2012) Social Mobility Toolkit for the Professions. Professions for Good. Available at http://www.professionsforgood.com/page-portfolio/access-to-the-professions/ [Accessed: December 2013].

Public Services (Social Value) Act 2012. Available at http://www.legislation.gov.uk/ukpga/2012/3/introduction/enacted [Accessed May 2014].

Royles D. (2011). "Think outside the tick box to ensure equality in your trust". Nursing Times Vol. 107(46), p 7.

Smith P A. Allan H. Henry LW. Larsen JA. Mackinstosh MM. (2006). Valuing and recognising the talents of a diverse workforce. [pdf]. The University of Surrey Available from www.rcn.org.uk/__data/assets/pdf_file/0008/78713/003078.pdf [Accessed June 2014].

Smith S. Alexander A. Dubb S. Murphy K. Laycock J. (2013). Opening doors and minds: a path for widening access. The Clinical Teacher. Vol. 10 (2), pp134-8.

Social Mobility & Child Poverty Commission. (2013). State of the Nation 2013: social mobility and child poverty in Great Britain. Social Mobility & Child Poverty Commission. Gov UK. Available from https://www.gov.uk/government/publications/state-of-the-nation-2013 [Accessed May 2014].

Spielhofer. T. Golden S. Evans K. Marshall H. Mundy E. Pomati M. Styles B. (2010). Barriers to Participation in Education and Training (DFE Report 009) (Online). London: DFE. Available from https://www.gov.uk/government/publications/barriers-to-participation-in-education-and-training [Accessed June 2014].

Tight M (1998). Education, Education, Education! The vision of lifelong learning in the Kennedy, Dearing and Fryer reports. Oxford Review of Education 24, No. 4

University Alliance. (2014). Closing the gap. Unlocking potential through higher education. (Online)/. University Alliance Available from http://www.unialliance.ac.uk/blog/2014/05/14/closing-the-gap-unlocking-opportunity-through-higher-education/ [Accessed June 2014].

Waddell G. Burton A K. (2006). Is work good for your health and well-being? (Online) London: TSO Available from https://www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being [Accessed May 2014].

West D. (2014). Outgoing NHS chief regrets slow progress on BME leaders. (Online). Health Service Journal 19 March. (Online) Health Service Journal Available from http://www.hsj.co.uk/outgoing-nhs-chief-regrets-slow-progress-on-bme-leaders/5069007.article#.UzGgH2BF3Gg [Accessed June 2014].

Weyman A, Meadows P. Buckingham A. (2013). Extending Working Life Audit of research relating to impacts on NHS Employees. University of Bath Available from http://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/WLR%20-%20Extending%20Working%20Life%20-%20An%20audit%20of%20research%20relating%20to%20impacts%20on%20NHS%20Employees%20May%202013.pdf [Accessed October 2014].

World Health Organisation. (2013). Social Determinants of Health: The solid facts. [pdf] World Health Organisation. Available from www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf [Accessed May 2014].

West M. Dawson J. Admasachew L. Topakas A. (2012). "NHS Staff Management and Health Service Quality Results from the NHS Staff Survey and Related Data". [pdf]Lancaster University Management School and The Work Foundation Aston Business Available from School.https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215455/dh_129656.pdf [Accessed June 2014].

Appendix 1

Health Education England

Supporting work experience in the NHS and healthcare sector

The Practise Commitment (Proposed)

Introduction

Undertaking work experience can be a vital step for helping young people and others to guide and decide their career choices. Effective work experience can help raise awareness and ambition, gain direct exposure and insights into the reality of work, help mitigate against stereotyping of roles and, support the development of key employment skills. Frequently, this is an important element for those seeking to make an application to undertake an education and training programme leading to registration as a healthcare professional such as a healthcare scientist, nurse, doctor or allied health professional. Equally, it can also be a helpful way to support those people seeking to return to practice or back into work and also introduce awareness of other, non-clinical roles and entry level jobs available within the NHS and potential career progression opportunities.

The NHS needs to make sure that work experience opportunities are available to a wide range of people in order to ensure we are able to recruit a talented and diverse workforce.

Many NHS organisations are committed to supporting work experience, with the aims of:

- helping those applicants, from all backgrounds who are particularly interested in undertaking education and training for a potential career in the healthcare sector, to gain valuable insights into different careers.
- providing an opportunity for young people and others to be exposed to and gain some key work skills.
- raising awareness of job and progression opportunities.
- supporting those who may be interested in a career change/returning to work.

The NHS receives a lot of requests for supporting work experience opportunities and is committed to providing them but it is recognised that it can be difficult for potential applicants to know how, when and who to contact to access potential work experience opportunities. This can be even more difficult for those from less advantaged backgrounds.

The Practise commitment

The Practise Commitment is therefore a commitment by NHS and other healthcare organisations to offer and allocate work experience in an open and fair way. It is also about recognising that applications from individuals from some backgrounds may need supported priority to help them feel confident, able to apply and take advantage of work experience opportunities. To enable this, the Practise Commitment is an agreement to target and prioritise work experience applications for the following:

Young people

Young people making an application to undertake a healthcare education programme such as medicine, nursing, healthcare science or the allied health professions, from the following background:

- have been eligible for free school meals and/or;
- pupil premium;
- are the first generation to apply to university having been at a school where at least 30% of pupils were eligible for free school meals; and
- young people not in education, training or employment (NEETS).

With the aim of preparing organisations supporting the Practise Commitment to work with a range of organisations that have a particular interest and expertise in:

- identifying and engaging young people from the backgrounds identified above to ensure they are aware of potential work experience opportunities.
- helping ensure that any selection for work experience is open and fair.

Returning to practice

Applicants who are employed but are considering a career change moving into health, or those applicants who have previously trained as a healthcare professional and are looking to return to practice to update their knowledge and skills and regain employment within the NHS or wider health sector.

Returning to work

Applicants, interested in working in health, and who are seeking to return back to work following:

- an extended period of unemployment due to incapacity and ill health.
  Or
- has had carer responsibilities which has prevented them from pursuing work opportunities.

The commitment

The Commitment is seeking organisations to do the following under this initiative:

- support work experience requests for the groups identified above.
- inform participants about the range of careers and the routes into these careers available in the healthcare sector.
- prior to any work experience opportunity, supply information about what they can expect and, where appropriate, provide pre-work experience activities to help the applicant make the best use of any work experience opportunity.
- to provide a structured work experience opportunity that will support the development of key personal, work and team skills.
- to help provide an understanding of the values and behaviours that are required for entry into the healthcare professions and successful working in the NHS and wider health sector.
- try to maintain relationships with participants successfully completing work experience opportunities and helping them to progress their applications for training as a health professional or employment opportunities in the NHS and wider health sector.
- work collaboratively with local education providers and others who provide outreach or similar programmes to prepare applicants for entry into healthcare training to maximise the reach and success of programmes.
- for those applicants from less advantaged backgrounds explore how, at a minimum, they can be supported with reasonable travel expenses and refreshments to enable them to undertake their work experience.

Impact

As part of their commitment, the organisation agrees to monitor and evaluate the impact of this commitment and share information with key stakeholders, which have a role in promoting the conditions for widening access and participation.

The Practise Commitment seeks to add value to the process for supporting work experience requests. It is not seeking to replace arrangements or initiatives that are already working well.

In addition, it is not the intention of this commitment to indicate that only work experience gained in healthcare organisations should be more highly valued then experience in other settings.

Likewise, it needs to be clear to applicants undertaking work experience opportunities that this does mean that they will be given a priority for entry into healthcare education programmes or employment opportunities. They will need to ensure that they can meet the expected values and behaviours and necessary admission/recruitment requirements.

Acknowledgements

This Practise Commitment has been informed by:

- the Prime Commitment developed by the Legal Profession and the Sutton Trust which was designed to increase access to careers in the legal profession by under-represented groups.
- the Medical Schools Council who, as part of the Selecting for Excellence Project, have commenced development work to promote fairer access to work experience opportunities for those seeking entry to medical training, particularly for under-represented groups.
- those many NHS organisations and other health organisations who have demonstrated through their experience, a commitment in providing planned and structured work experience for people from their local and wider communities as part of their Corporate Social Responsibility role.

Appendix 2

Health Education England

Health Ambassador commitment

The Health Ambassador commitment (Health Sector) has been developed in order to provide a stimulus and supported approach for guiding and inspiring the recruitment of the future workforce and further development of the current workforce.

The Health Ambassador commitment seeks an organisational pledge where through the commitment and passion of their healthcare staff, they can help promote the career, job and developmental options available within the NHS and wider healthcare sector for those interested in a career within the sector.

The Health Ambassador commitment seeks to:

- raise awareness
- inspire ambition
- and
- enhance confidence

The Health Ambassador commitment is aimed at engaging and supporting:

- those still in statutory education, keen to learn about the health sector and the career opportunities it provides.
- those wishing to access programmes of learning in order to secure a job/career in the health sector and
- those within the current workforce who are looking to enhance their skills and progress their careers.

By adopting the Health Ambassador commitment organisations are demonstrating a commitment to supporting internal and community engagement, widening participation and in doing so seeking to attract a more diverse and talented workforce capable of delivering the services needed by the communities it serves.

Roles and responsibilities

What is expected of those organisations adopting the Health Ambassador commitment?

- Each organisation adopting the Health Ambassador commitment is asked to identify a senior organisational champion to promote and support, at board level and throughout the organisation, their organisation's commitment to the Ambassador Programme.
- Each organisation adopting the Health Ambassador commitment will name a local coordinator whose main role will be to receive and cascade internally any requests for support/promotional events liaising with the ambassadors to ensure, when possible, that such events are supported.
- Each organisation adopting the Health Ambassador commitment will agree at organisational level an agreed period of protected time for all their ambassadors in order to support them in undertaking the ambassador role. This time will allow for attending events, research and preparation plus any relevant networking events.
- Each organisation adopting the Health Ambassador commitment is asked to support, as a minimum, five promotional events/activities, internal and external, per annum. Based upon any activity supported produce and publish, as a minimum, one case study to capture the experience and outcomes gained.
- Each organisation adopting the Health Ambassador commitment will be required to name a minimum of five (voluntary) ambassadors covering a range of job roles and professions. As examples, an ambassador could be someone from the support services, administration and healthcare assistants who have completed an apprenticeship, whilst another could represent healthcare scientists or other professional groups.

What is expected of ambassadors?

- To promote the health sector as an employer of choice and as a worthwhile career
- To reflect the expected values and behaviours of the NHS Constitution in all activities, acting as a positive role model at all times
- To promote an inclusive approach in all activities they support
- To inform, advise and enthuse those seeking advice and guidance in order to increase participation and promote positive values
- To use their knowledge, expertise and passion to reach out and actively engage with individuals and groups so they appreciate the career, learning and development and progression opportunities available to them within your organisation and the sector as a whole
- To help break down any barriers which might prevent individuals and groups from accessing any available opportunities – this will include referring individuals for wider information, advice and guidance if required
- To support the preparation, and participate in, an annual schedule of planned internal/external engagement activities
- To help support evaluation of the demand and impact of ambassador activities

How will Health Education England support the Health Ambassador Commitment?

- With the support of the NHS Careers Service and the available Ambassador Schemes provide best practice guidance, protocols, planning tools, access to learning resources and a standardised induction to help prepare ambassadors for the role.
- Provide updates on key workforce issues such as recruitment issues, skill gaps, and new career developments so ambassadors can relate this to the information they provide.
- Through local arrangements provide a single point of contact for managing and disseminating any ambassador requests within a defined geographical area.
- Provide guidance and referral options whereby ambassadors can redirect individuals for further advice and guidance if any queries are raised, during activities they support, which falls outside their range of knowledge.
- Provide support to and maintain a database containing ambassador information and activity supported.
- Provide a virtual development programme and network opportunities to further inform and share best practice between ambassadors.
- Forge partnership links with other related developments which are seeking to raise aspiration and ambition such as Inspiring Futures, Science, Technology, Engineering and Mathematics Network (STEMNET).

Appendix 3

Securing our future NHS workforce: Promoting ambition & engaging for shared success

Aims of intervention	Raising awareness and capability	Promoting ambition	Engaging and nurturing	Supporting for achievement	Sustaining involvement
Target groups	Teachers, Careers Information and Guidance Advisors, Employers	Primary and Years 7-9	Years 10-11	Years 11-13	Beneficiaries Achievers
Type of interventions	• Focused network events • CPD • Topical Issues Webinars • CIAG Toolkit • Access to specialist education resources	• Tell the Story • Hands on Explorations • Regional events, i.e. Big Bang	• Ask the Expert/ Guru sessions • Skill Clubs • eMentorship • Visits and Tours • Conference • Regional events, i.e. Big Bang	• Visits and Tours • Taster Days • Work experience & Volunteering • Internships • Mentorship • Application & Interview Support • Residential Camps • Bridging Programmes	• Become an ambassador • Become a mentor • Bridging programmes
Partnerships for delivery	• National NHS Careers Service • NHS/Health Sector Employers • Further/Higher Education Providers • National Skills Academy Health • Educational Charities such as STEMNET, Business in the Community	•Further/Higher Education Providers •NHS/Health Sector Employers •NHS supported programme delivery with partners Educational Charities such as STEMNET, Business in the Community	• Further/Higher Education Providers • NHS/Health Sector Employers • Career Academies • NHS supported programme delivery with partners • Educational Charities such as STEMNET, Business in the Community	• Further/Higher Education Providers • NHS/Health Sector Employers • Educational Charities such as STEMNET, Business in the Community, Social Mobility Foundation/ Sutton Trust • Career Academies	• National Skills Academy Health • Further/Higher Education Providers • Educational Charities such as STEMNET. • NHS Ambassador Schemes

NHS
Health Education England

If you would like to know more about our work, or have any comments, queries and suggestions then please visit our website at www.hee.nhs.uk or email the team: hee.enquiries@nhs.net

Alternatively, keep up-to-date with HEE news by following us online:
www.twitter.com/nhs_healthedeng
www.facebook.com/nhshee

Or you can subscribe to our free HEE email update by sending an email to hee.communications@nhs.net

THE NHS CONSTITUTION
the NHS belongs to us all