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Introduction and reason for submitting evidence.

I am an Assistant Professor at the University of Birmingham (UoB). I specialise in health services research, specifically NHS services, young people, and mental health. I am also the Lead Tutor on the Elizabeth Garrett Anderson (EGA), Healthcare Leadership, MSc programme. As part of my teaching offer, I have a special interest in supporting students with Specific Learning Difficulties (SpLDs). I have developed models of support to make learning spaces more equitable. I am also dyslexic (diagnosed) and experience symptoms associated with attention deficit hyperactivity disorder (ADHD) (undiagnosed). I am submitting this evidence on behalf of the University as I believe that the University of Birmingham offers an example of good practice to support young disabled people transition from education into the NHS.

The transition from education to employment for young disabled people: non-visible disability, specific learning difficulty focus.

Situational context

UK Higher Education (HE) institutions have come a long way in recent years to support students with SpLDs. UoB has recently updated its Equality Scheme (2021-2024) and their diversity training evidences this. However, there is more work to do across the sector. Inclusive practice is widespread but not consistent and currently around only 20% of students registered in UK HE institutions **disclose** their SpLD (Layer, 2018, 2004). The lack of disclosure has a knock-on effect when students transition to the workplace where they are also unlikely to disclose, and risk forfeiting reasonable adjustments to get support in the workplace.

Institutional structural bias, (including but not limited to) government legislation (the Equalities Act) and HE policies (inflexible reasonable adjustment plans), and a medicalised view of disability **maintain exclusive environments for young people with SpLDs**. The mechanisms which appear to be missing from encouraging disclosure and creating inclusive learning and working environments are communication gaps and lack of SpLD specific training to support lecturers, managers.

Similar issues can be found across the HE sectors (Clouder et al, 2020), and are also present in the employment context.

HE institutions still rely heavily on traditional methods of teaching and assessment, which is inflexible and often punitive towards students with SpLDs (Jansen et al, 2017; Smith, 2017; Clouder et al, 2020). Furthermore, the neoliberalisation of HE, external shocks such as COVID and BREXIT have placed additional pressures on lecturers to act as marketeers to fill courses and plug gaps to take on extra teaching and research where staffing levels have been impacted (Walker et al, 2021). There is no overall panacea to address these issues. However, embedding a cultural shift in discipline specific approaches to learning and teaching may help (Griffin & Pollak, 2009). This means we need to move away from seeing neurodiversity as disabling and construct teaching and work environments that are inherently inclusive in nature as opposed to neurotypically led.

What barriers do young disabled people face when leaving education and entering the job market and workplace?

- Academic literature suggests that the HE system **does not encourage** students to disclose (Office for Students, 2019).
- Fear of discrimination prevents students from disclosing their disability to the HE institution and transition employer.
- Navigating HE and employer processes to disclose SpLDs to receive reasonable adjustments is problematic.
- There is little or no support for students / employees who do not have a formal SpLD diagnosis but suspect they may be diagnosable.
- Huge costs associated with receiving a formal diagnosis.
- Neurodiverse females are particularly disadvantaged because they develop masking techniques to cope with their disability and therefore can remain undiagnosed and / or diagnosed much later in life.
- Highly stressful sensory environments make working in the NHS difficult for people SpLDs (Shaw et al, 2023).
- Poor implementation of reasonable adjustments in the NHS (Shaw et al, 2023).

How effectively do education systems provide guidance and support which meet the needs and career aspiration of young

disabled people? Example of good practice: University of Birmingham and the NHS.

UoB in conjunction with the University of Manchester delivers the EGA programme, which is a 2-year master's in healthcare leadership. It is commissioned by the NHS Leadership Academy. The aim of the programme is to develop graduate management trainees referred to as 'GMTS' participants into confident leaders who challenge the status quo and elicit tangible and sustainable change to improve patient care and experience in the NHS (NHS Leadership Academy, 2023a). The learners are post graduate students who join the UoB as part of a dedicated programme of leadership learning affiliated to their NHS organisation. The combination of education and work experience is a significant part of the method and practice that underpins the programme.

The programme is diverse. 21% of participants identified as being from minority ethnic backgrounds, 16% from lesbian, gay, bisexual, queer, transgender plus (LGBTQ+), and 11% identified as having a disability recognised as part of the Equality Act (2010) (NHS Leadership Academy, 2023b). This data highlights both the levels and mix of diversity(s) in the EGA programme that are applicable to our learners.

The EGA programme is embedded in the work-based learning model (WBL). The multidimensional model illustrates a bridge between participants, HE, and the workplace. Opportunities for learning are practical, but theoretically led, and help prepare learners for real world leadership in the NHS (QAA for HE, 2018). There are numerous approaches to WBL (Major, 2016). The EGA approach is an integrated model, which involves practical leadership opportunities in the NHS, delivered through the NHS Academy, and the UoB and Manchester University, as the academic delivery partners (Major, 2016). This holistic approach enables participants to situate what they do in the broader context stimulated by the NHS. This approach is critical to produce excellent NHS leaders.

Students who disclose a disability to the UoB receive a range of practical and emotional support options, and a dedicated Disability Adviser underpinned by the Student Disability Service. The NHS Leadership Academy also provide a trainee support manager (TSM) and students gain their 'workplace' passport for reasonable adjustment support if they disclose their SpLD.

Implications for policy

- **Focused and targeted strategies to reach and engage students with SpLDs to disclose their SpLDs are crucial to ensure a level playing field in the HE and workplace context.** Some groups require particular attention. Young people from minority ethnic backgrounds, young people with challenging family or social circumstances, and females.
- HE providers must engage with employers to design systems of support that are inclusive and crucially flexibly transportable for young disabled people. **These must be designed bottom up, collaboratively with young people, and with diversity and inclusion strategies at its heart.**
- Governance and leadership around disability must be shared across education and workplace stakeholders. **Inter-governmental department working is crucial if HE and the Department for Work and Pensions (DWP) are to work efficiently to offer a truly integrated package of support for support young disabled transitioning into work.**
- **Support (financial and practical) packages must be made available for young people** who think they may have a disability to get a diagnosis with supporting evidence to secure reasonable adjustments.

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