

# ***Exploring Ways to Widen Participation in the Improving Access to Psychological Therapies Workforce***

The project was commissioned by NHS England – South West with a remit to explore ways to widen participation in the IAPT workforce. It was commissioned in response to commitments in the HEE ‘Stepping forward to 2020/21: A mental health workforce plan for England’ (HEE, 2017). The document outlined a commitment to expand the mental health workforce and improve diversity in the mental health workforce through gaining insights into barriers to a career in mental health. However, a recent assessment of progress against these commitments by the British Medical Association (2019) found that they are at risk of not being met.

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## ***Executive Summary***

This report presents the findings of a small-scale project, commissioned by NHS England-South West, conducted across South West of England. Research sought to explore ways to widen participation in the Improving Access to Psychological Therapies (IAPT) workforce, particularly the Psychological Wellbeing Practitioner (PWP) role. The underlying objective of this project was to better understand barriers to widening participation in the IAPT workforce and to conduct pilot outreach work amongst under-represented groups in the region. Widening participation matters because it is a critical engine of social mobility and increases productivity, wealth, innovation, and opportunity. It also ensures those providing services have a workforce representative of the communities and individuals they serve.

**In short, widening participation is more than a legal requirement,  
it is a matter of social justice.**

## **What this Report Adds to the Evidence-Base**

Makes a significant contribution to the limited evidence-base on widening participation (WP) in the IAPT workforce in the following ways:

- Offers an in-depth assessment of the current picture with respect to the IAPT workforce.
- Thorough contextualisation with respect to regional specificities and challenges, and the current policy and legislative landscape.
- WP activities utilised as part of this project were novel in their targeting of Further Education (FE) and College Higher Education (CHE) providers for interventions.
- Makes a strong case for the need to create and sustain direct links between the training provider and local CHE providers as an effective means to reach under-represented groups of potential applicants.
- Barriers to WP in the IAPT workforce are discussed and recommendations are made.
- Contributing to solutions by piloting and delivering outreach activities, some of which have led to applications to PWP training from participants who would not otherwise have applied.

## Key Findings

- Commitments to expand the mental health workforce and improve diversity in the mental health workforce are at risk of not being met.
- Whilst there have been significant efforts to develop and widen participation for access to the healthcare workforce and/or to undertake healthcare education programmes, more systematic monitoring and evaluation is needed to know what does and does not work in enabling effective widening participation.
- Despite clear growth in workforce numbers within IAPT services, both nationally and regionally, challenges remain with respect to attrition and retention and under-representation with respect to gender, age, socio-economic status (SES) and ethnic heritage.
- Much of the 'careers information, advice and guidance' (CIAG) on the PWP role is often unclear and exclusionary.
- WP applicants are not a homogenous group, nor confined within the boundaries of one specific category such as 'BAME' or 'older'.
- Applicants may not recognise themselves as 'widening participation' or identify with the 'widening participation' label and can negotiate and contest this term. They are not merely passive recipients of WP activities and interventions.
- Awareness of the PWP role is currently limited. There is a clear need to raise the profile and visibility of the PWP role.
- Further and Higher Education colleges (FE/CHE) are rich in diversity and should be targeted in future WP activities and endeavours.
- The pilot outreach work conducted amongst FE and CHE students conducted as part of this project was successful in raising awareness of the PWP role.
- Data collected via evaluation forms completed by college learners/students who attended information sessions on the PWP role demonstrates that the sessions are an effective mechanism for WP in the IAPT workforce.
- With respect to community outreach work, being present and visible, whether at an organised event such as a careers/job fair or at a community-based organisation is vital to securing engagement.

## **Barriers to Widening Participation in the IAPT Workforce**

- **Lack of awareness of the PWP role:** responses from those who participated in information sessions delivered in colleges reveal only 8% of those who participated had heard of the role prior to the session.
  - Of those that had heard of the role, awareness was a consequence of working in a counselling or mental health setting or through being an IAPT service user themselves.
- **Inadequate careers information, advice and guidance:** the absence of sources of information about the PWP role such as peers/family means that many 'non-traditional' and non-graduate potential applicants are reliant on careers information, advice and guidance (CIAG).
  - However, much of the CIAG reviewed lacks clarity, particularly with respect to eligibility and where to find vacancies, leaving potential applicants confused.
- **Lack of relevant experience:** 'person specifications' in vacancies for PWP training typically state that evidence of working with people who have experienced a mental health problem is an essential criterion.
  - However, for target groups such as 'career changers' opportunities to acquire such experience may be limited.
- **Perceptions of entry requirements:** potential applicants may perceive a psychology degree is a necessary entry requirement for PWP training.
  - 'Person specification' criteria in vacancy information include "psychology or other health related degree" as either one of the desirable (or, some cases, essential) criteria may act as a barrier.
  - Potential non-graduate applicants expressed concerns they would be at a disadvantage in recruitment and selection processes.
- **Variation in entry requirements and training routes:** with respect to current training provision for the PWP role in particular, provision varies widely, both between and within regions, as do entry requirements.
  - Whilst some training providers accept Level 5 qualifications, others only accept Level 6.

- Navigating this complex, shifting and diverse landscape can leave potential applicants unclear about their options and eligibility.
- Lack of comprehensive availability of the Degree Apprenticeship route leaves many 'non-traditional' applicant's ineligible to apply.
- **Attitudinal/perceptual barriers amongst service personnel:** those involved in recruitment and selection may be unfamiliar with alternative Level 5 qualifications such as Foundation degrees.
  - Lack of knowledge and understanding of Foundation Degree programmes, and Higher Apprenticeships generally, could mean that many highly skilled, suitably qualified applicants are not being recruited.
  - Concerns exist amongst some service providers about the academic ability of those holding Level 5 qualifications such as Foundation degree students.
- **Recruitment and selection processes:** graduate applicants are at an advantage in the recruitment and selection process because they are already in possession of cultural capital which is more resonant with the institutional and organisational culture within which recruitment and selection processes are embedded.
- **Practical barriers:** for many 'non-traditional' applicants, particularly those with caring responsibilities or physical disabilities, the prospect of potentially having to travel large distances for the taught components of their training may act as a deterrent to applying for PWP training.
  - For those with childcare responsibilities, and/or lack of access to a car, this requirement is a source of concern.
  - Maximising use of online delivery or blended learning whilst maintaining quality training may make PWP training more accessible and contribute to greater uptake amongst WP trainees and increasing diversity.
  - Justification for the number of face to face days required above and beyond individual preferences should be presented.

## Recommendations

### 1. Raise the profile of the PWP role

- Visibility and awareness of the PWP role can be significantly improved by engaging with local FE and CHE providers in the region.
  - Initial contact most effective when conducted face-to-face, whereas emails and phone calls to a generic admin team are least effective in terms of the likelihood of a response.
- Each FE/CHE provider has their own 'in-house' careers service. Links should be made with these as an effective mechanism for raising awareness and promoting the PWP role.
- Where delivery of information sessions to learners/students is impractical/not possible, resource packs could be issued to interested providers. These could take the form of e-resources, flyers, posters or a combination of these.
  - Potential applicants need accessible, clear sources of information about the PWP role.
  - Effective CIAG in relation to the PWP role needs to distinguish between apprenticeship, Grad Cert and Post Grad routes, with a clear explanation of the entry requirements for each route.
- National Jobs and Careers Fair events are a valuable arena for raising awareness of, and promoting, the PWP role.
  - However, such events are typically hosted in major urban centres.
    - Localised open events and proactive community outreach work should therefore focus on low participation into HE/higher level technical skills training 'cold spots' such as rural areas of the South West peninsula.
- Promotional and awareness raising activities should have input from current trainees from diverse backgrounds or entered training with level 5 qualifications if possible.
- Community hubs are a valued and much-utilised community resource.
  - Given the highly disparate and often transient nature of users of community-based resources, distribution of promotional materials such as posters and flyers may be more effective and well-received than delivery of information sessions.
- Use of social media and local media was not explored here.
  - However, respondents in other studies on WP in the IAPT workforce mentioned this as a potentially effective way to raise the PWP profile, particularly amongst under-represented groups.
- Whilst service-based and university-based open events may have some impact, these strategies rely on participants being made aware of the purpose of such events and being able to access them.
  - As the outreach activity conducted for this project has demonstrated, a more proactive 'outreach' approach is necessary.
  - Being visible and present is key to successful engagement.
- Future promotional strategies should consider using explicit reference to the term 'mental health' in any promotional materials.



- References to the term ‘psychological wellbeing practitioner’, should be explicit since most people engaged with during this project were unfamiliar with this role.

## **2. Promote the PWP role to target/under-represented groups**

- Targeting specific groups needs to be explicit, with a clear rationale provided, and based on an understanding of who the under-represented groups are.
  - Such activity requires sensitive implementation and close monitoring.
- Promotional and awareness raising activities should have input from current PWP trainees from under-represented groups/diverse backgrounds/entered training with Level 5 qualification to act as ambassadors/ role models.
- Promotional materials should emphasise that a psychology degree is not an essential entry requirement.
  - It is helpful to refer specifically to alternative qualifications such as Foundation degrees as acceptable qualifications.
- Involving representatives from the identified under-represented groups in the development and review of CIAG and promotional materials would ensure that they are relevant, appropriate, and accessible to all.
  - Would help to challenge the image of the psychological professions as only being open to a narrow demographic (typically young, white female, middle-class graduates).
- With respect to ‘career changers’, reaching this group is challenging.
  - Presence at National Careers/Job Fair events is an effective way to reach this group and could be supplemented with local TV and radio advertising and promotion via Job Centres.
- Increased proportion of PWPs with Degree Apprenticeships in future cohorts have the potential to be key drivers in promoting social mobility through widening participation amongst under-represented groups.
  - Instrumental to address deficits in higher technical vocational skills, regionally and nationally.

## **3. Fairer recruitment and selection processes**

Recruitment and selection processes and procedures place applicants from some under-represented groups such as non-graduates at a definite disadvantage, compared with more ‘traditional’ applicants such as graduates. The following strategies are recommended to ensure a level playing field for all applicants:

- Greater use of contextual data, particularly key markers such as SES and residence in an area with low participation in HE.
- Increased awareness amongst personnel involved in recruitment and selection of the nature and content of alternative qualifications such as the Foundation degree/Higher Apprenticeship.

- Training could be provided to personnel involved in recruitment/selection processes to ensure they have up-to-date knowledge and understanding of new and existing Level 5 qualifications.
- Include people from under-represented groups in recruitment and selection processes and procedures.
- Applicants lacking social capital to take advantage of the relevant social networks for sources of information and guidance may benefit from peer-support.
  - Current trainees, especially those that entered training with Level 5 qualification could act as mentors, signposting applicants to information and offering support.
- Utilising a broader range of tools to supplement conventional selection methods (application and interview) such as role play may allow 'non-traditional' applicants to showcase their skills, knowledge and ability more effectively.
- Greater weight should be given to life experience and cultural heritage as valuable resources and assets. For example, being bilingual or multi-lingual could be one of the 'desirable criteria' in 'Person Specifications'.
- Accessible and responsive designated 'points of contact' should be available at the pre-application stage and during the application process.
- Almost a third of employers did not use positive or affirmative action mechanisms to increase participation by under-represented groups.
  - Need to provide clarity and guidance to NHS employers about how they can attract and support prospective applicants from under-represented groups.
- Where the Degree Apprenticeship route is offered, this could be open to non-graduates only.
  - Would ensure non-graduates/L5 qualification holders are not disadvantaged relative to graduate applicants.

#### **4. Opportunities to gain relevant experience**

- Lack of relevant experience is a significant barrier for many potential applicants.
  - Information should be given to potential applicants lacking relevant experience about where/how to acquire this.

#### **5. Increased support during training**

- Academic bridging programmes could increase uptake and retention amongst under-represented groups, particularly non-graduate trainees.
- More flexibility with respect to delivery of training such as part-time and/or blended learning would make training more accessible to those with caring responsibilities or those with accessibility issues.
- Training materials should be available in a range of formats to ensure maximum accessibility for all.
  - For example, appropriate, formats could include British Sign Language.

## **6. Disseminate examples of good practice**

- Examples of good practice which lead to improved outcomes should be disseminated to other service providers to inform their WP strategies, initiatives, and activities.
  - 'Register of Good Practice' could be used for this purpose.

## **7. Monitoring the efficacy of widening participation activities**

- Widening participation activities need to be audited and evaluated to find out what works with respect to impact.
  - Could be achieved by analysis of data on application to selection ratios across key indices such as age, gender identity, ethnic heritage and especially SES.
    - Would yield useful insights into the impact of future widening participation activities.
- Robust mechanisms at the PWP training recruitment stage to ascertain how the applicant found out about the PWP role are necessary.
  - Not only give an assessment of the impact of this particular project, but would provide vital information about where, and how, applicants are finding out about the role.
  - Gathering data on the origins and route of applicants would allow the impact of activities and initiatives to be assessed. In particular, the number of applicants with a Level 5 qualification obtained at a College Higher Education (CHE) provider would be particularly useful since CHE student populations are typically more diverse than undergraduate student populations at HEIs. Data on destinations should be collected to assess impact and efficacy.

## **8. Strategic partnership working**

- Strategic partnership working between the training provider, services and CHE providers should be established.
- The University of Exeter as PWP training provider for the South-West region, should work to build and sustain collaborative relationships with local FE and CHE providers across the South-West.
  - Necessitates outreach work with those in key roles such as curriculum coordinators.
    - Especially, but not limited to, those in key subject areas such as Health and Social Care, Counselling, Nurse Associate training, Early Years, Youth and Community Studies and Social Sciences, as well as in-house careers services and student advisory teams.
- Increase collaborative approaches to outreach/promotional activities.
  - Requires engagement between local service providers and training providers in the effective delivery of activities and initiatives to local FE/CHE providers and target groups.

## General Recommendations

- Limited timeframe of this project means that tracking the longer-term impacts of outreach activities was not possible.
  - Future widening participation activities would benefit from a longitudinal approach to assess impacts over time.
  - Whilst one-off interventions have been shown to have an impact in the short-term, longer-term, more sustained/multiple interventions have greater impact.
  - Securing engagement with, and access to, specific/targeted sections of the community requires a sustained approach to building durable links and relationships.
- Initiatives and strategies delivered in FE/CHE contexts should avoid reliance on a deficit model, instead, focusing on positive learner identities to support progression onto higher technical vocational training such as PWP training.
- Widening participation should be a key theme for consideration in all relevant education and workforce guidance and planning developments, related to the development of current and future workforce.
- Widening participation in the psychological professions suffers from a limited knowledge base.
  - Further research needed to explore barriers, particularly amongst under-represented groups.
- Timing: some participants commented in the feedback/evaluation form that they would have liked to have attended the information session much earlier in their programme. For others, they had already applied for and been accepted onto L6 programmes.
  - Future activities with Level 4/5 students should consider where participants are in the student lifecycle that could be ascertained in discussion with lecturing staff/curriculum coordinators.

## 1.1 Introduction: Why this Project was Commissioned

### Introduction

In 2014 Health Education England (HEE) outlined its strategic goals with the aim of ensuring that the NHS workforce is *“more representative of the communities it serves and where development and progression is based on a person’s merit, ability and motivation not their social background or the privilege, extent and effectiveness of their social networks [social capital]”* (HEE, 2014: 3).

Strategy is both timely and needed given:

- *Equality, diversity and inclusion are core values for the NHS but it remains an ongoing challenge to ensure that [they are] actively integrated and managed and [are] 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 [...] 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* (HEE, 2014: 11).

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 (HEE, *ibid*).

#### 1.1.1. Key Facts

- Around one in six adults will experience a common mental health disorder each year, 1.54 million people were in contact with mental health services (end of January) with the majority of these in contact with adult services (NHS Digital, 2022).
- Demand for mental health services is expected to increase as the after-effects of the Covid 19 pandemic such as social, health and economic uncertainty continue.
- The IAPT programme was launched in 2008 with a remit to deliver NICE approved psychological therapy services across England for people experiencing depression and anxiety disorders. Since its launch IAPT has transformed the treatment of common mental health difficulties and aims to treat 1.9 million adults each year by 2024.

#### 1.1.2 Widening Participation in the IAPT Workforce

Widening participation (WP) is defined and operationalised in this report as: *“a commitment to equality; 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; promoting achievement and supporting progression; and commitment and partnership working between a range of stakeholders at national, regional and local community levels”* (HEE, 2014: 7-8).

The drive to widen participation is, fundamentally, “*a moral impulse for social justice, social mobility, equality and social inclusion [...]*” (Hylton, 2010: 12).

Widening participation in IAPT services yields a range of benefits with respect to recruitment and retention. It ensures that services are representative of the communities and groups they serve. Increased diversity in the mental health workforce ensures that services can deliver culturally competent and sensitive care (HEE, 2014).

Whilst the composition of the IAPT workforce overall is broadly representative of the UK population with respect to ethnic heritage, some groups remain under-represented in the workforce. These include older people; those identifying as male, non-binary/Trans people; and people from specific minority ethnic backgrounds. The workforce profile is therefore not representative of the service-users population.

### **1.1.3 The Contribution of this Report to the Evidence-base**

This report adds to the evidence-base in the following ways:

- Offers an in-depth assessment of the current picture with respect to the IAPT workforce.
- Contributes to the evidence-base on WP in the IAPT workforce which is currently sparse and remains both under-researched and under-theorised.
- Provides thorough contextualisation with respect to regional specificities and challenges, and the current policy and legislative landscape.
- WP activities utilised as part of this project were novel in their targeting of Further Education (FE) and College Higher Education (CHE) providers for interventions.
- Report makes a strong case for the need to create and sustain direct links between the training provider and local CHE providers as an effective means by which to reach under-represented groups of potential applicants.
- Barriers to WP in the IAPT workforce are discussed with recommendations made.
- Project has contributed to a sparse evidence-base and solutions by piloting and delivering outreach activities, some of which have led to applications to PWP training from participants who would not otherwise have applied.

## 1.2 The IAPT Workforce: Current Picture

### Introduction

- Despite recent investment and a renewed commitment to improving mental health as part of the NHS Long Term Plan (2019a), mental health services in England continue to experience inadequate staffing (British Medical Association [BMA], 2019), coupled with ever-rising demand for mental health care.
- Prior to the COVID-19 SARS epidemic, the number of adults in contact with mental health services was increasing year on year, whilst 2 in every 5 GP appointments were related to mental health issues (BMA, 2019).
- An increased demand for mental health services is evident in the most recent Mental Health Services Monthly Statistics report (February 2022) which indicates that 1.54 million people were in contact with mental health services (end of January) with the majority of these in contact with adult services (NHS Digital, 2022). In comparison, at the end of January 2019, 1.3 million people were in contact with mental health services, again with the majority in adult mental health services.
- Demand is expected to increase as the after-effects of the pandemic such as social, health and economic uncertainty continue. A forecasting model developed by NHS England and the Centre for Mental Health predicts that, in England, “up to 10 million people (almost 20% of the population) will need either new or additional mental health support as a direct consequence of the crisis” (O’Shea, 2020: 2).
- To meet these demands, the ‘Mental Health Implementation Plan’ (NHS, 2019a) includes specific planned workforce expansions through to 2023/24 to ensure commitments to improve mental health services, as outlined in the NHS Long Term Plan, are delivered.
- However, with respect to the mental health workforce in general, a recent report by the BMA found that “around 12% of all medical vacancies are in mental health services” (BMA, 2019, 5). The current state of the IAPT workforce in England, both regionally and nationally, is explored below.

### 1.2.1 The IAPT Workforce: The National Picture

- With respect to vacancies within IAPT services nationally, the mean average vacancy rate in 2021 was 12%, in line with the NHS more broadly and adult acute inpatient mental health service vacancy rates (NHS Benchmarking Network, 2022).
- With respect to attrition rates, according to the most recent HEE Adult IAPT Workforce Census (2021a), in total, 1,549 staff left their role in the 12 months to 31<sup>st</sup> March, marking a 7% reduction from 2020 when 1,661 staff left their role.
- Turnover includes “*staff moving to other IAPT teams [...], leaving for an alternative role in a different [...] service or retirement*” (NHS Benchmarking Network, 2022: 44).
- Unlike mental health nursing which has experienced little growth since 2009, IAPT services have seen an increase in workforce numbers.
- When workforce numbers are broken down by job role, there was a 46% increase in low intensity staff WTE numbers between 2019 and 2021 (+27% excluding trainees). Growth is

evident in both Psychological Wellbeing Practitioner and Senior Psychological Wellbeing Practitioners roles, which have seen increases of 25% and 37% respectively since 2019.

- High Intensity staffing numbers have also increased between the three census dates, with 2021 data illustrating a 33% rise from 2019 (+23% excluding trainees).
- High Intensity Therapists numbers have increased by 27%, and High Intensity Counsellor numbers have grown by 26%.
- Trainee staff numbers have [also] undergone significant increases during the three years of data collection” (HEE, 2021a: 25).

### 1.2.2 Attrition and Retention

- Whilst *“retention in the psychological professions is traditionally very high relative to other registered professions”* (HEE, 2017: 14), in its IAPT Workforce Report the South West Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions (SWSCN) found that *“retention of existing PWP workers is a serious problem for almost all providers across the [South West] region”* (SWSCN, 2015: 17-18).
- Retention issues in the IAPT service workforce in London are also identified by the Healthy London Partnership: *“turnover of staff is high, particularly for PWPs (many are promoted to HITs) [which means] constantly having to replace staff and recruit new [PWPs, which] is time-consuming”* (Healthy London Partnership, 2021).
- Across all services, IAPT provides a clear route for PWPs seeking to undertake HIT training and this is a popular career progression route. The latest IAPT workforce census for 2021 indicates that *“just over half of participants [services] (51%) reported employee progression into HIT training within their service, similar to the 2020 position (54%)”* (HEE, 2021: 24).
- Another factor identified as having an impact upon PWP attrition, both locally and nationally, is the current demographic profile of the PWP workforce, *“many of whom are young psychology graduates who see the role as a stepping-stone into clinical psychology doctorates or academic research”* (SWSCN, 2015: 17-18).
- Attracting and recruiting a more diverse range of applicants is likely to improve retention rates amongst the IAPT workforce, as well as helping to remove some of the barriers to accessing IAPT services amongst under-represented groups and communities, as the following discussion outlines.

### 1.2.3 Diversity, Inclusion and Equality

- Equality, diversity and inclusion remain core values for the NHS. However, the challenge of moving beyond *“an approach which is predominantly based on ensuring minimum legal compliance”* (HEE, 2014: 21) remains. As the HEE’s ‘Strategy and Initial Action Plan’ argues, *“the ability to draw on a diverse range of perspectives is essential for the effective commissioning of healthcare services”* (HEE, *ibid*).
- A diverse workforce is also necessary for the delivery of culturally competent and sensitive care. Although, at point of entry, trainees and students undertaking NHS funded



healthcare programmes come from a wide range of backgrounds, further improvements are needed to increase participation and progression from under-represented groups in healthcare programmes, including PWP training.

- With respect to the IAPT workforce in particular, an analysis of the ethnicity profile of the IAPT workforce in 2021 confirms a profile which is *“broadly consistent with wider England population demographics”* (HEE, 2022: 38).
- However, *“older people, men and people from black and minority ethnic backgrounds [remain] underrepresented in the profession”* (Prospects, 2022).
- The Healthy London Partnership (HLP) also identified a lack of diversity in its workforce: *“many IAPT services do not have a workforce that reflect the population they serve (in terms of gender and ethnicity), particularly in more senior roles”* (HLP, 2022).

#### 1.2.4 Gender

With respect to gender, males are significantly under-represented in the NHS workforce (HEE, 2014).

The latest IAPT workforce census reveals that, at the time of the 2021 census, 82% of the workforce identified as female, 18% as male, and 8 members of staff identified as non-binary, a profile which is *“broadly consistent with wider [...] data on psychological therapies”* (HEE, 2022: 39).

Census data consistently indicate the under-representation of those identifying as male and those identifying as gender diverse/non-binary.

Around 1% of the UK population identify as gender diverse/non-binary (Stonewall, 2022), yet comprise just 0.05% of the IAPT workforce, meaning that this population are significantly under-represented.

Gender diverse and trans people are more likely to experience discrimination, minority stress and micro-aggressions (Vincent, 2018), including whilst accessing both general and mental health care.

63% of trans/gender diverse people surveyed had experienced at least one negative interaction in general mental health services (Neil *et al.*, 2012).

Common experiences whilst accessing mental health care services include being addressed using the wrong pronouns, using hurtful/insulting language and having to educate the mental health practitioner about trans people.

Given *“high rates of suicidal ideation amongst the respondents”* (McNeil *et al.*, 2012: 48) better representation of this population in the IAPT workforce, and the NHS generally, is critical.

Whilst the under-representation of those identifying as male in the IAPT workforce is consistent with the gender profile of the NHS workforce, this is not mirrored in the proportion of males using IAPT.

Those patients identifying as female consistently outnumber those identifying as male: *“67.5% of those referred to IAPT were women, and the number of women referred outnumbered men in every local area of England”* (House of Commons, 2021).

Whilst gender norms, roles and expectations are enduring and pervasive, particularly in working-class communities, arguably a more balanced gender mix in the IAPT workforce may challenge perceptions of the service as a highly gendered space.

Better representation of male practitioners in the service could contribute to the removal of barriers to accessing treatment for mild to moderate mental health difficulties amongst males.

### **1.2.5 Ethnic Identity/Heritage**

The latest IAPT workforce census revealed that 81% of staff in post on 31<sup>st</sup> March 2021 identified as being “of White/White British ethnicity, compared to 84% of the wider England population composition” (HEE, 2022: 38).

### **1.2.6 Socio-economic Status**

The composition of the IAPT workforce by socio-economic status (SES) is not routinely collected in the HEE Adult IAPT Workforce Census, making assessment of the current picture with respect to SES difficult.

However, SES (or social class) is now widely considered to be “*the main barrier for an individual’s potential for moving into a professional career*” (HEE, 2014: 24). As such, SES is considered in the following discussion (1.3) in the context of social mobility, with a specific focus on the South West region.

## 1.3 Social Mobility in the South West Region: The Current Picture

### Introduction

Social mobility is defined as *“the measure of how free people are to improve their position in society”* (HEE, 2014: 23), whilst intergenerational mobility refers to *“how well off an individual is or what their occupational or class status is relative to their parents”* (Sim & Major, 2022: 9).

The concept of social mobility has its origins in theories of meritocracy, the theory that *“the increasingly specialised and skilled nature of occupational roles in highly developed societies requires that occupations be filled by the most capable individuals irrespective of social background”* (Boliver *et al*, 2021: 3).

On the meritocratic equality of opportunity paradigm, achievements in education and the labour market are assumed to be determined by individual merit, rather than by social ascription or ‘inherited merit’ (Boliver *et al*, 2021).

Meritocratic societies were expected to give rise to high levels of intergenerational social mobility, due to a weakening of ties between socio-economic origins and occupational attainment.

Social mobility continues to be a major theme of current UK policy, with the current Conservative government’s flagship ‘Levelling Up the United Kingdom’ White paper, aiming to *“break the link between geography and destiny [...]”* (Department for Levelling Up, Housing and Communities, 2022: 11).

Prior to the Covid-19 pandemic, there was some evidence of improvement with respect to social mobility across key indices. For example, *“more disadvantaged pupils [were] staying in education for longer [and] more disadvantaged students [were] going into higher education [...] than ever before”* (Social Mobility Commission, 2020: 6).

However, evidence suggests that social mobility has now stagnated and could go into reverse if not addressed. In a recent report, The Social Mobility Commission identified *“an increasing number of children growing up in relative poverty, a crisis in the early years’ workforce and a greater chance of disadvantaged young people getting stuck in low paid jobs”* as being areas of particular concern (Social Mobility Commission, *ibid*).

Despite successive commitments from government, *“deep seated and systematic differences which can affect an individual’s potential and opportunities for enhancing social mobility remain”* (HEE, 2014: 23), meaning that *“social mobility is not a lived reality in the United Kingdom today”* (Social Mobility Commission, 2020: 17).

Social class now regarded as the main barrier to accessing professional careers and career progression.

### 1.3.1 The Role of Higher Education in Promoting Social Mobility

Those born in post-war period (1945-1970) saw a significant increase in opportunities to move beyond the socio-economic status of their parents, through an increase in, and diversification

of, professional and managerial occupations, coupled with higher standards of living (University Alliance [UA], 2014).

However, access to professions which required a degree was still circumscribed by a restrictive and narrow higher education system: *“just 2% of the population participated in higher education in 1945, rising to 8% in 1966”* (Dyhouse, 2007).

Rates of participation in HE remained low for those from lower socio-economic backgrounds - around *“6% for the bottom three social classes”* (Dyhouse, 2007) - effectively locking a significant proportion of the population out of the opportunities a degree level qualification offers.

The democratisation of access to higher education was seen as key to the formation of a meritocratic society, with university places given based on individual merit.

The 1960s marked a shift in HE provision away from an ‘elitist’ model, towards *“the development of mass HE via the influential Robbins Report in 1963”* (Rapley, 2012: 31).

The Further and Higher Education Act (1992) released colleges from Local Education Authority (LEA) control, whilst the 1997 Dearing Report led to further expansion and diversification of the HE sector and the introduction of tuition fees (National Committee of Inquiry into Higher Education, 1997).

Despite the continued diversification of HE provision since then, *“access to higher education continues to be skewed according to socio-economic status”* (University Alliance, 2014: 13) and remains a major policy issue.

### **1.3.2 Social Mobility in the South West Region**

#### **Key Facts**

The South West’s pockets of affluence and its *“picture postcard landscapes conceal the fact that, despite lower-than-average rates of deprivation, disadvantaged young people growing up locally can expect extremely poor outcomes”* (Sim & Major, 2022: 2)

*“On many social mobility measures the South-West performs worse than any other region in the country; On upward social mobility, the South West ranks third worst of 19 regions; At [age] 16-19, four out of the 10 local authorities with the largest [academic] attainment gaps are in the South-West; Only 18% of disadvantaged young people in the region progress to higher education – the lowest proportion of any English region; Devon has four out the top 25 below-living-wage authorities”* (Sim & Major, 2022: 3-4).

The South West region *“covers a large predominantly rural geographical spread with major urban centres including Bath, Bristol, Cheltenham, Exeter, Gloucester, Plymouth, Salisbury, Swindon, Taunton, Torbay and Weston super Mare”* (The South West Strategic Clinical Network, 2015: 5).

The region has the largest population of people aged 65+ and the overall population is expected to increase because of migration and continued urban development (Office for National Statistics, 2021).

Although the region has some of the lowest rates of poverty in England and above average proportions of working-age adults in employment (Joseph Rowntree Foundation, 2022), as the above data indicate, policy responses such as the government's flagship 'levelling up' agenda *"should not focus exclusively on the 'North - South divide'"* (Sim & Major, 2022: 7).

Co-ordinated efforts are needed to improve social mobility and life outcomes in the region, with employers and education/training providers playing a key role in both providing local opportunities and addressing the nation-wide higher technical skills gap (Sim & Major, 2022).

There is also significant intra-regional variation. For example, with respect to rates of participation in HE, Cornwall is placed below all other regions in England. Although the UK average exceeds the Higher Education Initial Participation (HEIP) target figure of 46.8%, *"the Cornwall and Isles of Scilly average fell significantly short at 33.2%. Local evidence also points to the fact that lower numbers of our state school leavers go into Higher Education – 58% compared to the England average of 64%"* (Department for Work and Pensions [DWP], 2015: 5).

With respect to the 'rural/urban divide', rural areas, while typically less deprived than urban areas, *"can harbour 'hidden' deprivation that isn't always captured in indicators of disadvantage. Rurality also heightens the link between disadvantage and poor educational outcomes"* (Sim and Major, 2022: 18).

For many young people living in pockets of rural poverty, a combination of remoteness and poor transport links mean that employment, training and education opportunities are often invisible and inaccessible.

### **1.3.3 The Role of the Health and Social Care Sector in Promoting Social Mobility Regionally**

Data indicate several region-specific challenges with respect to education, training and employment.

Employment rates in the South West peninsula are generally good, most areas have *"a higher proportion of routine jobs and a lower proportion of managerial and professional jobs than the national average and wider South West"* (Sim & Major, 2022: 54).

Long travel times are incurred in pursuit of educational and employment opportunities, with some students facing a 12+ hour day to access their nearest FE college, leading to a 27% drop out rate in some of the region's colleges.

The peninsula experiences a youth exodus with *"the highest number of 16-24 year olds and [the] highest number of students leaving of any region, with implications for those 'left behind'"* (Sim & Major, 2022: 1).

Limited local post-16 education provision means there are fewer routes into skilled jobs for young people. This, combined with a low wage economy, geographical isolation, especially in rural areas, and a lack of impetus for change, means that *“a low wage, low skills equilibrium holds across much of the region”* (Sim & Major, 2022: 28).

As The Post-18 Education (Augar) Review (Department for Education [DfE; 2019) argued, the current imbalance between HE and FE education, with respect to funding status and influence, has led to an over-supply of graduates/Level 6 students in the economy, with *“30% of graduates [...] in roles that don’t require a graduate qualification”* (Sim & Major, 2022: 49).

In contrast, there is an unmet demand amongst employers for Level 4 and 5 qualifications with *“only 4% of young people achiev[ing] a qualification at higher technical level by the age of 25”* (DfE, 2021: 6).

There are skills deficiencies in the South West peninsula, particularly in health and social care and skilled trades (Sim & Major, 2022).

With respect to IAPT services in the South West, *“providers have consistently indicated that the existing workforce capacity, whilst sufficient to meet the national access target of 15%, is not adequate to meet ongoing recovery targets”* (SWSCN, 2015: 21) with skills deficits regionally being cited as the primary challenge.

The Department for Education ‘Higher Education Policy Reform and Reform’ White Paper made a series of recommendations, including *“supporting provision and uptake of high-quality level 4 and 5 courses to meet the skills needs of employers and allow more learners to benefit from the excellent outcomes high-quality level 4 and 5 can offer”* (DfE, 2022: 14).

The health and social care sector has a key role to play in addressing the higher skills gap, both locally and nationally, through the continued development of vocational education pathways into healthcare occupations.

The NHS in particular has demonstrated a strong commitment to, and recognition of, apprenticeships as *“key enablers for supporting social mobility”* (HEE, 2014: 16).

The healthcare sector in general has seen the second highest number of apprenticeship starts per 1,000 people in 2019/20 (gov.uk, 2021), unlike the majority of other sectors which saw a decrease in apprenticeship starts in the same period.

Healthcare apprenticeships boost employment and reduce the earnings gap between advantaged and disadvantaged learners, as well as upskilling the existing workforce (Social Mobility Commission, 2020), and are therefore important drivers of social mobility in the region.

However, as the Social Mobility Commission (2020: 11) cautions, *“disadvantaged learners still face significant barriers in terms of access to higher-level training. Some of these barriers and gaps have worsened since the introduction of the levy and are likely to widen as a result of current economic challenges”*.

To ensure that healthcare apprenticeships effectively promote regional social mobility, local employers, in partnership with training and education providers, need to increase the number of apprentices from disadvantaged backgrounds and ensure their progression onto higher

levels. Such targeted initiatives will complement Government proposals for Local Skills Improvement Plans, as outlined in the 'Skills for Jobs' White Paper (gov.uk, 2021).

## 1.4 Careers Information, Advice and Guidance (CIAG) on the PWP Role: The Current Picture

### Introduction

Effective, joined-up careers information, advice and guidance (CIAG) is essential to the success of initiatives and strategies aimed at widening participation into the mental health workforce (HEE, 2014). However, as the Universities Alliance (UA) argues, currently post-16 CIAG is “patchy at best and biased and uninformed at worst. The result is a mismatch of aspiration and labour market opportunities” (UA, 2014: 6).

- For those students transitioning to HE or higher technical qualifications via ‘non-traditional’ routes such as BTECs, HNDs and Higher Apprenticeships, endeavours to ‘raise aspirations’ are misplaced since Level 3 learners are not typically deficient in aspiration. Rather, as Gartland and Smith (2015: 37) argue, “what they do often lack is detailed information and understanding of possible futures and progression routes”. The impetus to offer impartial, comprehensive, good quality CIAG is, as Hodgson and Spours (2014) argue, often hampered by a highly marketized and competitive environment in which providers compete for students, with little incentive to provide impartial advice.
- With respect to current training provision for the PWP role in particular, provision varies widely, both between and within regions. Navigating this complex, shifting and diverse landscape can leave potential applicants unclear about their options and eligibility.
- The sources and media/mode prospective students and trainees use for information, advice and guidance on their post-16 options are contingent on a range of factors including levels of social and cultural capital, geographical location, whether they are first generation,<sup>1</sup> age, socio-economic status and ethnicity.
- Research on how young people make choices about their post-16 options such as HE study indicates that students taking vocational qualifications are more likely to utilise ‘hot knowledge’ – information acquired through social networks such as family and friends – than ‘cold knowledge’ – ‘official’ sources of information such as prospectuses and websites and are less likely to attend open days and other associated events (UCAS, 2002).
- Finally, is CIAG on the PWP role inclusive with respect to prospective applicants from diverse backgrounds? If not, who might be excluded? These three themes form the basis of this analysis of current CIAG on the PWP role.<sup>2</sup> The focus here is on academic qualifications requirements since this was identified in a recent project exploring widening participation into the IAPT workforce as “*the top obstacle identified by PWP courses and services [...]*” (University College London [UCL], 2019: 6).

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<sup>1</sup> ‘First generation’ refers to whether the student/trainee is the first in their family to study/train beyond Level 3

<sup>2</sup> CIAG relating to the PWP role, particularly entry requirements, is the focus here rather than the CIAG providers themselves.



- The list of CIAG providers utilised in this analysis is not exhaustive and does not contain CIAG from Further Education (FE) and College Higher Education (CHE) providers since they have their own in-house careers teams and do not typically create their own job profiles. Rather, students are usually directed to sector-specific CIAG sources such as HEEs 'step into the NHS' (NHS Health Careers) website and the National Careers Service and these are assessed here, along with: Prospects UK; UniCompare.com; Careers South West (CSW Ltd) and the Psychological Professions Network (PPN).

#### 1.4.1 Clarity and Accuracy

- The National Careers Service (NCS) provides careers information, advice and guidance to anyone over the age of 13 in England. Though there is an emphasis on self-service, professional careers advisors also provide additional tailored support such as 1:1 guidance and signposting. Their website allows users to explore a wide range of careers by job category.
  - For the purposes of this report, the category 'Healthcare' was selected. This category contains the following information on routes into the PWP role: "You can get into this job through: a university course; an apprenticeship; applying directly. [You can also] do a degree in psychology or health and social care subjects, and then apply for a place on a postgraduate training course" (NCS, no date).
  - It is evident in the first sentence that prospective applicants are given a range of routes, but the second sentence implies that a degree is required to pursue a career as a PWP. The PWP role is also referred to as 'Primary care graduate mental health worker' which further emphasises the need for an undergraduate (Level 6) qualification.
  - In terms of the 'entry requirements' the following information is given: "2/3 A-levels, or equivalent, for a degree, or a degree for postgraduate study" (NCS, *ibid*). The document goes on to discuss the apprenticeship route: "*you could do a Psychological wellbeing practitioner degree apprenticeship*" (NCS). However, again, there is an emphasis in graduate level entry in a 'relevant' subject: "*You may need a degree in a relevant subject like psychology or nursing or experience of working in mental health to do this apprenticeship*" (NCS). The statement regarding 'relevant' degrees is inaccurate on two counts since the PWP GradCert training programme is open to those holding a level 5 qualification (as opposed to Level 6) such as a Foundation degree, in *any* subject.
- A similar message is conveyed in the 'NHS Health Careers' website. With respect to 'entry requirements' the website states that PWP training places "*are open to either: people from the local community, with a wide range of life experience who will be trained to a graduate level; [or] graduates of any discipline who can demonstrate that they can meet the academic requirements of the post graduate level qualification*" (NHS, no date). Again, this information is misleading since many services accept Level 5 qualifications such as a Foundation Degree in addition to Level 6 qualifications. Whilst the first sentence does state that people will be "*trained to a graduate level*", this is arguably misleading since it could be interpreted as suggesting that applicants should already have a graduate level qualification, as opposed to acquiring one through the training provided.

- Prospects UK is an online resource which provides careers advice, information and guidance on a range of topics and provides job profiles in every sector of the labour market, including a job profile for the PWP role. Of particular interest is the information given on qualifications/entry requirements, which is summarised here:

*“If you already have a degree, you will usually take a postgraduate certificate. If you don't have a degree you'll do the equivalent graduate-level qualification. [...]. It's also possible to take a Level 6 psychological wellbeing practitioner apprenticeship. Search Find an Apprenticeship or NHS Jobs for vacancies”* (Prospects UK, 2022).

- Prospects UK outlines a number of routes into PWP training, including apprenticeships and also distinguishes between the postgraduate (Level 7) route and the graduate-level route (Level 6 GradCert).
- A similar outline is offered by Universitycompare.com, an online platform for prospective students which provides information on degrees and careers. Information on the PWP role can be found in the ‘Career Guide’ section which offers the following information: *“those with a degree will usually start a PWP training course postgraduate certificate and those without a degree will tend to undertake an equivalent graduate-level qualification”* (UniversityCompare.com, no date).
- Again, the distinction between entry levels corresponds with the Graduate-level and postgraduate level routes on offer and the apprenticeship route is also referred to. Although both sources correctly distinguish between the undergraduate route and the postgraduate route, neither site refers to level 5 qualifications in the ‘entry requirements’ section.
- Careers South West (CSW Ltd) is an online CIAG service aimed primarily at young people in the South West region. Whilst this site mentions the health and social care sector as a labour market sector which is expected to grow in the region, this source does not contain job profiles on specific roles. Instead, young people are directed to the NCS website for information on specific job roles.
- The NHS England PWP blog (Houghton, 2018) is a forum developed by a senior PWP in which prospective and interested applicants can post questions and queries. It can be construed as a ‘warm’ source of information since, whilst not strictly an ‘official’/‘cold’ source of information, it lacks the social embeddedness and proximity of ‘hot’ sources of information such as family and friendship groups. As Slack *et al* (2014) argue, ‘warm’ sources of information are strangers with whom there is a ‘perceived synergy’. In the context of this discussion ‘warm’ sources of knowledge refer to existing trainees and practising PWPs and the PWP blog is an accessible source of ‘warm’ knowledge on the role. However, it is evident from a small sample of blog entries that there is some confusion, even amongst those who have already applied, over actual entry requirements and routes into training:

*“Hi. I have an interview coming up for a trainee PWP. I have previously studied at Uni but within Health, nutrition and fitness. I come from a policing background also. I was just wondering if it would go against me the fact i don't have a degree in Psychology”* (Sue). *“I would like to become a PWP please could you help me? I'm getting very mixed information”. “I would like to become a PWP. Can you please explain the path you took??”* (Roslyn).

- The most common response is as follows: “For further information about a career as a Psychological Wellbeing Practitioner please visit the Health Education England website” (Houghton, 2018). However, as Slack *et al* (2014) concluded from their study on decision-making processes amongst university applicants, simply directing potential applicants to ‘cold’ sources of information is insufficient. At this point, prospective applicants must actively seek out information from localised ‘warm’ sources such as careers service personnel embedded within colleges or the community to decode the information from official/‘cold’ sources.
- Secondly, as noted above, those who do access ‘cold’ sources of information are often left confused by conflicting, unclear or ambiguous information, particularly in relation to entry requirements such as whether a psychology degree is required.
- The Psychological Professions Network (PPN) is a “membership network open to all psychological professions and other stakeholders in NHS commissioned psychological healthcare” (PPN, 2022). For the purposes of this analysis attention was paid to the ‘career map for the psychological professions – PWP’ section which contained the following information on routes into the profession:

**“Apprenticeships**

*A fantastic opportunity for those without an honours degree that are passionate about improving the lives of people with common mental health difficulties, have relevant life experience, and are looking to make a career change or contribute to the local community.*

**Specific University Programmes**

*Accredited programmes are offered by several Universities under various course titles. Commonly these programmes may either represent the accredited improving access to psychological therapies (IAPT) PWP training programme on its own, or form part of a wider degree programme offered at undergraduate or postgraduate level on a self-funded basis”.*

- Here, more accurate and comprehensive information on the entry requirements needed to become a PWP is given, in comparison to the other sources analysed here. However, the absence of any reference to Level 5 entry and specific Level 5 qualifications acts as a potential barrier to those holding a Level 5 qualification, thereby hampering endeavours to increase applications from under-represented groups.

#### **1.4.2 Accessibility**

- As research by Ball and Vincent (1998), Hutchings (2003) and Slack *et al* (2014) indicates, not all sources of information about post-compulsory education and/or training are weighted equally. Rather, the weight given to various sources of information is contingent upon a range of situated factors and is socially structured and patterned (Ball and Vincent, 1998). These weightings inform both where and how prospective applicants for PWP training will obtain information on the PWP role and how reliable these sources are perceived to be.

- Concepts of ‘hot’, ‘warm’ and ‘cold’ knowledge derived from Ball and Vincent’s (1998) research on parental choice of secondary school can be usefully applied here to assess the relative weighting given to sources of information. Research consistently indicates that, for school leavers assessing their post-16 options, “generally, but not universally, ‘hot’ knowledge is seen as more reliable than official [...] information” (Slack *et al*, 2014: 208).
- With respect to CIAG for prospective PWP trainees, in the absence of friends/family members who are PWPs, prospective applicants will rely on ‘cold’ sources of information such as online CIAG platforms, university prospectuses and other ‘official’ sources, emphasising the need for visible, accessible CIAG on the PWP role.
- Whilst ‘cold’ sources of CIAG such as online platforms are vital, especially in rural/geographically remote areas such as the South West peninsula, these need to be supplemented by ‘warm’ sources of CIAG such as localised open events, proactive community outreach work and engagement with local FE/CHE provision, particularly in low participation into HE/higher level technical skills training ‘cold spots’.
- CIAG provision also has a key role to play in promoting equitable access to opportunities by proactively supporting people into careers where they are under-represented to address occupational segregation and widen opportunities. Some CIAG provision specifically prioritises under-represented groups and therefore has a key role to play in improving the accessibility and reach of CIAG on the PWP role.

### 1.4.3 Inclusivity

- With respect to inclusivity, the focus on A-Levels and degrees in the ‘entry requirements’ identified in most ‘cold’ sources of information acts to exclude taking ‘non-traditional’ routes into HE or higher technical vocational training.
- The absence of specific reference to Foundation Degrees, HNDs and Level 3 BTECs is evident in all CIAG material on the PWP role. Most CIAG sources emphasise degree level entry and/or more ‘traditional’ Level 3 qualifications, as is evident in NCS material on ‘entry requirements’ which state the need for “4 or 5 GCSEs at grades 9 to 4 (A\* to C) and A-levels, or equivalent, for a higher or degree apprenticeship” (NCS, no date).
- Similarly, the University of Exeter (CEDAR) web content on ‘entry requirements’ for the PGCert/GradCert Psychological Therapies (Low Intensity CBT) programme states the following: “*this programme is offered at [...] final year undergraduate degree level [...] for those who can demonstrate having studied at the second year of a degree or equivalent [...]*” (CEDAR, no date).
- This picture is consistent with the message conveyed in HE prospectuses more broadly. The ‘Supporting BTEC Students Working Group’ (The National Education Opportunities Network [NEON]) explored whether entry requirements included reference to BTEC qualifications in the prospectuses of ‘higher tariff’ universities. If so, was it clear to those learners holding BTEC qualifications that they would be eligible to apply?
- In its scoping exercise on the prospectuses of higher tariff universities, NEON found that “of the thirty institutional prospectuses selected (which included the 24 Russell

Group institutions) just ten had BTEC entry requirements uniformly featured on course pages” (NEON, 2020: 7). NEON concluded that clarity and transparency with respect to entry requirements, particularly BTEC qualifications, are needed to ensure that prospectuses are inclusive and accessible to all learners, regardless of their route into HE study.

- Secondly, as is evident from the questions posted in the NHS PWP blog forum above, engagement with both learners (in FE/CHE provision) and the general public (at events such as the National Careers Fair) as part of this project, the perception that a psychology degree is essential/preferred over other degrees poses a further potential obstacle to widening participation into the IAPT workforce.
- Finally, of the five CIAG sources analysed here which contain PWP job profiles, all refer explicitly to the PWP apprenticeship route, though few explain how to find an apprenticeship. Apprenticeships have the potential to be key drivers in promoting social mobility through widening participation amongst under-represented groups and are instrumental in addressing deficits in higher technical vocational skills, regionally and nationally.
- Whilst data indicate that the South West region has “the second highest proportion of apprenticeship starts in 2021/22 (with 2.7 starts per 1000 population)” (Sim and Major, 2022: 14), it remains the case that increased uptake of apprenticeships in the NHS by those from diverse backgrounds is needed. For example, current data indicate that 14.2% of apprenticeship starts across the health and social care sector generally were from a minority ethnic background (NHS Employers, 2021), a figure which falls short of the government’s five-year vision to increase the proportion of the apprenticeship starts across all labour market sectors amongst those from minority ethnic backgrounds by 20% by 2020 (gov.uk, 2015).

## 2.1 Literature Review

### Introduction

- Whilst there is an abundance of literature on widening participation into medicine, general (adult) nursing, dentistry, and higher education in general, the literature on widening participation into the psychological professions and mental health careers such as mental health nursing is limited. As Palmer, Leone and Hutchings (2020: 5) found when conducting a literature review on attitudes towards non-medical careers in the NHS: *“not only is there a paucity of research on mental health careers, the majority of the literature we reviewed was limited to adult nursing or nursing in general”*.
- Kaehne *et al* (2014: 19) reached a similar conclusion from their literature review on approaches to, and impacts of, interventions to facilitate widening participation in healthcare programmes: *“widening participation in health care studies suffers from a poor knowledge base and a tendency to embark on small-scale, boutique qualitative studies. Although there may be a significant number of innovative local practices, many of them are either not systematically evaluated, or when assessed, not sufficiently contextualised to identify contributory factors for widening participation outcomes”*.
- Similarly, with respect to widening participation into psychology, as Winter (2010: 85) argues, *“there is little direct examination of [...] widening participation specific to the study of psychology [...]”*. The scope of this literature review was therefore widened to consider WP literature more broadly and encompasses literature on four key areas: WP into the IAPT workforce; WP in the healthcare professions; WP into psychology and the psychological professions; and WP in the South West region.

#### 2.1.1 Aims

- The aim of this literature review was to gather and integrate literature relating to interventions aimed at widening participation into the mental health workforce, particularly IAPT, and their impact. The limited number of studies specific to widening participation into the mental health workforce/IAPT required a wider consideration of related occupational areas.

#### 2.1.2 Methodology

- As noted, there is a limited evidence base in relation to WP in the psychological professions. An initial literature search using only these criteria yielded just three items. It was necessary, therefore, to broaden out the search strategy to include analogous disciplines/occupations such as undergraduate psychology programmes and the healthcare professions. The University of Exeter library database was the starting point for this literature search. All titles and abstracts were screened using the following exclusion and inclusion criteria:

### **Inclusion Criteria**

- Primary research and reports relating to widening participation or widening access (WA) to the psychological professions
- Primary research and reports relating to widening participation or widening access to the healthcare professions
- English language only
- Published literature only
- UK research only
- 2005 onwards

### **Exclusion Criteria**

- Research relating to WP or WA to medicine/medical careers
- Research relating to WP or WA to dentistry
- Not English language
- Unpublished research
- Pre-2005

The following key words were used: psychological professions; healthcare professions; widening participation; widening access; workforce diversity; IAPT. The following search string was used to search a range of databases: Widen\* AND participation (OR access OR diversity) AND psycholog\* (OR healthcare OR IAPT) NOT medic\* NOT dentistry.

This yielded a limited number of relevant items so this review also drew on prior related literature reviews to supplement this review. The literature was then screened for relevance, leaving 21 items to be reviewed. The selected literature fell into four categories: One - WP into the IAPT workforce; Two - WP into the healthcare professions; Three - WP into psychology/the psychological professions; and Three - WP in the South West region.

### **Overview of Identified Literature**

The following discussion offers a descriptive narrative analysis around the categories identified, with 21 published papers included.

#### **2.1.3 Category One: Widening participation into the IAPT workforce.**

- Three papers were identified which explored widening participation into the IAPT workforce. The first is a project report commissioned by HEE which explores widening participation to PWP training (UCL, 2019). The second is a report which aimed to present a concise picture of the current IAPT workforce in the South West region and also outlines future regional requirements (The South West Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions [SWSCN], 2015). The third is a report on a survey conducted as part of a project to understand the challenges and facilitators in recruitment with respect to widening diversity (Pound and Powell, 2021). Three themes emerged from an analysis of the three identified papers: A. target groups for widening participation; B. barriers/obstacles to, and facilitators of,

widening participation; and C. ideas/initiatives and suggestions for increasing applications from under-represented groups.

- With respect to theme A, in all three papers the current demographic profile of the PWP workforce was identified as an issue, with papers noting that the majority of PWP trainees and qualified practitioners are young, white, female graduates, particularly psychology graduates. This impacts on attrition since many from this population will use the PWP role as a “stepping-stone” into clinical doctorate programmes, which has implications for service delivery and quality.
- The study by UCL used a series of surveys to capture the views and experiences of a range of stakeholders, including PWP course leads, IAPT service leads, PWPs and trainee PWPs. Respondents were asked to define their ‘target groups’ for recruitment. Survey results indicate a consensus amongst both stakeholders and PWPs with both identifying the same demographic groups as their priority for widening participation: older applicants, minority ethnic groups and men.
- The survey conducted by Pound and Powell (n = 104) also sought to gain an understanding of challenges and successes in recruitment with respect to widening participation into HEE funded roles (Pound and Powell, 2021). The survey revealed that there were differing perceptions of the WP label itself, indicating a need for a shared understanding of this term.
- With respect to theme B, in the study by UCL, there were divergent views regarding obstacles/barriers to and facilitators of widening participation: for training providers and services academic qualifications were the top obstacle though, interestingly, none of the PWPs mentioned this.
- The theme of academic qualifications as obstacles to WP appeared in most of the literature reviewed across several occupational domains. This led most authors to recommend strategies such as contextual offers and academic bridging programmes to ensure that training and employment opportunities in the NHS are more accessible.
- Respondents in the UCL study also mentioned selection and recruitment procedures as the second top barrier. Here respondents were in broad agreement that selection and recruitment processes give ‘traditional’ applicants an advantage over WP applicants. Without an analysis of both successful and unsuccessful applicants to PWP training programmes, this claim is difficult to verify. Data from the IAPT workforce Census (HEE, 2021) does suggest, however, that these perceptions have some veracity, though unfortunately the census does not currently capture socio-economic status (SES).
- The survey by Pound and Powell (2021) gathered responses from a range of psychological professionals, including PWPs and clinical psychologists. All respondents were asked what they thought the obstacles to accessing a career in the psychological professions were. Responses included:

*“Stigma towards those with disabilities; Biased selection processes and perceptions of knowledge, skills and competence; Lack of awareness of the psychological professions; Qualifications and experience needed; [lack of] diverse role models, ‘you can’t be what you can’t see’; Those without a psychology background being unaware of how to apply;*



*Opportunities to gain experience are often voluntary; Lack of support in getting relevant experience; Lack of knowledge within schools and colleges; Lack of flexibility in training pathways; [and] Public perception of the psychological professions being for white middle-class individuals”.*

- These survey responses offer valuable insights into barriers/obstacles to the psychological professions amongst those in the psychological professions. Of significance here are responses from several occupational groups regarding the lack of awareness of psychological roles, public perceptions of the psychological professions, the lack of diversity, entry requirements and recruitment and selection processes which favour particular groups of applicants. With respect to responses from PWPs, the comment that *“those without a psychology background [are] unaware of how to apply”* is a particular concern and was evident during engagement with participants/prospective applicants as part of this project.
- With respect to theme C, respondents in the survey of those in the psychological professions by Pound and Powell (2021) were also asked for their ideas/suggestions to widen participation in the psychological professions. A range of suggestions were given, including:

*“Recognising experience over qualifications [and] a re-consideration of entry criteria; Increasing awareness of unconscious biases within selection processes; Inclusion of people from under-represented groups [in] [...] selection processes; Accessible information on [...] careers in the psychological professions; Support processes and networks for aspiring psychological professionals; Increased support for people whose first language is not English; Increased collaborations between universities and NHS Trusts; Outreach into schools; [and] Role models from less represented groups”.*

- Of note here are comments regarding the inclusion of people from under-represented groups in recruitment and selection processes. The ‘BABCP IAPT Black and Minority Ethnic Service User Positive Practice Guide’ recommends that, in areas serving diverse populations, *“interview panels should include at least one BAME staff member and a service user from one of the BAME communities locally”* (Beck *et al*, 2019: 34). Such recommendations may go some way towards mitigating unconscious bias in recruitment and selection processes.
- Whilst offering some valuable insights into both barriers/obstacles to the psychological profession and useful ideas for widening participation, the report would have benefitted from being situated within the existing evidence-base and some contextualisation with respect to the current policy landscape.
  - The report by the SWSCN noted that *“retention of existing PWP workers is a serious problem for almost all providers across the [South West] region”* (17) and that *“regional capacity is not sufficient to meet regional requirements [...]”* (21). The report makes some brief recommendations, including *“developing good career structures [...] to aid recruitment and retention to existing posts [and] reviewing existing criteria for PWP trainees to encourage ongoing commitment*

- and diversity into the role” (23). However, the report stopped short of specifying how ‘existing criteria’ might be adapted to support WP into IAPT.*
- The UCL study, by contrast, yielded a wide array of ideas and suggestions for improving WP in the IAPT workforce. All stakeholders made similar suggestions and these fell into the following categories: promotion and marketing of the PWP role; reviewing recruitment and selection criteria; developing access routes; alternative types of training courses; and support for trainees from diverse backgrounds.
    - With respect to promotion and marketing, a range of approaches were mentioned including stalls at Jobs Fairs, promotion via Job Centres and open days hosted by IAPT services and training providers. Stakeholders also offered ideas for marketing to targeted groups and these included outreach to local community groups and use of social media.
    - The report usefully outlines previous marketing and promotional events delivered by IAPT services, noting the impact of these events on the profile of applicants to the trainee PWP roles. Limited data on current application rates from older applicants, those from Black and minority ethnic communities and males suggest that promotional and marketing events such as these are clearly having a positive impact amongst target groups. However, a more detailed audit by UCL of the data from the UCL course reveals a gap between the number of applications from those age 35+, male or of Black and minority ethnic heritage and the number from these groups being recruited, leading the authors to conclude that, with respect to older applicants at least, these were being ‘selected out’.
    - The authors note that the application to selection ratios identified at UCL may not be representative of the ratios generally since services mostly recruit via NHS Jobs and the data were unavailable. To fully assess and audit the impact of WP initiatives, it would therefore be beneficial to have access to data on application to selection ratios across key WP indices such as SES, age, gender identity and ethnic identity.
    - More broadly, questions remain as to how the various stakeholders, including commissioning groups, specific services, training providers and PWPs themselves should work collaboratively on WP in IAPT strategies, initiatives and activities and how outcomes can be robustly monitored and audited. Finally, none of the three papers sought service users’ views and perspectives on whether the IAPT workforce was representative of the communities it serves.

#### **2.1.4 Category Two: Widening participation into the healthcare professions**

- Whilst most healthcare-related WP initiatives focus on a specific profession, the Widening Access to Careers in Community Healthcare (WATCCH) programme supports 16 to 18-year-olds from lower socioeconomic backgrounds interested in a range of community healthcare careers. This initiative is timely given that in the NHS, “patient care is increasingly being delivered in community settings with expanded community health teams and a greater emphasis on community preventative medicine” (Dutta *et al*, 2021: 103).

- A qualitative study by Dutta *et al* (2021) sought to evaluate the impact of the WATCCH programme on perceptions and aspirations towards community healthcare careers. Themes which emerged from focus groups conducted with the participants included: increased awareness and understanding of a range of community healthcare careers; the acquisition of new role models; increased confidence in achieving a career in healthcare; and access to vital work experience. The authors conclude from their evaluation that the WATCCH programme made a significant impact on attitudes and perceptions of healthcare careers, improved the accessibility of work experience and provided visible role models from a range of backgrounds.
- A limitation of this study is that the destinations of young people who participated was not recorded so it was difficult to assess whether the shifts in attitudes and perceptions documented translated into actual applications. However, the study yielded some important insights into effective WP strategies which should inform future work on WP in other occupational areas such as mental health. Despite a range of WP initiatives and interventions, “a worrying trend of underrepresentation in healthcare remains” (Dutta *et al*, 107).
- The authors conclude that future WP initiatives should focus on the following: *“the impact of support and role modelling in improving self-efficacy and increasing HE applications; the role of multi-professional WP programmes in offering wide-ranging healthcare careers options [...]; the benefits of a contextual-grade offers; and the need for transparency of WP programme evaluation with published data on destinations to understand if programmes are successful in improving HE entry”* (Dutta *et al*, *ibid*).

### 2.1.5 Category Three: WP in Psychology

- A small number of studies explore the lack of diversity amongst psychology graduates. This issue is relevant to widening participation into the IAPT workforce since, as services note, the PWP role attracts a high number of psychology graduates, some of whom will use the PWP role as a stepping-stone into other psychological professions (SWSCN, 2015; UCL, 2019).
- The homogeneity of the undergraduate psychology population, particularly with respect to ethnic heritage/identity, is explored by Turpin and Coleman (2010) and Hylton (2010). Both studies found that, despite the fact that psychology degrees are *“relatively attractive to students from ‘non-white’ backgrounds (estimated to be between 12 and 19% of psychology undergraduates) [...], only 7% of successful applicants to clinical psychology training courses came from ‘non-white’ backgrounds.”* (Turpin and Coleman, 2010: 18). This suggests that, whilst the undergraduate psychology population is increasingly diverse with respect to ethnic identity, considerable barriers to the psychological professions such as clinical psychology remain.
  - Turpin and Coleman conclude from their findings that, *“despite various attempts at promoting diversity and equality within the profession, there is a*

*widespread recognition that insufficient progress has been made*" (Turpin and Coleman, 2010: 17). Both sets of authors conclude that the discipline of psychology unwittingly reproduces an 'ethnocentric monoculturalism' with respect to course content. As Harre (2005) argues, psychology occupies a social, moral and political space, as well as a scientific one. Therefore, WP endeavours should not merely address "*discrepancies in the take-up of higher education, [but also] broaden the discipline of psychology itself [to] reflect Britain's multicultural society*" (Hylton, 2010: 12). Both studies make a useful contribution to the evidence-base and should inform contemporary WP endeavours, initiatives and strategies going forward.

- The contribution of the Open University (OU) to widening participation in psychology is explored by Cooper (2010). As Cooper argues, the OU has always maintained a commitment to widening participation as one of its founding principles. For example, an open access policy means that students are not required to have entry qualifications of any kind. It could be assumed, therefore that, across key widening participation indices such as age, prior educational attainment, ethnic heritage, living in a low participation in HE area and disability, the OU outperforms other HEIs. Cooper tests this assumption in a statistical analysis of uptake of psychology modules with respect to key widening participation indices in an assessment of the contribution made by the OU to widening participation in psychology education.
- Findings indicate that, whilst the median age of 2007 psychology graduates completing their degree is 40 – 49, with respect to other indices such as gender and low participation in HE postcode students, the OU BSc psychology programme has made less impact. Furthermore, whilst the programme has made significant impacts with respect to both the diversity and quantity of psychology graduates "*relatively few go on to use their qualification to become professional psychologists [...]*" (Cooper, 2010: 80), echoing Turpin and Coleman's findings. This suggests that barriers/obstacles remain to accessing the psychological professions, though reasons for this are not explored by Cooper.
- A study by Winter (2010) used semi-structured interviews to explore the views of teaching staff and students associated with a CertHE Psychology course on the declining numbers of 'widening participation' and 'socially disadvantaged' students<sup>3</sup> applying to study psychology.
- Using interviews with students (n = 20) and staff (n = 8), Winter began by exploring respondent's own conceptualisations of 'widening participation' and 'social disadvantage'. This question yielded important insights into the socially situated and subjective nature of both concepts, with 'social disadvantage; being especially contested. That said, a thematic analysis revealed that definitions of 'social disadvantage' all clustered around a lack of either: resources; mobility; education; or expectations. As Winter

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<sup>3</sup> It must be noted that both these terms are contested and contingent.

acknowledges, “simple categorisation of an individual as representative of a socially disadvantaged background does not reflect [those] who are ‘widening participation’ not necessarily socially disadvantaged” (92).

- On the question of explanations for the drop in applications from students categorised as ‘widening participation’ a common theme in responses was the lack of awareness of courses and a perceived inaccessibility with respect to entry requirements/criteria. This latter issue is also identified in research by the South West Strategic Network (2015) and UCL (2019) in relation to widening participation into the IAPT workforce. Winter’s study makes a useful contribution to the evidence-base because it considers participant’s own definitions of WP and ‘social disadvantage’. This element of the study revealed that many students did not see themselves as a WP or ‘socially disadvantaged’, despite qualifying for these labels on external measures and indices. This indicates that those targeted for WP endeavours are not merely passive recipients of such labels but agentic social actors capable of negotiating, contesting, and rejecting external definitions and meanings.

#### **2.1.6 Theme 4: Widening participation into HE in the South West region**

- Two studies explore widening participation in the South West region in the context of participation in Higher Education. A study by Hatt, Baxter and Tate (2005) explores the impact of the ‘Aimhigher’ programme. This programme was aimed at groups under-represented in the HE student population. Target groups for intervention are those identified in the Dearing report: “those from socio-economic groups III to V, people with disabilities and specific ethnic minority groups” (The National Committee of Inquiry into Higher Education [NCIHE], 1997: 14). The study used a mixed-methods approach to assess the extent to which the ‘Aimhigher’ programme has impacted on the educational trajectories of the desired target groups in the South West region.
- ‘Aimhigher’ yielded some useful insights into the effectiveness of multiple interventions rather than one-off interventions, particularly with first generation Year 10 students (a key target group). However, the authors identify a number of limitations. Firstly, the ‘Aimhigher’ agenda was, in its original manifestation, premised on a deficit model of agentic and cultural capital. However, as O’Shea (2016: 48) argues, those students targeted by WP initiatives “do not necessarily arrive at university bereft of the necessary capitals to enact success but rather [...] the capitals they [possess] are not necessarily those traditionally celebrated”.
- Secondly, ‘Aimhigher’ relied on teachers’ perceptions of which students they felt had the most ‘ability’. Teachers thus acted as gatekeepers, with those delivering WP programme relying on subjective judgements about who should be beneficiaries of the interventions.
- Thirdly, the study makes no reference to the specificities of the South West region with respect to key characteristics and challenges. Finally, with respect to the study by Hatt *et al*, this was conducted in 2005 and the policy landscape around WP initiatives and strategies has evolved significantly since then, making it relevance to current initiatives, policies, and practices questionable.

- A more recent qualitative case study by Elliot (2019) explores WP and agentic capital amongst CHE students in coastal, rural and isolated communities in the South West. This study focuses on the experiences of a cohort of Foundation degree students, the majority of whom are women with children and are from lower-participation households (first and second POLAR quintiles, Office for Students, 2019). Using Bourdieu's concept of cultural capital, Elliot sought to explore student identities as college-based HE learners. Findings suggest that these students do not fit the 'deficit model' often associated with the WP agenda. Rather, they bring a positive social identity and agentic capital to their HE experience. As Elliot argues, valuing the capital 'WP' students already possess should inform future WP initiatives and strategies across all occupational domains, including healthcare and the psychological professions.

### 2.1.7 Discussion and Conclusions

Much of the literature discussed here is over ten years old, meaning that it is out of step with the contemporary policy landscape. However, it was necessary to extend the parameters of this review to arrive at enough literature to review. The lack of relevant, current studies on widening participation into the psychological professions, particularly IAPT, indicates a clear need for further work on this area. Secondly, the paucity of literature on widening participation into the IAPT workforce means that there is a sparse evidence-base from which to draw a comprehensive picture of this issue. That said, the following conclusions can be drawn from the literature reviewed above:

- There is still much work to be done with respect to WP into the psychological professions. WP endeavours need to be audited and evaluated to find out what works with respect to impact. Good practice in WP needs to be disseminated to both services and training providers.
- Widening participation applicants are not a homogenous group. Nor are they confined within the boundaries of one specific category such as 'BAME' or 'older'.
- Applicants may not recognise themselves as WP or identify with the WP label and can negotiate and contest this term. They also possess agentic capital and are not merely passive recipients of WP interventions.
- To be effective, WP initiatives would benefit from the use of visible 'ambassadors' from a range of backgrounds to act as role models for prospective applicants.
- Selection and recruitment procedures remain a significant barrier for many potential applicants. Services and training providers should consider the use of strategies such as contextual offers, academic bridging programmes and alternatives to traditional recruitment practices which disadvantage some applicants.
- Gathering data on the origins and route of applicants would allow a more robust appraisal of the impact of WP initiatives. Data on the number of applicants with a Level 5 qualification obtained at a CHE would be particularly useful.

These points inform the recommendations made in this report.

## 2.2. Legislative, Guideline and Policy Context

### Introduction

The following provides an overview of the legislative, guideline and policy context in which this report is situated, charting and evaluating its evolution over a 12-year period. The development and implementation of policies, guidelines and legislation aimed at widening participation (WP), does not take place in a political vacuum. Rather, their development and application are informed by both prevailing ideological, economic, and socio-political concerns. Contemporary policy developments must therefore be situated in the context of an increasingly neoliberal hegemony in which those providing social services are subject to market principles.

- In Higher Education (HE) provision, the shift towards a provider market was solidified in the Dearing Report (1997) which ushered in significant reform of funding for higher education in the UK, with the burden of tuition fees and living costs being met by students themselves.
- Whilst there is a mutual dependence between health and education, an overview of widening participation in HE in general is beyond the scope of the current project. The parameters of this overview are, therefore, legislative, policy and guideline documents relating directly or tangentially to widening participation into the healthcare workforce, with particular emphasis on the mental health workforce. Documents pre-dating 2010 were also excluded on grounds of relevance. Selection of items for inclusion in this overview was informed by the ‘Evidence Brief: Widening Participation’ (HEE, 2022b) document which provides a broad snapshot of literature to date on WP in the health and social care sector.

### 2.2.1 The Public Sector Equality Duty (2010)

- This overview begins with Section 149 of the ‘Equality Act (2010): Public Sector Equality Duty’. The legislative duties prescribed in the Act inform or underpin the subsequent documents discussed here and equality, equality and inclusion activities, strategies, and initiatives generally. The Duty covers the nine protected characteristics: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation (Equality Act, 2010). It applies to public bodies listed in Schedule 19 and other organisations which carry out public functions.
  - Whilst the Act places a range of duties on public bodies, of particular relevance to the WP agenda are the following: the duty to give ‘due regard’ to the need to *“advance equality of opportunity between persons who share a relevant characteristic and persons who do not share it”* (2010, Section 149, 1.b); *remove or minimise disadvantages suffered by persons who share a relevant characteristic [...] (3.a); and encourage persons who share a relevant characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low”* (3.c). The ‘Public Sector Equality Duty’, along with Section 91, is relevant to the WP agenda because it has implications for both IAPT services as employers and Higher

Education Institutions (HEIs) as the training providers. For example, the Act imposes a duty to make reasonable adjustments for trainees/employees with a disability such as providing course content and training materials in alternative formats.

- Secondly, there is no requirement to lower the level of prior attainment at point of entry. Since the passing of the Act, however, there has been acknowledgement that *“the prior attainment of those from disadvantaged backgrounds does not necessarily do justice to their ability and potential”* (Boliver *et al*, 2021: 3). In response, contextual admissions are increasingly being used by colleges and universities. ‘Contextual admission’ is an *“offer made on the basis of contextual data”* (Office for Students [OfS], 2020: 3) such as SES, ethnic identity and/or disability, whilst ‘contextual offers’ are an *“offer of entry at one or more lower grades or an offer linked to a foundation year”* (OfS, *ibid*). However, whilst use of contextual admissions has the potential to narrow the gaps between the most- and least-represented in HE, information on how this mechanism is employed and measurement of its impact is patchy, with wide variations in how it is used.
- Thirdly, there is no agreement over the criteria used to measure SES and educational disadvantage. Universities *“do not have access to data on household income [...]”* (*ibid*), instead relying on range of markers when deciding whether to make a contextual offer, such as whether the applicant is care experienced; area data; school data; intersectional data; and participation in WP/outreach activities. Despite variations in the application of markers, there are indications that WP strategies are having a positive impact on participation by under-represented groups. For example, using the Participation of Local Areas (POLAR) measure, the most recent UCAS data indicate a *“record application rate [to HEIs] from UK 18-year olds in the most disadvantaged neighbourhoods across the UK [with the] application rate for POLAR4 Q1 [being] 28.8% [...], over ten percentage points higher than in 2013”* (Universities and Colleges Admissions Service [UCAS], 2022).<sup>4</sup> This represents a significant narrowing of the gap between the most and least advantaged students with respect to SES (UCAS, 2022).
- With respect to employers such as the NHS, the Duty also allows for *“positive measures to be taken to help overcome disadvantage, [...], [including] taking any kind of action to increase participation from underrepresented students of a particular ethnicity”* (Equality Challenge Unit, 2012: 16). However, whilst 12

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<sup>4</sup> “The participation of local areas (POLAR) classification groups areas across the UK based on the proportion of young people who participate in higher education. It looks at how likely young people are to participate in higher education across the UK and shows how this varies by area. POLAR classifies local areas into five groups - or quintiles - based on the proportion of young people who enter higher education aged 18 or 19 years old. Quintile one shows the lowest rate of participation. Quintile five shows the highest rate of participation” (OfS, 2022).



years have passed since the Act was made law, a survey conducted by NHS Employers in 2021 found that there is still *“a lack of clarity [and] understanding around what constitutes positive action [...] Almost a third of employers [...] said they don’t take positive action to support particular groups as they were worried or unsure as to whether it would be seen as positive discrimination”* (NHS Employers, 2021: 4). Further, as the survey revealed, there is *“limited guidance on positive action and how to attract those with protected characteristics”* (*ibid*). The survey highlights the need to provide NHS employers with clear, accessible information with *“examples of good practice they can easily replicate”* (*ibid*).

### 2.2.2 ‘Liberating the NHS: Developing the Healthcare Workforce, From Design to Delivery’ (2012)

- The governmental White Paper ‘Liberating the NHS: Developing the Healthcare Workforce, From Design to Delivery’ (2012) is relevant to the WP into the IAPT workforce agenda because it marks a new approach to, and significant reform of, education and training in the healthcare sector. The mandate gave responsibility for provision of leadership and strategic direction for education, training and workforce development to Health Education England. It also set out the responsibilities of local education and training boards (LETBs) who would be accountable to HEE for delivery against the Education Operating Framework (EOF) (DH, 2012).
  - There are five outcome domains specified in the EOF, including ‘widening participation’. This entails providing *“fair opportunities to progress [...], placing positive value on diversity in the workforce and [provision of] opportunities to progress [...]*” (DH, 2012: 13). However, with respect to the requirement to provide ‘fair access’, as the ‘Fair Access to HE: recommendations for good practice guide’ notes, *“there are differing interpretations of merit and fairness”* (Department for Education and Skills, 2004: 22), making attempts to assess and measure the success of ‘fair access’ policies problematic.
  - ‘Fair access’ is often conceptualised as the requirement that all applicants/employees *“be judged according to the same criteria and processes so that all have equal opportunity to demonstrate merit”* (Boliver et al, 2021: 3). However, a procedural fairness approach ignores *“the impact of socioeconomic inequality on prior educational attainment”* (Boliver et al, *ibid*), therefore leaving occupational stratification by socioeconomic status intact.
  - The document does not specify how ‘fair access’ will be achieved. The mandate also refers to the health-education interface which should be built on, amongst other principles, ‘embedding widening participation’, to be accomplished through *“joint support for widening access to health education undergraduate programmes”* (DH, 2012: 38). Again, it is unclear how a WP agenda will be embedded in these reforms.

### 2.2.3 'Delivering high quality, effective, compassionate care: Developing the right people with right skills and the right values. A mandate from the Government to Health Education England: April 2013 to March 2015' (2013)

- A subsequent mandate, however, sets out a detailed implementation strategy for WP in the NHS. 'Delivering high quality, effective, compassionate care: Developing the right people with right skills and the right values. A mandate from the Government to Health Education England: April 2013 to March 2015' (2013) draws on the 2012 mandate (DH, 2012) in detailing the "*strategic objectives of the Government in the areas of workforce planning, health education, training and development for which HEE and the LETBs have responsibility*" (DH, 2013: 5). The mandate acknowledges that, whilst progress has been made on widening access and participation into the NHS workforce, "*progress in encouraging people from poorer socio-economic backgrounds to pursue a career in healthcare has been more limited*" (DH, 2013: 25). The mandate also states that HEE "must monitor and report on recruitment to all NHS-funded courses against all equality strands and socio-economic groupings" (DH, *ibid*). Despite this requirement, with respect to IAPT, data on socio-economic status (SES) are not routinely collected in the workforce census, making an assessment of progress on WP in relation to SES impossible.
  - The mandate also details specific strategies to WP into healthcare such as creating links with local schools "*so that a wide range of students are encouraged to consider a career in health*" (DH, *ibid*). A range of strategies to create such links have since been implemented, including the Widening Access to Careers in Community Healthcare (WATCCH) programme (Dutta *et al*, 2021) which aimed to support school students to access a range of health careers.
  - On some WP themes stated in the mandate, measurable progress has been made. For example, on the requirement to "*support the development of healthcare staff by offering flexible mechanisms for entering training and employment*" (DH, *ibid*), apprenticeships provide opportunities to those who might otherwise be locked out of health careers. A project by NHS Employers (2021) identified how NHS Employers are using apprenticeships as a vehicle for WP in health careers. Data indicate that progress has been made with respect to ethnic identity and age gender. For example, for apprenticeship starts across all health/allied health sectors for 2019/20, 70% were female and 30% were male (NHS Employers, 2021). For comparison, of the NHS workforce as a whole, 64% were female in 2021 (NHS Digital, 2021). This suggests that apprenticeships have the potential to make a significant contribution to WP into health careers. However, whilst uptake of apprenticeships in the NHS has increased, available evidence suggests that uptake amongst males, individuals with a disability and those from Black and Minority Ethnic communities could be further improved.

## 2.2.4 'Widening Participation, It Matters! Our Strategy and Initial Action Plan' (2014)

- 'Widening Participation, It Matters! Our Strategy and Initial Action Plan' (HEE, 2014) sets out a plan to achieve "a more coherent and coordinated approach to widening participation in the development of the future and current workforce" (4). Strategic goals include: improvements in the monitoring and reporting of WP activities; enhancing the visibility and targeting of health-related careers information, advice and guidance (CIAG); an increased evidence-base in relation to what does and does not work in relation to WP activities; increased collaboration in WP activities, including outreach activity; and increase the capacity of healthcare organisations to facilitate work experience opportunities for all.
  - Unlike the previous documents discussed, this strategy draws on data on SES, in addition to data on age, gender, ethnic identity and dis/ability status. Drawing on secondary analysis of Higher Education Statistics Agency (HESA) data, the document uses Socio-Economic Classification (SEC),<sup>5</sup> Higher Education Initial Participation (HEIP) measures and attendance at a state school to demonstrate that progress has been made in some areas of the sector, but not all. For example, whilst mental health professions, pharmacy and allied health all had the highest number of students from state schools, medicine and dentistry had the lowest numbers, indicating the persistence of social class as a barrier to these professions.
  - Whilst a broad range of indices are utilised, as the document acknowledges, "*across all sectors there are significant data gaps and quality in the recording of equality and diversity characteristics which [limits the] ability to identify an accurate sector profile baseline*" (14). In response, one of the key strategic goals outlined in the document is to "*enhance the quality, completion and reporting of equality and diversity data*" (34). Detailed, sector specific workforce census data is one way to achieve this. Since 2013 NHS workforce statistics have been collated by NHS Digital monthly and give a profile of the current workforce in relation to: ethnicity; disability status; gender; religious belief; and sexual orientation but not SES/SEC. SES/SEC can be determined by a range of measures such as attendance at state school, receipt of free school meals, residence in a low HEIP area/postcode and so on. As yet however, no consensus has emerged about the definition of SES/SEC. Additionally, some SES indices rely on self-reporting which may be unreliable.
  - Finally, as this document argues, successful implementation of 'Levers for Workforce Development' should facilitate development and progression "*based upon a person's merit, ability and motivation and not their social background [...]*" (HEE, 2014: 5). As with procedural fairness, the concept of merit is premised on a meritocratic equality of opportunity model (Boliver *et al*, 2021) which assumes a shift from ascription to achievement as the basis for the allocation of opportunities. On this basis, it is assumed that all NHS

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<sup>5</sup> Socio-Economic Classification (NS-SEC) was developed to replace social class.

employees and applicants have equal access to development and progression opportunities. However, where prior attainment is used as an indicator of merit and ability, this works to disadvantage some groups, particularly with respect to SES/SEC. This highlights the need to consider prior attainment such as qualifications “in light of the socio-economic circumstances in which these were obtained to enhance distributive fairness” (Boliver *et al*, 2021: 1). This practice is known as contextual admissions in HEIs and is also applicable to recruitment and selection processes in the labour market.

### 2.2.5 The ‘Five Year Forward View for Mental Health’ (2016)

- This document sets out an ambitious Mental Health Taskforce strategy aimed at commissioners of mental health services. The purpose of the document is to make recommendations aimed at improving mental health outcomes for all. The focus here is largely on ensuring the right workforce skills-mix, actions required to plug projected workforce gaps and better monitoring of the mental health of NHS staff. There is only one reference to the composition of the workforce with respect to the WP agenda, with race-based discrimination acknowledged as being a problem. Whilst the introduction of the ‘NHS Workforce Race Equality Standard’ (WRES) in 2015 is briefly mentioned, there are no specific recommendations in the Five Year Forward document relating to WP at the level of recruitment, or to addressing the under-representation of specific groups in the mental health workforce.

### 2.2.6 ‘Stepping forward to 2020/21: The mental health workforce plan for England’ (HEE, 2017)

- The ‘Stepping forward to 2020/21: The mental health workforce plan for England’ (HEE, 2017) sets out the current numbers, skills and location of the current mental health workforce, as well as workforce targets and goals, as specified in the ‘Five Year Forward View for Mental Health’ (2016) and how these will be delivered. IAPT workforce census data are drawn on to argue that the workforce is “*predominantly female, white, British and aged 26 – 45. This means that the workforce is not always representative of local populations and the communities they serve*” (HEE, 2017: 15). The document goes on to state that providers must be incentivised to recruit trainees rather than recruiting qualified staff from other services if national expansion targets are to be met.
  - With respect to the WP agenda, despite acknowledging the homogeneity of the IAPT workforce, there is a clear focus on IAPT workforce numbers rather than workforce composition. However, one of the ‘agreed actions’ draws on the ‘Ten Point Plan for GPs’ to outline a range of strategies aimed at attracting people to mental health roles. Of particular relevance are the following: “*commission focus groups and polls of potential and existing trainees so we can better understand the obstacles, increase the support offered [...] and increase the profile and attractiveness of careers in mental health*” (26). Another plan addresses the WP agenda head on: “*widen participation through local recruitment drives to support the attraction of a representative*

*workforce [...]*” (26). The precise nature of these recruitment drives is not specified, however, some services have implemented their own localised strategies and initiatives. For example, Touchstone is a Leeds-based third-sector organisation specialising in therapeutic work with people from Black and Minority Ethnic communities. Prior to Touchstone’s involvement with the Leeds IAPT consortium *“only a small percentage of referrals [to IAPT] were from BAME backgrounds. Within one year of involvement, this rose to 15%”* (Beck *et al*, 2019: 28). This increase can be attributed, in part, to changes in the composition of the IAPT workforce: Touchstone successfully recruited a diverse team of clinicians, with 50% of staff being from a BAME background (Beck *et al*, *ibid*).

- Finally, a report by the British Medical Association (BMA) on measuring progress on commitments made in the ‘Five Year Forward View for Mental Health’ and the ‘Stepping Forward to 2020/21’ concluded that the commitments made *“are not on track to be met”* (BMA, 2019: 9). This has implications for more recent commitments outlined in the NHS Mental Health Implementation Plan (2019) which are discussed below.

### **2.2.7 ‘Diversity and Inclusion: Our Strategic Framework 2018 – 2022’ (HEE, 2018)**

- This document builds on the requirements covered in the ‘Public Sector Equality Duty’ in seeking to move beyond compliance with the Duty. With respect to policy and practice, the document spans a wide range of domains, but of particular relevance here is the *“national strategic framework for engagement with schools and communities [looking at] how organisations can create a diverse workforce through sustained partnerships with schools and community organisations”* (34). For example, the ‘Health Careers – Schools Programme’ aims to *“increase awareness of the NHS as an employer and to challenge gender stereotypical views of health professions”* (28).
  - Challenging gender-based occupational segregation in the NHS is an on-going challenge, particularly with respect to the psychological professions. For example, in 2018, 82% of applicants for clinical psychology were female (Leeds University, 2018), whilst IAPT workforce census data for 2021 indicate that, at the time of the 2021 Census, 82% of IAPT staff identified as female (HEE, 2021).
  - Measures to monitor progress in embedding the framework include: a dashboard to measure progress against the NHS Workforce Race Equality Standard; analysis of annual staff surveys; reviewing performance against metrics; and analysis of feedback from exit interviews and surveys (HEE, 2018). Monitoring progress is key to assessing the impact of WP initiatives and strategies and to finding out what works but depends on accurate, up-to-date data which utilises a range of markers and indices, including SES.
  - Of particular significance to the WP agenda is ‘Section 4: Workforce and Staffing’. A key point for consideration is the need to *“develop a more ethnically diverse workforce to reflect the population served [which may require] targeted projects to identify and recruit BAME staff”* (33). The document stops short of describing specific mechanisms and strategies for the

targeted marketing and promotion of the PWP role in achieving this aim. However, several initiatives exist which target specific minority groups locally, such as the Eis L'Daber (meaning 'time to talk' in Hebrew) project developed by Six Degrees Social Enterprise IAPT Service in Salford. The project has been successful in increasing uptake of IAPT services amongst the Orthodox Jewish community. Key to the project's success was targeted recruitment of trainee PWPs and volunteers from the Orthodox Jewish community, which enabled the provision of *"culturally sensitive services staffed by members of the Community [...]"* (Six Degrees Social Enterprise, 2022).

- Whilst the success of initiatives to improve uptake by under-represented groups, as both service users and practitioners, depends on engaging community groups and leaders and building relationships it is unclear how Six Degrees achieved this.

### 2.2.8 The 'Psychological professions vision for England, 2021 – 2024' (PPN, 2021)

- This document was commissioned in response to a commitment outlined in the Interim People Plan to *"develop a national psychological professions strategy to support delivery of the Long Term Plan"* (PPN, 2021: 1). The document provides a framework for those involved in *"the commissioning, design and delivery of psychological healthcare to play their part in maximising the impact of the psychological professions for the public"* (2).
  - Whilst the scope of the document is broad, of particular significance to the WP agenda is Commitment 4: 'Unite and increase diversity in the psychological professions'. Specific commitments include: *"make our psychological professions more representative of the communities we serve; increase fairness of entry to, and inclusion in the psychological professions for talented people of all backgrounds, particularly Ethnic Minority candidates; [and] establish clear career paths and development opportunities for all psychological professions"* (5). On the first commitment, with respect to ethnic identity in the IAPT workforce, whilst census data reveal that the ethnic composition of the workforce broadly mirrors that of the NHS workforce and the wider UK population, those identifying as male or non-binary remain significantly underrepresented. Data on SES are not collected in the IAPT workforce census so composition on this marker is unknown. However, limited data on applications to psychology degrees indicates that *"in terms of socioeconomic background, there were twice as many applications [...] from individuals living in the fifth of local areas with the highest youth population in higher education compared with individuals in the fifth with the lowest participation"* (Palmer *et al*, 2021: 29). This indicates a need to both diversify routes into the psychological professions and to raise awareness of non-graduate routes such as the psychological wellbeing practitioner degree apprenticeship programme.
  - 'Commitment 6: Enabling Workforce Workstreams' is aimed at growing and developing the psychological professions workforce. Specific commitments include: *"take bold action to increase fairness of access to, and inclusion in*

*psychological professions training for Ethnic Minority candidates; [...] increase equity and diversity across the psychological professions at all levels; [and] design and deliver a national implementation programme to develop and deploy extra new psychologically informed roles at graduate (or equivalent) entry level to support delivery of the Long Term Plan”* (pp. 10-11).

- On this latter commitment, with respect to the IAPT workforce, applicants for the Psychological Wellbeing Practitioner Apprenticeship programme are only required to have a Level 5 qualification for the GradCert Psychological Therapies Practice programme and the PWP Degree Apprenticeship programme. Theoretically, then, the programme is open to non-graduate applicants such as those with a Foundation Degree or HND. However, in practice, despite the fact that a psychology degree “is not a requirement for all psychology roles” (National Centre for Collaborating Centre for Mental Health, 2019: 16), non-graduates are at a distinct disadvantage in the recruitment and selection process.
- Where a ‘Psychology or other health related degree’ (DPT, 2008) is stated as a desirable criterion, when competing for limited places, those without an undergraduate level qualification are often ‘selected out’ at the shortlisting or interview stage of the process. Evidence of the ‘selecting out’ of non-graduates is provided by Palmer *et al* (2021: 41) who found that whilst a degree is not usually required to access PWP training programmes, “*many of those on the programme usually do have one*”.
- More broadly, selection and recruitment processes and procedures based on prior attainment as an indicator of merit arguably reproduce existing employment and educational inequalities, particularly with respect to SES. The commitment to take “*bold action to increase fairness of access to, and inclusion in psychological professions training*” is aligned with broader calls to ‘rethink merit’ (OfS, 2019) occurring across the HE sector such as more extensive and ambitious use of contextual admissions. However, with respect to WP in IAPT, ‘bold actions’ include consideration of the “*socioeconomic circumstances in which applicants’ qualifications were achieved*” (Boliver *et al*, 2021: 3) and, more ambitiously, challenging inbuilt bias in selection and recruitment processes which favour psychology graduates through a reconsideration of prior educational attainment as the basis for assessing merit.

### **2.2.9 ‘Psychological Professions Workforce Plan for England, 2020/21 to 2023/24’ (HEE, 2021b)**

- This document sets out the actions stakeholders can take to build on service delivery and ensure delivery of the NHS Long Term Plan. The Plan covers all the psychological professions including PWPs. As the Plan notes, staff turnover is high amongst PWPs compared to other psychological professions, with almost a third (30%) of PWPs leaving their post each year. Whilst many progress onto High Intensity training programmes, a significant number “*leave to take up training or entry level positions*

*within other NHS occupations or leave the NHS altogether” (19) leading to a significant loss of skills and experience.*

- The Plan calls for system-wide levers to *“improve retention in services and stem the flow of this crucial workforce [...]” (ibid)*. One suggestion to address retention issues is to establish *“a new route into the profession, through the PWP apprenticeship which may be more attractive for career changers looking to [the] PWP [role] as a later career destination” (ibid)*. However, with respect to the South West region at least, not all services are offering the Degree Apprenticeship route. Other initiatives outlined include *“exploring the potential for part-time options for core professions training and providing bursaries for disadvantaged applicants [...]” (23)*. Flexibility with respect to the delivery mode of training may make the PWP role more accessible to a broader range of applicants, particularly those with caring responsibilities. This is an especially important consideration in regions with a large geographical spread and/or poor transport links.

### **2.2.11 ‘Levelling Up the United Kingdom’ (2022)**

- The final item for discussion is the governmental White Paper ‘Levelling Up the United Kingdom’ (Department for Levelling Up, Housing and Communities, 2022). This expansive and ambitious policy regime is aimed at redressing geographical disparities across the United Kingdom. The paper outlines a range of ‘levelling up missions’ spanning all spheres of civil life, but of significance here is the mission to increase the number of people completing ‘high-quality skills training’ (xviii) across the UK.
  - Whilst the transition to a ‘post-industrial’ economy in many western societies has both displaced and de-skilled many occupations, it has also given rise to a need for professional workers with education and training to provide the skills which are increasingly demanded in post-industrial society. However, disparities remain with respect to educational attainment and employment opportunities. As the White Paper acknowledges, there are regional variations with respect to the proportion of the UK population holding a Level 3+ qualification, with many regions continuing to experience a shortage of higher technical vocational skills.
  - Whilst the North East is the lowest performing region, with *“seven out of twelve local authorities falling in the bottom quartile of UK population” (10)*, in the South West region headline measures obscure intra-regional disparities with respect to earnings and employment and skills.
  - In response, the goal of the White Paper (2022) is to *“support a high-wage, high-skill economy by building skills and human capital, particularly in places where they are weakest” (193)*. However, if broader infrastructural barriers to accessing training and educational opportunities such as poor transport links in rural areas and the lure of low-skill, low-wage labour providing immediate returns, are not addressed, incentives for local people in the region *“to invest in further education or training will be outweighed by alternative options” (Sim and Major, 2022: 49)*.



- It remains to be seen whether the White Paper will lead to an increase in equality of opportunity and social mobility through the attainment of higher vocational technical skills in the region. What is clear, however, is that the success of endeavours and activities aimed at widening participation into health careers such as the PWP role depends on “creating a shared ambition amongst stakeholders to make the [South West] peninsula a leading region for technical skills and apprenticeships” (Sim and Major, 2022: 48). Key to this are the building and maintenance of strong links between FE and CHE providers and local Trusts (as employers). The following discussion explores the importance of targeting local FE and CHE providers as key to widen participation in the IAPT workforce.

## 3.1 Why Target Further Education and College Higher Education Learners/Students?

### Introduction

In a survey to gather the views of stakeholders such as services, PWPs and training providers, one male respondent offered the following suggestion for enhancing diversity within the IAPT workforce: “these PWPs [from diverse backgrounds] [should] visit universities and colleges to speak to undergraduates/college students about the role and act as role models within their specific demographic” (UCL, 2019: 37). Notwithstanding the issue of intersectionality and the reality that people typically hold multiple demographic markers, this suggestion is salient.

Surprisingly, however, no endeavours to widen participation into IAPT, or the psychological professions in general, by targeting FE and College HE (CHE) learners in a college environment are documented in the literature, suggesting this strategy is both novel and innovative.

As the key facts below reveal, college student populations are rich in diversity across a range of indices and are an enduringly popular choice for people who prefer to study locally or who are constrained by familial/caring responsibilities. This section explores the rationale for targeting FE and CHE learners for WP in the IAPT workforce initiatives and strategies.

#### 3.1.1 Key Facts

- Around 10% of all undergraduate higher education is delivered in further education (FE) colleges, with around 187,000 studying HE [courses] at a college in the UK (UCAS, 2022);
- Out of 244 colleges in England, 165 offer HE provision (level 4 and beyond);
- The average age of college students is 29;
- 1.4 million adults study or train in colleges;
- 32% of adult (18+) learners studying at college are from a BAME background;
- 14% of adult learners studying at college have a learning difficulty and/or disability (all levels and programmes) (Association of Colleges, 2020).
- 23% of Access to HE students are from a ‘disadvantaged’ area, 55% are over 25 and 24% disclosed a disability (Access to Higher Education, 2022).
  - Traditionally, universities have dominated higher education provision. However, as the Higher Education Initial Participation Rate (HEIPR) has steadily increased, provision has both expanded and diversified. According to the Department for Education (DfE), by 2019/20 53.4% of 17 – 30 years olds were accessing higher education, with a significant number of undergraduates choosing CHE providers (DfE, 2021). Whilst universities have traditionally focused on undergraduate and postgraduate provision and FE colleges on vocational and adult education, in recent years “*these two [historically] distinct sectors have coalesced to create a new HE hybrid; that of higher education in further education in higher education (HE in FE)*” (Rapley, 2012: 29). Colleges therefore have a significant role to play in terms of HE provision and are popular choice for students for students choosing to study locally.
  - Whilst the majority of provision has comprised sub-degree qualifications, Further Education Colleges (FECs) are increasingly also offering full Honours degree

qualifications and even master's degree qualifications, as part of wider shifts in the English post-16 sector towards both the academisation and marketisation of both FE and CHE provision (Gartland and Smith, 2018). Such shifts are, in part, a response to the 2003 White Paper which made it clear that *"the government sees FECs as being significant in delivering HE widening participation objectives, mostly in terms of sub-degree and foundation degree provision, organised through structured relationships between FECs and HEIs [higher education institutions]"* (Action on Access, 2005: 9). Consequently, FE providers are increasingly carving out a *"significant and strategic role for themselves in terms of HE provision"* (Rapley, 2012: 30).

- In terms of the 'typical' college learner, with respect to demographic profile, as indicated above, the 'typical' HE in FE (CHE) learner is more likely to: study part-time; live locally; be employed; study vocational rather than academic programmes; be career focused; and be sensitive to financial concerns. Furthermore, undergraduate level study with a CHE provider offers numerous advantages over 'traditional' providers, including: accessibility; flexibility; smaller class sizes and therefore more contact time; and lower tuition/course fees, making this a more attractive option for students from 'non-traditional' backgrounds (Parry and Thompson, 2002).

### 3.1.2 Routes into Undergraduate Study

There are an increasing number of routes into undergraduate study and/or professional occupations, including BTECs, Technical Qualifications (T Quals), Higher National Diplomas (HND), Higher Technical Qualifications (Higher T Quals) and Foundation Degrees, which are outlined below.

- **Business and Technology Council (BTEC) qualifications:** BTEC qualifications are vocational qualifications aimed at facilitating progression into the workplace and, increasingly, into higher education. According to the National Education Opportunities Network (NEON) Supporting BTEC Students Working Group, over 200,000 learners chose a Level 3 BTEC qualification in 2019/20 (NEON, 2020). From a widening participation perspective, BTEC learners come from a more diverse range of backgrounds than A-Level students: *"the proportion [of BTEC learners] coming from lower socio-economic groups and BAME backgrounds is significantly higher than for learners taking A-Level only programmes"* (NEON, 2020: 4). BTECs also have a key role to play in supporting progression and widening participation into higher education: *"[the proportion of] learners progressing to HE via the BTEC pathway has increased from 13.3% in 2008 to 24.3% in 2015, [meaning that] 1 in 4 [HE students] have studied a BTEC"* (NEON, 2020: 8).
- **Technical Qualifications (T Quals/T Levels) and Higher Technical Qualifications (Higher T Quals):** T Quals/T Levels are Level 3 qualifications which offer an alternative to A-Levels, with one T Level being equivalent to 3 A-Levels. They have been developed in partnership with employers *"so that the content meets the needs of industry and prepares students for work, further training or study"* (Skills for Health, 2018). T Levels have a key role to play in securing the future health workforce as they raise awareness,

amongst learners, of healthcare occupations and strengthen links between employers and FE providers (Skills for Health, 2018).

- T Levels are not intended to replace apprenticeships, since learners *“do not achieve full occupational competency through their industry placement in the same way that they would if they completed an apprenticeship. The industry placements [...] provide a taster of the variety of roles available within a subject area”* (NHS Employers, 2021) meaning that further study/training is required to become an assistant practitioner/practitioner.
- **Higher T Quals/T Levels** are new (or existing) Level 4 – 5 qualifications which have been *“approved by the Institute for Apprenticeships and Technical Education as meeting occupational standards for the relevant sector”* (Skills for Health, 2018). They are aligned with occupational standards and allow students to enter their chosen profession or progress to further study (Institute for Apprenticeships and Technical Education, 2022). They were developed in response to a growing demand from employers for level 4/5 skills and will be rolled out in September 2022.
- **Foundation degrees:** whilst there have been numerous strategies and initiatives, derived from government, HE providers, the Office for Students and others to improve access to, and widen participation in, HE study, arguably, the most successful and effective widening participation initiative is the introduction of Foundation degrees.
  - Foundation degrees are Level 5 qualifications which were developed *“as a collaboration between Further Education Colleges, local networks of employers and HEIs as awarding bodies”* (Davies, 2013: 56). In the academic year 2020/21, 30,880 students were studying in a Foundation degree programme in the UK (Higher Education Statistics Authority [HESA], 2022).
  - Whilst Foundation degrees have a vocational focus and, for some students, act as a route into professional occupations, 57% of Foundation degree students progressed to some form of further study on completion of their Foundation degree in the academic year 2015/16 (HESA, 2017). They therefore provide a significant alternative route into HE study at level 6 for students.
- **Higher National Diplomas (HNDs):** HNDs are Level 5 qualifications with a vocational focus. HESA data reveal a slight decrease in the number of students studying HND programmes in the UK, with 12,575 students on a HND programme in 2018/19, compared with 15,840 in 2013/14 (HESA, 2020). This is likely to decrease further with the launch of Higher Technical Qualifications (Higher T Quals) in September 2022.

### 3.1.3 FE and CHE Provision in the South West Region

Given the focus of this project on the South West region specifically, a brief overview of local provision is necessary. There are around 23 colleges in the South West region, offering a range of courses from Level 1 through to Level 7. As argued in 1.3, despite a plethora of provision in the region, for those in remote, rural areas, accessing the nearest college involves a long and potentially expensive commute (Sim and Major, 2022), making post-compulsory education

inaccessible for many young people in these areas. IAPT provision in the region faces similar challenges to those faced by IAPT services nationally. With respect to the South West, as the SWSCN found from its survey of services (2015), workforce capacity is insufficient to meet ongoing recovery targets. The report identifies skills deficits as being part of the reason for this, meaning that regional FE and CHE providers have a vital role to play in ensuring an adequate supply of suitably qualified prospective applicants in the South West.

## 3.2 Methodology and Results from College Outreach Visits

### 3.2.1 Process

- There are around 23 colleges in the South West region with 16 selected for outreach work. Colleges were selected on the basis of:
  - Offering relevant courses from Level 3 onwards in at least one of the following subject areas: social sciences; health and social care/health studies; early years; youth and community studies; counselling; or uniformed public services.
- At the initial stage of the project email contact was made with a range of FE/CHE providers, however, this yielded no responses from centralised/generic admin staff.
- Email contact with specific course/programme coordinators and lecturers produced a similar response.
  - Non-response on the part of coordinators is unsurprising given that *“teaching staff are very likely to be working to FE-style contracts (requiring in some cases over 850 class contact hours per year) [...], [whilst] the majority of staff are likely to be combining some HE teaching with FE teaching [...]”* (Simmons & Lea, 2013: 2).
- With barriers and challenges in mind, initial contact visits were made via attendance at open events.
- All FE and CHE providers host open evenings/events for prospective learners/students and their families and attendance is usually bookable online.
- Attendance at these events provided a useful opportunity to engage with curriculum coordinators and lecturers from a range of relevant disciplines.
- Initial contact visits involved engaging with several tutors, as well as the in-house careers advisory team, if available.
  - Engaging with specific lecturers and careers advisory teams proved to be especially useful.
 

National Education Opportunities Network ‘Supporting BTEC Students Working Group’ argues, *“colleges do not have whole year assemblies to access all learners for a talk in one go, so a more labour-intensive approach of going to course tutor groups is often required”* (NEON, 2020: 7).
- Once introductions had been made, the purpose of the visit to lecturers/coordinators from the relevant disciplines was explained.
  - Discussions ascertained whether they felt their learners/students would be interested in hearing about the PWP role.
- After the initial contact visit, a follow-up email sent to the specific lecturer engaged with, again with varied responses.
- Most of the lecturers engaged with were enthusiastic about potential visit to their students.
  - Not all led to an invitation to present an information session to their students.
- College staff functioned as ‘gatekeepers’ with respect to access to learners/students, with the power to grant or deny access.
  - Colleges can therefore be regarded as closed settings.

### 3.2.2 Colleges Visited

- Table 3.2 details each of the colleges visited and the responses received, including whether this initial contact visit led to the delivery of an information session.
- College responsiveness (R) and the outcome of each initial contact visit are indicated as follows:
- Red: no interest in receiving further info or delivery of an information session/did not engage at initial contact visit + no response to follow-up emails
- Amber: engaged during initial contact visit but no info sessions booked/did not respond to follow-up emails
- Green: engaged during initial contact visit + booked information sessions to learners/students + session delivered
- Comments give further information about each specific college.

Table 3.2 Results

Name of College and Location	Comments/Further Info
Bath College, Bath and N.E. Somerset	No L5 Health and Social Care (HSC) cohort currently so no invitation offered. May be interested in a visit in Sept/Oct
Bournemouth and Poole College, Dorset	Strong interest at initial contact visit. • Sessions to L3 + L5 HSC learners/students booked and delivered
Bridgewater and Taunton College, Somerset	Strong interest at initial contact visit. However, contact stated that Trust not recruiting for apprenticeship this year. No sessions booked/delivered
City of Bristol College, Bristol	Some interest at initial contact visit, no response to follow-up emails. No sessions booked/delivered
Cornwall College, St Austell, Cornwall	Strong interest at initial contact visit. Responded to follow-up emails. • Session to L6 Health, Welfare and Social Science (BSc Hons) students booked and delivered
Exeter College, Devon	No interest at initial contact visit. No response to follow-up emails. No sessions booked/delivered
Havant and South Downs College, Hampshire	Some interest at initial contact visit. No response to follow-up emails. No sessions booked/delivered
Petroc College, Devon	Strong interest at initial contact visit. Would be interested in an information session in Sept/Oct
City College Plymouth, Devon	Strong interest at initial contact visit. No response to follow-up emails. No sessions booked/delivered
South Devon College, Devon	Very strong interest at initial contact visit. Responded to follow-up emails • Sessions to L5 Psychology and Counselling students booked and delivered. Careers service also requested flyers and posted up info on internal 'Job Shop' website
Strode College, Somerset	Some interest at initial contact visit. No response to follow-up emails. No sessions booked/delivered
New College Swindon, Wiltshire	Very strong interest at initial contact visit. • Session to L5 HSC students booked and delivered
Truro and Penwith College, Cornwall	Strong interest at initial contact visit. • Sessions booked and delivered to L5 HSC and TNAs
Weston College, N. Somerset	Strong interest at initial contact visit. • Several sessions delivered to a range of L5 + L6 groups, incl. L5 Integrated Mental Health FDS students + L6 Counselling students. Careers service also advertised a stall at the National Careers Fair in Bristol (see 3.4 for further info)
Weymouth College, Dorset	Very strong interest at initial contact visit. • Sessions booked and delivered to HSC and Childcare/Early Years L5 + L6 students. May be interested in further sessions in Sept/Oct
Yeovil College, Somerset	No interest at initial contact visit. No response to follow-up emails. No sessions booked/delivered



### 3.2.3 Potential Reasons for Different Responsiveness

- Green: out of the 16 colleges approached, seven went on to book information sessions about the PWP role.
- Amber: of the remaining nine colleges, most were interested during the initial contact visit but did not book an information session. Reasons identified:
  - A lecturer was told that there were no apprenticeship opportunities for PWPs in her area and therefore she did not feel an information session would be useful for her learners.
  - Another lecturer felt that the PWP training course would not be of interest to his learners due to the absence of a clear progression route/bridging course from Level 3 to Level 6.
- Red: with respect to the non-response from other providers, in many cases, perceptions around learner preference and perceived barriers to HEI study may have an impact on lecturers' and providers' willingness to facilitate promotion of the PWP role amongst their learners.
- Where invitations to deliver an information session were offered, sessions were well-received by both practitioners and learners/students alike.
- Each session was evaluated using a standardised anonymous evaluation form (see Section 3.3 for discussion).

## 3.3 Student Feedback and Data Analysis

### 3.3.1 Process

Information sessions were arranged with individual lecturers or programme/curriculum coordinators who selected the cohorts/groups they felt would benefit most from the session. Once booked, sessions were then successfully delivered to a range of learners/students from Level 3 through to Level 6. Learners/students were studying a range of programmes including:

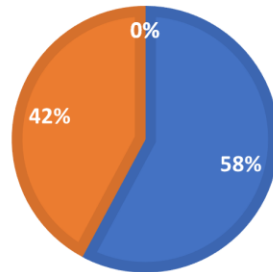
- BTEC Diploma in Health and Social Care (L3); Integrated Mental Health and Social Care FDS (L5); Counselling and Psychology FDS (L5); Nurse Associate (L5); Health, Welfare and Social Science BSc Hons (L6); Counselling BSc (Hons) Top-up (L6); BSc Professional Studies (Health and Community); Early Years FDS (L5).
- After introductions, participants were asked if they were familiar with IAPT and the PWP role. Very few raised their hand in response to these questions. The session began with a short quiz to ascertain how much prior knowledge the participants had on key mental health facts. Information on the development of IAPT and the role of the PWP was then presented using Microsoft Power Point.
- Participants were given key information about the PWP role and what a PWP typically does. Participants were also given information on entry requirements and how to apply, if interested. A short video, made by the NHS, featuring a PWP explaining her role the advantages and challenges of her role was also used during the session. There was an opportunity to ask questions at the end of the session and signposting to further information. Where relevant, a named contact point and email address (if available) was given to specific participants after the session.
- After each session participants were invited to complete an evaluation form consisting of ten questions (see Appendix 1). A 5-point Likert scale was used to measure levels of agreement with ten pre-prepared statements. All participants completed identical forms to ensure reliability and consistency. Response rates were generally almost 100%, although in early sessions a small minority of participants failed to complete the feedback form in its entirety by failing to turn their sheets over to the back page containing questions 7 – 10. This was rectified in subsequent sessions through a verbal prompt.

### 3.3.2 Data from Participant Evaluation Forms

Overall, 94 learners/students completed the evaluation form. Data from all the forms was aggregated and the pie charts on pages below depict all college data (data from specific colleges are available on request).

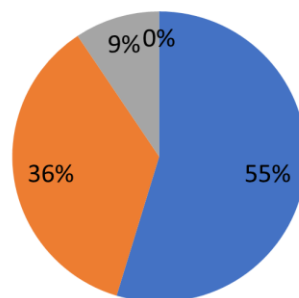
### Q. 1 THE SESSION EXPLAINED THE PWP ROLE CLEARLY

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5 Strongly Disagree



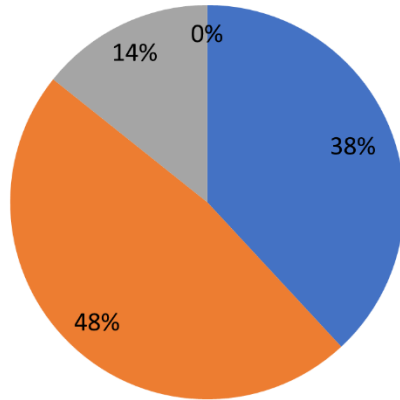
### Q. 2 THE SESSION EXPLAINED HOW I BECOME A PWP CLEARLY

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5 Strongly Disagree



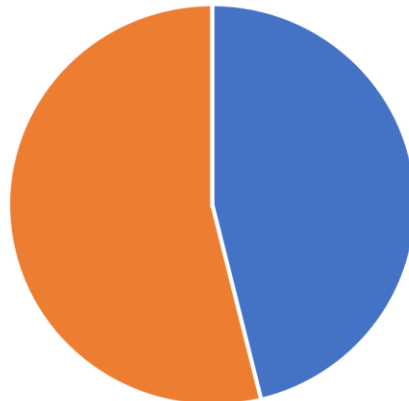
**Q.3 THE SPEAKER MADE THE SESSION INTERESTING**

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5 Strongly Disagree



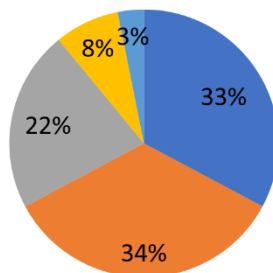
**Q.4 I felt able to ask the speaker questions**

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5



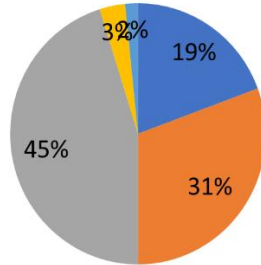
**Q. 5 THE SESSION MADE ME WANT TO FIND OUT MORE ABOUT THE PWP APPRENTICESHIP**

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5 Strongly Disagree



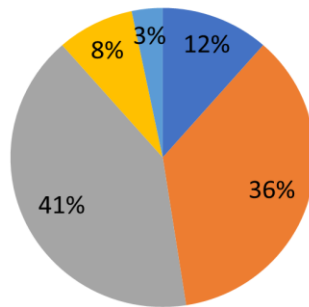
**Q.6 I FEEL MORE CONFIDENT ABOUT APPLYING TO UNIVERSITY AFTER THE SESSION**

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5 Strongly Disagree



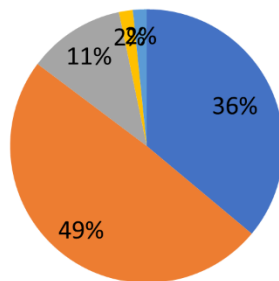
**Q. 7 I FEEL LESS ANXIOUS ABOUT APPLYING TO UNIVERSITY AFTER THE SESSION**

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5 Strongly Disagree



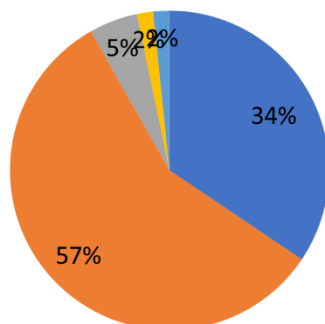
**Q. 8 I KNOW WHERE TO FIND APPRENTICESHIP VACANCIES AFTER THE SESSION**

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5 Strongly Disagree



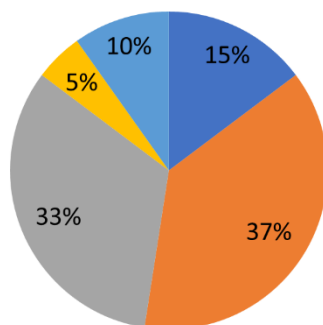
### Q.9 I KNOW WHERE TO FIND INFORMATION ABOUT APPRENTICESHIP

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5 Strongly Disagree



### Q.10 I'M MORE LIKELY TO APPLY FOR A PWP APPRENTICESHIP AFTER THE SESSION

■ 1 Strongly agree ■ 2 Agree ■ 3 Neither or N/A ■ 4 Disagree ■ 5 Strongly Disagree



### 3.3.3 Analysis and Discussion

#### Clarity and effectiveness of the sessions.

- 100% of participants either agreed/strongly agreed that the session was effective in explaining the PWP role.
- 91% agreed/strongly agreed that the session explained how to become a PWP clearly.
- This indicates sessions were successful in conveying clear information about the what the PWP role involves and entry requirements needed to apply and offers right level of detail to participants.
- Although the session could not cover all aspects of the PWP role and entry routes, the Q and A session at the end of the presentation allowed participants to ask about anything not covered and this part of the session was typically well-utilised.
  - Questions clustered around entry requirements. Queries concerned whether the absence of a psychology degree would be a disadvantage and what kinds of work-based experience would be required.
  - This part of the session was well-received, with 100% of participants agreeing or strongly agreeing that they felt able to ask questions.
  - With respect to questions 8 and 9, 85% of respondents agreed/strongly agreed that they knew where to find vacancies after the session, suggesting a need for more detailed information on this issue.
  - Signposting to further information was more effective, with 91% of respondents agreeing/strongly agreeing that they knew where to find further information about the PWP role.

#### Attitudes towards application to, and study at, university.

- Approximately half of participants from all groups agreed/strongly agreed that they felt more confident and less anxious about university study after the session.
- Approximately half (55% and 41% respectively) of participants from all groups ticked neither/not applicable to these questions.
  - Reasons for this response rate are likely impacted by factors such as the type of course and level studied.
    - BTEC Health and Social Care, Extended Diploma (Level 3) respondents (n=37), modal responses to questions 6 and 7 'neither/not applicable' (19 and 17 respectively).
    - Could be due to uncertainty about whether or not to progress to HE level study on completion of the BTEC course.
- The vocational nature of the course, means that, for many learners, HE study at a university may not be seen as necessary in order to pursue their chosen career.
- College learners studying Level 3 qualifications such as BTECs are more likely to come from areas with low participation rates in HE than learners studying A-Levels.
  - Level 5 students are already studying at undergraduate level so prospect of progressing to Level 6 for their 'top-up' is perhaps less daunting.

- Responses to questions 6 and 7 may suggest *“many were unable to talk about any differences between universities and colleges because they had no exposure to universities”* (Parry et al, 2012: 121).
  - Most respondents in their survey were unable to make a comparison between college and university since, as one respondent commented *“we don’t know what university is like”* (Parry et al, *ibid*).
- Asking Level 3 learners about their attitude towards university study is challenging since most have no experience of university, and many come from areas with low participation in HEIs so have few peer/family experiences to draw on in formulating their perceptions of, and attitudes towards, the HEI experience.
- Level 5 and 6 students may perceive themselves as already studying at ‘university’ since all respondents study at a ‘university centre’, albeit situated within a college.
  - For some students, the title ‘university centre’ may create confusion around whether to identify themselves as a ‘college student’ or as a ‘university student’.
  - If the latter, the questions regarding attitudes towards applying to, and studying at, ‘university’ become irrelevant or confusing.
- With respect to questions 6 and 7, it is possible that the word ‘university’ could be interpreted in multiple ways.
- Amongst Level 3 learners, sessions had some impact on attitudes towards ‘university’ study, with 43% agreeing/strongly agreeing with both statements.
- With respect to Level 5 and 6 students, half (51%) agreed/strongly agreed with the statements in questions 6 and 7, again indicating that the session had some impact with respect to attitudes towards study at ‘university’, however this is construed.

<b>Interest in, and likelihood of applying to, the PWP training/apprenticeship.</b>
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Responses to question 5 indicate that sessions stimulated interest in the PWP role and training, with two thirds (67%) of respondents agreeing/strongly agreeing with the statement. This indicates that information sessions have the potential to be an effective mechanism for widening participation in the IAPT workforce.
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The number of those who agreed with the statement in question 10 who actually went on to apply is uncertain. Many participants did make email contact after delivery of the session, enquiring about how to apply and/or requesting further information. At least three of these applied and made it through to the interview stage, though were not offered a training place.
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Non-selection at this stage may indicate several issues. It is possible that, whilst the essential criteria are met, CHE students are at a disadvantage compared with graduates due to one of the ‘desirable criteria’ being holding a “Psychology or other health related undergraduate degree”. Some applicants reported this as being a source of concern.
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Amongst some of the service contact points contacted, there is confusion around the necessity of a degree and concerns around whether Level 5 students/CHE students would ‘cope’ with the academic demands of the PWP training/apprenticeship programme. These issues are discussed more fully in 4.2 and 4.3.
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### Awareness of the PWP Role

- In addition to the quantitative data obtained, participants were also asked whether they had heard of the PWP role prior to the session. Few respondents indicated they had heard of the PWP role.
- Whilst many are familiar with their local IAPT service (though they may not know and refer to it as 'IAPT', but use the region-specific name such as 'Outlook South West' or 'Talk Works'), they are unaware of the role of practitioners working in these services.
- Of those who had heard of the PWP role, the majority were studying on the Psychology and Counselling FDS Sc programme or the BSc in Counselling (top up).
- For other respondents ticking 'yes' to the question "had you heard about the PWP role before this session?" indicated they had learnt about role from lecturing staff, following the initial contact visit.
  - This indicates that initial contact visits are an effective mechanism for raising awareness of the PWP role, particularly when followed by delivery of an information session.

### Qualitative Data

Common qualitative comments on sessions included:

- "Very informative, definitely something I would be interested in"; "the session was a real eye-opener to the PWP role".
- "I will definitely consider this pathway after [hearing] this session" (FDS Sc Early Years);
- "I enjoyed hearing about this opportunity" (FDS Sc Psychology with Counselling).
- "Really interesting and informative, I'm very interested in this role"
- "Learnt a lot about a whole new role!" (Trainee Nurse Associate apprenticeship); "will be applying!" (BSc Professional Studies [Health and Community]);

Typical suggestions for improvement included:

- "more interactive activities" (BTEC Health and Social Care); "less wordy Power Point"; "maybe more activities to break up the session"; "an accompanying speaker who has, or is in the role to give a view of their role from a personal perspective" (BSc Professional Studies [Health and Community]); "would have been good to hear first-hand from a PWP" (Trainee Nurse Associate); "explain terminology at the start of the session (BSc Health, Welfare and Social Sciences); "come in before we apply for third year so we can look at routes for jobs/education"; "come in at the start of year 2 as I feel I would have applied for this earlier if I'd known"; (FDS Sc Early Years [second year]).
- The comments indicate that, in general, sessions were well-received by participants.
- With respect to suggestions for improvement, it is apparent from comments that sessions could be enhanced by being delivered in collaboration with a PWP. One session was delivered in collaboration with a PWP (BSc Counselling top-up year) and this session was particularly well-received.
- One group felt that they would have benefited from having the session earlier in their programme. The timing of future outreach work should be considered in light of

where participants are in the student lifecycle, though, this is often dependent on college personnel and their capacity for facilitating the session.

Taken together, the quantitative and qualitative data indicate that outreach work such as the delivery of information sessions to FE and CHE learners/students effectively raises awareness of the PWP role and stimulates interest in it. Future outreach work with FE and CHE providers should consider joint delivery of sessions with PWPs themselves and also the timing of delivery so that participants are aware of their options earlier in the student lifecycle.

## 3.4 Community Outreach Work

### Introduction

In a study on WP into PWP training, a survey by University College London (UCL) asked respondents to suggest ways to widen participation into PWP (UCL, 2019). Suggestions around promotion and marketing the PWP role were the most frequent and ideas included: media advertising; promotion in job centres; service open events; and stalls at jobs and careers fairs. On this latter suggestion, job/career fair events are an increasingly popular means of recruiting candidates amongst employers.<sup>6</sup> The Careers Fair and the Jobs Fair are UK-wide organisations which host events aimed at connecting job seekers or those seeking a career change with prospective employers. The events attract a wide range of exhibitors including: the NHS, the Armed Forces; recruitment agencies; G4; health and social care employers; The National Careers Service; Amazon; banking groups; and Google, amongst others.

Careers fair events are regularly held across the UK, including, in the South West region, Exeter, Truro, Plymouth, Bath, Swindon and Taunton (UK Careers Fair, 2022). However, for the purposes of this project, Bristol was selected as an area of the South West with a higher degree of diversity than other major urban centres in the region. Demographic data indicate that *“the proportion of the [Bristol] population who are not ‘White British’ has increased from 12% to 22% of the total population. In Bristol, there are now at least 45 religions, at least 187 countries of birth represented and at least 91 main languages spoken”* (Bristol City Council, 2021: 4). The respondents in the UCL study also offered ideas for marketing to targeted groups and suggestions included: adverts in local media; posters in community venues; outreach to local community groups; and advertising on BAME and LGBTQIA+ websites (UCL, *ibid*). These suggestions informed the community outreach strategy used.

### 3.4.1 Process

#### The UK Careers Fair

- A stall was furnished with flyers and a large banner which was clearly visible from the entrance. Promotional materials such as flyers were available and given to interested delegates with a QR code to access further information.
- Those expressing an interest were given a flyer and, on request, the researcher’s email address. Where delegates gave their email address, these were kept securely and will be destroyed on completion of the project. The majority of those interested also made email contact requesting further information and/or to discuss applying.

### 3.4.2 Results

- The Bristol Careers Fair event was very well-attended with constant footfall throughout. Delegates were diverse with respect to age, ethnic identity and gender (as far as could be ascertained).

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<sup>6</sup> Whilst lockdown restrictions meant that in-person events were non-existent from March 2020 until well into 2021, job and career fair events are increasingly being held in-person rather than online.

- With respect to engagement at the PWP exhibit, around 32 delegates were spoken with.
- There were slightly more enquiries from female delegates than male delegates (18 and 14 respectively). This broadly reflects relative proportions of male: female delegates in attendance at the event.
- Ages ranged from 15/16 to approximately 55.
- 22 delegates requested the researcher's email address for further information. Three delegates had attended after hearing about the event via the careers service team.
- Interested delegates ranged from Year-11 school students of Somali heritage, to those in their fifties employed in the retail sector who were looking for a career change.
- With respect to occupation, again interested delegates came from a wide range of occupational backgrounds. Some were already working in the health and social care sector, whilst some were in the retail sector and some were school or college students.

### 3.4.3 Discussion

- None of the delegates spoken with had heard of the PWP role. Most were aware of the existence of a talking therapies service in their local area but were unfamiliar with the term IAPT. This suggests work still needs to be done to improve visibility and awareness of both IAPT and the PWP role.
  - Unsurprisingly then, most interested delegates reported that they were drawn to the exhibit by headline on the banner used for the event which reads "Be part of the mental health revolution!" rather than the by-line "Become a Psychological Wellbeing Practitioner". Future promotional strategies should consider using explicit reference to the term 'mental health' in addition to references to the term 'psychological wellbeing practitioner' since most people engaged with during this project were unfamiliar with this latter term.
- Careers and jobs fairs attract a large and diverse section of the local population. Whilst slightly more females than males attended this particular event (perhaps reflecting the increased likelihood of part-time employment amongst women), delegates were diverse with respect to age, occupation and ethnic identity. These events are therefore effective platforms for increasing awareness and visibility of the PWP role amongst a diverse section of the local population.
- Whilst it is difficult to ascertain precisely how many actual applications for the PWP training were made as a result of this event, in one case a female delegate subsequently applied for the training and was shortlisted for interview, though was not successful at this stage. There is a clear need to track the origins of applicants and ascertain how they heard about the PWP role to assess the impact of interventions and events aimed at promoting the PWP role such as a presence at careers/jobs fairs.

### 3.4.4 Community Outreach Work

- Successfully securing access to, and engagement with, community groups is vital for a wide range of research endeavours such as community-based participatory research (CBPR) and participatory action research. Users of community centre spaces and

resources are often transient, diverse and nebulous. This meant that engaging a key actor or stakeholder within the organisation, such as a centre manager, was vital. These issues informed the approach taken with selected grassroots community organisations in the Exeter area.

### 3.4.5 Process

- For the purposes of this project, four local community groups were identified. The scope of this work was limited to the Exeter area for pragmatic reasons. The selection process therefore yielded a convenience, rather than a representative, sample.
- Organisations were initially contacted via email. This led to non-response in all cases. An in-person visit then followed. Organisation managers or administrators, as gatekeepers for accessing community groups, were sought and the purpose of the visit was then explained. In one case, managers/admin personnel were unavailable and did not respond to email contact. In the other three cases, the in-person visits led to positive engagement. Results are described in Table 3.4 below.

**Table 3.4**

<b>Name of Organisation</b>	<b>Function/Purpose</b>	<b>Strategy</b>	<b>Response</b>
<b>Consortium (Exeter)</b>	<b>National specialist infrastructure and membership organisation. Supports LGBT+ groups</b>	<b>Initial email, followed by in-person visit + follow-up email</b>	<b>Flyers placed in communal spaces. Will pass researcher's email address to interested service users</b>
<b>Refugee Support Devon</b>	<b>Offers a range of services to refugees, asylum seekers and vulnerable migrants</b>	<b>Initial email, followed by in-person visit + follow-up email</b>	<b>Response from Trupti Desai, did not feel clients were suitable due to proficiency in English and absence of a Level 5 qualification</b>
<b>The Beacon, Exeter</b>	<b>Community hub run by local volunteers</b>	<b>Initial email, followed by in-person visit + follow-up email</b>	<b>Flyers placed in communal spaces. Will pass researcher's email address to interested service users</b>
<b>St Sidwells Community Centre, Exeter</b>	<b>Community hub run by local volunteers</b>	<b>Initial email, followed by in-person visit + follow-up email</b>	<b>No response to either email or in-person contact</b>

### 3.4.6 Discussion

- Results indicate that in-person visits are much more effective than email contact. Being present and visible, whether at an organised event such as a careers/job fair or at a community-based organisation is vital to securing engagement. Whilst engagement with key actors/stakeholders led to an agreement to display flyers in the centre in two out of four cases, it is unclear whether this led to actual applications.

## 4.1 Project Evaluation

### Introduction

- Currently there are few actual WP into the IAPT workforce interventions available for evaluation, or from which to develop a theoretical base. Similarly, looking at WP in health careers generally, whilst there is a larger evidence-base on health related careers in general, as Kaehne *et al* found when reviewing the literature on widening participation in healthcare programmes, there were “*no studies that took a comprehensive approach to widening participation in terms of modes of delivery of interventions and evaluation of their outcomes. Where studies addressed specific interventions, they either concentrated on outcomes and then failed to describe delivery processes, or vice versa*” (Kaehne *et al*, 2014 :18).
  - Initiatives and strategies aimed at widening participation into HE are more prevalent. Initiatives such as ‘Aimhigher’, for example, sought to increase progression into HE amongst young people from under-represented groups. However, a study commissioned by HEFCE to assess the impact of ‘Aimhigher’ “criticised the lack of rigour in evaluation of outreach activities [...] [in failing] to demonstrate whether the activities had any impact at all on increasing university progression rates among under-represented groups” (Hayton and Bengry-Powell, 2016: 42).
  - Further, ‘Aimhigher’ was informed and underpinned by a ‘deficit model’ which sought to “address perceived deficits of socially and economically disadvantaged groups” (Hayton and Bengry-Howell, 2016: 43). Since Aimhigher (which ended in 2011) there have been numerous initiatives aimed at WP in HE. These appear to have had some impact, as a recent article in *The Times* suggests.<sup>7</sup> However, a closer examination of UCAS data indicate a rise of only “0.8 percentage points on 2018 [which only] slightly narrows the gap between the most and least advantaged groups” (UCAS, 2022). Further, WP/outreach activities often lack mechanisms to collect data with which to track the destinations of participants. In the context of WP in the IAPT workforce, this would require longer-term, collaborative and integrated approaches to WP activity, including the implementation of mechanisms to capture data across a range of markers such as SES, as well as where/how applicants found out about the vacancy/role.

#### 4.1.1 Limitations of the Project: Methodological Approach

In terms of evaluating the methodological approaches utilised, several issues are identified.

- The evaluation form used to collect data on responses to the college information sessions: the wording of questions 6 and 7 was ambiguous. Future outreach activity would benefit from piloting research instruments such as a questionnaire/evaluation

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<sup>7</sup> “Record level of poorer teens aiming for a degree” (Woolcock, 14<sup>th</sup> July 2022, p.1).

form by administering it to a test group who are not part of the intervention. This would identify issues such as ambiguous or misleading wording.

- With respect to outreach work with FE/CHE providers, just under half (44% [rounded]) of providers engaged with went on to book information sessions. This means the sample receiving the intervention (the information sessions) may not be representative of the population as a whole (the 16 colleges approached).
- The targeted approach used during initial outreach visits to FE/CHE providers: this approach assumed that only those in specified subject areas such as health and social care and counselling would be interested in learning about the PWP role. Such an approach risks missing out ‘career changers’ with wider life experience. This group are identified as one of several under-represented groups by stakeholders in a project by UCL (2019) exploring widening participation to PWP training.
  - To ensure interventions are accessible to these learners/students, regardless of the subjects studied, future iterations could consider engaging with college personnel from all subject areas, in addition to those targeted. College personnel usually acted as gatekeepers, selecting certain groups for information sessions. Engaging with the in-house careers service embedded in every college could ensure awareness of the PWP role is raised amongst all learners/students.
  - With respect to the WP/outreach activities, there were “no controls or comparisons to non-intervention arms” (Kaehne *et al, ibid*), meaning that it difficult to establish whether any changes to the demographic profile of applicants were, in fact, a consequence of the intervention. Implying a causal relationship is therefore problematic.

#### **4.1.2 Limitations of the Project: Measuring Impact**

- Measuring the impact of WP initiatives, strategies and activities is fraught with challenges, not least of which is what constitutes ‘impact’ and on what criteria it should be measured. ‘Impact’ is ideally measured by ascertaining the number of people who applied for PWP training as a consequence of the outreach activities utilised during the project. However, such data are not readily available.
- A limitation of this project is that, with a few exceptions, the destinations of those who participated in college outreach work is unknown. Even if this data were available, it would be difficult to ascertain the specific impact of the WP in IAPT outreach work, alongside other variables.
- Community outreach activities such as presence at Job/Career Fair events presented similar challenges in terms of assessing impact.
  - Initial interest and engagement do not necessarily signify an intention to apply. Conversely, the visibility of the exhibition may have stimulated interest amongst delegates who did not engage with the researcher. Robust mechanisms at the PWP training recruitment stage to ascertain how the applicant found out about the PWP role are necessary. This would not only give an assessment of the impact of this particular project but would provide vital information about where, and how, applicants are finding out about the

role. Such data should be monitored and recorded to inform future WP in IAPT activity.

- The project did not explore barriers to accessing a career in the psychological professions as the researcher was limited with respect to the scope of enquiry permissible, in the absence of ethical approval.
- The project would have benefitted from the deployment of qualitative research approaches such as interviews and focus groups to explore barriers to progression to HE study amongst FE learners and L4/5 FDS students.
  - Future activity should assess and review barriers to progression, as well as data on applicants differentiated by a range of markers, including SES.
- The limited timeframe of the project means that tracking the longer-term impacts of WP/outreach activities is difficult. Future WP activity would benefit from a longitudinal approach to assess impacts over time.

#### **4.1.3 Strengths of the Project.**

- Whilst impact as measured by the number of applications made in response to outreach/WP activities is difficult to ascertain, such activities uncovered a consistent lack of awareness of the PWP role amongst all those who engaged.
  - Only 8% of those who participated in information sessions in college settings stating they had heard of the PWP role prior to the session.
  - The WP/outreach activity also revealed perceptions amongst participants that a psychology degree is needed to pursue a career in the psychological professions.
- This project adds to the evidence base on WP in the psychological professions because, to date, there are very few studies exploring and assessing WP/outreach activity in FE/CHE and community settings.
  - Similarly, few studies exploring WP in health care professions generally integrate analysis of CIAG resources, tending to focus on design and delivery of interventions or relying in analyses of secondary data from HEFCE and UCAS.
- As demand for more robust evaluation of the impact of WP activities increases, such work should not merely define the problem, but *“should also start contributing to solutions”* (Whitty, quoted in Hayton and Bengry-Howell, 2016: 42).
  - This project has both added to a sparse evidence-base and contributed to solutions by piloting and delivering outreach activities, some of which have led to applications to PWP training from participants who would not otherwise have applied.



## 4.2 Barriers to Widening Participation in the IAPT Workforce

The scope and remit of this project meant that formal collection of data on attitudinal and perceptual barriers to PWP training amongst those participating in WP/outreach activities was not possible. Nor was it possible to gain a comprehensive picture of attitudinal and perceptual barriers amongst services/service personnel. However, during outreach and engagement activity with both participants and stakeholders such as service personnel, several barriers to WP in the IAPT workforce became apparent. These barriers fall broadly into the following themes:

### 4.2.1 Lack of awareness of the PWP role

- Responses from those who participated in information sessions reveal that only 8% of those who participated had heard of the role prior to the session. Of those who had heard of the role, this awareness was a consequence of working in a counselling or mental health setting, or through being an IAPT service user themselves.
- Similarly, whilst a minority of CHE staff engaged with during outreach activities had heard of the PWP role, most had not.
  - Indicates a need to improve visibility and awareness of the PWP role.
- The absence of ‘hot’ sources of information about the PWP role such as peers/family means that many ‘non-traditional’ and non-graduate potential applicants are reliant on ‘cold’ sources such as careers information, advice and guidance (CIAG).
  - However, much of the CIAG reviewed (1.4) lacks clarity, particularly with respect to eligibility and where to find vacancies, leaving potential applicants confused.

### 4.2.2 Lack of Relevant Experience

- Person specifications in vacancies for PWP training typically state that evidence of working with people who have experienced a mental health problem is an essential criterion. However, for target groups such as ‘career changers’ opportunities to acquire such experience may be limited.
  - Accessing work experience depends on social capital<sup>8</sup> such as networks and connections which can then be used as leverage to gain valuable experience.

### 4.2.3 Variation in Entry Requirements and Training Routes

- With respect to current training provision for the PWP role in particular, provision varies widely, both between and within regions, as do entry requirements.
  - Whilst some training providers accept Level 5 qualifications, others only accept Level 6.

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<sup>8</sup> Social capital refers to “the networks you are able to access and draw on for support, information and advice, or a foot through the door” (UA, 2018: 21), In other words, ‘who you know’.

- Services also vary with respect to whether they offer the Degree Apprenticeship (DA) route or not, with several services in the South West region not offering the DA route this year.
- Navigating complex differences regarding entry requirements and provision of degree apprenticeships, shifting and diverse landscape can leave potential applicants unclear about their options and eligibility, whilst the absence of the DA route leaves many ‘non-traditional’ applicants ineligible to apply.

#### 4.2.4 Attitudinal/Perceptual Barriers amongst Potential Applicants

- Potential applicants may perceive that a psychology degree is a necessary entry requirement for PWP training.
  - That the ‘person specification’ criteria in vacancy information include “*psychology or other health related degree*” as either one of the desirable (or, some cases, essential) criteria may act as a barrier.
  - Some potential non-graduate applicants (in correspondence with the researcher) expressing concerns that they would be at a disadvantage in recruitment and selection processes and procedures.
- For CHE students, there may be perceptual barriers to studying at a Higher Education Institution (HEI). For example, Gartland and Smith (2018: 645) conducted focus groups with FE lecturers, who reported that “*students at the college massively lack confidence [about going to university] and don’t think they can go or have been told that they can’t go [...]*”.
  - However, given that many FE and CHE learners/students are the first in their family to progress to post-compulsory education, a lack of confidence should not be construed as the absence of aspirations.
  - Rather, unfamiliarity with the institutional habitus (Bourdieu and Passeron, 1990)<sup>9</sup> of HEIs acts to disadvantage WP applicants in favour of more ‘traditional’ applicants.
- Previous WP in HE endeavours have relied on a ‘deficit model’ as the basis for initiatives, strategies and activities. However, as Ferre and Apple argue, “*there are no deficits inherent in the cultural dispositions of students, only deficits in the social relations embedded in the practices and meanings that are constructed within our educational institutions*” (2015: 46).

#### 4.2.5 Attitudinal/Perception Barriers Amongst Service Personnel Involved in Recruitment/Selection

- There is no evidence from which to draw firm conclusions with respect to the presence and effects of unconscious bias amongst those involved in recruitment and selection to PWP training.

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<sup>9</sup> Whilst ‘habitus’ refers to the individual, ‘institutional habitus’ refers to the ways in which institutions recognise, reward and inculcate systems of thought and behaviour and the ways in which power and culture influence institutional action.

- However, it is possible that recruitment and selection processes and procedures unintentionally advantage graduates.
- Those graduating from HEIs have benefitted from elements of the ‘hidden curriculum’ such as the opportunity to acquire or build on existing non-cognitive attributes such as cultural and social capital.
  - These applicants are therefore more likely to have adopted both an institutional habitus familiar to those involved in recruitment and selection (who are more likely to be graduates themselves) and have access to social networks which can be drawn on as valuable sources of ‘hot’ information.
- The ‘hierarchical positioning’ of college learners within a stratified system means that alternative qualifications such as Foundation degrees may not be considered equally valued.
- There may be concerns amongst service providers about the academic ability of those holding L5 qualifications such as Foundation degree students.
  - However, it is argued here that these programmes equip students with the relevant social, cultural and intellectual capital needed to succeed in Grad Cert/Degree Apprenticeship programmes.
  - Concerns that Foundation degrees “*are not sufficiently rigorous or standardised and do not properly equip students for HE appear simplistic [and overlook] the positive contribution these courses make to students’ academic and social development in relation to [HEI study]*” (Gartland and Smith, 2018: 648).
- It is possible that those involved in recruitment and selection unfamiliar with alternative Level 5 qualifications such as Foundation degrees.
  - Lack of knowledge and understanding of Foundation Degree programmes, and Higher Apprenticeships generally, could mean that many highly skilled, suitably qualified applicants are not being recruited.

#### 4.2.6 Recruitment and Selection Processes

- It may also be the case that ‘non-traditional’, particularly non-graduate applicants, are at a distinct disadvantage during recruitment and selection processes.
  - For example, all vacancies, including most PWP trainee vacancies, advertised on the ‘NHS Jobs’ website require completion of an application form.
  - Applicants are then typically shortlisted based on pre-defined criteria aimed at ensuring that all applications are judged equitably.
  - However, as some service personnel reported, some applications are more “polished” than others (personal communication).
  - Whilst it was not possible to ascertain precisely what the term ‘polished’ signifies, it is likely that features of institutional habitus are at play, given that literacy skills “*are cultural and social practices or capital, not purely technical skills [...]*” (Sheridan, 2011: 135).
  - Graduate applicants are therefore at an advantage in the recruitment and selection process because they are already in possession of capital which is

more culturally resonant with the institutional and organisational habitus, within which recruitment and selection processes are embedded.

- The wording of job/training vacancies: many ‘person specification’ criteria in job/training vacancies fail to specify the kinds of non-graduate qualifications that would count as evidence of the ability to study at undergraduate level.
  - This issue is also identified in university prospectuses on entry requirements for degrees which tends to emphasise ‘traditional’ qualifications such as A-Levels over other progression routes such as BTEC Diplomas.
  - With respect to WP in the IAPT workforce, the absence of a specific reference to alternative Level 5 qualifications such as Foundation degrees, could deter those holding such qualifications from applying.
- Whilst a named contact person and email address is usually provided within the vacancy information, research indicates that ‘non-traditional’ applicants typically favour ‘hot’ sources of knowledge and information over ‘cold’ sources such as service personnel.
  - Outreach and WP activity would benefit from visible PWP ‘peers’ and role models who are in practice and who are able to act as a point of contact for applicants.

#### **4.2.7 Perceptions of Differential Academic Ability and Potential Amongst Training Providers**

- It is possible that training providers perceive Degree Apprentices as needing extra support to cope with the academic demands of the training programme.
  - However, there is no solid evidence to support the idea that Degree Apprentices and those on the Grad Cert route have significantly lower levels of academic attainment than those on the Post Grad route.
- Non-graduates/those holding a Level 5 qualification may be perceived as ‘risky’.
  - However, it is likely that Foundation degree students are also Higher Apprentices and have already developed key skills such as resilience, time management and planning as a consequence of juggling full-time study with work and, for many, caring/family responsibilities.
- Therefore, these students have already successfully integrated academic demands with other aspects of their lives (Davies, 2013) and are well-placed to manage the challenges associated with a full-time vocational training programme which requires balancing the competing demands of academic study and practice.

#### **4.2.8 Practical Barriers**

- As discussed in 1.3, poor transport links in rural areas of the South West peninsula impact on access to education, training and employment opportunities in the region.
  - For many WP/ ‘non-traditional’ learners/students, particularly those with caring responsibilities, the prospect of potentially having to travel large distances for the taught components of their training may act as a deterrent to applying for PWP training.

- In correspondence with potential applicants, it became apparent that, for those with childcare responsibilities, and/or lack of access to a car, this requirement was a source of concern.
- Online delivery or blended learning may make PWP training more accessible, thus contributing to greater uptake amongst WP trainees and increasing diversity.
  - Considerable attention should be given to ensure only those days specifically required to be delivered at the University in the classroom and requiring trainees to travel are used.
  - Such decisions should be determined between HEI's providing the training and then discussed with professional bodies accrediting the programmes.

## 4.3 Recommendations

### Introduction

The evidence presented in this report indicates that commitments to expand and diversify the mental health workforce such as those specified in 'Stepping Forward to 2020/21' and the 'Five Year Forward View for Mental Health' are at risk of not being met. The research conducted for this project suggests a number of barriers to widening participation in the IAPT workforce exist (4.2). Considering the barriers and challenges identified, and a review of literature and policy, the following recommendations are made.<sup>10</sup>

#### 4.3.1 Improving Awareness and Visibility of IAPT and the PWP Role in the South West Region

- Visibility and awareness of the PWP role can be significantly improved by engaging with local FE and CHE providers in the region. Initial contact is most effective when conducted face-to-face, whereas emails and phone calls to a generic admin team are least effective in terms of the likelihood of a response. Each FE/CHE provider has their own 'in-house' careers service. Links should be made with these as an effective mechanism for raising awareness and promoting the PWP role.
- Where delivery of information sessions to learners/students is impractical/not possible, resource packs could be issued to interested providers. These could take the form of e-resources, flyers, posters or a combination of these.
- Better CIAG: potential applicants need accessible, clear sources of information about the PWP role. Effective CIAG in relation to the PWP role needs to distinguish between apprenticeship, Grad Cert and Post Grad routes, with a clear explanation of the entry requirements for each route.
- National Jobs and Careers Fair events are a valuable arena for raising awareness of, and promoting, the PWP role. However, such events are typically hosted in major urban centres such as Bristol, Plymouth and Exeter. Localised open events and proactive community outreach work should therefore focus on low participation into HE/higher level technical skills training 'cold spots' such as rural areas of the South West peninsula.
- Promotional and awareness raising activities should have input from current PWP trainees as important sources of 'hot' information.
- Community hubs such as Consortium and community-based/grassroots organisations are a valued and much-utilised community resource. Given the highly disparate and often transient nature of users of community-based resources, distribution of promotional materials such as posters and flyers may be more effective and well-received than delivery of information sessions.

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<sup>10</sup> Effective WP activity requires a joined-up approach with strategic partnership working across service providers, training providers and commissioning bodies. Therefore, the recommendations described are clustered thematically, rather than by which specific stakeholder they may apply to.

- Use of social media and local media was not explored here. However, respondents in other studies on WP in the IAPT workforce mentioned this as a potentially effective way to raise the PWP profile, particularly amongst under-represented groups.
- Whilst service-based and university-based open events may have some impact, these strategies rely on participants being made aware of the purpose of such events and being able to access them. As the outreach activity conducted for this project has demonstrated, a more proactive 'outreach' approach is necessary. Being visible and present is key to successful engagement.
- Future promotional strategies should consider using explicit reference to the term 'mental health' in any promotional materials, in addition to references to the term 'Psychological Wellbeing Practitioner', since most people engaged with during this project were unfamiliar with this latter term.

#### **4.3.2 Promoting the PWP Role to Target/Under-represented Groups**

- The targeting of specific groups needs to be explicit, with a clear rationale provided, and based on an understanding of who the under-represented groups are. Such activity requires sensitive implementation and close monitoring.
- Promotional and awareness raising activities should have input from current PWP trainees from under-represented groups/diverse backgrounds to act as ambassadors/role models.
- Promotional materials should emphasise that a psychology degree is not an essential entry requirement. It may be helpful to refer specifically to alternative qualifications such as Foundation degrees as acceptable qualifications.
- Involving representatives from the identified under-represented groups in the development and review of CIAG and promotional materials would ensure that they are relevant, appropriate and accessible to all. This would also help to challenge the image of the psychological professions as only being open to a narrow demographic (typically young, white female, middle-class graduates).
- With respect to 'career changers', reaching this group is challenging because "*they are an extremely diverse grouping that can't be found in once place, such as school*" (UA, 2004: 37). A presence at National Careers/Job Fair events is an effective way to reach this group and could be supplemented with local TV and radio advertising and promotion via Job Centres.
- Increasing the proportion of Degree Apprenticeships in future cohorts: apprenticeships have the potential to be key drivers in promoting social mobility through widening participation amongst under-represented groups and are instrumental in addressing deficits in higher technical vocational skills, regionally and nationally.

#### **4.3.3 Fairer Recruitment and Selection Processes (Services and Training Providers)**

As argued, recruitment and selection processes and procedures place applicants from some under-represented groups such as non-graduates at a definite disadvantage, compared with

more 'traditional' applicants such as graduates. The following strategies are therefore recommended to ensure a level playing field for all applicants:

- Greater use of contextual data, particularly key markers such as SES and residence in an area with low participation in HE.
- Increased awareness amongst personnel involved in recruitment and selection of the nature and content of alternative qualifications such as the Foundation degree/Higher Apprenticeship. It is possible that personnel are unfamiliar with the nature and content of Foundation degrees and may perceive such qualifications as not sufficiently academically rigorous. They may also be unaware that most of these students are also Higher Apprentices who are already familiar with practice-based competency assessment against apprenticeship standards. Training could be provided to personnel involved in recruitment/selection processes to ensure they have up-to-date knowledge and understanding of new and existing Level 5 qualifications.
- Inclusion of people from under-represented groups in recruitment and selection processes and procedures. For example, the 'BABCP IAPT Black and Minority Ethnic Service User Positive Practice Guide' recommends that in areas serving diverse populations "*interview panels should include at least one BAME staff member and a service user from one of the BAME communities locally*" (Beck et al, 2019: 34).
- Applicants lacking the social capital to take advantage of the relevant social networks for sources of 'warm' information and guidance may benefit from peer-support. Current trainees could act as mentors, signposting applicants to information and offering support.
- Utilising a broader range of tools to supplement conventional selection methods (application and interview) such as role play may allow 'non-traditional' applicants to showcase their skills, knowledge and ability more effectively.
- Greater weight should be given to life experience and cultural heritage as valuable resources and assets. For example, being bilingual or multi-lingual could be one of the 'desirable criteria' in person specifications.
- Accessible and responsive designated 'points of contact' should be available at the pre-application stage and during the application process.
- The report also found that, almost a third of employers did not use positive or affirmative action mechanisms to increase participation by under-represented groups because they were "*unsure or worried as to whether it would be seen as positive discrimination*" (NHS Employers, 2021: 4), indicating a need to provide clarity and guidance to NHS employers about how they can attract and support prospective applicants from under-represented groups.
- Where the Degree Apprenticeship route is offered, this could be open to non-graduates only. This would ensure that give non-graduates/L5 qualification holders are not at a disadvantage relative to graduate applicants.



#### 4.3.4 Opportunities to Gain Relevant Experience

- A lack of relevant experience is a significant barrier for many WP applicants. Information should be given to potential applicants lacking relevant experience about where/how to acquire this.

#### 4.3.5 Increased Support During Training

- Academic bridging programmes could increase uptake and retention amongst under-represented groups, particularly non-graduate trainees.
- More flexibility with respect to delivery of training such as part-time and/or blended learning would make training more accessible to those with caring responsibilities or those with accessibility issues.
- Training materials should be available in a range of formats to ensure maximum accessibility for all. For example, where appropriate, formats could include British Sign Language.
- The number of face to face days during teaching should be kept only to those required to maintain quality of training and be justified.

#### 4.3.6 Dissemination of Examples of Good Practice

- Examples of good practice which lead to improved outcomes such as the Eis L'Daber project should be disseminated to other service providers to inform their WP strategies, initiatives and activities. A 'Register of Good Practice' could be used for this purpose.

#### 4.3.7 Monitoring the Efficacy of WP Activities

- WP endeavours need to be audited and evaluated to find out what works with respect to impact. This could be achieved by, for example, analysis of data on application to selection ratios across key WP indices such as age, gender identity, ethnic heritage and especially SES would yield useful insights into the impact of future WP activities.
- Robust mechanisms at the PWP training recruitment stage to ascertain how the applicant found out about the PWP role are necessary. This would not only give an assessment of the impact of this project, but would provide vital information about where, and how, applicants are finding out about the role. Gathering data on the origins and route of applicants would allow the impact of WP initiatives to be assessed. In particular, the number of applicants with a Level 5 qualification obtained at a CHE would be particularly useful since college HE student populations are, as discussed, typically more diverse than undergraduate student populations at HEIs. Data on destinations should be collected to assess impact and efficacy.
- Future WP endeavours would benefit from secondary analysis of existing data such as the 'Patient Experience Questionnaire'. Where collection of primary data is viable, views on ways to ensure the service is representative of the communities it serves could be sought.

#### 4.3.8 Strategic Partnership Working

- Strategic partnership working between the training provider, services and CHE providers. The University of Exeter, as the local training provider for the South-West region, should work to build and sustain collaborative relationships with local FE and HE in FE providers across the South-West. This work necessitates outreach work with those in key roles such as curriculum coordinators, especially (but not limited to) those in key subject areas such as Health and Social Care, Counselling, Nurse Associate training, Early Years, Youth and Community Studies and Social Sciences, as well as in-house careers services and student advisory teams. This is in line with the strategic goals outlined by the HEE which are to: *“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”* (HEE, 2014: 4).
- Increase collaborative approaches to outreach/promotional activities: this requires engagement between local service providers and training providers in the effective delivery of strategies and initiatives to local FE/CHE providers and target groups.

#### 4.3.9 General Recommendations

- The limited timeframe of this project means that tracking the longer-term impacts of WP/outreach activities is difficult. Future WP activity would benefit from a longitudinal approach to assess impacts over time. Similarly, whilst one-off interventions have been shown to have an impact in the short-term, longer-term, more sustained/multiple interventions have greater impact. Securing engagement with, and access to, specific/targeted sections of the community requires a sustained approach to building durable links and relationships.
- WP initiatives and strategies delivered in FE/CHE contexts should avoid reliance on a deficit model, instead, focusing on positive learner identities to support progression onto higher technical vocational training such as PWP training.
- Ensure widening participation is a key theme for consideration in all relevant education and workforce guidance and planning developments, related to the development of current and future workforce.
- WP in the psychological professions suffers from a sparse knowledge base. Further research is needed to explore barriers to WP, particularly amongst under-represented groups.
- Timing: some participants commented in the feedback/evaluation form that they would have liked to have attended the information session much earlier in their programme. For others, they had already applied for and been accepted onto L6 programmes. WP activities with Level 4/5 students should consider where participants are in the student lifecycle. This could be ascertained in discussion with lecturing staff/curriculum coordinators.

## 5.1 Appendices

Appendix 1:

### Psychological Wellbeing Practitioner Training Awareness Session Evaluation

Today's Date \_\_\_\_\_ College Name \_\_\_\_\_

Course Name \_\_\_\_\_

**Question 1: The session explained the PWP role clearly**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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**Question 2: The session explained how I become a PWP clearly**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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**Question 3: The speaker made the session interesting**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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**Question 4: I felt able to ask the speaker questions**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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**Question 5: The session made me want to find out more about the PWP training programme**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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**Question 6: I feel more confident about applying to university after the session**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1
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				Strongly Disagree
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**Question 7: I feel less anxious about applying to university after the session**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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**Question 8: I know where to find PWP training vacancies after the session**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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**Question 9: I know where to find more information about PWP training**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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**Question 10. I'm more likely to apply for PWP training after the session**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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**11. Had you heard about the PWP role/training before this session?**  Y/N **If yes, were you already thinking about applying for PWP training?**  Y/N.

**12. Please circle your age group (optional)**

16 – 18	19 - 24	25 - 30	31-40	41+
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**13. Reflecting on the session, what do you think went well?**

**14. Do you have any suggestions for improvement?**

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