Opening up work: The views of disabled people and people with long-term health conditions

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**Equality and
Human Rights
Commission**

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This report presents the findings of a qualitative study conducted to collect evidence for the Equality and Human Rights Commission's Working Better programme. This programme aims to set a new work agenda to meet the changing needs of families, workers and employers in the 21st century. It seeks to find solutions that will increase choice, fairness and equality, and improve the outlook for the economy in the longer term.

The research was designed to understand how the world of work could be opened up to enable more disabled people to participate fully and more employers to realise the potential of their disabled employees. It sought to look beyond the barriers and to identify how workplaces could become more inclusive.

The research was conducted through a series of group discussions and depth interviews with disabled people between October and December 2010.

The wish to work

This research highlights the value of work to disabled people and the strong ambition to return to work in mainstream employment. Work was felt to be important in delivering structure and providing a degree of balance in daily life. Individuals felt that without work, days had a tendency to lack purpose. Work also has value in providing opportunities for social interaction. Being out of work was associated with a potential spiral of worsening physical and mental health and a drift further from the labour market due to (for instance) not being able to keep qualifications up-to-date or meet continuous professional development targets.

Reasonable adjustments

Despite the fact that, since 1996, legislation has required employers to make reasonable adjustments to make work accessible for disabled people, participants in the research still had recent experiences of finding it difficult to find and hold on to appropriate work. Awareness of rights to request reasonable adjustments was far from universal. Some of the disabled people who participated were aware that their rights to request reasonable adjustments were enshrined in legislation, others were under the impression that the degree of effort made to accommodate individual employees' needs was a matter of employer discretion and that they would have to consult employer human resources (HR) policies to understand what they might expect in terms of reasonable adjustments.

Even where individuals were aware of their right to request reasonable adjustments, their interpretation of the term led them to decide not to take action. Some felt that it would not be 'reasonable' to ask their employer to make the adjustments they would ideally like to have because they did not think their employer would be able to afford them. Some interpreted the term as relating to much larger issues than their particular requirements (so for example they would not associate a more supportive desk chair as being the type of reasonable adjustment covered by legislation).

For many, whether or not they had a legal entitlement to request reasonable adjustments was viewed as largely irrelevant because the other obstacles to doing so were so large. For the most part, individuals felt that the personal risk involved in requesting any form of adjustment to their work arrangements was not worth taking. They feared that articulating a need outside the mainstream would lead to them being viewed as 'causing problems' or being 'unable to cope' in management eyes and also open them up to accusations of 'special treatment' from colleagues. The fact that any form of disclosure of need could never be 'taken back' once made led most participants in the research to conclude that it was better to 'struggle on' and develop coping mechanisms even if this meant they were ultimately less productive at work than they could be. In some cases this meant that all or some aspects of an individual's impairment or health condition were kept 'hidden' from their employer.

Disclosure

The issue of disclosure was a key theme of this research. Some of the suggestions that participants gave for making work more accessible for disabled people focused around adjustments that could be made to workplaces generally: these would improve experiences for many disabled people (and indeed employees as a whole in some cases). However, many of the solutions to barriers currently experienced involved making more tailored changes to working arrangements agreed between individuals and their employers. Unless an employer is prepared to make changes without requesting the rationale for them, these types of adjustments will require some disclosure of details of impairments or health conditions. Creating a workplace climate which facilitates disclosure is a challenge. Nevertheless, employers who are aware of their legal responsibilities and promote the rights of their employees are more likely to instil confidence among disabled people to disclose their needs.

Many participants felt that getting more disabled people into the workforce would be the best way of encouraging a culture where disclosure of needs would be more likely to take place: they felt that familiarity with people as individuals would help eradicate feelings of suspicion and resentment.

There are a number of other ways in which disabled people felt that employers could work to create a more open and supportive workplace culture. At a general level, these included:

- Raising awareness of the prevalence (in the workplace and more generally) of impairments and health conditions.
- Providing disability awareness training.
- Ensuring that – as far as possible – policies about workplace flexibilities are not focused exclusively on disabled people but are designed to accommodate a wide range of needs.

Participants in the research felt that these approaches would have the potential to bring consideration of adjustments required by disabled people and those with health conditions into the mainstream (in the way that adjustments needed by those with caring responsibilities are more likely to be) and – through raising awareness of the likely prevalence of 'hidden' impairments or long-term health conditions in workplaces – help employers to understand that a failure to provide adjustments may mean that some staff are restricted in operating to their full potential.

Those taking part in the research also made recommendations about the way in which the disclosure of impairments or health conditions and required adjustments could be approached in order to increase the likelihood of a frank and honest discussion of needs. Participants felt that ideally employers would enable employees to signal adjustments that they might need from the start of their employment. They felt that this process should focus on specific needs rather than asking for details of impairments or health conditions.

Suggestions made for the ways in which disclosure could be encouraged included:

- New starter forms for all staff in which any adjustments could be requested.
- Incorporation of requests for adjustments or identification of barriers into staff surveys.
- Staged disclosure whereby line managers make an initial approach but then allow staff to explain more in their own time.

Flexibility
In many cases, what individuals need in order to make workplaces more accessible to them is a degree of flexibility in how they work. Many saw this as relatively small-scale adjustments of the sort that would also benefit staff for a whole range of

reasons such as childcare requirements or if they were combining work and study. Discussions about reasonable adjustments should thus take place within the wider context of employees' needs more generally.

Some participants already had access to flexible working arrangements. Others felt that greater flexibility would greatly increase their ability to find and remain in work:

- Start and finish times – allowing individuals to accommodate particular sleeping patterns or avoid public transport at very crowded times.
- The distribution of working hours across days of the week – perhaps enabling people to work a set number of hours over six days rather than five, making shorter working days a possibility or allowing for longer working on 'good days' and shorter hours on 'bad days'.
- Accommodating absence – understanding a requirement to take time off at short notice either because of medical appointments or simply on 'bad days'. Also considering gradual returns to work after longer periods of absence to enable people to make the physical and mental transition back into work.
- Opportunities to work from home – for some the option to work from home on days where transport to work would be a struggle would maximise productivity. Most were keen to stress that they would like the option to work from home occasionally but would not want to be permanently based at home as this runs against the desire to be part of the mainstream workforce.
- Adapting job roles if an individual became disabled while at work – in most cases where individuals had been forced to leave employment after developing an impairment or health condition, they felt that there were many aspects of their job that they could have continued to perform effectively.

The role of line managers

An effective line manager who is able to adapt their approach to an individual's needs was seen as crucial in opening up work opportunities and ensuring people can stay in employment if the impact of their impairment or health condition changes. Disabled people felt that the ideal manager should:

- Make sure they are aware of the needs of their team by making clear to staff that they can approach them with challenges they are facing in the workplace.
- Use discretionary powers to allow people flexibility in their working day.
- Think creatively about how people's skills and experience can be best used, perhaps by changing their job role.

Line managers were also felt to be key to ensuring that any perceived performance-related issues were discussed and addressed early before being escalated through more formal (and intimidating) disciplinary processes. Some participants had experienced managers who had not discussed any concerns with them until the point where their ongoing employment was in question. They felt that earlier open discussion could have led to a climate of greater trust where individuals might have been willing to discuss the challenges that the workplace was presenting them with and possible adjustments that would enable them to perform better.

In addition, individuals mentioned a wide range of adaptations to physical working environments that would make it possible for them to remain in work longer, to be more productive at work or simply to have a more positive experience of working. These ranged from aspects of work location to internal layout and features of their individual workstations. In many cases, disabled people were keen to stress that the adaptations they would like to request could have been made with little additional cost if they had been taken account of at an early stage (from the installation of light double-hinged internal doors that would be easier for wheelchair users, to the use of computer software with large-font options for those with visual impairments). Hence consultation with staff at the point of introducing any major change to the working environment (or at least an assessment of the impact on any current or future disabled employees) could result in the accommodation of required adjustments without any additional cost or disruption.

Experiences of work
Among the individuals taking part in this research there were some success stories where people were working in jobs that were well matched to their skills and aspirations and their employers had been sufficiently flexible to adjust work spaces and working patterns to their needs. In other cases, adjustments were incorporated into building plans and general upgrading.

However, it was more common for individuals to work in environments where they felt that the adjustments that had been made, or indeed their employment in the first place, were a 'box-ticking exercise' so that the organisation could demonstrate that it employed disabled people. In other cases, individuals had decided not to disclose details of their needs to their employers because of fear of how the information would be used: they therefore continued in employment where they did not feel secure or often were not performing to their full potential. Overall, there is a need for employers to create greater trust, which would make it possible for reasonable adjustments to be discussed and actioned.

The findings from this research indicate that there is still a long way to go in the majority of workplaces to open them up to disabled people and to enable disabled staff to contribute all they are capable of. The report places organisations along a continuum, based on the nature of relationships between employers and employees, and the extent to which disabled people felt their needs were understood and met. However, few had experience of positive working environments where they could express their needs and be confident that these would be met. There were, in addition, other workplaces that were considered to be unattainable for disabled people because of an apparent reluctance to adapt jobs to individual requirements and a perceived view of disabled people as not fitting the 'image' of the organisation.

In summary, the priority areas for opening up work for disabled people were felt by participants to be:

- Tackling attitudinal barriers and creating a better workplace culture – so that employers do not make assumptions about disability or underestimate the capabilities and contribution of disabled people and people with long-term health conditions. This would remove some barriers at recruitment and in promotion opportunities.
- Addressing inflexibility in work patterns – disabled people face challenges associated with how the working day and working week are arranged, and with restrictions on leave or breaks. They have encountered a lack of awareness and imagination about how some of these challenges can be addressed.
- Increasing support at line management level – key in ensuring workloads and tasks are managed effectively, and in fostering an environment where an employee's needs can be identified and communicated.

1　Introduction and research approach

This report presents the findings of a qualitative study conducted to collect evidence for the Equality and Human Rights Commission (the Commission)'s Working Better programme. This programme aims to set a new work agenda to meet the changing needs of families, workers and employers in the 21st century. It seeks to find solutions that will increase choice, fairness and equality, and improve the outlook for the economy in the longer term.

Recent research has shown that employment rates for disabled people are very low with only around 48 per cent employed compared with 78 per cent of non-disabled adults (ODI, 2011). When disabled people are employed, they are more likely than non-disabled people to work part-time. In 2010 34 per cent of disabled adults were in full-time employment compared with 59 per cent of non-disabled people. Furthermore, 56 per cent of adults with impairments reported being limited in the type or amount of paid work they did compared with 26 per cent of adults without impairments (ONS, 2010). Research carried out several years ago among disabled people attributed this to both discrimination experienced when applying for work and to problems retaining employment (Grewal et al, 2002).

While some disabled people feel they would find it difficult to work because of their impairment, many recognise that a new way of looking at work organisation and a change in employer attitudes would enable them to participate more fully. A recent survey found that 27 per cent of disabled people who had left a job for reasons connected with their impairment felt they could have stayed with appropriate support, adjustments or adaptations (Williams et al, 2008).

Research such as the above has examined some aspects of disabled people's employment, generally within the context of more wide-ranging research. However, it has not explored their experiences or aspirations in detail. The current research was designed to fill this gap. It aimed, specifically, to understand how the structure and organisation of work could be changed to enable more disabled people to participate fully and more employers to realise the potential of their disabled employees. It sought to transcend discussion of the barriers faced to try to develop solutions to the problems encountered.

Under the Equality Act 2010 an employer has a duty to make reasonable changes to work arrangements for disabled applicants and employees ('reasonable adjustments'). Adjustments should be made to avoid disabled people being put at a disadvantage compared to non-disabled people. This legislation builds on the

Disability Discrimination Act (DDA), which came into force in 1996. In part, the research explored the effectiveness of this legislation in enabling disabled people to make workplaces more accessible.

This research represents the direct input of disabled people and those with long-term health conditions into the Working Better project.[1] It fills an evidence gap by providing detailed accounts of disabled people's experiences at work, their work aspirations, and views about changes to job design and work organisation that could break down current barriers and meet their needs more appropriately. The study has collected the views of disabled people and those with long-term health conditions from a wide range of backgrounds and with a wide range of experiences to provide a first-hand perspective to inform the Commission's work in this area.

Research approach

The information contained in this report was collected through a combination of group discussions and face-to-face depth interviews with disabled people and people with long-term health conditions. Focus groups were chosen as the core approach as they facilitate the sharing of ideas and experiences and are a good format for the generation of new ideas and innovations. Supplementing focus groups with a small number of depth interviews made it possible to include the views of those who felt unable to participate in a group environment.

The research was limited to those of working age who were either working for an employer or had done so within the last five years. The decision was also taken to exclude those who were not working and who did not want to work again. Given that a large part of the discussion would cover aspirations and ambitions, it was felt the most useful data would be captured from those who do express a desire to work or to continue working. In a focus group setting a shared aspiration to work would encourage participants to generate insights and innovations: this would help them move beyond existing barriers to describe what the ideal workplace or working practices would look like from their perspective. The research focused on individuals with a relatively recent experience of work to ensure that views on the ways in which work could be opened up to disabled people were based on an up-to-date understanding of the work context.

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[1] The definition of disability within the Equality Act 2010 includes people with long-term health conditions. However, people with such conditions do not necessarily consider themselves as disabled and some of those who participated in this research might not have done so without this clarification. The text similarly seeks to make clear that they were specifically included.

The research sought to include some participants who were in work at the point at which they became disabled (as is the case for the majority of all disabled people of working age). Within this sub-group of participants, a mix was obtained of those who left employment at the point they became disabled and those who were able to remain in employment (either with their current employer or another). The support and flexibility offered by employers at the point at which an existing employee becomes disabled was key and the research aimed to explore the needs and aspirations of disabled people at this point as well as when considering entering employment or changing workplace.

Group discussions were structured by working status and by nature of impairment or health condition. This approach was taken to try to ensure the degree of common ground necessary to encourage individuals to talk frankly about their views and experiences. Structuring the focus groups by impairment type also meant that particular themes or barriers that were more relevant for participants with one impairment type could be explored in great depth. This approach was taken because participants may be more likely to open up in focus groups when commonality in terms of impairment type can be established early on. This was particularly evident in groups, where those with less visible impairments were notably more comfortable and forthcoming about their experiences once it had been established that others in the group had a similar impairment or health condition.

A total of 10 group discussions were held in four locations across Great Britain between October and December 2010. Table 1.1 on the next page summarises the discussions held.

Table 1.1:   Structure of group discussions

Group	Impairment	Work status	Location	Participants
1	Learning difficulties – Dyslexia, Discalcula, Dyspraxia	Not in work	London	6
2	Mobility/Physical impairment	In work	London	5
3	Hearing impairment	In work	London	5
4	Mobility/Physical impairment	Not in work	Manchester	7
5	Mental health	In work	Manchester	8
6	Visual impairment	In work	Manchester	8
7	Learning disabilities	In work	Glasgow	4
8	Mental health	Not in work	Cardiff	6
9	Progressive illness	In work	Cardiff	4
10	Progressive illness	Not in work	London	5

It is important to note that while everyone who participated in the research had an impairment or long-term health condition that is covered by the Equality Act, not all participants considered themselves disabled. They would have neither used this term to describe themselves nor would they have believed they would have rights under the Equality Act. This was particularly true for those with impairments that had developed during their adult life.

Some people who wanted to take part in the research did not want to or were unable to attend a focus group. In these cases people were offered an in-home depth interview. As well as including these people in the research, the interviews were also valuable in that they allowed a more in-depth exploration of an individual's employment and life experiences than is possible within a focus group. Ten depth interviews were conducted in total.

Table 1.2 on the next page summarises the depth interviews that were conducted.

Table 1.2:   Depth interviews conducted

Interview	Impairment	Work Status	Location
1	Visual impairment	In work	Manchester
2	Visual impairment	In work	Manchester
3	Progressive illness	Not in work	Cardiff
4	Progressive illness	Not in work	Cardiff
5	Learning disability	In work	London
6	Learning disability	In work	London
7	Progressive illness	In work	London
8	Learning difficulty – Dyslexia	In work	Glasgow
9	Learning difficulty – Dyslexia / ADHD	In work	Glasgow
10	Long-term illness – ME	Not in work	London

A diverse range of people participated in the focus groups and depth interviews. The profile of participants in terms of sex and age is shown in Tables 1.3 below and 1.4 on the next page.

Table 1.3:   Profile of participants by sex

	Discussion group participants	Depth interview participants	Total
Male	21	6	27
Female	37	4	41
Total	58	10	68

Table 1.4:   Profile of participants by age

	Discussion group participants	Depth interview participants	Total
16-24	6	2	8
25-34	11	2	13
35-44	18	2	20
45-54	16	3	19
55+	7	1	8
Total	58	10	68

Participants held a range of qualification levels (see Table 1.5 below). Roughly half held Level 3 (equivalent to three A Levels) or degree level qualifications.

Table 1.5:   Profile of participants by qualification level

	Discussion group participants	Depth interview participants	Total
Degree level or above	17	2	19
Level 3 or equivalent	13	2	15
Level 2 or equivalent	9	1	10
Below Level 2 qualifications or no qualifications	4	0	4
Unknown / refused	15	5	20
Total	58	10	68

Similarly, participants were also diverse in terms of the work they were doing or had done previously. Current or previous job roles included (but were not limited to):

- Cleaner for a local council.
- Marketing communications consultant.

- Carpark assistant.
- Switchboard worker.
- Senior officer in local government.
- Social care practitioner.
- Teaching assistant.
- Street sweeper.
- Library assistant.
- Business analyst.
- Audio typist.
- Administration officer.
- Plumber.
- Application developer.

Participants who were working did so for a range of different types of organisation in terms of sector and size. The study covered participants working in small organisations (1-24 employees), those working in medium-sized organisations (25-249 employees) and those working in large organisations with 250 or more staff.

Table 1.6:   Profile of participants by size of organisation worked for

	Discussion group participants	**Depth interview participants**	**Total**
Small (<25)	7	2	9
Medium (25-249)	10	2	12
Large (250+)	13	3	16
Participant self-employed	2	0	2
Unknown / refused	2	0	2
Participant not working	*24*	*3*	*27*
Total	58	10	68

A slight majority of participants worked in public or voluntary sector organisations but those working in private sector companies were also represented (see Table 1.7 on the next page).

Table 1.7:   Profile of participants by type of organisation worked for

	Discussion group participants	Depth interview participants	Total
Public sector	17	2	19
Voluntary	4	1	5
Private sector / self-employed	13	4	17
Participant not working	*24*	*3*	*27*
Total	58	10	68

Recruitment for the research was carried out using a variety of methods. Some support organisations were approached and asked to assist with publicising the group discussions. Other participants were recruited 'on-street'.

In both depth interviews and group discussions, participants were asked to share their experiences of work and to discuss any aspects of their jobs that had limited their ability to contribute fully. They were also asked to talk about ways in which work could be changed to make it more accessible to disabled people. A range of projective techniques were used to help participants think beyond what they might consider 'realistic' or 'practical' and to consider more radical changes to the workplaces that they had experienced. Group discussions lasted around 90 minutes and depth interviews around 60 minutes. The topic guides for the discussion groups and interviews are included in the Appendices.

In addition, an online forum was established for those who had taken part in the research. Participants were encouraged to use the forum to post any further views which were not covered in the discussions and to respond to those of other people. The material collected through the forum was analysed alongside that from the group discussions and depth interviews.

Structure of this report
The remainder of this report is structured into seven chapters. The next chapter starts by looking at the overall value of work to the individuals who took part in the research.

Chapter 3 looks at the views of disabled people and those with long-term health conditions about workplace culture and attitudes towards their participation in work. These attitudes form the backdrop against which individuals engage with work.

Chapter 4 reports on the extent to which a right to reasonable adjustments is making workplaces more accessible to disabled people. It also takes account of the issues around the disclosure of needs that such adjustments entail.

The following chapters (5, 6 and 7) explore the key themes which emerged in discussions about the types of adjustments that would make workplaces work better for disabled people and those with long-term health conditions:

- Workplace infrastructure.
- Flexibility.
- Management.

The final chapter (Chapter 8) looks at the different types of relationships that exist between disabled employees and their employers and suggests some approaches that enable employers to engage in more constructive relationships with disabled people.

Participants' names have been changed in illustrative examples in order to protect individuals' identities.

2. The value of work

All participants in the research wanted to work and emphasised the importance of work to them. They unanimously agreed that their quality of life was (or would be) much better in work than out of work. In part this was a function of the financial benefits of working, but individuals were keen to stress that the value of work extended well beyond this because of its ability to deliver balance, perspective, structure and mental stimulation.

Work was felt to be important in delivering structure and providing a degree of balance in daily life. Those who took part in the research talked about the value of work in providing a purpose to the day. They valued the rhythm given to their days by a regular job. Individuals felt that without work, days had a tendency to lack purpose. Some participants placed particular emphasis on the value of work in occupying time and helping to provide a sense of balance.

> "It keeps you balanced. You have got five days a week nine to five where you have go to that work and you know you are going to get paid at the end of it for doing that work, so you can go and enjoy yourself with your friends and go and spend more on Christmas presents… I would go insane if I would nae work!" **(Male with dyslexia and ADHD, Glasgow)**

> "It gets you out of the house, you aren't stuck in being miserable, everyone needs to get out, disabled or not, you need to get up in the morning, it's a purpose, it's the satisfaction when you do work, you may not like it but you've got your independence, you pay taxes, you aren't sat there not doing anything." **(Male with visual impairment, Manchester)**

> "We are defined by our work. I know that when I had to give up my work, I realised that a lot of my life was defined by what I did for a living." **(Male with physical impairment, Manchester)**

Participants also placed emphasis on the value of work in delivering mental stimulation.

> "You have a purpose in life, and then you have motivation, achievements and things to reach for." **(Male with dyslexia, London)**

Out of work

Those who were not in work at the time of the research or who had experienced periods of unemployment would have liked to have remained with their previous employers and largely felt that – with some small-scale adjustments – they would have been able to do so.

Many talked about the desire to remain in work for as long as possible even if they experienced deterioration in their health because they felt that as soon as they lost employment it had or would become extremely hard to re-enter work. Participants expressed fears (and indeed cited experiences) of losing a hold on the labour market resulting in a downward spiral with employment becoming further and further out of reach as time away from work continued. Discussions in this area focused on four key issues:

- A tendency for health to deteriorate further as a result of being out of work.
- Maintaining contact with others and social integration.
- Difficulties in keeping qualifications up-to-date or meeting continuous professional development (CPD) targets when out of work.
- A perceived inadequacy of the welfare system to deliver the type of support needed to return to work.

Jenny, aged 45, physical impairment, depression and anxiety, Cardiff

Jenny worked in a food processing plant up until three years ago when she had to leave due to a muscular injury sustained by lifting large crates from a 6 foot height. An MRI scan showed damage to the muscles and ligaments along her spine. She had to take an extended period off work to recover. After four months her employer terminated her employment.

For a period of almost six months after leaving work she had no income at all. Her employer told her that she had to claim sick pay through the DWP while the DWP told her it was her employer's responsibility to pay. She couldn't pay her rent to the council during this time and came close to being evicted from her family home.

During this time she had a nervous breakdown which she attributes to the stress and worry resulting from the financial pressure experienced over this period.

She has recently found a great deal of support from a local network of disabled people. Jenny is currently in the process of retraining to become a teacher of English as a Second Language.

Some participants who were not in work had experienced worsening health since they had been out of work. In some cases individuals had initially had to leave work because the employer was unable to make reasonable adjustments in response to a physical impairment. However, being out of work had then led them to develop depression and anxiety. They attributed this to a loss of social interaction, the stress resulting from financial pressures of not earning and a loss of the self-worth that they had derived from employment. They felt that their worsening health had reduced their chances of being able to re-enter the labour market at the level where they had been when they first left work.

Linked to this, work was seen by many as a way of having contact with people and maintaining social integration. Some of the disabled people taking part in the research stated that without work they felt or would feel much more isolated from the rest of society. Difficulties in accessing social activities experienced by participants because public transport, venues and events do not cater sufficiently for their needs meant that work played an important role in facilitating social contact as well (and possibly more so than for many of those who are not disabled). Work also obviously provides a means to earn the money needed to make a social life possible. Some of those not in work felt that they had lost friends and their social lives along with their jobs.

> "I feel very isolated now because I'm not working. Sometimes I don't speak to anyone all day and I'm only 38." **(Female with physical impairment, Manchester)**

> "Say you don't have a lot of money and you are on the rock and roll [dole] and you fancy going out for a drink, you can't because you haven't got the money to do it. And your mates say 'Oh you're not coming out again' and after a bit they don't ring you. It's not meant – I don't think they do it on purpose." **(Male with physical impairment, Manchester)**

Other individuals talked about an increasing distance from work resulting from length of time out of employment because of an inability to retain up-to-date qualifications or meet criteria for professional registrations. Some qualifications held by those who were not working were time-limited and required regular renewal either through continuing a subscription and/or a re-examination of skills (such as Gas Safe, First Aid and Food Hygiene certificates). Individuals had found themselves unable to meet the financial costs of retaining these qualifications and believed that this had created an additional barrier to re-entering employment. Other participants had worked in professions that stipulate CPD requirements that have to

be demonstrated in order to retain membership. For both health and financial reasons – and sometimes simply because relevant CPD courses were only accessible to those working for an employer – some of those not working had been unable to participate in the required training or knowledge-building sessions to meet the targets and had or were about to lose their professional registration which in turn would make it more difficult for them to find new employment.

> "One of the things I've discovered since being ill – because of my background I've got to do something called Continuous Professional Development to maintain my registration as a psychotherapist, as a nurse and as a health services manager. My registration is going. I've hung on to my cognitive behavioural therapy registration… but eventually that will go. They'll write to me and ask me what I've done and it won't be enough. So for professionals like me, without having the opportunity to maintain my qualifications, the registration means that I wouldn't be able to go back to nursing. I'm not going to be able to." **(Male with physical impairment, Manchester)**

> "Same for gas courses... I paid for them myself, passed them, got the certificates at home. It was Corgi then now it's Gas Safe. They cost you over £120 a year to stay in these organisations and you've got to be doing the work to cover those expenses." **(Male with physical impairment, Manchester)**

Those who had experienced difficulties meeting CPD targets felt that more could be done by professional bodies to open up CPD opportunities for those not working for health reasons (for example by making more qualifying events available online or maybe by considering small amounts of voluntary work to contribute towards targets). One individual mentioned a positive experience of a professional body – the Institute of Healthcare Managers - retaining his registration under a 'floating arrangement' until he was able to re-enter work but felt that this was unusual.

Some of those participants who were not working at the time of the research stated that that the support available, to those claiming incapacity benefits, from the Jobcentre Plus did not provide much useful assistance and did not do much to counter the 'downward spiral' of increasing distance from the labour market as length of unemployment persists. Some were frustrated that funding for the types of training or skills development opportunities that they felt they needed to return to work in a different role were not available through Jobcentre Plus (or were only available after very long periods of unemployment).

Overall, participants were fearful that a prolonged period out of work would set them at a significant disadvantage in the labour market when they were able to return. There was a real concern that they would have to find work at a lower level or would not be able to perform to the same level as previously. This feared deskilling was a result of both the practicalities of being out of work for a long time (that is, the expiring CPD targets as described above) or because a period of not working would have negative consequences for their confidence, social skills or health, thereby narrowing opportunities.

Ambitions and aspirations in work

Those who participated in the research had a wide range of ambitions for their careers. Some were very happy and fulfilled in the job that they were working in. Others had aspirations to change the nature of their work or would like to progress into more senior roles. Some were satisfied with a job that simply enabled them to earn money and have some structure to the day.

It was reasonably common for participants to like the sector or organisation they worked in but feel unable to progress further at work. Sometimes this was because they felt that their ability to progress within their current organisation was limited by the culture of the workplace or attitudes of their managers. In several cases, they felt that their chances of achieving their ambitions were limited by the inability of their work structure to be reasonably adjusted for their impairment. One participant described how she had encountered a 'glass ceiling' at work because of her dyslexia, where she felt that more senior roles were off limits to her because they involved report-writing:

> "When I do the promotion work, you have to do a lot of reports on how it went and stuff and… I find that quite hard, pen to paper, and it goes to the client so it has to be good, so that's why I can't go for the bigger jobs, I can't really fulfil the role the way I'd like to so I stick to the smaller roles and so I can't really go up the ladder and I can't really improve my wage and get more full-time work that way so it's a bit frustrating." **(Female with dyslexia, London)**

This example illustrates a fairly typical perspective among participants, which is that of a rigid work structure where a lack of reasonable adjustments or flexible-thinking prevented them from moving upwards in their career. Some of those who were more career-minded had moved into working environments not dominated by non-disabled people, such as disabled people's organisations or disabled people's services teams within local authorities: they saw themselves as having good progression opportunities there. In some cases, they felt segregated in these types

of workplaces (although several found the work that they were doing fulfilling) and aspired to work with mainstream employers in sectors such as journalism, financial services or law. However, they felt that they would not be considered for such roles. High-adrenalin, corporate, image-focused roles in particular were discussed as currently often unattainable for disabled people.

> "My ideal job. I guess I would want my manager to be somebody like Alan Sugar, I would have a six-figure salary. I mean I'm pretty happy with where I am working now in the administration role (for a disability support organisation) but ideally I would like to be in an IT role. That's where my interests and background lie and I do find it difficult to find the perfect IT job… Ideally I would like to work somewhere like Canary Wharf, in a suit and tie, in a big building for Alan Sugar." **(Male with physical impairment, London)**

Some of those who felt restricted in the type of work that they were able to do talked about having found 'work' but not a 'career'.

> "The word career is associated with happiness, whereas work is associated with drudgery." **(Male with physical impairment, Manchester)**

People who were born with an impairment – and generally where they had a physical rather than mental impairment – were more likely to mention career aspirations and to be more optimistic about progressing towards these. Among those who had acquired an impairment during their working lives, the focus was typically on managing their condition and holding down a job, and career aspirations were much less likely to be a priority. Many were primarily concerned with holding down their current employment, felt relieved to have a job, and would have been very reluctant to 'push for more' or rock the boat for fear of losing their employment altogether. There was, in addition, a very low awareness of the concept of reasonable adjustments and extremely low confidence that asking for such adjustments would be received positively. The theme of reasonable adjustments is explored in greater detail in Chapter 4.

Everyone we spoke to who was not working wanted to re-enter the workforce. Some of these people talked about being happy to take any kind of job as an alternative to being reliant on State benefits. Others simply wanted to return to the type of employment that they had held most recently; these people had typically enjoyed their job roles and saw returning to them as symbolic that they were 'back to health' or coping better. Many missed the work they did as well as their

colleagues and the workplace culture. For some, wanting to return to the same job role was simply because they were not sure what else they would or could do and their vision of future work was synonymous with their previous role.

Several of those who were not working felt that there was a great deal of stigma attached to receiving long-term incapacity benefits and that negative images were reinforced by media references to 'benefit scroungers'. These individuals were keen to stress that their incomes were higher when they were working and they would never have 'chosen' to reduce their income to the level of their current benefit award: relying on state benefits was in no way a deliberate choice and they would have much preferred to be working.

> "I went from a full-time job earning a thousand pounds a month to £80 a week (on benefits). You know, there are no luxuries in my house and I've cut down so much I can't go down anymore. I'm thinking – can I have the heating on for an extra hour because it's so cold? It all adds to the stress." **(Female with mental health condition, Cardiff)**

> "I didn't get like this through illness as such. Through no fault of my own I find myself in this situation and it completely and utterly kills me every single day. I had a nice car, a good job, good prospects and then in a blink of an eye, some woman who wasn't looking where she was going caused the accident and wiped away everything that I've worked for." **(Female with physical impairment and mental health condition, Cardiff)**

> "At the end of the day, you shouldn't just look at the person in front of you now, you should look at their past because a person doesn't suddenly become a scrounger. If you've worked all your life then it must be a genuine benefit claim because you certainly don't do it for the big money amounts." **(Female with mental health condition, Cardiff)**

Summary
Participants stressed the value of work to them and unanimously stated a desire to be in work. They resented a view of them as 'benefit scroungers' and pointed to the wider benefits of work on their quality of life beyond just financial reward.

Being out of work had frequently led to a downward spiral in terms of worsening health and erosion of confidence and skills. In some cases individuals had initially had to leave work because the employer was unable to make reasonable adjustments in response to a physical impairment but had found that being out of

work had then led them to develop mental health conditions such as depression and anxiety.

Participants had a range of work aspirations and ambitions and it was common for them to encounter or perceive significant barriers to them achieving these aspirations. Participants often described a rigid work structure where the unavailability of reasonable adjustments or flexible thinking prevented them from moving upwards in their career.

3.   Attitudes to disabled people and workplace culture

Many respondents aspired to hold a role that could fully unlock their potential. While a few participants were employed in a role that offered this or came close to it, the majority were not. Many felt that the general workplace culture acted against their ability to achieve their potential.

This chapter presents research participants' views of attitudes towards them and towards disabled people more generally at work. On the whole, the picture is one where perceived prejudice is still reasonably common and where relationships with both management and colleagues are often typified by suspicion, discomfort or fear. Many of those who were not currently working reported high levels of fear and pessimism associated with re-entering work; there was a perception that discrimination on the grounds of disability would be commonplace at the recruitment and selection stage.

It should be stressed that this was not the case for all participants; some worked for employers who had created an inclusive workplace through making reasonable adjustments. These participants tended to feel engaged and motivated but their experiences were the minority.

Participants felt that the attitudes and behaviour of both management and colleagues presented barriers to effective participation in the workplace. The key barriers raised in relation to workplace culture were:

- An ignorance about impairments and health conditions.
- A related tendency to make negative assumptions about the capabilities of disabled people.
- A perception of disabled people as not fitting the image of the organisation.
- Bullying and harassment, including resentment by colleagues of perceived 'special treatment'.

Ignorance about impairments and health conditions
A number of participants felt there is a lack of disability awareness among managers, and a lack of interest in tackling any issues faced by disabled staff or those with long-term health problems.

Many participants in the discussion groups for people with mental health problems stated that awareness of mental health issues was particularly poor.

Several participants thought that employers trivialised conditions like depression and anxiety and did not understand the nature or potential severity of these conditions. Some said that if employers appreciated how common mental health conditions are among the population generally they might be more likely to develop more effective ways of dealing with employees experiencing them. Participants felt that a lack of open discussion about conditions such as depression or anxiety created an environment where mental health conditions were still largely taboo and misunderstood.

> "The worst thing for me is [the attitude of]: 'Pull yourself together! Get your act together! What's the matter with you?' It's that dismissive attitude that is really difficult to deal with. It's a misunderstanding of how it [depression] works… to other people it's trivial but it's not to us." **(Male with mental health condition, Cardiff)**

> "I don't think people really understand anxiety, they think that you can just get over it." **(Female with mental health condition, Cardiff)**

> "It [depression] is just like cancer a few years ago - nobody talks about it." **(Female with mental health condition, Manchester)**

The view that the prevalence of some impairments and long-term health conditions was under the radar of management was echoed by people with learning difficulties and people with a progressive illness.

> "It's not known in the workplace. If you've got dyslexia, it's just not known, because they haven't been in the circumstance. They just say you are lazy or you aren't working hard enough." **(Male with dyslexia and dyspraxia, London)**

> "Some people just think about the condition and they think you can't do anything, and they don't understand what the disease process itself is." **(Female with a progressive illness, Cardiff)**

> "You should be able to say, I have this difficulty, I may forget things, it's not that I'm trying to be rude to you, and the fact that you could actually do that would be good. Also, the more people that spoke, you'd be surprised at how many people are dyslexic and that would bring them forward as well, it would undo the spell." **(Male with dyslexia, London)**

A number of individuals with progressive or long-term conditions or depression felt that their employers did not understand the fluctuating nature of these conditions. They felt that employers did not understand that individuals would have 'good days' and 'bad days', which can be reflected in their performance at work.

> "When you see someone with ME, you see them when they are on a good day or at a good point. You don't see the fact that they have been lying down and resting for two days before and then they will have to do the same to recover afterwards. People just don't get it." **(Female with a long-term illness, London)**

Participants felt that their employer did not understand or empathise with the extent of the challenges that the workplace might present. Generally participants felt employers were more knowledgeable and accepting of the barriers presented by physical conditions and illnesses compared to mental health issues, and that employers displayed less scepticism about the challenges faced by employees with physical health problems. There was a sense that mental health issues were taken less seriously than more visible impairments.

Participants felt that a lack of awareness and understanding can lead to anxiety among employers about discussing impairments and mental health conditions with employees. They felt this was because employers are worried about causing offence, 'saying the wrong thing' or invading the person's privacy, but individuals stressed that this can be detrimental to maximising the contribution of disabled employees. Where employers are not open to a dialogue with a staff member regarding their impairment and the adjustments they may need at work, it is often the case that people struggle on, trying to hide any difficulties they are facing and becoming less effective members of the workforce.

With the ease of accessing information about impairments and health conditions available (particularly on the internet), participants felt there was no excuse for employers failing to find out about their impairments or long-term conditions.

> "If your employer had a better understanding of your problem… I just feel that employers need to get on the computer and have a look at the condition before they start talking to that person, to get a better understanding… Then when you talk to people you will have more of an understanding of how you think you can adjust the job and how they think you can adjust the job, it's more an understanding of the problem and then you wouldn't have the fear of going to them and saying I'm not very well this morning, I'm a bit shaky and a

bit panicky can I come in at 10 and then work a bit later, or I need to lie down, or I need a bit longer on my break because I need to go to the toilet. It might be like, 'What parts of the jobs do you think you are going to have difficulty with?', and you say, 'Oh I can't do that', and to have a bit more understanding about why you can't and that if you do come into work in a bit of a fluster then they can say, 'go and take 10 minutes in the break room, have a cup of tea or whatever or go back home you're ill, don't come in today.'" **(Female with mental health condition, Cardiff)**

"It's about identifying people's needs – the individual approach. As the manager you should be able to see that, that the person is good at what they do." **(Female with mental health condition, Manchester)**

"I think if they understood the condition as well. If an employee comes up to you then I think as their manager, you almost have a responsibility to find out about the condition, to find out about the implications healthwise and what implications it might have on the work because then you could make it easier for you as a manager and them as an employee. That just makes sense to me, that everybody should do that, and I can't see why it isn't done, it doesn't take long." **(Female with progressive illness, Cardiff)**

Making negative assumptions about capabilities
Linked to a lack of awareness and understanding of impairments and health conditions, many participants felt that employers and colleagues were prone to making negative assumptions about the capabilities of disabled people in the workplace. Many felt that they would be held back from getting jobs or from progressing in their career through employers underestimating their abilities, or making assumptions about the sort of role they could do simply based on the fact that, for instance, the person has a long-term health condition, is visually impaired, is a wheelchair-user, or needs to look after their health in a particular way. Individuals felt that employers often see their impairment or health condition as an insurmountable barrier to them making an effective contribution in the workplace. Participants also felt that assumptions were made about the impact of a person's impairment, without considered assessment of their individual abilities, the actual nature of any risks, or consideration of any small adjustments that could be made.

"I have seen instances where employers haven't asked their employees what they need in order to carry out their day-to-day duties. Maybe the person has got a quite good level of speech but they are deaf so the employer assumes they can deal with the telephone but they haven't actually asked them if they

need a special telephone. This could be improved so maybe employers need to be trained in deaf awareness and disability awareness generally." **(Male with hearing impairment, London)**

"I think when people see someone in a wheelchair, the traditional idea is that they need help or some kind of guidance and sometimes it gets to the point where you are being asked if you are OK every five minutes, and I'd love to try and get away from the traditional view of disabled people being, needing help." **(Female with physical impairment, Manchester)**

"Because I was on a probation period they let me go because they didn't think I could do my job. Basically what they had me doing with the overactive bladder was self-catheterising myself several times a day, so really for me, it was only a matter of going to the loo and it wouldn't affect the people I was with, but they let me go and I haven't worked since… I didn't really need anything, I needed time to get over the operation and when I came back and found that the operation didn't correct the bladder problem, they still weren't prepared to have any leeway, they would just say we've got to let you go, we don't think you can work with our clients." **(Female with physical impairment and mental health condition, Cardiff)**

Many people saw negative assumptions about their abilities and capabilities as a major hurdle to securing a job, with employers discounting them immediately because of their perception of their impairment or health problem.

"They are not going to take you on. They take one look at you, you're in a chair, you have to tell them you've got MS, you have to tell them you've got cancer, you have to tell them you've got emphysema, you have to tell them you've got a neurological condition, they're not going to employ you." **(Female with a progressive illness, London)**

"I think in this climate as well, if you were in an interview and there were 200 other candidates, as usual, and you sat there and said, 'actually I do need a bit of time out now and again a couple of times in the morning I just need a wander round', you've got no chance of being selected there." **(Female with mental health condition, Manchester)**

Other participants had experiences where colleagues had intended to be understanding and respectful but had inadvertently undermined them by taking on work and doing tasks for them, based on the perception that they needed help.

This was sometimes felt to be disempowering and belittling, depriving the person of the opportunity to prove themselves and progress within the workplace.

> "You can't do all the physical work that they can do. They think nothing of picking up heavy objects, you can't do it. They don't actually put you down so much as say, 'never mind, I'll do it'. So then you feel bad. What usually happens is they say: 'Oh don't ask him, he'll take forever to get there and back', and they aren't doing it nastily. If they are busy, they will go and do it themselves and then they won't ask you again." **(Male with physical impairment, Manchester)**

When discussing the attitude that they would like colleagues and managers to adopt towards them, a common wish was for workmates to see past their impairment and treat them as a 'normal' individual. Participants wanted to work in an environment where they are judged by their abilities without any presumptions made about what they can and cannot do. They also stressed the importance of offering assistance in the right manner – many people said that they feared being pitied or patronised by colleagues.

> "The first thing is that you don't want to be pitied. That's a huge issue for me. I don't want pity - I've got a disease that they can't do anything about, pity is not going to help me, it's just going to make me feel worse." **(Female with a progressive illness, Cardiff)**

> "I just think people genuinely forget and I take that sometimes as a compliment. I try not to look at it negatively, because I just get on with my job, I don't have a label as being blind." **(Female with visual impairment, Manchester)**

> "There is a lot of prejudice towards disabled people, I've seen it myself how people treated me differently, so I think in the workplace we have to get it through to people in general that it's a physical impairment and that you are a normal person just like everyone else - it's just that you can't physically do as much… I think there should be a lot more training." **(Female with physical impairment, London)**

Disabled people seen as not fitting the image of the organisation
As well as underestimating the potential of disabled people at work, participants felt that the image that employers and colleagues have of the type of roles that a disabled person or person with health issues might occupy is another major barrier

to progression at work. Some of the participants said that they had been held back from taking on roles and responsibilities because their employer could not see how they could do the job or because they did not 'fit' the role. Many people believed that management and colleagues have traditional ideas or images of what a person in a particular position would look like or would need to be – this was mentioned by people who had worked in, for example, construction, or as teachers, nurses or care workers.

"I think people have a problem with more general ways in which disabled and visually impaired people work, what they do, they can sort of perhaps think how they could work in social services or whatever whereas they can't see how they could work in the environment sector… It's an attitude of ignorance, they aren't aware of how you do various jobs. I think there is probably a general barrier where people don't really see disabled people in general in work. I think people see disabled people slotting into particular roles and once they are in that role, they are quite glad that they are there because there is something about being an equal opportunities employer, I don't think people necessarily see disabled people as senior management material." (**Male with visual impairment, Manchester**)

"Initially when I got this job, because it was a position that was more or less physical and you are dealing with people who have disabilities, and I have a disability, when the staff members initially realised I'd got the job, I heard all sorts. They said: 'How can she be employed? We are dealing with people with physical disabilities. Part of the criteria is that you have to be able to drive, will she be able to do some personal care?' I gelled with one or two staff members who said, did you realise this is what other people were thinking, this is what they thought, this is what they said, but actually you pulled it off, and everybody is fine now." **(Female with physical impairment, London)**

Because of these attitudes, many disabled people feel that they need to work harder and perform better to prove themselves in their job role. Several had experience of being undermined by colleagues who downplayed and/or questioned the person's performance. Again, the perception is that colleagues do not always see disabled people as being able to do their job.

Shamil, aged 25, visually impaired

Shamil has experienced issues throughout his career with the attitudes of employers and colleagues. He described how he had to work against the perception that he was not suitable for certain roles because of his visual impairment.

These barriers first arose when Shamil applied for a managerial sales position at the call centre he was working at.

"I went for a manager's job and they said, 'What can you see?', and I said, 'I can't see the people on the other side of the desk', and they said, 'Well how can you be a manager if you can't see the person the other side of the desk?' They kind of twist it… it's the organisation, they don't want to learn."

He then trained as a teacher and encountered resistance from colleagues in his first teaching role.

"I know when I first trained as a teacher that's when my barriers hit home. People said: 'How are you going to know if the kids are misbehaving?' and I was constantly having to prove myself. The teachers that had been there for 15 years, they didn't want to change."

A key issue was the inflexibility when it came to accepting different teaching methods. Shamil described how colleagues found it difficult to accept him making small adjustments to teaching methods and materials, and were unsupportive in terms of helping identify solutions based on their experience within the school.

"You have to prove yourself as a blind teacher. I felt: 'You've been here for 15 years, I've been here for 15 days, I'm sure I can learn from you, why don't you pass it on?' But it was like, 'Are you sure this is the right profession for you?' If you get it every single day, it just knocks it out of you. If I applied for other roles, was I going to have the same thing every time?"

Shamil is now working as an outreach support worker for a children's centre, and has found how much difference a more open and flexible attitude towards disability can make. Here, his employer made efforts to understand his individual needs rather than making assumptions about the barriers he might face, focused on facilitating his work through reasonable adjustments, and looked to foster a good attitude towards disability by bringing in training for other staff.

"It's the mindset and mentality of people. The job I'm now doing it's absolutely different, it's very good. When I went to the interview they said that it was a learning curve for them. They had all the trainers come in, they sorted out a focus group to see how to improve things. Before [in previous jobs] they were setting me up to fail, saying you are going to have this problem or this problem."

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Bullying and harassment

A couple of those participating in the research had experienced severe and upsetting workplace bullying by colleagues.

One person with learning disabilities described the bullying that he had received on more than one occasion in the workplace.

Alex, early 20s, learning disabilities

Alex works at a cinema in Glasgow for four hours a week. He really enjoys his job, especially all the new friends he has made at work. He usually helps with ticket sales on a Saturday morning, serving popcorn and chatting with customers. Quite recently though his boss asked him to move some large heavy boxes from one room to another, a task the boss had assumed Alex could do. However the heavy boxes were too difficult to move for Alex who has a bad back and limited movement in his arms. Alex told his boss he wouldn't be able to help with the boxes as they were too heavy for him. His boss responded by joking with Alex that he would need to 'get down to the gym'. At first Alex didn't mind the joke but things got worse as other colleagues at work heard the joke and started calling him other names. It very quickly became very embarrassing and belittling for Alex. He still works at the cinema but things aren't quite the same.

As well as the scenario described above, this man also described a different occasion when other colleagues had tied his shoelaces together, causing him to fall down the stairs.

While employers can act to counter a workplace culture that excludes disabled people, in instances such as that described above it is necessary for employers to take disciplinary action to address bullying and harassment. In the above examples the participant did not think that any such action had been taken.

Although bullying or harassment of this nature was rare, participants often felt that colleagues were resentful of modifications that had been made, or of periods of absence, and that these were seen as evidence of favouritism. It was felt that sometimes there was no attempt by management to curb this resentment and that it could make the workplace very uncomfortable for disabled people or those with long-term health conditions. Some participants, particularly those with mental health conditions or progressive illnesses who had needed long periods off work but who had remained employed by the company, felt that they were victims of gossip and often felt isolated and uncomfortable in the presence of colleagues:

"There's very little empathy out there, and a lot of gossip. People saying: 'Oh look, she's off sick again...'" **(Female with a progressive illness, London)**

Fear of this sort of resentment had sometimes prevented disabled people from requesting adjustments to their job that would have made it easier for them to make their contribution in the workplace. It also created considerable anxiety for people returning to work after a period off sick.

A few participants described feeling harassed by management during the period they were not at work. Some felt very strongly that they should not be contacted or have to speak to management or HR against their will during sick leave. One woman with a mental health condition described a situation where she felt intimidated by her boss who had called at the house with a HR representative after the participant had been off work for a few weeks following a personal crisis:

"So I said I don't know [what to do], I'll phone you Monday, so on Monday I've not called her, I've gone straight to the doctors and she's called three weeks later with the HR and again, I live in a Victorian house, it's very nice, she came to see me and wasn't interested in how I was, she's interested in my house and the first thing she says - the HR woman - she's walking about, 'come and look at this room, that room', and I'm sat there, I didn't have a union representative and then she walks in the living room and she says, 'right, so you aren't getting maintenance from him now' [her ex husband], and I said, 'I wouldn't have thought so', and she said, 'well this will have to go, you'll have to sell it'... she was the type to push me over the edge". **(Female with a mental health condition, Manchester)**

This view was echoed by another woman with a mental health condition who described a situation where her line manager insisted on a face-to-face visit when she did not feel ready:

"There was one, a newish girl, who was like, 'I'm going to come and see you', and I was like, 'you can't, my mum's just died, I've got stitches in my face, you aren't going to come and see me', and she said I'm entitled to... just not understanding." **(Female with a mental health condition, Manchester)**

These experiences seem to be about senior staff failing to display empathy or communicating in a way interpreted as participants as intimidating or abrupt. However, they were experienced by participants as harassment and had resulted in significant distress and anger.

Creating a fairer and more inclusive working culture

Many people feel that more positive attitudes to disabled people in the workplace can only come from more general progress towards equality in wider society; they also saw a role for employers in promoting inclusion and respect. Participants felt that attitude change would be most likely to occur where disabled people and people with health issues were afforded the opportunity to demonstrate their capabilities at work, and show colleagues in the organisation the contribution that they could make.

There are a number of ways in which disabled people felt that employers could work to create a more open and supportive workplace culture. These can be summarised as:

- Increasing the number of disabled people within the workforce.
- Raising awareness of the prevalence of impairments and long-term health conditions.
- Providing formal disability awareness training.
- Ensuring that – as far as possible – policies about workplace flexibilities are not focused exclusively on disabled people but are designed to accommodate a wide range of needs.

Many participants felt that getting more disabled people into the workforce would be the best way of countering negative assumptions; they believed that familiarity with people as individuals is important in breaking down feelings of 'otherness' with regard to disabled people or people with mental or physical health problems.

> "I think as well when you get a few people with disabilities in the organisation they get used to the possible hurdles and barriers and because they've got over it for one group of people, they know it's achievable for the next, and that's why it's important that employers have disabled people because it does help the organisation. It's just the battle to get the organisation to understand it." **(Female with visual impairment, Manchester)**

> "I'm sure when people meet, the prejudice evaporates, so they should interview more people and give them a chance." **(Female with physical impairment, Manchester)**

However, in some cases participants felt that including disabled people and those with long-term health conditions in the workplace was as far as some employers

had got. They stressed that it is important that employers go beyond this to actively develop a more inclusive workplace culture so that disabled people can work in an environment where their contribution is valued and where they feel comfortable day to day. Participants felt that the key priority would be for employers to increase their level of awareness and knowledge about impairments and health conditions.

It is important for managers to give clear messages regarding leave of absence or any adjustments to working practices implemented for individuals to ensure a perception of fairness. Equally, employers need to make it clear that any harassment or bullying of others would be dealt with as a disciplinary matter.

In ensuring that a positive culture filters down from management, disabled people felt that HR policies and internal communications should promote the message that impairments and health issues are a common part of life, thereby helping to counter a feeling of 'otherness' with regard to disabled people and people with long-term health conditions.

> "In my library the other day they had a big exhibition on mental health, and I thought why don't we have one of these in our office? It said 'one in four people suffer from mental health problems at some point in their lifetime, one in five have dandruff.' That de-stigmatises it, makes people aware."
> **(Female with mental health condition, Manchester)**

Most participants thought that arranging disability-awareness training for staff within the organisation would be an effective way of countering attitudinal barriers. Many participants felt that training that helped people understand more about different impairments and empathise with specific challenges that people might face in a similar work environment would be most effective. Awareness training should act to promote inclusion, and counter the fear of approaching the issue of disability and of 'saying the wrong thing'.

Summary

Many of the disabled people and people with long-term health conditions who participated in the research told us that negative attitudes towards disabled people still prevail in many workplaces, and that workplace culture was often a significant barrier to their participation in work. This largely seems to revolve around a lack of understanding or knowledge about some impairments and a perceived fear among managers and colleagues about both how to relate to disabled people and their capabilities.

Research participants felt that some workplace cultures were fundamentally exclusive, and that there were some sectors or roles where disabled people did not fit the image of the company or with society's vision of what a person in a particular job role should look like.

People felt deeply uncomfortable being seen to receive 'special treatment' because of their impairment and tended to assume that colleagues would be resentful of this. They were concerned that managers would only acquiesce to any requests for adjustments out of legal obligation (as opposed to any genuine commitment to inclusivity).

In summary, it seems that there is still a long way to go in creating inclusive workplace cultures. From the perspective of the disabled people who participated in the research, attitudes to disabled people at work are often dismissive and prejudice is commonplace.

These are big issues which need to be tackled at a whole-organisation level. Simply introducing a handful of reasonable adjustments in response to individual requests will not tackle the wider problem of a culture in which disabled people struggle to feel comfortable or contribute fully. This poses difficult questions for senior management teams – challenging attitudes and potentially overhauling a 'workplace culture' requires a significant commitment.

Research participants came up with a number of targets for employers wishing to create and promote a workplace culture that was positive for disabled people and those with long-term health conditions. These were to:

- Work hard to promote a culture where disabled people are empathised with and included, and are not viewed with suspicion.
- Raise the awareness of staff and management of the prevalence of impairments and long-term health conditions.
- Arrange disability-awareness training and development for staff at all levels.
- Implement effective policies and disciplinary procedures to prevent prejudicial attitudes impacting on employees.

4. Accessing reasonable adjustments

Disabled people were keen to stress that in many cases small adjustments or allowances can help people stay in work for longer and allow them to be more productive. However, in most cases these types of adjustments had not been requested by individuals or offered by their employers. Outright refusals to provide reasonable adjustments were rare. In some cases, people had highlighted issues that could be addressed through reasonable adjustments, but appropriate solutions had not been provided. This chapter looks at attitudes to reasonable adjustments and disclosing impairments or health conditions in the workplace. Following this, Chapters 5 to 7 discuss the specific nature of the adjustments required.

Adjustments can often be implemented successfully following informal discussions between employer and employee, but the right to adjustments at work is also enshrined in legislation. Current legislation designed to prevent discrimination puts the onus on employers to make such personalised adjustments for disabled employees and staff with progressive illnesses. The Equality Act (2010) requires an employer to make 'reasonable adjustments' where the disabled person concerned is at a substantial disadvantage compared to others.

The requirement for employers to make reasonable adjustments is a key legal mechanism for change and is intended to make work more accessible for disabled people. This chapter explores the extent to which this mechanism is working from the perspective of disabled people and those with long-term health conditions.

Securing personalised adjustments in the workplace – either through informal discussion or evoking legislative rights – is dependent on employees disclosing the nature of their needs or employers being reasonably expected to know about them. However, participants often expressed concerns and doubts over disclosure of information about their impairment or health condition and needs to management and colleagues. In this section we also explore the barriers to disclosure, and views on the process of accessing adjustments at work. We highlight how participants feel that management should best approach finding out what their staff need in terms of reasonable adjustments, including opening up the consultative process as standard to employees across the organisation. This section discusses awareness of the current legislation among disabled people and people with progressive illnesses, and discusses how important they see this in driving change in the workplace. It looks at what people understand about their rights under the Equality Act and the term 'reasonable adjustments' itself.

Awareness and understanding

When asked about their knowledge about rights conferred by the Equality Act, the general level of awareness was low. More than half of participants did not have any real idea of what rights they had, although there was a vague notion among some that employers could be challenged for discriminating against disabled people by, for instance, not providing ramps to buildings. Where people had more knowledge of the right to ask for adjustments to a work role or work environment, this was likely to be through working in the public sector where equality policies were more prominent, or through involvement with campaigning or representative groups for disabled people.

In addition to low awareness of the concept of 'reasonable adjustments', there was also a lack of clarity over what could be considered a 'reasonable' adjustment among those who were more familiar with the term. When asked about what changes or adjustments they had asked for or might ask for, many people based their opinion of what would be reasonable on what they felt their employer could afford. Some felt that it would not be reasonable to ask their manager to pay for adjustments from their own departmental budget (and awareness of schemes designed to support employers in meeting their obligations – such as Access to Work – was very low).

> "[Making adjustments] could cost them money that they really don't want to spend. Some people don't want to spend money if they don't need to. In my work I think it would be difficult, because he is an independent – he works for himself and has his own company. It is four of us – a small company. For the big major companies I don't think it makes much difference." **(Male with dyslexia, Glasgow)**

> "I think it's the funding as well. If you said to my boss can you pay for this, they'd be like 'Are you mad?'" **(Female with a mental health condition, Manchester)**

> "I think where these reasonable adjustment things become a problem is for very small companies who are under pressure to make the same kinds of adjustments as big companies who've got lots of money, which are sometimes structural, which could sometimes put a company out of business, where it really is prohibitive. I think there really needs to be flexibility in the law where it really is going to compromise a business so much that it's going to jeopardise its longevity because if the company goes

under then there is no job anyway." **(Female with a long-term illness, London)**

"I don't entirely dispute the phrase 'reasonable adjustments' because I don't think you can say that an employer has to make every adjustment. You can't expect an employer to make adjustments that would make them go bankrupt. That would injure everybody not just the person with the disability." **(Female with a long-term illness, London)**

In some cases, people also felt that it might not be reasonable to ask their employer to change well-established ways of working.

"Flexitime would be good. But it depends on what sort of work you are doing as to whether that's appropriate or not. A lot of places can't offer that."
(Female with a physical impairment, Manchester)

Barriers to requesting reasonable adjustments
Participants were asked about their attitudes towards requesting reasonable adjustments from their employer. In general, fears around disclosure, confusion about what rights are conferred by the Act and how much is a matter of employer policy, and scepticism about changes being carried through prevented many disabled people from making a request for the adjustments they need.

Even where individuals were more aware of their right to request reasonable adjustments, very few could envisage making a request themselves. The idea of approaching senior management with a direct request was generally seen as unrealistic. Some felt that they would only be prepared to act on this right if they had seen documented evidence of their employer's policy on making reasonable adjustments.

"If you look at the NHS they have specific policies for personnel and human resources, things like that and it all comes back to information, you have to know what's the law, within boundaries. Then when you go forth you have that information in front of you. Confidentiality for example, even if my employer knows that if I disclose this to them, they have got no right to go on and publicise it unless they have my consent, so as individuals we need to know what rights we have." **(Female with a progressive illness, Cardiff)**

"The regulations develop over time. I heard that they had recently been revised. They have them all on their website, the information is out there, but

they don't really give it to you unless you ask for it or go out looking for it."
(Female with a progressive illness, Cardiff)

"I think now that I would speak up a lot earlier. I think it was a combination of me getting used to it, going from being a sighted person to being blind, but when I turned round and said I want something new, and they said there isn't anything, we'll keep looking because the facilities are there. Now I have that knowledge and it's quite useful to be able to pass that on." **(Female with a visual impairment, Manchester)**

There was a considerable scepticism about any requests being carried through by employers, because of unwillingness to absorb the expenditure involved or entertain change. Some participants felt that employers were able to ignore the law without penalty and that there should be closer monitoring of their practices.

"I mean for access issues, like buildings being accessible, people tell you that the building is accessible and then you turn up to interview and it's not, and you are turned away. It's supposed to be against the law for a company not to make reasonable adjustments but that's not enforced at all." **(Female with a physical impairment, Manchester)**

"There is a need for some kind of inspection board, where someone from the government comes around and sees that a reasonable adjustment has been made." **(Female with a physical impairment, Manchester)**

"I would not really be comfortable [asking]. Obviously you want to ask for change, but in the back of your mind you are thinking that everything is alright now. You can deal with your work for weeks and weeks and weeks so why change it and make things different? It means it is changing things for everybody. It would be awkward for the first week or so while everybody gets used to the changes. Everybody would have to move and bend round to help me. I would feel slightly bad about it, but not majorly, because it would be easier for me and probably easier for everybody else." **(Male with dyslexia, Glasgow)**

"I've not said much about it. I don't really complain about it, I don't know why. The changes may take too long. The way they do it now, they have got a system – the girls in the office do it and if I said to change, it would probably slow things down a lot. It would be a mash-up because the way they do it

now is fine… I know what one of the girls would say: 'I'm not doing that.'"
(Male with dyslexia and ADHD, Glasgow)

Disabled people felt that ideally employers would allow employees to signal adjustments that they might need from the start of their employment. They felt that this process should focus on specific needs rather than asking for details of impairments or health conditions. Several felt that this would be easier to do in writing rather than orally.

Attitudes towards disclosure at work

Disclosure of some details of the nature of an impairment or health condition is key to accessing 'reasonable adjustments' – either through invoking legislative rights or on a more informal basis.

Participants in the group discussions were asked how comfortable they would feel talking to their employer, line manager and colleagues about their impairment or long-term health problem and any adjustments that they might need to their work role or conditions. There was a general feeling of distrust expressed by participants regarding what employers would do with the information about someone's condition. Many felt that if they disclosed a health issue, their employer would start to view them less positively, and perhaps perceive them as a weak link or liability. Many would worry about the impact on their job security, with the perception that employers may try to find a way to push them out to avoid making adjustments, and because of prejudice against people with impairments or long-term health problems.

> "It would be OK as long as they use that information in a positive way, because they can use it against you. The majority of people do use it against you." **(Female with a mental health condition, Cardiff)**

> "You have to trust that the system is going to work, and you won't be fired for it." **(Female with a progressive illness, Cardiff)**

> "You have to think about how are they going to take it. What are they going to do with the information, because you tell them and they might look at you differently. You tell someone you've got depression or anxiety and the barriers go up." **(Female with a mental health condition, Cardiff)**

Others felt that to make a request for an adjustment (in terms of recruitment process, workplace or job role) would result in being branded a 'trouble-maker'.

"When I went for the new role, I knew straightaway that the process wasn't right or fair, so I complained. I had to make a tribunal claim to do that, and the employer backtracked and that's how I got the job I have now. But it's a strange position to start a job from, because my boss knows that I had to take legal action against them to get the job, other people in the department know, there's that whispery thing, 'she got it because she sued us', and that's a really hard way to start a job." **(Female with a visual impairment, Manchester)**

"I think a lot of people might think that they would be thought of as a troublemaker if they are asking for facilities or adaptations, which not everyone else in the organisation can have. If you have a particular kind of boss or management, or even culture within a business, if they like everything to run smoothly and then there is this little spike that makes them feel uncomfortable… You feel that they are uncomfortable, it changes the relationship." **(Female with a progressive illness, Cardiff)**

"You are below everyone else because you've got problems and issues. They will think: 'Oh god, here she comes, we've got to sort out hiring a chair for her.' They don't understand." **(Female with a mental health condition, Cardiff)**

Many people were worried about their impairment or health problem being disclosed to colleagues, being afraid of negative reactions, accusations of favouritism or being scrutinised or talked about.

"There is an emotional aspect to it, in my opinion. Unless there is a need for you to actually disclose to your manager in relation to you actually doing your job, I don't think it's necessary. Where I work there are so many people, at my level there are about 150 of us, and every time you have to deal with different people and eventually 150 people have to know about it, and that will somehow put you on the sideline. Some people will say 'I won't work with her', depending on how they understand the condition, so in my opinion, unless I can't do the job, I don't have to disclose." **(Female with a progressive illness, Cardiff)**

"You don't want to be hassled. It happened to me, there was gossip about it, whilst at the same time it was very serious what I was going through." **(Female with a mental health condition, Manchester)**

Some people felt that prejudice against them on the grounds of their disability or health problem would be compounded by racism or prejudice towards their sexuality or lifestyle. This fed in particularly to reluctance amongst HIV positive people to disclose their condition to colleagues.

> "At the moment I keep it to myself, because I have to be protective of my children and the impact it will have on them, and me as well, bearing in mind that I am also a different colour. It's one more thing - I can't change the way I look but at least I can keep something that they can't see, so I always find a way to explain it away." **(Female with a progressive illness, Cardiff)**

In line with themes discussed earlier with regard to people feeling alienated and 'other' because of their impairment or condition, many of the participants said that they would feel embarrassed and ashamed in asking for adjustments to their job role. These individuals did not want to be perceived or treated differently from other employees. This was seen even in cases where the person was apparently more confident and aware of their rights. There was a difficult dichotomy between a desire for employers to understand but an unwillingness to (fully) disclose needs.

> "I would feel ashamed asking for adjustments. I think it leads to tokenism, being the token disabled person in the corner. When you ask for reasonable adjustments, they kind of roll their eyes." **(Female with a physical impairment, Manchester)**

> "It's like a token gesture. It's very patronising." **(Female with a mental health condition, Cardiff)**

> "My shame at not working hurt me every day and asking for reasonable adjustments, I would be ashamed to do that. I'm a confident guy but I would feel tremendous shame about saying: 'I need this and you don't need this, now I've got this it's shinier than yours.' People would think: 'Why's he got that?' People say it about the mobility vehicle, they say: 'I can't afford a car like that.'" **(Male with a physical impairment, Manchester)**

Such concerns and anxieties around disclosing needs and asking for adjustments at work mean that impairments are often 'hidden' and not brought up until absolutely necessary. This leads to people simply trying to 'get by' in their work rather than being enabled to be a fully productive and effective employee. Very few people would feel confident about discussing their needs with an employer during the

recruitment phase or at the start of their employment for fear of this putting them at a disadvantage.

> "It's hard to tell an employer: 'Can you hire me but I've got anxiety.'"
> **(Female with a mental health condition, Cardiff)**

> "I don't want to have to meet someone and before we discuss anything say 'just to let you know, don't ask me to write anything' because I feel personally that they might look at you in a different light. To an employer, going through an interview, I would never say that I had dyslexia because I would feel straightaway that they are going to look for the next person, there will be someone else going for the same job and they've got the benefit in the eyes of the employer - that they are going to do better for the company because I'm going to have trouble doing a load of writing." **(Female with dyslexia, London)**

These concerns about disclosure span different impairment types. While there were a lot of comments about preferring not to disclose a 'hidden', stigmatised mental health issue, progressive illness or learning difficulty, concerns over the risks of exposing difficulties faced and asking for adjustments were also prominent for people where the nature of the impairment would be clear to management and colleagues from the start (for example, where the person had a visual or hearing impairment, or was a wheelchair-user). As discussed previously, where individuals had more visible impairments, they often found that employers made incorrect assumptions about their abilities: an open discussion about needs would be valuable.

> "We need help but at the same time we don't want to draw attention to it. But at the same time if we do have the help, we can work easier. It's a very difficult balance." **(Male with hearing impairment, London)**

Identifying needs

Some participants felt they had to take the initiative in requesting reasonable adjustments, though employers should themselves accept some responsibility for identifying individuals' needs:

> "On a personal level, I've always been reasonably confident in raising issues about my own personal workspace and environment, in terms of access technologies and things like that. It's very much up to me to tell them what I need, particularly with IT systems, rather than anyone ever coming back

from IT to say to me: 'Have you thought of doing something this way because we could amend the system this way and you could get this sort of technology.' Nobody's ever done that, it's very much up to the disabled person to say what they want... it is very much up to you." **(Male with visual impairment, Manchester)**

Employees may well not be aware of the potential for change in the organisation (particularly during implementation of new systems, routines or work spaces), or funding solutions that might be available through the employer or schemes like Access to Work.

Disclosure of the nature of impairments or health conditions is critical to ensuring that many of the personalised adjustments that disabled people felt would help them to make a better contribution at work can be put in place. Many of the examples where people have been able to make slight adjustments to their working environment have come about through good relationships between employees and line managers who understand the obstacles faced. However, it is clear that many employers may need to take more proactive steps to build the level of trust needed to ensure frank disclosure. Building this level of trust is ultimately likely to be in the employers' interest if it brings about small-scale modifications that enable employees to do their job more effectively.

Participants felt that employers should open the dialogue about adjustments needed, but allow employees to share information in their own time, and to a degree that they feel comfortable with. Some people felt that it would be useful if their line manager signalled to them that they were aware that the work environment might present obstacles to them and made it clear that they were open to understanding more:

> "They should say: 'I know you have a mental health problem but when you feel more able to talk about your symptoms and your problems and your illness, I'd like to get to know it a bit better myself. We won't do it now, we'll do it when you're ready.'" **(Female with a mental health condition, Cardiff)**

> "Maybe you could write a little statement about what makes a good day and a bad day. It helps you then, it enables you to feel a bit more lifted and that they know a little bit more about you." **(Female with a mental health condition, Cardiff)**

The research suggests that opening up employee consultation on issues of work design and the work environment to all staff will help to counter the feeling that some people have of being singled out by their impairment or health problem. Participants felt that in many cases, the adjustments that they would like to enhance their wellbeing and efficiency could also be positive for other staff. Giving all employees the opportunity to say what they need to work better, even if these cannot be implemented, will help foster an environment where asking for adjustments is more normalised and people can feel more comfortable coming forward.

> "I would like people to know, but not to make a huge fuss about it. So it's just an option, so they can say, 'would you like this one or this one'." **(Male with dyslexia, London)**

> "In the voluntary sector we do try to deal with inequalities but we get it wrong quite a lot. We end up creating hostility and resentment – people banding together with their particular difference and resenting other people, because ['they are getting favoured over us'. Policies create suspicions of positive discrimination. I haven't necessarily got the answer - maybe it is about making more flexible working available to everyone whatever their circumstances. Not about making it for special people in special circumstances – flexible working conditions for everyone." **(Female with a long-term illness, London)**

> "I think it would help a lot if they were to come forward and say, 'Is there anything we can change, do you need the seat adjusting, do you need the screen adjusting?'" **(Female with a physical impairment, Manchester)**

Taking all these issues into account, a number of suggestions were made for the ways in which disclosure could be encouraged which included:

- New starter forms for all staff in which any adjustments could be requested.
- Incorporation of requests for adjustments of identification of barriers into staff surveys – though if responses were provided on an anonymous basis this would only allow for adjustments to be made on a general rather than individualised basis.
- Staged disclosure whereby line managers make an initial approach but then allow staff to explain more in their own time.

Some participants pointed out that they did not feel that disabled staff groups or similar that are currently supported by some employers were an effective way of bringing about workplace change. They felt that such groups are often tokenistic and perpetuate an image of disabled employees needing special treatment. They also thought that an approach which focussed on the needs of individuals rather than a 'group' would be much more effective in delivering the changes that they required.

Consultation

Participants felt that core to avoiding many of the barriers experienced in the workplace is consultation with staff at the earliest possible opportunity – particularly when any changes to the physical environment or working practices are being introduced. Individuals stressed that this could sometimes mean that necessary adaptations could be made at the design stage rather than incurring expensive modifications further down the line. Consultation with all members of staff was seen as particularly powerful in bringing about change as it removed the onus from the individual and avoided disabled people being singled out.

There were a few cases where participants felt that their employer was following best practice and opening up consultation on workplace change but these were the minority.

> "I've been working for the college for seven years now and I was the first registered blind employee that they'd ever had and they were upfront about it, they said, 'we don't know, we'll learn with you... check if that works for you, and if it doesn't, we'll go back and we'll work with it', so we are tweaking it. I have to say that my employers have worked with me from day one, so we've had guide dog access, a guide dog pen at work for my dogs."
> **(Female with a visual impairment, Manchester)**

Summary

Participants came up with a number of steps employers could take to signal the organisation's openness to discussing staff wellbeing. Such discussion was seen as the important first step in creating a safe environment for disclosure and ultimately enabling requests for reasonable adjustments. People stated that their ideal employer would:

- Make clear that they were flexible in relation to working arrangements and provide a space to discuss these, but allowing employees to share information in their own time.

- Assume that there may be staff with less visible impairments or conditions and that it is not possible to tell who is disabled and who is not.
- Proactively ask *all* staff what reasonable adjustments might be required (and have safeguards in place to prevent any repercussions from voicing a need).
- Give staff a form or questionnaire, possibly with a welcome or new starter pack, asking if there are any adjustments that they need in order to fully participate. This would also make clear the organisation's recognition that people may develop impairments or health issues, and have different needs during their working life: it would show that the organisation is open to working with people to accommodate these.

From the participants' point of view, the most important factor was employers being prepared to open a dialogue with them about their needs. A proactive and gentle approach from the employer would go a long way to encouraging disclosure and ultimately the resolution of barriers in the workplace.

Crucially, participants did not want to be singled out. Any approach which could be applied consistently across an organisation and included both disabled and non-disabled people would have a significant positive impact on how comfortable people felt revealing their impairment and the necessary adjustments that would enable them to do their job to the best of their ability. It seemed that a proactive approach by employers which made no overt assumptions about which employees would or would not need any adjustments would demonstrate their genuine commitment to inclusivity: this was a firm prerequisite for some participants feeling comfortable with disclosure.

Disabled people would feel more comfortable making requests if there was a central budget for reasonable adjustments demonstrating a shared, central commitment, rather than finance coming out of the budget of particular teams or projects. Ideally there would be greater awareness of funding that can be accessed through the Access to Work scheme.

All-in-all, a move towards more open and frank disclosure of needs and adjustments required is likely to be a slow journey. In most workplaces, the level of trust in employers required for this to take place is likely to take some time to build up. Even with employers making more proactive approaches, there will still be some disabled people who feel that the changes to workplace culture discussed in the previous chapter will need to take place before they are willing to acknowledge openly a need for a reasonable adjustment.

5.   Workplace buildings and infrastructure

We have discussed the difficulties involved in making requests for adjustments on an individualised basis. However, some of the types of adjustments that disabled people discussed took the form of changes that employers could consider on an anticipatory basis. These changes are discussed in the next three chapters. The changes included those relating to:

- Workplace buildings and infrastructure (discussed in this chapter).
- Flexibility (discussed in Chapter 6).
- Management (discussed in Chapter 7).

This chapter looks at how the structure of workplaces and the infrastructure that underpins them can create barriers to full participation, exploring issues relating to:

- Physical access.
- Internal layout.
- Workstations.
- Communication.
- Consultation.

In each area, we look at both the current barriers and the types of changes that could remove them.

Physical access

Several participants with physical impairments had found that they could not take up jobs or participate fully in their role because of difficulties with accessing workplaces. Problems of access included stairs, steps or narrow entrances to buildings. Those with long-term health conditions that meant they experienced severe fatigue stated that workplaces with a lot of stairs and no lift presented access problems for them. Ideally workplaces would incorporate lifts, ramps and/or step-free access to remove these obstacles. Some of these adjustments could also benefit other groups of workers – for example those who are older.

> "We have three sites, we are supposed to be agreeable to work at all three sites. Only the one I'm in has lifts, so if I worked in the other buildings, I couldn't work." **(Female with physical impairment, London)**

"I think every employer should have a ramp that they can put down, it doesn't have to be a heavy thing or instead of ramps, just don't build steps in the first place. Have step-free access." **(Male with physical impairment, Manchester)**

A lack of carparking is also a potential barrier to accessing workplaces. Several participants found public transport very difficult to cope with and needed to have the option of driving to work as an alternative. In some cases, participants had experienced workplaces where carparking was available but they were unable to use it because places were reserved for more senior staff. In these cases, there was a feeling that employers could have reviewed their carparking policy on the basis of who had the greatest need.

"To get there would've been a nightmare because of where it was, and they even have carparking and I asked them if there was a possibility of me using the carpark because I have a disabled badge and they said no you can't. There's disabled parking on the side by X street but you have no chance in the morning." **(Female with physical impairment, Manchester)**

"There's either no parking, or there's no ramps, it's always something. I'm lucky, my place of work is very accessible, but even when I'm out of work, if I'm going to a party or visiting anyone I need to find out what access is available. If I can't get in then I'm not going. If there is no parking then that's it, it means everything, it helps with participation, social inclusion, everything." **(Female with physical impairment, London)**

Individuals suggested that a consultation with staff at any point when new sites are being considered could lead to the selection of workplaces that did not exclude disabled people without necessarily incurring any of the expenses that can result from making modifications after the event. They also thought that some consideration could be given to the accessibility of nearby public transport (for example, whether train or underground stations have lifts). One participant had been consulted in this way about a new workplace:

"We are keeping options open as to where else we can move to... we are looking around and my employers are aware of places that are easier for me." **(Female with physical impairment, London)**

Internal layout

Some wheelchair-users and people with other mobility impairments had found some workplaces difficult to work in because the internal space was divided by large heavy doors or single-hinged doors preventing them from moving around the office freely. This can be addressed by using electronic doors or lighter dual-hinged doors that can open either in or outward, or indeed by keeping the number of internal doors to a minimum.

> "They don't need to pay, it just needs to be incorporated when they are doing the building, I mean I don't understand why they are putting heavy doors on now, when it's been known for years that light doors are easier to open."
> **(Female with physical impairment, Manchester)**

> "They kind of make assumptions, like when you go to the toilet, it's easy to go in, but then you've got to fiddle about to get out the other side because doors only open one way." **(Male with physical impairment, London)**

Some participants with visual impairments had encountered difficulties with the move in recent years towards open-plan office environments. Their experience was of irregular layouts without clear walkways and routes through the office, making it difficult for them to navigate and correspondingly less likely to leave their individual workstations. An open-plan approach with a more regular layout would have been much easier for them to accommodate.

> "You didn't realise that making a cup of tea would be about 15 times more difficult than in the other place, just daft things... because I knew I wouldn't be walking into anybody... it makes you more dependent." **(Male with visual impairment, Manchester)**

Another recent trend in managing office space has been the use of a 'hot-desking' approach whereby workstations are allocated depending on which staff are in on a particular day. This also applies in other work environments, where staff can be asked to move to different parts of the workplace. Some disabled people – and particularly those with mental health conditions – stated that they had found this very difficult to adapt to. They emphasised that having their own designated space was very important in providing a sense of security.

> "You are in a room full of people and you can feel the loneliest you can feel. You had to find your own checkout till and it changed the whole time.

If I had my own one, it would have helped." **(Female with mental health condition, Cardiff)**

Workstations
Several disabled people had experienced uncomfortable or inappropriate workstations that had limited their enjoyment of their job and their ability to contribute fully.

Some participants with physical impairments reported having cramped working conditions and felt that their employers had not considered their need for slightly more space to move around when allocating workstations. Others with mental health conditions also mentioned cramped working conditions as impacting on their health.

"It's been quite difficult for me because the teaching takes place in sometimes small awkward rooms and I've just tried really hard, even though sometimes I've been uncomfortable, because I've been really grateful that I've been able to work through the difficult times with my surgery... I think probably one needs to make a bit of a fuss, you have to assert yourself about these things, but I was probably hoping I wouldn't have to." **(Female with physical impairment, London)**

"Four desks, big window, you couldn't open it because it went onto a main road it was either hot or noisy. Two phones, two computers, a boss that took up the whole corner of that room, constantly on the phone, usually business but loud. And I thought I can do this job, but I just need to switch off, so I went and complained to health and safety and said this room isn't big enough and I think there was 1 square foot in it, but what they didn't take on board was that all it needed to help me out was having a bigger office or another office that we could escape to. They should have their own office anyway, they shouldn't all be penned in, I just felt squashed into a little area and the depression is getting worse and worse and I did tell them when I went off sick that the office environment was part of it." **(Female with mental health condition, Manchester)**

Difficulties with physical discomfort at work due to uncomfortable seating at their workstation was an issue raised by a number of participants. In most cases, individuals had not raised this issue with their employer for fear of being met with hostility. There was a feeling among individuals that in an office environment workstation seating is extremely important and perhaps an area where it would

not be unrealistic to expect employers to consult all staff about the type of seating that would suit their needs best.

> "Now I've got a back problem because when you walk with a stick and I'm always swapping the chairs around to try and find one that is comfortable."
> **(Female with physical impairment, London)**

Bridget, aged 28, visually impaired

Bridget is visually impaired and for the last eight years she has worked at a large city council with over 20,000 employees. They recently bought some encryption software to enhance data security so that when switching on a computer it would have a login screen with numerous security checks. But they had never mentioned this to any of the staff and because the lettering was too small she couldn't read the text and so had no way of logging onto her computer to do her work. There were also problems with compatibility with her access software.

"They didn't tell anyone it was coming, one day I switched on my laptop and it said your laptop is being encrypted and I couldn't use it. I had to get special clearance from the chief exec to have my laptop unencrypted."

Bridget realised that there were numerous examples in her office of problems she had due to the way things were set up.

"They just plonked you in a desk, they didn't bother checking whether you could cope with it, they bought you a mobile the same as everybody else and I couldn't use it because I couldn't see it, the list was endless, it was just phenomenal, I drew up 25 points that they had missed and it took a couple of months off sick and some stamping of feet to get them to recognise that there was something they needed to do."

Had there been consultation with Bridget then this situation could have been avoided and the employer could have avoided making expensive alterations to the workplace.

"'We want a log on screen with 24 text and we want it black and white' and instead they bought it all and it was black and grey, size 8 and when they went back and said, 'can you change it?', they said, 'you've bought it now, why should we?'"

IT systems could also cause problems. Some participants were used to adapting their computers to enable them to carry out their work – for example, people with dyslexia or hearing impairments using text-reading software or people with visual impairments using large-font displays. However, some had experienced problems when employers had introduced changes to IT systems without consultation: this had made it difficult for them to continue working in a way they found appropriate.

Air conditioning used in office environments had also caused problems for individuals. Participants with progressive conditions that had weakened immune systems explained that air conditioning systems can be bad for their health because of their ability to spread germs. These individuals would have been much more comfortable in a workstation where air conditioning could be turned off and windows opened instead. Using ionizers was another solution mentioned.

> "Get the air conditioning off in your room if you are immune compromised and installing ionizers so you can clean up the air in those rooms." **(Female with progressive illness, London)**

A couple of participants mentioned that their needs had not been taken into account in the installation of health and safety equipment. An example given was of fire alarms that were not suitable for those with hearing impairments:

> "I'd like smoke alarms that flash in the classrooms and in the toilets as well, because if I go to the toilet and there is a fire, I need to know." **(Female with hearing impairment, London)**

A workplace modification that was mentioned as making work a lot more accessible was a 'break-out' space where individuals can take a short period of time away from their workstations. Some of those with learning difficulties such as dyslexia or ADHD mentioned that requests to do something new can sometimes induce an initial feeling of panic that can be alleviated by a short time away from their immediate workstation. Others with mental health conditions also stated that this would help them to cope with low periods. Some participants stated that they currently use the toilets at work to find this 'quiet space'. Some participants with physical impairments also said that a quiet space where they were able to lie down or sit in a different position would also help them to cope with the working day. As participants pointed out, this type of quiet space is also beneficial for individuals with a range of religious and personal needs.

"You are on your own, take time for yourself. I mean you could go and sit in the toilet for half an hour but what are people going to think, they'll be banging on the door." *(Male with dyslexia, London)*

"Make things more sensory, I know not everyone responds. I know this sounds silly, but certain places full of bean bags where you can just go for a bit, go and chill out." **(Male with dyslexia, London)**

Communication

Several respondents had experienced problems with internal communication at work being delivered in a format that was difficult for them. All participants with dyslexia discussed their difficulty in working with dense-text written documents. Many used text-readers on computers as a coping mechanism for handling this type of communication but could obviously only use this approach on documents sent to them electronically. Others had found communications recorded on video (for example using YouTube) to work effectively. BSL-users needed subtitles or interpreters to make internal communication accessible.

Of particular concern were occasions where health and safety requirements such as instructional videos and guides had been delivered in ways that were inaccessible for disabled people. One man with a hearing impairment described a situation where he was sent on a training course on how to use potentially dangerous equipment but the instructional video he was shown was without subtitles:

"There was a demonstration of using a motorbike, it was a street-sweeping piece of kit but the video had no subtitles, so the hearing members of staff were able to do it and access it, but I was not."

He then ended up having to go out and use the equipment he did not feel confident in being able to use and was disciplined for using the equipment incorrectly. This left him feeling low in confidence and let down by his employers:

"If I'd had an interpreter it would've been different but the opportunity came and went and nothing ever happened."

Participants felt that the solution to communication problems lay in looking to provide materials in a range of formats and consulting employees wherever possible in advance about which approaches would be most appropriate.

"When they say can you read this out for us and then you've got to read it out in front of a group it creates real problems. What they should say is - is that OK with you, and ask you beforehand." **(Female with dyslexia, London)**

In addition to problems with the formats in which employers communicate with staff, participants also talked about difficulties with the ways in which they were expected to communicate with their managers. This was particularly the case where handwritten reports were required from staff with dyslexia. Participants talked of the need to submit handwritten reports and this causing great embarrassment and discomfort for them.

Angela, aged 26, Learning difficulty

Angela has dyslexia. She used to work at a nursery and really enjoyed her job. That all ended though when she started to have to produce long handwritten reports. Angela had difficulties with spelling and handwriting and so struggled with the reports; this led to embarrassment.

"Obviously the other people reading it are aware of it and in the end I got very conscious of it and it's like, and apart from the money side of the job, I just felt uncomfortable."

The obvious solution would have been to work through these reports on a computer where she would have able to run a spellcheck on her work, but in this particular task the reports had to be handwritten as part of the assessments and she hadn't thought to ask for alternatives.

Angela also worried that if she was to get someone to help her she would end up being a burden on her colleagues.

"You are burdening someone else if you get them to help, they are probably thinking well I might as well be paid, you are just more of a burden."

As a result of her difficulties with the written reports Angela ended up leaving her job at the nursery and is now looking for other work. Her job search is limited though as she now needs to avoid anything where she might have to write things down which has also meant she cannot progress as far in her chosen career.

"I tend to shy away from work where you have to give written reports and stuff like that, I mean there are certain ways of cheating, but at the end of the day it's the law of averages, some day you are going to get found out, it's like playing poker, you can only bluff so often. Sometimes you've got to lay your cards on the table and sadly from experience, it's where you are thrown in a situation and you are out of your comfort zone."

Summary

It was reasonably common for participants to report barriers in their work buildings and workplace infrastructure. Some of them had raised these with their employers but the problems had either not been addressed or inadequate solutions had been suggested.

When asked to suggest solutions and innovations which would overcome these barriers 'in an ideal world', participants often mentioned changes which were likely to be considered reasonable adjustments.

To some extent the specific solutions raised are a reflection of the particular needs of the individuals who took part in the research. However, the overall messages are twofold. In the first place, requests for adjustments need to be recognised as such and appropriate provision made. Secondly, participants felt that all staff need to be consulted on accessibility issues, and where possible when any new or ideas or plans are being discussed.

Some of the suggestions raised below could be tackled by employers as anticipatory adjustments, in other words putting these in place as a matter of course on the basis that they are good practice and would benefit a range of employees. This proactivity on the part of employers would also remove the need for disclosure in some cases. For example, if their employers had notified them that a break-out space had been made available then this would have made a big difference to some participants who required such a space to help them manage their condition or impairment at work but who were fearful or reluctant to disclose this need.

The priorities for the research participants in terms of reducing the barriers in the buildings and workplace infrastructure were:

Access
- Lifts and step-free access to all sites.
- Two-hinged light doors at all entrances and for internal doors.
- Carparking for disabled people where possible.

Internal layout
- Regular, ordered layout in open-plan areas.
- Permanent desks for disabled people in offices using hot-desking.

Workstations
- Choice over workstation seating for all staff.
- Allowing air conditioning to be switched off at workstations and/or fitting ionizers.

Facilities/equipment
- Health and safety equipment that is accessible.
- A break-out space.

Communication
- Materials provided in a variety of formats.

- Advance consultation about the most appropriate communication approaches.
- Consideration of alternative ways that information and reports can be presented.

6.   Flexibility

A lot of the discussions around how work could be opened up for disabled people focused on a need for greater flexibility in the way that workplaces operate and jobs are defined. The exact nature of the modifications that individuals would like varied considerably and in many cases were felt to be comparable with the degree of flexibility needed by other employees for reasons such as accommodating childcare or other caring responsibilities. Some participants already had access to some flexible working arrangements. Others felt that greater flexibility in the following areas would greatly increase their ability to find and remain in work:

- Start and finish times.
- The distribution of working hours across days of the week.
- Accommodating absence.
- Opportunities to work from home.
- Adapting job roles.

While, on an individual basis, flexibility in these areas could be considered to be a reasonable adjustment, reviewing the parameters within which people work and removing any unnecessary rigidity could have benefits for employers in making their workplaces more inclusive to disabled people and those with long-term health conditions as well as staff with other needs. The government has made a commitment to extend the right to request flexible working to all workers in recognition of the clear business benefits to both employers as well as the individuals concerned. Reports such as those by Hayward et al (2007) and DWP (2010) show the productivity and performance gains for both large and smaller businesses in adopting flexible working practices.

Start and finish times
Many participants in the research had experienced workplaces that operated on a very rigid culture of working '9 to 5', five days a week, 'clocking in' and 'clocking out'.

> "That old-fashioned work week is wrong, you have to be way more flexible if you want to do the work on the weekend, as long as it fits in with the schedule of the company, why not, and then have Monday, Tuesday off, but we are not very flexible in the workplace I don't think." **(Male with progressive illness, Cardiff)**

Some participants expressed a desire to work 'non-traditional' hours by starting and finishing either earlier or later. In the case of those with physical impairments or progressive illnesses, this was normally to enable to them avoid busy commuter transport, with its associated physical discomfort and potential to pick up germs in overcrowded environments. They stressed that not having to travel at these busy times would have a positive impact on their health and limit the time that they needed to take off sick.

> "I have this lung disease; I also have a very very low immune system, that's why I drive most places. Every time I go on the Tube, the next day, two or three days later, I'm in bed with a chest infection for about a week." **(Female with progressive illness, London)**

Some of those with mental health conditions also stated that they would prefer to avoid travelling at these times because of the feelings of anxiety that packed buses and trains can induce. Others with mental health conditions expressed a desire to start and finish work later to match better with their sleeping patterns.

> "The one thing with mental health issues and breakdowns is we tend not to sleep at normal times, and it is little things like that. I'm not so good doing that today, can I do it at home or can I come in later and do that further into the night? If you are better in the afternoon than in the morning. If there was a little understanding, you know I can't do the early shift, can you put me on a later shift, and understanding it better that way." **(Female with mental health condition, Cardiff)**

Distributing hours across the working week

Some participants also felt that workplaces would be more inclusive if more operated a system where there was flexibility over the pattern of hours worked across a working week. A large number of participants described their condition as variable so that they had good days and bad days. These individuals would like the flexibility to work longer on their good days and less on their bad days. Most felt that in any normal week they would still be able to fulfil the requirements of their job and work a 'full' number of hours. Some participants felt that this flexibility would be particularly valuable if the weekends could be considered to be 'working days' in more workplaces (for example allowing individuals to come into offices that are normally shut at the weekend). They mentioned that weekends are sometimes a good time for them to work because public transport is less crowded.

In some cases, individuals had managed to achieve a degree of flexibility in their working week through informal arrangements with colleagues whereby they would swap shifts if required. This happens increasingly in many workplaces both formally and informally with schemes used to enable changes of shifts with colleagues (EHRC, 2009a).

Obviously this is only really possible in tightly knit teams. In most cases where participants had achieved these informal arrangements, it was in situations where they had chosen to make their colleagues aware of their impairment or health conditions.

> "If I don't feel I am having a particularly good time because I am tired, or if I want to change a shift for some reason, the girls will change shifts with me, I will change shifts with them, they are very, very good to work with."
> **(Female with progressive illness, Cardiff)**

Some disabled people also mentioned that they would be more productive if they were able to take short breaks during the day (and potentially work longer to compensate). Several stated that their impairments or illnesses impacted on energy levels at various points of the day and that rest breaks during the working day would help them to maintain productivity. Ideally they would be able to use the type of 'quiet space' discussed in the previous chapter for these breaks.

David, aged 33, progressive illness

David from London has Multiple Sclerosis and since the onset of his condition he has experienced considerable fatigue. This was by far the worst part of his condition and was proving difficult to come to terms with.

"I mean for me fatigue is the worst of this disease, without any shadow of a doubt."

He is currently unemployed and looking for work but having little success in finding a job he feels that he would be able to do with his condition. He remains motivated, but now really starts to struggle around 4pm, and despite his best efforts feels he could not maintain productivity at work.

If in the afternoon when the fatigue set in his employers would allow him half an hour to rest, then his productivity levels would be restored. He would be happy to make it up at the end of the day or take half an hour less at lunch. He suggested that this half an hour rest could be trialled for three months at the beginning of a new job - if it didn't work then they could try something else.

"It would be like a probation period. It's about proving that you can do the job, however you do it, in the first usual probationary period of three months, that most employers have, if you can persuade them to give you that chance."

This solution would only work with the cooperation of an employer with a willingness to try and find a solution. This adjustment would also need to be identified and discussed early on when starting a new role.

"The boss ought to be saying to you right from the outset, knowing that you have MS, OK, obviously there's going to be some things that will be problematic, what could we do to enable you to do the job well? Because if you don't get those rests it's going to compromise your ability to work anyway, so you shouldn't need to ask them on day one, they should be asking you."

Accommodating absence

In addition to flexibility in the hours or days, participants also mentioned a need for flexibility to accommodate time off at short notice. Sometimes this was because of a need not to work on 'bad days' and at other times to accommodate medical appointments, whose timing was usually outside their control.

> "When I'm OK, I'm physically perfectly OK, but because of the routine with the drugs and everything it's unpredictable - you don't know how you are going to feel from one day to the next and if I had to go back to work tomorrow, before treatment was completely over, just the unpredictability of the condition would be a problem and that's not good for an employer. I would feel under pressure to go when I wasn't really well enough to go." **(Female with progressive illness, London)**

Understanding of when an individual has a 'bad day' should also extend to certain adjustments for when an individual has a 'good day'. This could involve individuals working longer hours or overtime to get ahead. Banking time and annualised hours are types of flexible working practices which are widespread and could be applied to disabled workers. Innovative ways of flexible working are available for different types of jobs and workers (EHRC, 2009a, b).

> "If our managers would be able to understand the conditions people go through, most conditions there will be a down and an up side, if somebody is able to work, let them work, if somebody is not able, why not give them time until they are ready to go back to work?" **(Female with progressive illness, Cardiff)**

Some disabled people – particularly those with progressive illnesses – had had to take occasional long periods of absence from work. In these situations, individuals would ideally like flexibility to return to work gradually. Some had experienced difficulties in adjusting back to work schedules and time pressures which in turn had hindered their recovery.

> "The hours I was offered when I tried to go back into work were either full time, part time or none, because I said it depends on how I am on the day I couldn't work." **(Female with physical impairment, Manchester)**

> "If I went back to work now I wouldn't be able to get to the same finish line as before my accident, but for my employer to say, right we'll let you have extra breaks or dinner time for you to have a lie-down session, go to the toilet

longer, we'll go around your disability this way, that would be better, but it almost seems that the moment they get the first inkling that you've got a problem, that's it, close the book, get out, they don't try and persevere in trying to get this person who just needs slight adaptations." **(Female with mental health condition, Cardiff)**

Working from home
Flexibility to work from home sometimes was mentioned as another way of making work more accessible for disabled people, allowing them to avoid the difficulties of travelling to work on days where they did not feel able to cope with them. Some felt that this simply wouldn't be an option within their current job because they were required to be at certain locations or with certain equipment. Others felt that the only barrier was that their employer would not trust that they were working as hard as if they were in work.

"Well before I had my heart attack I was working five days a week. After my heart attack I was going off to physio and rehabilitation so I was working two days, having a day off and then going back for two days. So what I said was, rather than work the half day which was rather difficult because I live here in Stockport and I worked in Liverpool, I could work from home. But I then found out that they didn't believe I was actually working at home, even though I've got a computer at home and I was sending stuff back and to, and in the end they said they would pay me for four days, and I thought hang on, you are going to pay me for four days but you are still going to expect five days' work, so we parted company.

"I couldn't understand, everywhere people were saying that they were working from home and I couldn't see what I was doing that couldn't be done at home as long as I was in for meetings, I didn't see how they were saying on one level we'll allow people flexible working and working from home and actually allowing people to work from home and then over here saying you can't." **(Male with physical impairment, Manchester)**

Good management practice is often about managing by outputs and outcomes not by time spent at the workplace. The best managers have this ability.

However, several disabled people were keen to stress that they did not see working from home as 'the' solution to opening up work. They felt that working at home on a permanent basis would be an unattractive option for them – making them feel segregated and cutting them off from the benefits of social interaction that work

can provide. For disabled people to work from home was felt to be a 'lazy' solution for employers.

> "For me it wouldn't be about working from home because part of my reason for wanting to go to work is to interact with other human beings. I wouldn't want to be isolated." **(Female with progressive illness, London)**

Flexibility in job role

Participants felt there was also a need for greater flexibility in the way that job roles are defined – particularly with a view to accommodating situations where individuals become disabled midway through their working lives. Several people felt that they had been forced to leave their jobs because their employer had not been able to think flexibly about how tasks could be redistributed to enable disabled people to remain fully productive members of the workforce. There was a feeling that disabled people or people with long-term health conditions can be 'written off' by employers due to a lack of willingness to focus on their abilities and how they can be harnessed. This reflects some of the 'cultural' barriers discussed earlier.

> "In an ideal world they would sit down and say how can we give her a job that would make her feel worthwhile, and if she's not well, she can do it from home, so which bits of jobs can we put together that will allow her to come back to work again, when she's well enough and when she's not she can work from home. Someone with a good brain, somebody intelligent, memory lapses or not, that's a very valuable resource, everybody has got some things that they can do, even sitting at home, sitting in a wheelchair."
> **(Female with progressive illness, London)**

> "I am well enough to do something, I've got a whole bunch of skills and whole bunch of knowledge and ability and it's not being used, I do some voluntary work, but it's not making me any money and it's not being used to its maximum, but I don't know how, I know I'm not reliable." **(Male with physical impairment, Manchester)**

> "I just think of employers being more adaptable and not so rigid, so if you can't do one thing, can you do something else rather than just writing you off as a lost cause. That's the thing, it's finding the areas where there can be flexibility." **(Female with progressive illness, London)**

> "Instead of having general contracts, having individual contracts for each person, individual strengths and weaknesses and then applying them to that

person's contract, that seems more inclusive." **(Female with physical impairment, Manchester)**

Gethin, 40, long-term health condition

Until recently, Gethin was working as a fuel tanker driver for a utilities company, delivering to various works sites across Wales.

Gethin was diagnosed with Multiple Sclerosis in 2002. He described how he was allowed to take a flexible approach to his work by an understanding management team, and this helped him to meet the requirements of his job. He was able to take time off flexibly to attend medical appointments and have flexibility in his work schedule, so that he could make deliveries in advance when feeling well. He also was able to make arrangements to have others do some of the heavy lifting jobs involved with the final stage of delivery.

In addition, Gethin was able to access air conditioning for his vehicle, which helped to prevent any exacerbation of his MS symptoms associated with being too hot. This was done when the HGV fleet was being replaced - Gethin felt it was important that he could ask for this adjustment in the context of this choice being open to everyone, so that he didn't feel as if he was receiving special treatment because of his illness.

Gethin described how he appreciated the support of management in having regular conversations about his condition, and in providing access to check-ups with the company nurse. By having this regular check on his capabilities and needs, it allowed him to prove his fitness to work.

It was very important to Gethin that assumptions were not made about his abilities based on his diagnosis. He feels that potential employers encountered in his recent job search dismiss him automatically because of his illness, rather than taking a fair, evidence-based approach to assessing his suitability to work in the role.

Disabled people also felt that employers need to be more open to the idea of support workers assisting individuals in performing their job role. Some were sure that employers would not be open to this possibility (although this was generally based on perception rather than direct experience).

"Once I'm employed I'm going to have a support worker to assist me with my role, they will get a bit funny, they will say we are employing you, we don't want another person kind of thing, I mean they aren't going to say that to you

but that is what they are thinking." **(Male with physical impairment, London)**

Conclusions and summary

A main theme for participants was the need for greater flexibility. This was mentioned in some form by the majority of participants and to some extent underpins all other requests or suggested solutions for opening up work.

More specifically, research participants aspired to work in an organisation with:

- Relaxed start and finish times for employees.
- Flexibility to distribute working hours across the week, including weekends (even if these are not usually working days).
- Understanding the need for time off at short notice.
- Allowing the option of phased returns to work after long periods of absence.
- Making working from home an option wherever possible (but not seeing it as the solution to accommodating disabled people).
- Being flexible to adapting job roles if people become disabled during their working lives.

These flexibilities – like the workplace infrastructure modifications presented in the previous chapter – potentially fall within the scope of reasonable adjustments. Some people had asked for flexibility (for instance, in relation to fewer hours or different responsibilities) but were told this was not possible. They included people in both the public and private sectors.

Participants who worked in the public sector seemed to be more comfortable asking for flexible arrangements, and several had been successful. However, for the most part, participants in the research had not asked for these types of flexibility. Their reluctance stems in part from the stigma of being 'singled out' or receiving special treatment. This can be tackled through a 'whole workforce' approach where all employees are consulted on their flexibility needs irrespective of whether or not they are disabled. Many employers are already offering this level of flexibility to some of their staff. The challenge is to design and implement a consistent way of delivering this flexibility across an organisation.

7.   Management approach

Earlier discussions have focused on what managers can do to promote a general culture of acceptance and openness for disabled people and people with long-term health conditions. Participants also felt that the way an individual's workload and performance are managed can have a major impact on their effectiveness at work and likelihood of sustaining and developing their career. Individuals highlighted the importance of managers in:

- Facilitating/allowing access to personal support.
- setting and delegating tasks.
- Allowing small-scale day-to-day flexibility in job roles.
- The way performance is managed.
- Negotiating individualised and flexible job design in terms of workload and responsibilities.
- Dealing with periods of absence due to sickness.

Access to personal support
A number of people felt that the most effective means of support in the workplace would be to have a mentor or 'buddy' system.

> "I just need extra support. Most of the time I get nervous that I'm going to do something wrong, and if I don't understand something when they explain it the first time, or the second time then I'm going to freak out, so just someone with me. Like a mentor. Just a second person, because it's hard when you are on your own." **(Female with mental health condition, Cardiff)**

Some participants also highlighted the importance of allowing support workers to come into the workplace, with one participant describing how he had not been allowed to bring his own support worker in, leading to him having to leave the employment.

However, for many participants the demand was for less formal structures or processes, and just for day-to-day flexibility for them to access support outside the workplace when needed. Participants felt that their line managers could be instrumental in allowing or not allowing them to make personal calls to family or friends for support. Many people expressed concern about being considered unreliable or unproductive if they were to take breaks or make personal calls as a coping mechanism. They felt that ideally employers should make it clear that some

personal calls and unarranged breaks are acceptable and clearly communicate the parameters within which these could take place.

Some people who took part in the research had worked for large organisations and described how their employer had made available free healthcare and counselling services or helplines for staff. These were felt to be important as they allowed staff to access healthcare advice or support quickly while they were waiting for a NHS appointment. In particular, some participants with mental health conditions mentioned that there were long waiting lists for NHS counselling services and earlier intervention from employer-provided healthcare or helpline could help them cope in the interim. Where employers had made healthcare and counselling services available to employees it also signalled an understanding that there may be times when employees would need such support: an important first step in starting a dialogue about health and work.

Participants felt that ideally employers might signpost employees to free helplines or perhaps provide cover. Employers should also provide cover for people to attend counselling sessions, recognising the need for individuals to take time out of the working day.

Setting and delegating tasks

A number of participants with learning difficulties mentioned that they would find their job role less stressful if managers took a personalised approach to explaining and delegating tasks, to ensure that the person will be able to carry out the task and that they understand what is required (as opposed to explaining tasks to all staff in the same manner and expecting the same rate of progress). This might mean presenting things in a different format or breaking things down into smaller steps or tasks.

> "They need to understand [us] a bit better and help [us] out with what we have got … I think employers should go to classes and like look at people and the causes. Look at people with a disability and find out about what it is and how can they help out those people … learn how to understand them and don't rush them. Write things down for them, maybe stay with them for the first few days in a job and help them out for the first few days until they get settled in. Write things down for them and don't rush them. Stick with them all day and see how they are coping. Maybe start them off on smaller things and if they do cope then progress." **(Male with dyslexia and ADHD, Glasgow)**

"A bit more training or showing me what to do. Everyone takes their time to do jobs, but they still get it done. They should have maybe helped me a bit more. Some of them did. Sometimes people are a bit rude and asking us to do a bit too much… Sometimes the supervisor can be a bit rude: 'Do the basket run, do this'." **(Male with learning disability, London)**

"They could have asked beforehand if we were OK, or said we are going to be reading out forms, does anyone want to look over it before the meeting. This is what we are going to be doing today, here's one in advance, maybe post it to you the day before. They just take it for granted that they will be able to do it - I understand why they do that, but it just needs a bit more care really." **(Female with dyslexia, London)**

Some individuals also stressed the importance of routine in enabling them to complete their job effectively. They stated that completing tasks in the same order was important in enabling them to remember everything that they needed to do. For this reason, covering the jobs of other staff when they are absent could be very stressful for these people. Ideally they would like their managers to understand this and to ensure – where possible – that they are able to stick to their usual work routine.

Allowing day-to-day flexibility

Earlier in this report, we discussed the importance of flexibility in ensuring that disabled people are able to participate fully in the workplace. Participants saw line managers as having a crucial role in delivering this flexibility on an everyday basis.

Identifying simple, ad hoc adjustments for people who would prefer to work in different ways avoids the need for formal requests for adjustments and feelings of embarrassment or exclusion that can accompany this.

"You can work out different ways of doing things, it's just thinking of different ways of getting the same job done." **(Female with a progressive illness, London)**

"It's getting to a position where you can have that conversation, to work as a team because that is what you are there to do, do your job. And if you are working off one plan and they are working off another, nothing gets done and that is where problems start." **(Female with mental health condition, Cardiff)**

"It's very flexible, so whatever is required will happen. It might be me making an email enquiry to my line manager, you know this might need to happen can you look into it for me, she then goes and gets advice from her managers and it feeds right through, it's the same for everybody. There's a system that works for everyone in that college and for me that's quite important because I don't feel like the blind person." **(Female with a visual impairment, Manchester)**

"When I got ill he really nicely had me back again because we were a good team together and he was great. He made concessions for when I wasn't well, I could work from home and he would leave the answerphone on and I would send it by email." **(Female with a progressive illness, London)**

Performance management

Disabled people felt that there was a need – at times - for line managers to be understanding about any temporary drops in performance that might result from their impairment or health condition.

Critically they felt that it was important that any performance issues identified were discussed informally – giving the individual the opportunity to explain any accompanying change in circumstances - before being escalated. A quite common experience was for individuals to receive disciplinary process letters or to be summoned in front of a disciplinary panel soon after they became ill or revealed an impairment, without warning or any discussion with their line manager about their situation. There was a strong feeling that issues around job roles and sickness could and should be resolved through discussions with trusted line managers, avoiding escalation of the issues.

"There wasn't even a chat, all the time I was ill. I was never even brought in for a chat with my line manager, it went straight to the top." **(Female with mental health condition, Cardiff)**

"I did have a bit of an argument because of the letter from HR that they sent me. I thought it was extremely inappropriate that they had sent this letter saying that according to the sickness policy I have been off for x number of days. It was really very authoritarian. They were telling me to go to see the occupational health doctor … it was really intimidating, but they said it was their standard letter. When I eventually spoke to the head of HR when things became serious and it was apparent that I wasn't going to be able to come back to work, I found the whole attitude to be very compassionate and

decent. I think that the organisation as a whole dealt with me very decently, but the procedures were not [ideal] - they were very inflexible and inhuman really." **(Female with a progressive illness, London)**

In many cases, people felt that their employer was trying to use an accusation of poor performance as a means to push the person out of their job, because of concerns about possible costs associated with future absence, or because they perceived the person as a 'troublemaker'. Some people felt that by putting them in front of a disciplinary panel, the employer was trying to intimidate and put pressure on them, and that they were in quite a powerless position to defend their work record. Participants who had been in this position often said that the negative impact of these disciplinary proceedings was compounded by the fact that they had to face a management team of several people without peer, union or interpreter support. They also felt they were at a disadvantage because they had limited knowledge of their rights and because they were in a vulnerable mental state at the time.

"[It was a meeting with] me and human resources. I had a line manager, there was a general manager and they were both talking at the same time in this meeting, and I couldn't follow it and I had to say it has to be one person at a time. The human resources spoke to the general manager, and when that happened three or four other people chipped in and I couldn't follow the meeting." **(Male with hearing impairment, London)**

"I went in there with my line manager, the top boss and the panel and they said we've got no choice, you are unable to do your job. I believed them, they convinced me, and it was because they didn't want to pay me sick pay to keep me on. There was no form of support." **(Female with mental health condition, Cardiff)**

Managing work roles and responsibilities
Ideally individuals felt that a line manager should be aware of people's progress and alert to any difficulties being experienced, and then proactively look at any adjustments to workload or responsibilities that might be required. Many people who had left their job after becoming ill or disabled felt that if they had been able to work out with their manager a scheme for reducing their hours, shifting the type of work or using their expertise in a different area of the organisation, they would have been able to stay in work. In practical terms, participants felt the ideal employer would sit down with the employee to see what they can offer the organisation now and in the future, even if they are switching from say more physical work to another role.

"I think firstly by reducing my hours, seeing that I had a problem… sitting down and saying what would you be capable of doing, reducing your hours and doing it properly instead of just expecting you to do it because you were contracted to do 37 hours. They even started offering me overtime knowing that I was falling off my feet." **(Female with physical impairment, Manchester)**

"I would very much have liked it if my director had said, when you are ill, we will capitalise on your strengths and find you, even if it's casual work where you can do something. But unfortunately I had to be finished and there couldn't be an offer like that on the table, they had no way of knowing how ill I'd be and you can't make promises, they couldn't leave any door open. What I would have liked would be if they had said: 'When you are feeling better, phone me up and we'll see if there is some job where you can have an income and be useful even if it's not being a governor, and that's what would've made the difference." **(Male with physical impairment, Manchester)**

"It should be more of a 'see how it goes' attitude. That's what you are trying to say to the bosses in the first place, see how it goes, and they can then judge you on how it does go and the level of work you get done. Then you have that evidence to prove it - I've done this, this and this." **(Female with a progressive illness, London)**

"It was a good team attitude at my old work and they were good to me as a long-term employee. There was no way that I could have been working as a supervisor on site then, travelling overseas – I was too weak. But I suppose they could have offered me a different job, because I had all that experience. I could have been doing project management, logistics, record keeping as an office job. But they would have had to be understanding about me sometimes not being able to come in, and not having stairs." **(Male with a progressive illness, Cardiff)**

Managing periods of absence

There was a lot of debate among participants about how managers should best deal with situations where a person needs to take prolonged leave of absence due to illness or impairment. Participants found it hard to agree on the right balance between managers being understanding and keeping in touch to see how the person is doing, versus the right of that person to privacy and not to be pressurised and 'checked up on'. Some people described negative experiences of being

contacted while off sick while others said that they actually felt isolated because of the lack of contact with their manager, and with colleagues, who had been instructed not to make contact by management. Ultimately it seemed that individual preferences on level of contact required are likely to vary: it would be advisable for line managers to agree with the individual how to act at the point when an individual has to take time off.

In line with the discussions in the previous chapter about maintaining a supportive workplace culture, the absence or shift in work patterns needs to be explained clearly to colleagues. Managers must also provide support to individuals, to prevent speculation and negative gossip.

> "If the employer asks you to explain what you go through or asks if you'd like to explain to your colleagues what you go through. Something at the moment isn't quite right in your life and people are going to want to know why you are being allowed to change your job. We've all been there, innuendo, favouritism, suspicion – there has to be some form of explanation. As adults, it has to be about what you would like to say." **(Female with mental health condition, Cardiff)**

In addition, participants raised concerns about how the process of return to work after a period of absence is managed. Offering gradual, phased returns was viewed positively, as was an open discussion with line managers about changing the work environment to avoid problems in the future. Many participants felt that a discussion of this nature would be easier if people could maintain some contact with their manager during their absence. The following boxes illustrate both poor and good practice.

Linda, aged 50, mental health condition

Linda works as a tutor in a Further Education college and has taken time off due to depression. She felt that communication during her absence and her return to work were mishandled by management.

"I was alienated by the whole college. I contacted HR, I had meetings with my boss's boss, I had meetings with the union and nobody was coming up with anything. It took even longer to recover, and then when I felt like I'd built up my confidence where I could go back in, within days the pressure built up and I couldn't cope."

Linda felt that the key to getting her back into working effectively would have been setting up a consultation about her support needs.

"At the very least a meeting with somebody to say please explain to us what the problem is, work related, and what can we do to help. Or suggest, 'We can do this, this and this, is it going to be any help whatsoever?', and I could say yes or no. But they didn't, they said 'Over here, you're back, this is your job - get on with it!' The problems weren't solved."

Sarah, aged 45, mental health condition

Sarah works for a bank and had taken several months off due to depression. She considers herself *"really, really lucky"* to have an employer that handled her absence and her return to work so well.

While she was unable to work her workload was spread out between her colleagues so no one person was unduly affected. Sarah says this helped her relationships with her colleagues and minimised her anxiety about what people would think about her.

Sarah's employer had also made a counselling and healthcare service available for her as part of her employee benefits package. When she first became unwell her boss visited her house to explain about the service and how she could access this. She took up this service and had weekly telephone counselling sessions which were extremely useful and led to her seeking further help.

A phased return to work was crucial for her. Her employer had suggested this and she found it extremely helpful in managing the transition back to work.

"So the first week they actually arranged it for me. All I did was go back in and say hello to everyone, so I was in for about two hours saying hello because that was the biggest hurdle. Then I didn't have to go in the following day, so I worked my way up. They were fantastic."

Summary

A key theme that emerged was the scope for line managers to make a difference to the working lives of disabled people and those with long-term health conditions over and above (and sometimes in spite of) the general workplace culture and policies. To some extent, a line manager may just reflect an organisation's management approach. However, participants stressed that the individual line manager's conduct, approach to communication, and people skills could be really influential in helping them stay in work as their impairment began to affect them. Line managers also have a crucial role to play in supporting a sustainable return to work after a period where individuals were unable to work.

On the other hand, some participants described negative experiences of their immediate line manager and a resulting collapse of the relationship leading to them feeling isolated, unable to remain in their role or feeling harassed or confused during a period of absence.

Open communication and understanding of an individual's impairment and needs were extremely important. Exemplary line managers, from the participants' perspective, were those who communicated personally and displayed empathy. Relatively small things such as asking people how they were went a long way.

Participants described the ideal manager as one who would:

- Make sure they are aware of the needs of their team by making clear to staff that they can approach them with challenges they are facing in the workplace.
- Use discretionary powers to allow people flexibility in their working day and not block sources of support.
- Informally ask people how they are and whether they have what they need, especially when people start work in a new role or return to work after a leave of absence.
- Make clear that they are open to discussion and contact when someone is on a period of sick leave.
- Adjust work roles on an individual, personalised and flexible basis.
- Tackle any performance issues on an informal basis first before escalating to formal (and intimidating) disciplinary panels.
- Adapt their style of delegating tasks and setting expectations to the individual, and provide mentoring for employees as required.

This picture of an ideal line manager is clearly not specific to managers of disabled people or those with a long-term health condition, but could be seen as good practice approaches for any managers. This is an important point; many people will experience a health condition or impairment during their working lives, just as others will have other needs relating to family or caring responsibilities or needs relating to their skills or performance levels: line managers should be effective in communicating with staff to understand what adjustments are necessary to enable people to contribute fully.

Disability awareness training and an understanding of the ways in which certain impairments might affect people may be desirable to ensure that line managers overcome any fear or discomfort about 'saying the wrong thing' to disabled people they manage. However, ultimately effective line management is about creating a culture where flexibility and inclusivity are underpinning principles and where managers do not differentiate between disabled people and non-disabled people in their management approach.

8. Typology of relationships with employers

There was considerable variation in the relationships that disabled people and those with long-term health conditions had developed with their employers. Participants were divided between those who were convinced the 'grass was greener on the other side' and those who felt that the broad sector they worked in offered the best opportunities for disabled people:

> "I think there's a big gap emerging. In the public sector you can have all these things [reasonable adjustments]. In the private sector it's: 'Oh well, get another job'..." **(Male with physical impairment, Manchester)**

> "It's the government jobs that don't have any flexibility... in some of the private sector there is flexibility and there is understanding and they do have a 'can do' attitude if you work for the right company, but I think that in the public sector there is no flexibility at all - it's either that you come into work or goodbye." **(Female with progressive illness, London)**

Although there was far from a consensus, on balance disabled people thought that they were more likely to find work, and have a positive experience of work, in the public sector. However, some of the very best experiences of work (that came closest to many people's 'vision' of the ideal work) were as likely to be reported by those working in the private sector as those in the public or voluntary sectors.

There were different degrees of 'openness' reported in the experiences that participants had had at work. 'Openness' in this sense refers to both the specific dialogue that might exist about an impairment or health condition and an individual's needs in this respect, as well openness more generally relating to the level of workplace opportunity and flexibility available because of the relationship between employer and employee. More specifically, the extent to which individuals had a fully open and productive relationship depended on elements such as:

- how 'well matched' their role was to their skills and experience
- the effectiveness (or otherwise) of the communication they had with their employer
- the level of trust in how any disclosure of need would be treated
- the commitment and loyalty they had to a workplace, and
- the extent to which they felt enabled or empowered to participate and perform to their full potential.

Relationships reported between disabled people and employers fell into five broad categories, summarised in Table 8.1 below.

Table 8.1 Typology of relationships between disabled people and employers

Shut out

For many participants, working in certain roles or sectors was seen as an unobtainable dream. Participants felt that image, efficiency and reliability were highly important in certain sectors or roles where this relationship was described, and participants felt they simply wouldn't get past the interview stage.

'Shut out' relationships were typically found in a range of private sector industries, as well as certain public sector roles.

Dysfunctional

For some participants, working in certain sectors or roles was associated with distressing experiences in the past: for example, those who had believed they had a decent relationship with their employer up until the point an impairment or health condition had begun to affect them; at this point a complete relationship breakdown was described (leading to the individual leaving employment, often very angry or feeling they had been treated very badly).

'Dysfunctional' relationships were most commonly described by those who had worked for private sector companies.

Functional but not fruitful

In this relationship neither the employee nor the employer was felt to be getting the best out of each other.

However, they both got *something* and this was sometimes considered enough. Employees suspected that a degree of tokenism or box-ticking characterised what the employer got out of the relationship, whereas they were sometimes 'happy enough' just to have a job at all.

Disabled people in this relationship did not feel particularly valued or motivated. Requesting reasonable adjustments was uncomfortable, despite these requests generally being met (albeit grudgingly in the eyes of the employee). Participants working in large organisations – whether public or private sector – were more likely to describe this relationship.

Table 8.1   Typology of relationships between disabled people and employers (continued)

Successfully supportive

These were often roles where disabled people might traditionally be expected to work, typically outside the 'mainstream'. Generally, successful relationships had been arrived at by very deliberate attempts to create an environment that was inclusive for disabled people and those with long-term health conditions. This relationship tended to be reported by those working for smaller public sector or voluntary sector organisations such as libraries or colleges or those in a care or disability-related role.

Some participants described jobs they enjoyed – requiring only minor tweaks to be ideal. Some had had to give up working in this role when they had become ill and hoped to return to them when their condition approved. They were cautiously hopeful that requests for reasonable adjustments would be met.

Some participants engaged in this sort of employee-employer relationship did express ambitions to work in a private sector environment but generally considered this unachievable.

The perfect partnership

Some participants described something close to an ideal employee-employer relationship which went one step further than the 'successfully supportive' relationships described above.

These were very successful and rewarding relationships between employee and employer where communication and trust were high, and requests for adjustments had been met or proactively offered. These relationships had often been arrived at as a function of open and inclusive approaches to all staff rather than policies particularly centred on an individual or on disabled people in general.

As such, employees felt a high degree of loyalty and commitment to their employer and believed they were fully enabled to deliver work to the best of their abilities.

This relationship was more common among those working in small or medium-sized organisations where disabled people had direct day-to-day contact with owner-managers or senior staff.

It is possible to place each of these relationship types on a spectrum – ranging from relationships where work opportunities are perceived as entirely closed at one end of the spectrum, to fully open at the other. Figure 8.1 shows where each of the

relationship types described above might sit on this spectrum. This analysis is drawn from qualitative data and therefore the intervals between types on the spectrum should be seen as indicative only. Some comments on the nature of relationship types – particularly those relating to employer approach – are based on the authors' interpretation of the data provided by individuals rather than being descriptions used by individuals themselves.

Figure 8.1   Relationship types arranged on linear spectrum
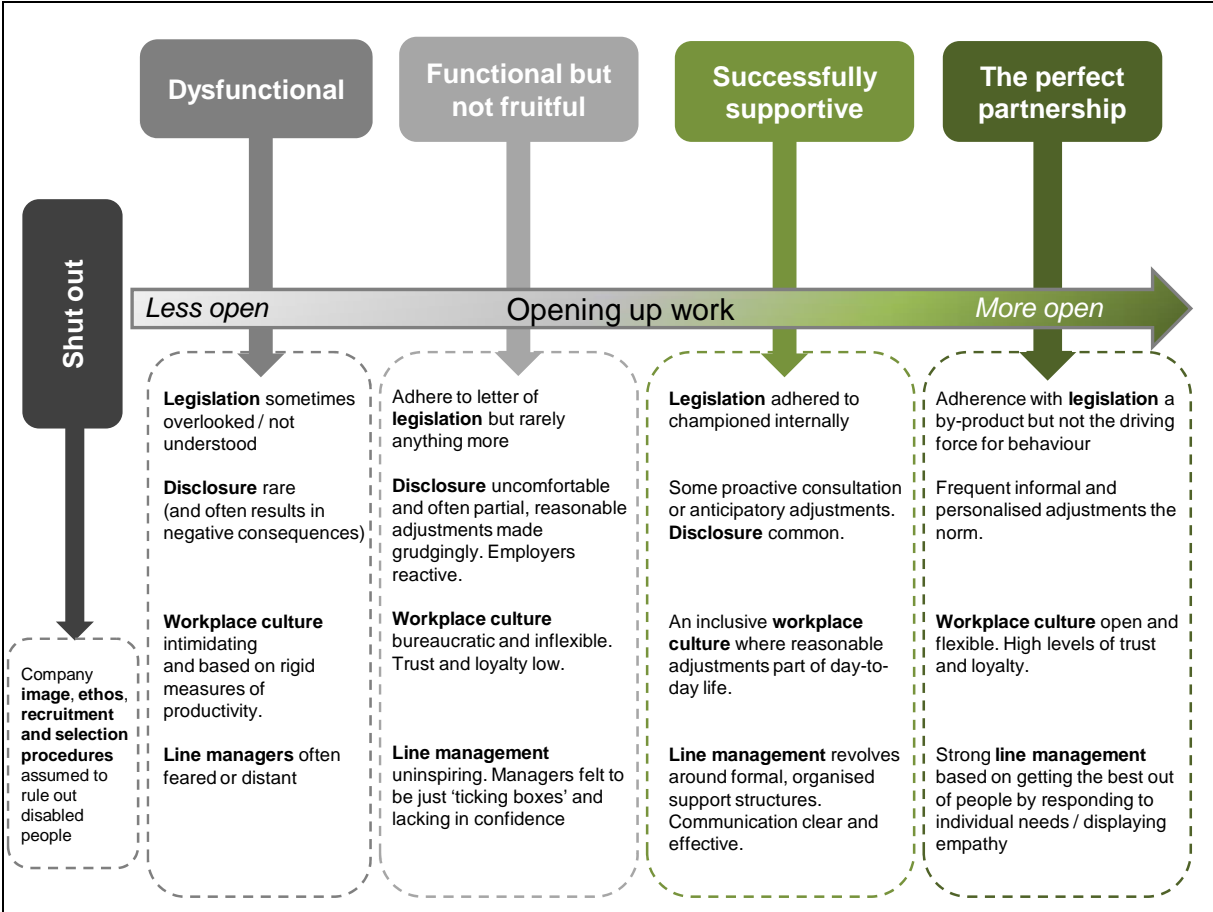
Case studies relating to each relationship type are detailed below, ending with recommendations on how each form of relationship can be strengthened to facilitate a move towards a more open and inclusive work environment.

The perfect partnership

This type of relationship was the exception with just a handful of participants reporting a fully successful and rewarding partnership with their employer (or a past employer). An example of this relationship type was given by a woman in her 30s, working as a manager at a small company in Manchester, who has had periods of depression and anxiety leaving her unable to work. She was back at work at the time of the research and was attending counselling in her lunch break. Her

employer has been flexible about her taking time to get to the appointments and is generally supportive and proactive about asking her about her condition and her needs. Because she feels supported by her employer she described being able to follow this example and 'looks out' for the wellbeing of the individuals she line manages. She has been able to be open in the workplace about her mental health issues, which she feels makes it easier for others to acknowledge any health problems of their own.

> "My bosses at my company have been amazing with me, when my dad died I had a month off with compassionate leave... they were fantastic, to the point where they would ring me and say stop stressing and don't worry [about returning to work], they'd keep me informed. They are family run and I've been there for years, my boss now he came and saw me when I went back into work... he talked with me for ages and it's nice, he'll always come in and check on me and he'll know if I'm down and I feel supported." **(Female with mental health condition, Manchester)**

This view was echoed by a young man with ADHD, also working in Manchester in a small, privately owned company. He had been able to ask his employer for adjustments to the structure of his working day and to the way he organises his work, which would enable him to participate fully in the workplace. His employer had accommodated all these requests happily and quickly and the man reported high levels of job satisfaction and motivation.

Opening up work in 'the perfect partnership' relationships
To open up work even more for disabled people who have 'perfect partnerships' with their employers, the following approaches may be useful:

- Employers can ensure that *all* members of staff are able to participate in this type of relationship. Talking openly and initiating a dialogue about mental health conditions, progressive illnesses and other less 'visible' conditions will reduce stigma and enable others to come forward and ask for necessary adjustments in their own time. Employers should proactively recognise that impairments and long-term health conditions are likely to affect a proportion of the workforce at any one time.
- Take a systematic approach to asking staff what flexibility or adjustments would be useful – for example through a staff survey or induction questionnaire.
- Publicising the good work they are already doing in this area. These employers are likely to understand the business case for providing a flexible and inclusive

workplace and may help persuade other employers of the benefits of this approach.

Successfully supportive

Some participants reported positive and mutually rewarding experiences of work. Specific examples include:

- A woman with a visual impairment from Manchester who worked for a college had an excellent relationship with her employer whereby she was the first person asked to trial any new software or systems to ensure it was accessible before rolling it out to others: *"I'm not an afterthought".*
- A woman with a physical impairment from London employed in a library. She had been able to discuss her needs with her employer openly and have these met, including changes to the layout of her workspace and the hours in which she worked, which allowed her to avoid rush hour commuting.
- A woman with a physical impairment working for a voluntary organisation with a disability focus. She found her job rewarding and well matched to her skills and experience.

On the surface these employee-employer relationships seem 'ideal'. However, when asked to describe their dream job or the ideal workplace a number of these individuals mentioned aspirations to work in a different sector or industry. There were some suggestions that the kind of successful relationships that these individuals enjoyed with their employers were only possible outside 'mainstream' or private sector employment.

Opening up work in 'successfully supportive' relationships

While many of these workplaces have successfully adopted the reasonable adjustments required by the disabled staff who work for them, there are perhaps further steps that could be taken to reduce the sense that disabled people have been singled out for special treatment. This could perhaps take the form of integrating flexible working practices and small-scale adjustments to work environments and job roles into mainstream policy. The same broad approach might thus be taken, regardless of the reason for need (be it an impairment, illness, caring responsibilities, or balancing work and study).

Functional but not fruitful

The 'functional but not fruitful' relationship type was common among participants. It was also a relatively broad category, encompassing experiences ranging from

barely functioning or antagonistic relationships with employers to those that work reasonably well from the employee's perspective but are still far from fully 'opened up'.

For example, a man with a visual impairment, who was employed by a local authority and had worked for a range of different local government-funded employers, described a difficult relationship with his current employer characterised by barriers and a lack of support. Despite encountering these difficult experiences he has remained with the employer for a number of years:

> "I've never actually met a local authority as bad as the one I am working for now towards disability and I actually work for a disability service. They talk a good talk [to the outside world] but when it comes to looking after their own it's far from comfortable. I just wish they would make a real concerted effort to try to value the disabled people they've actually got. I've been there years now and never had an induction. It took them years to give me a workplace risk assessment, it was an absolute disgrace."
> **(Male with visual impairment)**

Similar scenarios were described by other people with visual impairments who participated in the research. They include the woman who had secured her employment (also with a large public sector employer) after bringing a disability discrimination claim against the organisation on the basis of their recruitment and selection procedures. This was a difficult context in which to start a new job. While she was subsequently responsible for introducing fair processes, of which she was proud, she described a situation in which she and her employers had a tense relationship:

> "I tried getting things done from within, using their own staff group, but we kept making recommendations and we kept getting ignored... nothing happened. So in the end I called up the union and said, 'here's all the information I've got [about the DDA and dealing with disability discrimination claims] – they [the employer] don't want it, do you want it instead?', and they rubbed their hands together with glee and so as a union representative you are entitled to time to go and represent people... they have to go and let you do it, so when the union has a case they phone my boss... and unless there's something specific I'm supposed to be doing, I go and do it."

Some people who were currently unemployed but who used to work in the public sector described relationships which were acceptable enough and allowed them to

do the type of work they wanted to do (for example roles in social services or healthcare). However, problems were often noted with these employers being unable to provide sufficient flexibility or imaginative redesign of jobs if an employee's circumstances changed. One woman with a progressive illness in London noted:

> "I worked in social services... there's not much flexibility... they were so tied up with rules and regulations, that even if your individual employer or the particular unit you worked with wanted to be flexible their hands were tied... that's local government doing that and local government imposing that, it starts from the top, there needs to be common sense, there needs to be flexibility. Unless we go back to a common sense approach on all fronts they are never going to be able to cater for people who have various disabilities or various ailments." **(Woman with progressive illness, London)**

Opening up work in 'functional but not fruitful' relationships
This is an area where there is perhaps the greatest scope to meet legal requirements (in the case of public sector organisations, in respect of some of the points below) or demonstrate good practice (in other organisations). Some key areas for action would be:

- Those with overall responsibility for the organisation working hard to promote a culture where all staff empathise with and include disabled people. Those in senior positions need to focus on identifying and then removing barriers to this happening.
- Arrange training and development for staff at all levels to increase disability awareness, an understanding of the issues disabled people face and how staff should treat people.
- Introduce proactive consultation with staff on adjustments needed, taking a 'whole workforce' approach.
- Ensure that line managers are aware of the needs of their team by making clear to staff that they can approach them with challenges they are facing in the workplace. Those in senior positions should ensure that line managers are equipped with the skills to handle any resulting requests or discussions.

Dysfunctional
A sizeable minority had also experienced 'dysfunctional' relationships where the relationship with their employer had entirely broken down. One participant in Manchester described an employment experience which typifies this classification:

the woman in her 40s was working in a new job she largely enjoyed up until her physical impairment began to affect her. At this point she found her employer unwilling to demonstrate any flexibility or make any adjustments to enable her to remain employed.

> "Three weeks into it I collapsed and couldn't get out of bed. My manager said she didn't believe I was sick because I'd only just taken the job. I didn't realise I was sick, I thought I was just tired because I'd been working such long hours at the previous job. But I'd gone from a mainly sitting down job to a standing up job working 12-hour shifts out in the rain and after three weeks I just couldn't get out of bed and [the employer] basically ignored me for six months.

> "Then I got in touch with a company who help people back into work and this guy took on my case and came to [the employer] with me for meetings, but they wouldn't sign his form to say that he was allowed to help me, they wouldn't say it was OK that I wanted a comfortable chair and wanted to be transferred to [a different part of the business]. If they had provided me with a decent chair and allowed me to reduce my hours I would still be at work. But they wouldn't do it – they said there's no way we can accommodate you for 16 hours because we would have to get another person, and on it went. They just wouldn't accommodate me at all, they put me through hell."
> **(Female with physical impairment, Manchester)**

Several other participants across the country and with a range of impairments described scenarios where they had been dismissed or made redundant by employers following a period of illness; this was more common among participants working in the private sector.

Opening up work in 'dysfunctional' relationships
As well as the recommended measures described above for all the other types of employee/employer relationships, employers could do the following to move any 'dysfunctional' relationships further towards the 'perfect partnership' end of the spectrum:

- Implementing effective equal opportunities policies and disciplinary procedures to prevent prejudicial attitudes impacting on employees. Ensuring that this is adopted fully by senior management to drive through good practice in this area to the rest of the organisation and to lead by example.

- When an employee's circumstances or health condition changes, see how people's skills and experience can be best used, perhaps by changing their job role. Be imaginative – there may be business benefits in putting effort into redesigning or 'tweaking' a job role as compared with having to recruit someone new.

There may be a need to push these employers towards recognising the existing legislation – it is possible that they will only respond by being made aware of the possible legal consequences of denying staff reasonable adjustments. It may help in some cases to highlight to employers the business case for making their workplaces more inclusive. In part, this may be a matter of making employers aware of the prevalence of some impairments or long-term conditions so that they do not feel that the Equality Act legislation is irrelevant to them (for example in cases where none of their staff have chosen to disclose impairments or health conditions to them). Several participants stressed the high prevalence of mental health conditions in particular and believed it important that employers understood that employees with mental health conditions were likely to be found in nearly all workplaces.

Shut out
Most participants described perceptions of particular sectors or roles from which they considered themselves 'shut out'; they felt the barriers to entry were simply too high to even consider a career in this area.

> "If you are in a thrusting business and you've got to sell Coca-Cola, you've got a boss who wants you to deliver and you are all men together, suited and driving around in shiny cars, you don't have time for all this illness stuff, especially if you don't look good, and I think all that image stuff really gets in the way." **(Male with physical impairment, Manchester)**

Many, particularly those who had been born with an impairment or developed a long-term health condition in childhood, had never worked in the private sector and simply saw the sector as a whole as completely closed to them.

Opening up work in 'shut out' relationships
Many of the measures described above in connection with 'dysfunctional relationships' are relevant here; implementing an equal opportunities policy that is fully supported by senior management and cascaded throughout the organisation is crucial.

Employers who suspect that their workplace is seen as entirely closed to disabled people may need to consider organisational image and how publicly available images or materials associated with the organisation communicate any inclusivity or diversity policy. Recruitment and selection procedures could also be reviewed to ensure that disabled people are given equal opportunities at this stage. Disability awareness training for all staff – particularly those involved in recruitment and selection – would be valuable.

9.   Conclusions

This research has highlighted a number of barriers to disabled people's participation in employment, as well as ways of addressing them. While the Equality Act provides an essential basis for action, there is scope for much greater application of employer best practice, which already exists in some organisations, across the board. This would address many of the problems raised by participants.

At present, however, the barriers remain considerable. Individuals' own awareness of their rights is sketchy. In addition, terms such as 'reasonable adjustments' are open to a wide range of interpretations. However, the key barrier to requesting reasonable adjustments, whether through invoking legislation or simply making a less formal enquiry, is the perceived risk of disclosing a need that sets the individual making the request apart from the rest of the workplace. In some cases this would involve making employers aware of impairments or health conditions that individuals have otherwise kept hidden; in others respondents were concerned that it would create an impression that they were not able to do their job.

In many workplaces, there is thus a need to work towards building a climate of trust. This would enable individuals to disclose the adjustments that would allow them to carry out their work more effectively, remain in work longer as their health deteriorates, or simply have a better quality of working life.

With disabled staff and staff with long-term health conditions often opting to keep their needs hidden, employers are likely to form the view that there is no particular need for them to change their workplace practices. To some extent, efforts to publicise the prevalence of some impairments and health conditions might help to persuade employers of the business case for meeting requests for reasonable adjustments: an unwillingness to engage with the issue before it becomes a major problem might entail the risk of losing good staff. Disability awareness training should help managers to be alert to the types of challenges that their staff might face in the workplace.

There is a need for employers to take a more active step in opening discourse about reasonable adjustments in their widest sense. There is business sense in consultation with staff (disabled or not) at the point when introducing changes to the workplace to try to ensure any adjustments are made at the initial design stage. This is likely to mean that any adjustments incur less cost than if attempts are made to accommodate them after decisions have been made. This research has shown that consultation is an essential element of decision-making – from choice of

business sites to the introduction of new software or the reconfiguring of the internal space (for example adopting an open plan layout or hot-desking).

However as well as opening up conversations about adjustments at times of workplace change, there is a need for employers to show themselves to be more open to making adjustments as and when these are required for individual staff. Approaches that do not single out disabled staff but which use the same framework for discussion of adjustments for other reasons (caring responsibilities, balancing work and study etc) are most likely to be successful. Participants in the research suggested that new starter forms or staff surveys could be a mechanism for recording required adjustments. Beyond this, they said that managers should be encouraged to open conversations with staff they thought might be encountering difficulties with work – perhaps in a two-staged approach which let disabled individuals come back for a more detailed discussion as and when they felt ready.

In addition to addressing the provision of reasonable adjustments at an individual level, there are a number of aspects of work structure that employers should review in an attempt to make their work environments more open to disabled people in general. These often very simple changes would increase opportunities for disabled people and people with long-term health conditions to enter and remain in the workforce. Increased inclusivity for disabled people could also result in more positive workplace attitudes towards disabled people. This, in turn, could lead to a climate where the disclosure of needs feels safer.

One of the key requirements is a need for greater flexibility. The current 'standard' working pattern of presence in the workplace for set hours, five days a week, does not maximise the productivity of some disabled people (and in some cases makes it very difficult for them to hold down a job). A greater emphasis on tasks to be achieved rather than time served could help employers to be more flexible about the requirements that they make of staff without compromising the amount or quality of work conducted. This will be easier for some types of work than for others. In addition, such adjustments are likely to benefit a wide cross-section of staff.

Employers should thus consider whether there is any scope for them to be more flexible generally about:

- Start and finish times.
- The distribution of working hours across days of the week.
- Accommodating absence.

- Opportunities to work from home.
- Adapting job roles (for instance, if they recruit a suitable disabled candidate or if an individual becomes disabled while in work).

Participants in the research placed much emphasis on adjustments that can be made through flexibility and creative thinking about the way in which work can be carried out. Such changes might not necessarily have any cost implications, as compared with issues related to the physical working environment that would usually have an associated cost.

Line managers have a key responsibility to provide a suitable work environment for disabled people and those with long-term health conditions. Any attempts to change workplace culture through raising awareness should ensure that a key focus is raising the awareness of line managers. Line managers are well placed to deliver some of the small-scale adjustments required by disabled staff, without the need for bureaucratic processes. In particular line managers should be alert to the fact that different approaches to day-to-day communication might be more effective for some of their staff. They should convey important information in alternative formats and give staff some flexibility in how they report to them (using both oral and written approaches).

Taking steps in these directions could move workplaces beyond a 'functional but not fruitful' relationship with their disabled staff, so that individuals do not feel that they have to fight hard for tokenistic adjustments. Instead it would pave the way for more open relationships that are not defined purely by legislative requirements and that result in a more committed and productive workforce. However, the legislation does provide a framework that sets the context and expectations. It is also the basis for policies and practices through which employers can meet their responsibilities and implement best practice.

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Appendix 1: Topic guide for discussion groups

EHRC Opening up work opportunities for disabled people
Topic Guide for focus groups

Introduction (c.10 mins)
- Introduce self and IFF
- Explain that research is for EHRC, give background and aims
  - to talk to a range of people to understand their career/job aspirations, their experiences of and views about work and to come up with some ideas about how work could be better organised to meet the needs of disabled people..
- Explain format of discussion and 'rules'
- Explain confidentiality, ask permission to audio/video record, whether group is being viewed

PAIRED INTRO EXERCISE - ask respondents to introduce themselves to each other and then to the group

- Name, where they live and household info
- IF NOT IN WORK: Favourite leisure activities / hobbies
  IF WORKING:
- What job do they do?
  - For an employer? What type / size?
  - What does their job *involve?*

Background to work status (c. 10 mins)

BOTH WORKING AND NOT WORKING:
- Aspirations - type of work they'd really like to do if they had no constraints on choices, particularly barriers relating to impairment.

- What's the value of work for you?

- If not doing what they want to do/not working, why is this?
  - Possibly factors such as how they got any current job, advice received, lack of alternatives, other constraints.
  - How do you think your disability / impairment has impacted on your career?

IF NOT WORKING:
- What do you miss from work?
- Do you think you're likely to get a job in the next 6 months? If not, why not?
- What do you think you might get? (and explore difference with previous Q - what would stop them getting what they really want?)

- **What makes up the idea of 'work'?** What does this mean to people? What things are there to consider when thinking about work?
  Might include:
    o Notions of 'career'
    o Work allowing to lead a particular lifestyle
    o Acquiring skills
    o How have peers or role models influenced your idea of work? Other influences? School, college, parents, health professionals/ advisers

Barriers and solution (c. 40 mins)

Firstly want to make sure that we're going to cover all the different things about work and workplaces that are important or relevant to people.

Explain that many people have difficulties in the workplace because jobs are based on traditional ways of working.

What's 'work' like at the moment? What does the world of work look like/ how it is organised ?
If don't come up spontaneously, prompt with:
    o **Flexibility in terms of hours / days worked -**including terms and conditions of work, contract, working arrangements in terms of hours / days worked / flexibility over time, start / finish time
    o **The location and access** – including fixed location vs. flexible, working at home, transport, parking, remote working, working from other locations, the building, access, movement round, layout of office or other workplace, individual workstation
    o **Colleagues and culture** – team structures, attitudes, individual vs. team working, social activities, support including provider/ agency placement support, access to work, attitude of society in general with regard to work role
    o **Management** – attitude and management style, close management vs. trust, conduct of performance management / appraisals,
    o **Suitability of job role itself** - skills needed, variation, motivation, progression opportunities, training and personal development

- Are there any other areas or themes? Is anything missing?

- In which areas do you face the greatest difficulties? What are the priorities for change?

RANKING EXERCISE: Assign order or hierarchy to the different themes based on level of restriction or difficulty posed by each area

NB: If group have very different views at this stage and consensus unlikely allow each member to give own hierarchy using coloured stars / stickers so can make individual choices.

Past difficulties and the magic wand

- What experiences have people had in the past in each of the most problematic areas? What barriers or difficulties have you encountered?

- Prompt with 'workplace areas' as defined by participants

MAGIC WAND EXERCISE: Explain that the group now has the opportunity to have 'a magic wand' and to go back in time and 'fix' some of these negatives experiences and remove barriers. Magic wand solutions don't need to be 'realistic' – they are magic, and they can come up with anything they can think of which would fix, remove or overcome barriers that were present in workplace or world of work for people.

The magic wand can only be applied to employers, colleagues, the work or the workplace – it cannot be used to change how the individual in the group acted or reacted.

Ask someone to volunteer to have one of their negative experiences given the 'magic wand treatment'. At each point where something about the work or workplace presented a barrier the rest of the group use the magic wand to go back in time and alter what happened so that the barriers were removed and replaced by something else. The individual confirms whether or not the magic wand solution would work for them before moving on. Repeat several times – ideally at least once for everyone in the group.

Creating the ideal work (c. 25 mins)

Explain that we want to **start from scratch** and design the ideal workplace / job. Existing barriers and difficulties should be put to one side for remainder of the focus group.

CREATIVE OR ENERGISING EXERCISE: Depending on the group dynamics might need short exercise here to boost energy levels and creativity OR a guided visualisation exercise to get participants to start thinking individually about the ideal work or workplace

- In two teams going to 'build' the perfect job, by designing (some or all of):
    Ideal boss
    Ideal colleagues
    'Workplace' or location (in broadest sense) to include working from home
    Way of working, amount, flexibility and frequency of work

PROVIDE EACH TEAM WITH A BOX WITH ALL THE NECESSARY EQUIPMENT IN TO CREATE A WHOLE NEW WORLD OF WORK. IN THE BOX WILL BE CUT OUT FIGURES OF BOSS, TEAM MEMBERS ETC TO ASSIGN CHARACTERISTICS TO, A BLANK 'MAP' AND TIMESHEET FOR RECORDING IDEAL TIME AND LOCATION ETC.
POTENTIALLY USE ALTERNATIVES SUCH AS SIMPLY POST-ITS IF PREFERRED AND VERBAL VERSION FOR VISUALLY IMPAIRED GROUP.

- Share ideal workplace with whole group and discuss similarities / differences between the two teams

- How realistic or attainable are these ideal work scenarios? What would need to happen for them to become 'real'? How?
  Possibly prompt with:
    o Through an agenda to make ways of working more modern and less rigid, more flexible?
    o If employers designed jobs and ways of working in ways that anticipated and met the needs of the diverse workforce?
    o If individual personalized support arrangements were made?

Are things changing?

- Overall, how far is the current offer from employers from the ideal scenario discussed?

- Have there been any positive changes in recent years?
- Awareness and understanding of the concept of 'reasonable adjustments'
    o Have employers discussed 'reasonable adjustments' with you?
    o Is the term a barrier in itself?
    o Do you think employers are put off offering jobs because of the need to offer RAs?

Final thoughts

- Is there anything about work or workplaces that we haven't mentioned yet that is important to you?
- Is there anything the Government could potentially do to help you e.g.
    o Access to Work
    o Personalised support
    o More flexible employment arrangements for everyone

Online forum and other research

Explain that an online forum relating to this research is going to be live for the next month. If they would like to contribute any additional views can do this here (also give out free-phone number and reply paid envelope). Will also be posting some emerging ideas and themes from our analysis should they want to review & comment – if we have their email address we will send alerts.

- Pass round sheet of paper to collect email addresses among those interested.
- Pass round reply paid envelope, and card with free-phone telephone number and online forum URL

Thank and close
- Reassure confidentiality
- Thank for time and distribute incentive

Appendix 2: Topic guide for depth interviews

EHRC Opening up work opportunities for disabled people
Topic Guide for depth interviews

Introduction
- Introduce self and IFF Research
- Explain that the project is for the Equality and Human Rights Commission (EHRC).
- The EHRC is a body which provides advice to government about equality issues. They are currently carrying out a wide ranging project about what employers can do to make work more inclusive and suitable for everyone. In this part of the project, the EHRC are asking disabled people and people with long-term health conditions to come up with some ideas about how work can be better organised to meet their needs.
- Explain that the interview will take 45 minutes to 1 hour.
- The discussion will be confidential – nothing will be reported in such a way as would allow the respondent to be identified.
- Ask permission to audio record the interview.
- Any questions about the research can be directed to Laura Godwin on 020 7250 3035 or openingupwork@iffresearch.com

Background to work status
1) What job do you do at the moment?
   IF NOT WORKING: What did you do in your most recent job?

   PROBE FOR:
   - Is/was this for an employer? Or are/were you self employed?
   - What type of employer? How many people did the company/organisation employ?
   - What does/did their job involve? What are/were their main roles and responsibilities?
   - What sort of environment are/were you working in? e.g. office, shop, public building, outside, working from home?

   IF WORKING AT THE MOMENT:
2) What do you feel about your current job? Is it what you want to be doing?

   PROBE FOR: Why do you like / not like your current job? What is good or bad about it?

   IF WORKING AT THE MOMENT BUT NOT WHAT WANT TO BE DOING, OR NOT WORKING CURRENTLY:
3) What sort of job or type of work would you like to do? Why is that? Are you looking to move towards this type of work?

4) How confident do you feel about finding a suitable job in the next 6 months?

5) Do you think there are any barriers or constraints that might prevent you from getting the sort of job you want? What are they?

ASK ALL
6) What does being in work or having a job mean to you? Why is it important?

POSSIBLY PROMPT FOR:
  ➢ Just as a way to earn money / pay the bills?
  ➢ As a way of supporting a particular lifestyle?
  ➢ As part of a career in which you hope to progress over time?
  ➢ Gaining self-esteem and respect?
  ➢ As a way of gaining skills?
  ➢ As a way of giving more structure to life? Providing motivation?
  ➢ The social aspect?
IF NOT WORKING: What do you miss about work?

7) Have you done any other type of work in the past? What other jobs have you had, if any?
   Why did you leave previous jobs?
   Did you enjoy this previous work?

   IF WORKING: How did these compare to your current job?

8) Overall, how do you think being a disabled person or having a long-term health condition has impacted on your work and career?

Difficulties at work and creating the ideal working environment
   Many people have difficulties in the workplace because jobs are based on traditional ways of working.
   The EHRC are concerned that employers do not always act to ensure work is inclusive and appropriate for disabled people and people with long-term health conditions.

9) What experiences, if any, have you had of this in the past? What barriers or difficulties have you encountered in work or when trying to find a job?

   IF NO BARRIERS OR DIFFICULTIES EXPERIENCED:
10) How important has your employer been in ensuring that you do not face difficulties at work in relation to your disability or health condition? What particular things have they done?
   Why has your work been particularly suitable for you?

   (NOW SKIP TO Q14)

IF FACED BARRIERS OR DIFFICULTIES:
11) What aspects of work, the working environment and employer behaviour present the greatest difficulties for you?

PROBE FOR:
- Terms and conditions of work, contract, working arrangements in terms of hours / days worked / flexibility over time
- The working day – start / finish time, hours, organising work during the day, transport issues, how do they get to work, public transport, car (parking), with someone etc
- The location
- The building – access, movement round, layout of office or other workplace
- The workstation – furniture, technology, aids, repair?
- Colleagues – team structures, attitudes
- Workplace culture
- Management – attitude and management style, conduct of performance management / appraisals
- The type of job role, skills needed

What would you say is the greatest challenge?

12) Were any of these problems or barriers at work successfully resolved?
IF YES: How? What was the most important factor?
IF NO: Why not? How do you think things could have been handled better? What role should your employer have played?

13) How could these difficulties have been prevented or dealt with?
What could or should your employer have done?

INTERVIEWER NOTE: *Some of this material may well have been covered at Q12, but this question is here as a probe to generate as many ideas as possible about what employers could have done to prevent issues.*

INTERVIEWER NOTE*: The EHRC is most interested in what __employers__ can do to make work more inclusive. The EHRC advises Government on what employers can do to help disabled people or people with long-term health conditions. Therefore we would like the interviews to focus on what employers can do, and not such issues as transport and benefits policy etc.*

ASK ALL
14) What could employers do in the future to make work and the workplace inclusive for people in a similar situation to yourself?

What advice would you give employers who wanted to create the ideal working environment?

Reasonable adjustments

The Equality Act requires an employer to make 'reasonable adjustments' where a disabled person or someone with a long-term health condition is at a considerable disadvantage compared to others at work.

15) What do you think about the concept of 'reasonable adjustments'? What would that mean to you?
> Have employers discussed 'reasonable adjustments' with you?
> How comfortable would you feel asking employers for adjustments at work? Whose responsibility should it be to raise the idea?
> Is the term a barrier in itself?
> Do you think employers are put off offering jobs because of the need to offer reasonable adjustments?

16) Is there anything the Government could potentially do to help you e.g.
> Access to Work
> Personalised support
> More flexible employment arrangements for everyone

Final admin

INTERVIEWER: **Thank respondent for their time, and then check off points below regarding online forum and confirmation of receipt of incentive.**
INTERVIEWER: **Provide respondent with pack containing information sheet on forum and reply paid envelope.**

17) If you have anything further views that you wanted to contribute, there will be an online forum live for the next month. You can log on to the forum and post your ideas and experiences, and discuss issues about work and employment with other people who have been taking part in the research. You can also send us your ideas by post (using the freepost envelope provided), call our freephone line or email.
If you would like to receive updates on the forum, please provide your email address.

INTERVIEWER: **Hand over £30 incentive, and ask respondent to sign, date and address the incentive receipt confirmation form.**

Contacts

England

Equality and Human Rights Commission Helpline
FREEPOST RRLL-GHUX-CTRX
Arndale House, The Arndale Centre, Manchester M4 3AQ
Main number: 0845 604 6610
Textphone: 0845 604 6620
Fax: 0845 604 6630

Scotland

Equality and Human Rights Commission Helpline
FREEPOST RSAB-YJEJ-EXUJ
The Optima Building, 58 Robertson Street, Glasgow G2 8DU
Main number: 0845 604 5510
Textphone: 0845 604 5520
Fax: 0845 604 5530

Wales

Equality and Human Rights Commission Helpline
FREEPOST RRLR-UEYB-UYZL
3rd Floor, 3 Callaghan Square, Cardiff CF10 5BT
Main number: 0845 604 8810
Textphone: 0845 604 8820
Fax: 0845 604 8830

Helpline opening times:
Monday to Friday 8am–6pm.
Calls from BT landlines are charged at local rates, but calls from mobiles and other providers may vary.

Calls may be monitored for training and quality purposes.
Interpreting service available through Language Line, when you call our helplines.

If you require this publication in an alternative format and/or language please contact the relevant helpline to discuss your needs. All publications are also available to download and order in a variety of formats from our website.
www.equalityhumanrights.com

www.equalityhumanrights.com

This report explores disabled people's experiences and aspirations in relation to paid employment. It focuses on changes that employers can make to break down the barriers that disabled people experience and to meet their needs more appropriately.

The report is based on a series of focus groups and interviews with disabled people across Britain.

WHAT IS ALREADY KNOWN ON THIS TOPIC:

- Disabled people have low rates of employment.
- Discrimination at the recruitment stage can prevent them from obtaining work.
- Many people feel under pressure to leave work after they become disabled.

WHAT THIS REPORT ADDS:

The research indicates that there is still a long way to go in most workplaces to open them up completely to disabled people and to enable disabled staff to participate to their full ability.

The report makes a number of suggestions, including in relation to:

- tackling attitudinal and practical barriers in the workplace
- developing a climate of trust, in which people feel free to discuss their needs, and
- flexible working arrangements.

Equality and Human Rights Commission