

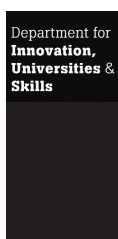
From compliance to culture change

Disabled staff working in
lifelong learning

Commission for Disabled Staff
in Lifelong Learning

Chaired by Leisha Fullick

Final Report





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Preface

- P.1 This report sets out the major challenges we all face if the ambition for real inclusion for disabled staff is to be achieved. The situation we report on gives no grounds for complacency. There is a clear problem about the under-representation of disabled staff in lifelong learning, and we saw little evidence of organisations adopting a strategic approach to current and future disabled staff. At the very least this represents a huge loss of potential and is not a sound business approach. It is also an indication that, 10 years on, the legislation designed to reduce discrimination against disabled people in the workplace is not having a sufficient impact on employment practice in lifelong learning. This is in marked contrast to the very evident and positive changes that have taken place for learners and students in the sector over the same period.
- P.2 All this points to a systemic failure to address the issue seriously, which has led to widespread institutional discrimination against disabled staff. Our report seeks to explore in depth why this should be so and what the main issues are that need to be addressed to change this situation.
- P.3 There is nothing inevitable about what is going on at the moment. It is partly due to a real timidity at every level in tackling what are perceived as complex problems. If a more proactive and systematic approach was adopted confidence would grow and good practice would spread, creating more confidence and innovation in the system. A lot of the issues we have identified do not in fact require 'rocket science' – they require an anticipatory approach, energy and commitment, starting at the top. Leadership is a huge issue and is essential to the achievement of much needed cultural change – one of our key themes. We now call upon all leaders in the sector to take this issue seriously and to use our report to start to make real changes.

- P.4 Our recommendations call for a series of coordinated actions at every level which, if they happen, could eliminate institutional discrimination against disabled people in the sector. Many recommendations are addressed to education providers, who are, or should be, the main employers of disabled staff. But we also believe that government and the national agencies, particularly regulatory and inspection bodies, have a lot more to do in setting the framework that will ensure the right things happen at institutional level. This happened for disabled students and we recommend that there should now be equality of treatment between disabled students and staff. We also make recommendations that will enable and support disabled staff themselves in their drive to achieve equity on their own behalf.
- P.5 The stakes are high not only for disabled staff but for the sector as a whole. The report makes clear that an inclusive approach to disabled staff is a likely indicator of an organisation's wider health. Organisations paying careful attention to the reality of staff experience in this area are likely to be doing it in other areas also. For this reason we hope that the report will empower the sector in its drive to achieve excellence for the future.
- P.6 We commend this report to government, lifelong learning sector organisations and their staff, and organisations responsible for the infrastructure of the sector.
- P.7 The Commission for Disabled Staff in Lifelong Learning was established in March 2007, on the initiative of the National Institute of Adult Continuing Education, to investigate and report on current practices in the employment of disabled people in the lifelong learning sector and to make recommendations for improvement. It had the backing of government through the Departments of Innovation, Universities and Skills; Children, Families and Schools; and Work and Pensions – Office for Disability Issues. The Commission has also been supported by the Learning and Skills Council; Lifelong Learning UK; the Higher Education Funding Council for England; the Disability Rights Commission, the Association of Colleges, City and Guilds, the Equality Challenge Unit and the major professional and representative employer and union organisations in the sector. It is based on a considerable amount of evidence, written and oral, submitted to the Commission, on an extensive review of research and literature and on the deliberations of a team of committed and expert Commission members, to whom I am very grateful.

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P.8 The Commission intends that its work will positively influence culture and practice in the sector and will enable more disabled people to make a contribution. Informing all our work has been our passionate belief that enhancing the role of disabled staff in lifelong learning is not only important for equity and social justice, it is also an essential part of the human resources strategies the sector will have to adopt if it is going to achieve real excellence in teaching and learning in the 21st century.

Leisha Fullick

Chair, Commission for Disabled Staff in Lifelong Learning

March 2008



Acknowledgements

We would like to express our thanks to all the individuals and members of the lifelong learning sector and other organisations who took time to complete questionnaires, take part in telephone interviews, provide formal written evidence, organise and attend seminars, meetings and focus groups, and provide feedback for both our interim and final reports. We were inundated with rich and varied responses.

The views and the evidence provided have been invaluable in helping us better understand the situation facing disabled staff working in the sector. Without this input we would not have been able to produce this report or the recommendations, which we hope will make a real difference to disabled staff and everyone in the sector.

We would particularly like to thank those organisations that hosted focus groups, witness sessions and meetings to provide evidence for the Commission:

- Hackney College
- CHANGE
- Equality Challenge Unit
- Equality Forward
- University and College Union (UCU)
- UNISON
- CEL/UCU/UNISON Disability Equality Duty Project
- UCU and the British Deaf Association

We wish to thank those organisations that provided funding and support for the Commission's work: the Learning and Skills Council, the Department for Innovation, Universities and Skills, Lifelong Learning UK and City and Guilds. Our funding focused us on England and Wales, but we received valuable and welcome contributions from the other countries of the UK. We thank the Welsh Assembly Government, the Scottish Government and the Northern Ireland Executive for their interest and support.

We thank the NIACE research, administrative, publications and IT teams that supported us in our investigations and in constructing our report.



Terminology used in the report

- T.1 In this document we use the language of ‘impairment’ and ‘disability’ within the social model of disability. We use the terms ‘disabled staff’ and ‘disabled people’ to describe these very diverse people rather than ‘people with disabilities’. We refer to ‘non-disabled people’ rather than ‘able-bodied people’ as the latter term can have pejorative implications for disabled people. We take the view that a positive approach to disability rights focuses not on an individual’s impairment but rather on the ways in which society creates barriers and fails to make allowances and adjustments, excluding disabled people from work and social life – in essence an approach underpinned by the social model of disability.
- T.2 The Commission uses the term ‘impairment’ to refer to what the Disability Discrimination Act describes as ‘disability’, reflecting our social model approach. We use a broad definition of ‘impairment’ to include physical, sensory and cognitive impairments, mental health difficulties, long-term health conditions, learning disabilities and neurodiversity, and learning differences or difficulties such as dyslexia or dyspraxia. However, we do recognise that some people may describe their circumstances differently, such as with the terms ‘learning difference’ or ‘health condition’. People with epilepsy, HIV, cancer and so on may not consider these ‘impairments’. Where we quote our respondents directly or report the research of others, we retain the original wording. Our aim in using the term ‘impairment’ is to be both as inclusive and as succinct as possible. We refer to ‘apparent’ and ‘non-apparent’ impairments, the latter describing those impairments that may in the past have been described as ‘hidden’ or ‘unseen’.
- T.3 Whilst people may have impairments, disability is the outcome of the interaction between people with impairments and the environmental and attitudinal barriers they face. We have, therefore, used the phrase ‘disability’ to refer to the broader concept of disability that is the outcome of

interaction between impairments and barriers. We have also used it in the sense of a broad concept when referring to, for example, disability models, disability legislation, disability discrimination and disability equality.

- T.4 We follow conventional practice in distinguishing between deaf people, whose deafness may not be profound and whose first language is English, and Deaf people, for whom British Sign Language is their first language and who tend to refer to themselves as a linguistic and cultural minority. Many Deaf people do not regard themselves as disabled, and we recognise the anomaly of speaking for them. However, a good number of Deaf people have contributed to the report and found it a useful vehicle through which to express their views and the challenges facing them.
- T.5 We use the term 'mental health difficulties' as this is commonly used in the education sector and does not have medical connotations. However, we recognise that some individuals may prefer terms such as 'mental health conditions', 'mental health issues' or other phrases. Again, our aim was to be succinct and consistent.
- T.6 We use the term 'reasonable adjustments' in the sense that it is used in disability discrimination legislation.
- T.7 The 'lifelong learning sector' we interpret as consisting of the 'further education system' and higher education, with some museums, libraries and archives (MLA) clearly within the sector and some more independent. The further education system includes all sixth-form and further education colleges, local authorities and voluntary and community sector organisations delivering personal and community development (and other) learning, and work-based learning providers. Higher education consists of universities and university sector colleges, often collectively termed 'Higher Education Institutions' (HEIs). We acknowledge that boundaries within the lifelong learning sector can be blurred with further education colleges delivering higher education programmes and some HEIs offering further education courses and so on. Arrangements for governing organisations vary greatly across the sector. We use the phrase 'those responsible for governance' to take account of this.
- T.8 We are, of course, aware that the different 'sub-sectors' use different terminology, so we have adopted a generic approach in our report. We

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refer to 'organisations' as this can cover universities on the one hand and small work-based learning providers on the other. We use the phrase 'learners and students' to recognise that these terms are used in the further education system and higher education respectively. We use the term 'infrastructure organisations' to describe organisations supporting the lifelong learning sector with funding, quality improvement and other work. Such organisations include the Higher Education Funding Council for England (HEFCE), the Higher Education Statistics Agency (HESA), the Equality Challenge Unit (ECU) and the Learning and Skills Council (LSC).



List of abbreviations

ACL	adult and community learning
AoC	Association of Colleges
BSL	British Sign Language
CEL	Centre for Excellence in Leadership
CPD	continuing professional development
CSIP	Care Services Improvement Partnership
DCSF	Department for Children, Schools and Families
DDA	Disability Discrimination Act
DED	Disability Equality Duty
DES	Disability Equality Scheme
DfES	Department for Education and Skills
DIUS	Department for Innovation, Universities and Skills
DRC	Disability Rights Commission
DWP	Department for Work and Pensions
ECU	Equality Challenge Unit
EHRC	Equality and Human Rights Commission
EOC	Equal Opportunities Commission
FE	further education
HE	higher education
HEA	Higher Education Academy
HEFCE	Higher Education Funding Council for England
HEI	higher education institution
HESA	Higher Education Statistics Agency
HR	human resources
HSE	Health and Safety Executive
IfL	Institute for Learning
ITT	Initial Teacher Training
JCP	Jobcentre Plus
LLUK	Lifelong Learning UK
LSC	Learning and Skills Council

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MLA	museums, libraries and archives
NIACE	National Institute of Adult Continuing Education
NIMHE	National Institute for Mental Health in England
NUT	National Union of Teachers
OPM	Office for Public Management
PGCE	Post-Graduate Certificate in Education
QIA	Quality Improvement Agency
SENDA	Special Educational Needs and Disability Act 2001
SKILL	National Bureau for Students with Disabilities
UCU	University and College Union
WBL	work-based learning

PART 1

Summary and context

SECTION 1

Executive summary

- 1.1 This report tells the story of the systematic failure of public policy to address the needs of disabled staff in lifelong learning. We are all culpable. Despite the introduction of various pieces of disability legislation, in policy terms the sector's disabled staff remain invisible. This serious failure, mirrored in the declining prospects of disabled people in the wider working population, has contributed to widespread institutional discrimination. Many disabled staff members are reluctant to disclose impairments because they fear discrimination and few organisations employ disabled people in senior or strategic positions. In general, the Commission uncovered a troubling picture of low aspiration among disabled staff, exacerbated by a systematic failure to address their requirements and a lack of consistency in employment practice amounting to discrimination. Although we found evidence of 'reasonable adjustments' for disabled people, there was virtually no reference to the next transformational step – anticipatory measures to ensure disability equality.
- 1.2 Our recommendations are designed to address this situation and to show what needs to be done if we are to move from a culture of compliance with the law towards a culture of disability equality in which inclusion is automatic for all disabled staff, learners and students. The Disability Equality Duty, introduced to positively promote disability equality in public sector bodies, and subsequent Disability Equality Schemes are fundamentally important for achieving this, but effective, proactive and visible leadership and management will also be needed. The principal beneficiaries of a culture change for disability equality beyond legal compliance will be disabled staff, but we believe everyone in the sector will benefit whether or not they are disabled. A culture that promotes disability equality will bring improvements and dignity at work to all.
- 1.3 The report's remit covers the whole lifelong learning sector in England and

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Wales – the further education system (including further education colleges, adult and community learning, work-based learning and sixth-form colleges) and higher education, with some museums, libraries and archives (MLA) clearly within the sector and some more independent. It is based on evidence, written and oral, submitted by non-disabled and disabled people working in all roles and at all levels. However, the majority of the evidence collected was from further education (specifically further education colleges and adult and community learning, in most cases) and higher education, and was from England. Evidence from disabled staff was primarily from those working directly with learners and students. We have tried to capture the richness of our respondents' comments by quoting them directly wherever possible. The situation they describe gives serious cause for concern and demands the urgent attention of sector leaders and policymakers.

1.4 The specific outcomes we require are:

1. A formal disability equality implementation group to be convened and serviced by Lifelong Learning UK (LLUK);
2. A formal and sustained commitment by lifelong learning organisations and infrastructure organisations (including regulatory bodies such as Ofsted) to disability equality with accompanying Disability Equality Schemes, 'road maps' or action plans as appropriate;
3. More disabled staff recruited to and working in the lifelong learning sector, and more successful disclosure procedures so that the data are more accurate (targets to be decided by the Department for Innovation, Universities and Skills (DIUS) in consultation with the lifelong learning sector and infrastructure organisations but with a timeline to achieve a proportion of disabled staff in the sector equal to the proportion of disabled people in the adult working population);
4. Targets to secure substantially more disabled staff in senior and strategic positions;
5. Funds to support disabled staff proportionately equal to those supporting disabled learners and students, addressing the obvious injustice that two groups supported by the same organisation are treated so differently;
6. Identification and encouragement of disabled staff to attend and complete leadership and management programmes;
7. Formal events and other means of celebrating disability equality achievement in the sector; and
8. A full disability equality training programme for staff at every level throughout the sector, and in particular for senior managers.

- 1.5 The recommendations that we believe will achieve these outcomes are set out in section 17. Action to carry them through will fully address the institutional discrimination we have identified, and help the sector as a whole move from mere legal compliance to a change in culture. We ask that lifelong learning sector organisations commit themselves formally to an 11-point set of recommendations for disability equality. Our recommendations for infrastructure organisations are about supporting and encouraging lifelong learning sector organisations in the process towards disability equality. We offer some prescriptive recommendations to infrastructure organisations but recognise that they will themselves develop detailed action plans and targets and consult with each other and the sector on the best means to achieve them.
- 1.6 The Commission's interim report, published in September 2007 (Commission for Disabled Staff in Lifelong Learning, 2007), stressed the inequitable treatment of disabled staff compared to learners and students, and identified seven main areas of concern overall: disclosure; mental health; recruitment and employment of disabled staff; support for disabled staff at work; learning and training opportunities; Access to Work; and workplace and workforce. Responses to the interim report, while affirming the original focus, added five further issues: attitudes and disabled staff; employment equity and working practices; disability leave and associated issues; the 'agency' of disabled staff in promoting disability equality; and disabled staff as role models. Taken together, the concerns raised under these issues demonstrate that we have far to go if we are to make a difference to how disabled staff working in the lifelong learning sector in England and Wales are treated.

■ Issue 1: Disclosure

- 1.7 Disclosure is crucial if improvements for disabled staff, and indeed all staff, are to be secured on an anticipatory basis. However, while the Commission found a number of examples of staff disclosing for positive reasons – such as to challenge stigma – there is still widespread unease and anxiety about disclosing other-than-obvious impairments. Some respondents reported that fear of discrimination prevented them from disclosing. Others felt their impairments were simply irrelevant. While we found evidence of some comprehensive good disclosure practice in a number of organisations, it

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is not widespread. We advise that lifelong learning organisations, supported by infrastructure organisations, should review their policies, procedures and processes for disclosure, including the language used, in order to get higher rates of disclosure and therefore be able to work towards providing both 'reasonable adjustments' and anticipatory measures.

■ Issue 2: Mental health

- 1.8 There was evidence that some types of impairment were considered easier to disclose than others. Responses from staff working in the sector suggest there is prejudice regarding mental health difficulties and that fear of negative or discriminatory attitudes and practices can deter people from disclosing. Prejudice and poor practice in employment are underpinned by a lack of knowledge about mental health. Employers are often unsure how they can support employees with mental health difficulties and what reasonable adjustments can be put into place. This lack of knowledge also means employers and colleagues may make assumptions about mental health difficulties based on stereotypes. Fear of saying or doing the wrong thing, as well as a lack of awareness, may stop some employers even broaching the subject of mental health let alone discussing what can be done to support members of staff with mental health difficulties. Because of this, responsibility for gaining support often lies with the individual, not with the organisation.
- 1.9 Lifelong learning organisations can take practical measures to tackle issues to do with mental health: applying the advice of the Health and Safety Executive on managing stress; adopting a risk-assessment approach to mental health; and promoting well-being. Infrastructure organisations can also offer support. We believe that such measures will not only help disabled staff but also have beneficial effects for all staff, learners and students in the sector. That is one of the key messages of this report.

■ Issue 3: Recruitment and employment of disabled staff

- 1.10 The Commission was struck by the 'fatalism' of many disabled staff about promotion and career progression. Many believe that it is their impairments that shape their careers rather than societal barriers. Consequently, the

aspirations of some disabled staff are very low, and there is an acceptance of less favourable opportunities and positions. Encouragingly, we encountered evidence of good practice and of 'reasonable adjustments' in recruitment, induction, employment and promotion practices. But there was also evidence of poor practice and some disabled applicants and staff reported unsatisfactory experiences. Above all, we found a lack of consistency in the lifelong learning sector – in terms of recruitment, induction, employment and promotion of disabled staff – that amounts to institutional discrimination. Achieving change is a leadership issue. Although we found some evidence of 'reasonable adjustments', there was virtually no evidence of anticipatory measures to ensure disability equality.

- 1.11 We believe that, in general, disabled staff are disadvantaged in the areas of promotion and career aspirations. There are few disabled staff in management roles in organisations and, consequently, few disabled role models in senior and strategic positions. Lifelong learning organisations should conduct a full review of their employment practices, from recruitment to promotion. Infrastructure organisations should consider commissioning, or conducting, research into employment practice that includes disabled staff.

■ Issue 4: Support for disabled staff at work

- 1.12 While in general responses in this section were positive, there was little evidence of an anticipatory approach and some evidence of budgetary constraints in securing 'reasonable adjustments'. With or without direct support from employers, many disabled staff are able to work effectively and have devised effective working and coping strategies, often acting as role models for learners, students and colleagues. Disabled staff outlined a range of measures that could support them. We received positive evidence of excellent organisational practices to support disabled staff, generally outweighing more doubtful practices. Practical support for disabled staff would include funding 'reasonable adjustments' from a central budget and trained disability equality officers or staff with a responsibility for disability equality.

■ Issue 5: Learning and training opportunities

- 1.13 Disabled staff disclosed, sometimes disclosed or did not disclose their impairments for learning and training for reasons similar to those cited in the context of employment. Sometimes, disabled staff disclosed for altruistic reasons, usually to benefit their trainers. Respondents who did not disclose feared prejudice and labelling. There were many good examples of 'reasonable adjustments' and, beyond that, 'anticipatory measures' for disabled people in learning and training, though negative experiences too were not uncommon. Human resources (HR) and senior managers believed that disabled staff had the same learning and training opportunities as non-disabled staff but in some cases were aware of the difficulties of disabled staff in training situations.
- 1.14 We believe that disability equality in learning and training will come from good leadership and sensitive management. It will be based on anticipating the requirements of disabled staff, including providing 'reasonable adjustments' for individuals. And it will develop out of the implementation of good Disability Equality Schemes. The effects of good practice will benefit all staff, learners and students.

■ Issue 6: Access to Work

- 1.15 The Access to Work scheme provides help for disabled people and their employers in overcoming practical obstacles at work. The Commission found that respondents, focus group members and other contributors were not always aware of the scheme and that use was not universal. This is unfortunate as it has been of immense benefit to many. Criticisms tended to centre on its bureaucratic aspects. JobCentre Plus had taken steps to address some of the problems, appointing a National Delivery Manager, setting benchmarks and targets and working to eradicate the 'postcode lottery' of inconsistent support. With legislative and culture changes, Access to Work, whilst continuing its important function of responding to the individual needs of disabled staff, may become part of a more general, anticipatory approach.

■ Issue 7: Workplace and workforce

- 1.16 In higher education (HE) many disabled staff stated that they struggled for promotion because of the criteria used. There was evidence generally that HE is not far advanced on the journey to disability equality. There appear to be different pressures in the further education (FE) system, associated with targets and learner achievement, though, as in HE, a 'long-hours culture' tends to disadvantage disabled staff. Our evidence suggests that there is a significantly lower percentage of disabled people working in the lifelong learning sector than in the working-age population as a whole.

■ Issue 8: Attitudes and disabled staff

- 1.17 The Commission found widespread discrimination in attitudes to disabled staff, though some very good practice was identified in places. The relatively few instances of bullying and harassment identified occurred, we believe, in a culture that did not prevent it. Sometimes, wrong assumptions were made about certain impairments but learners and students were generally positive about disability, and disabled staff were often active role models towards culture change. Some policies and procedures influencing attitudes were innovative and worked towards culture change, though there was also evidence of merely compliant policies and procedures. Senior managers played an essential role in making policies meaningful but progress was inhibited when managers and others were uneasy about saying and doing the wrong thing.
- 1.18 The main practical measure we suggest is disability equality training at all levels but with priority for senior managers. This addresses one of our key messages: the importance of effective, visible and proactive leadership and management for disability equality. Infrastructure organisations can facilitate this development. Organisations that successfully promote disability equality, transform attitudes, remove barriers and achieve culture change will win benefits far beyond those gained by disabled staff.

■ Issue 9: Employment equity and working practices

1.19 Disabled staff with apparent and non-apparent impairments are disadvantaged by subtle and indirect discrimination in a range of working practices, and not just by physical barriers. To counteract such disadvantage, non-disabled people have to be more active in changing their practices. There has been some research in this area, especially in higher education, but more is required.

■ Issue 10: Disability leave and associated issues

1.20 The ways in which sickness leave and disability leave (two very different concepts) are recorded and responded to are very important. Disabled staff who take time off because of their impairments but have to record it as sick leave are discriminated against. The Commission came across few examples of specific policies on disability leave. We take the view that all lifelong learning organisations could practically adopt the model guidance on disability equality agreed between the Association of Colleges and further education colleges, including its clauses on paid time off and recording disability leave.

1.21 Our sample suggests that disabled staff do not have more time off for reasons related to their impairment than the national average of time off for sickness, but this requires more large-scale exploration. Occupational Health services were often helpful to disabled staff but could also be used less positively. Sometimes, capability procedures were wrongly applied to staff with acquired impairments. Absence because of impairment recorded as sick leave, and indeed absence for whatever reason, inhibited chances of promotion and career progression. We believe that attention should be paid to the possible role of the workplace in causing sickness or disability absence – for example, causing stress or triggering pre-existing mental health conditions. Good organisational practice relating to disability leave, stress and associated issues will have benefits far beyond those experienced by disabled staff.

■ Issue 11: The 'agency' of disabled staff in promoting disability equality

- 1.22 We received evidence of innovative work involving (and not just consulting) disabled staff in disability equality work, often through trade union activity. Some disabled staff were active and assertive on an individual basis. But some other staff who offered assistance (in being 'involved') had their offer rejected because the culture of involving disabled people had yet to reach all services in an education provider. We urge lifelong learning organisations to involve disabled staff in the full promotion of disability equality, both on an individual basis and through trade union representation. It is through this active involvement that most progress will be made.
- 1.23 The active involvement of disabled staff in implementing Disability Equality Schemes is one of our key messages. Exemplary organisations will want to do this not just to fulfil their legislative duties but out of a genuine wish to achieve inclusion. However, we recognise that where disabled staff are reluctant to be involved in promoting disability equality in their organisations, their wishes should be respected.

■ Issue 12: Disabled staff as role models

- 1.24 Some disabled staff have made a real difference as role models in promoting disability equality to colleagues, students and learners, but we received very little evidence of senior disabled staff role models. Whilst no disabled staff member should be expected to act wittingly as a role model unless they choose to, we believe that more development work is needed in this area.

■ Conclusions

- 1.25 The key message flowing from our findings and other evidence is that there is widespread institutional discrimination in the lifelong learning sector. Indeed, some organisations are not compliant with their Disability Equality Duty. This is in large part the result of the systematic failure in public policy to address the needs of disabled staff. Effective leadership and management will be needed to counter this and achieve disability equality. This will mean moving from simply providing 'reasonable adjustments' for disabled staff to

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an anticipatory approach so that inclusion is automatic. Such a change will benefit not only disabled staff but all staff, learners and students in the sector.

1.26 Specifically, we found:

- Inequity in the treatment of disabled staff compared to students and learners;
- A general failure of disclosure policy and practice in the sector;
- A lack of confidence in understanding mental health within the overall context of disability equality;
- Discrimination against disabled staff in the recruitment, employment and promotion process, and in learning and training;
- Inconsistency in attitudes towards disabled staff;
- Working practices that discriminate against disabled staff;
- A lack of clarity in the areas of disability and sickness leave;
- The existence of some good practice in involving disabled staff in promoting disability equality; and
- A lack of disabled staff role models, particularly at senior levels.

1.27 Our recommendations are based directly and indirectly on our findings, key messages and conclusions, but are pitched at a national and strategic level. They are addressed to all parts of the lifelong learning sector, including infrastructure organisations, and will be of interest to external agencies such as the Equality and Human Rights Commission. Section 17 contains separate sets of recommendations for:

- Lifelong learning organisations – paragraph 17.6;
- Trade unions and employer organisations – paragraph 17.7;
- Lifelong Learning UK – paragraph 17.8;
- Lifelong learning infrastructure organisations – paragraph 17.9;
- Inspection and regulatory bodies – paragraph 17.10;
- English education ministries and Welsh Assembly Government – paragraph 17.11;
- National development organisations – paragraph 17.12.

1.28 Action to carry our recommendations through will achieve the outcomes we require. They will fully address the institutional discrimination we have identified in the lifelong learning sector, promote disability equality, and help complete the journey of the sector as a whole from mere compliance to a change in culture. We are willing to discuss in further detail with individual organisations how the recommendations can be taken forward.

■ Summary of key messages

- 1.29 There has been a systematic failure in public policy to address the needs and requirements of disabled staff throughout the lifelong learning sector to the extent that there is widespread institutional discrimination, despite some beacons of good practice. Many organisations and individuals are culpable in this, but there is nothing inevitable about it. If our recommendations are adopted then there will be immense gains for disabled staff.
- 1.30 Effective, visible and proactive leadership and management are vital in the process towards disability equality. This is not a matter for leaders to delegate to others. They should take direct responsibility. For managers, it is not a 'bolt-on' activity: 'disability awareness' is not enough. They must understand the issues and the drive towards disability equality and play their full part. For everyone in the sector, confidence about 'saying and doing the right thing' is crucial in making progress to disability equality.
- 1.31 The concept of providing 'reasonable adjustments' to meet the diverse needs of individual members of disabled staff remains very important; however, lifelong learning organisations now need to take the next transformational step towards meeting their 'anticipatory duty' to ensure that inclusion is automatic for disabled (and indeed all) staff, learners and students.
- 1.32 The Disability Equality Duty and the Disability Equality Schemes are an excellent basis on which to make the journey from legislative compliance to genuine culture change. Successful and genuinely committed implementation of such schemes, which include full involvement of disabled staff and impact assessments, will hasten such cultural transformation. However, exemplary organisations will not be motivated solely by legislative requirements but by a genuine desire for inclusion.
- 1.33 The principal beneficiaries of our report will be disabled staff and potential disabled staff in the sector. But implementing its recommendations will benefit everyone in the lifelong learning sector, whether or not they are disabled, and goes beyond disability to the heart of ethical and effective organisational functioning. A culture that promotes disability equality will inevitably bring improvements and dignity at work for all.

SECTION 2

The context of the Commission's work

- 2.1 This section explains why the Commission was set up and gives an account of the context of its work, covering such issues as models of disability, recent research on disabled people in education, disability legislation, and current thinking on disability.

■ Why a Commission for Disabled Staff in Lifelong Learning?

- 2.2 The National Institute of Adult Continuing Education (NIACE) established the independent Commission for Disabled Staff in Lifelong Learning in March 2007, believing that changes and improvements for disabled staff will also improve prospects for adult learners. Despite the introduction of the Disability Discrimination Acts in 1995, 2002 and 2005 and subsequent initiatives and support for disabled learners in the lifelong learning sector, little political attention has focused on disabled staff working, or with the potential to work, in the sector. The Commission believes that they are under-represented. For disabled people as a whole in the adult working population, the prospects of decent work, careers, equal opportunities and improved life chances appear actually to be getting worse, as we show in paragraph 2.12 below. These twin issues – the invisibility of disabled staff in lifelong learning and the poor prospects for disabled people in general, some of whom might have a role in the lifelong learning sector – form the impetus for our concern.
- 2.3 The Commission, consisting of leading figures and experts in the field of disability equality and the lifelong learning sector, met six times. We held three main evidence-gathering seminars in England and Wales in June 2007. Our NIACE-hosted website enabled people to respond online to our questionnaires as well as by post and by other means. We launched our interim report at a London conference in September 2007. We received a

considerable amount of evidence from focus groups and meetings held in England, Wales and Scotland, interviews and telephone interviews. We received feedback, powerfully and articulately expressed, from a wide variety of people, disabled and non-disabled, at all levels and in a range of occupations within the lifelong learning sector, and from those outside the sector but with an interest in it. There were over 650 contributions of evidence in all, including 111 questionnaire responses to the interim report. Full details of our remit and how we gathered our evidence are contained in Appendices 1 ('Remit of the Commission') and 2 ('Gathering the evidence - methodology').

■ Models of disability

- 2.4 Our work is rooted in the social model. Our brief survey of the different models indicates why.
- 2.5 Even with the development of different directions within disability theory, including for example the 'psycho-social' model, the social model is the approach that continues to drive change and progress for disabled people and transform their prospects and opportunities.

The medical model

- 2.6 For many years disabled people have been marginalised from the mainstream of society and subject to the 'hegemony' of non-disabled people. Such hegemony is said to have manifested itself in the 'medicalisation' of disability. The 'medical model' locates disability 'as an individual problem tied to the functional limitations of the bodies of people with impairments' (Swain *et al.*, 2003, p 22). It is sometimes referred to as the 'deficit model', as it equates 'disability' with 'flawed' minds and bodies. Within this 'medical model' interpretation, disability amounts to 'personal tragedy' for individuals and a problem for the rest of society. This model is still dominant in society, and shapes most people's thinking on impairment and disability. It also shapes how support and services for disabled people are devised and distributed. Disabled people need to prove they are 'disabled', are medically tested for benefits and bear most of the onus for securing improvements themselves rather than society taking responsibility.

Stigma and stereotypes

- 2.7 Part of the social construction of disability is about 'stigma'. Those who have impairments that are not immediately apparent – perhaps mental health difficulties, hearing impairment, visual impairment, cancer, etc. – may seek to keep them 'hidden' to avoid perceived 'stigma', or minimise their significance to avoid embarrassment and social sanctions. There are many other aspects of 'stigma' and how it shapes the relations between disabled and non-disabled people. Swain *et al.* (2003, p 23) refer to physical impairment which threatens normality and 'discipline', and stereotypes of disabled people, identified by other commentators, portraying them (to paraphrase) as pathetic victims, tragic but brave heroes, or villains with chips on their shoulders.

Social oppression

- 2.8 Disabled people have historically been oppressed socially in a variety of ways, and four specific aspects of oppression for disabled people have been identified: exploitation, marginalisation, powerlessness and cultural imperialism (Young, in Barnes and Mercer 2003, p 21). Exploitation of disabled people who are often a long way from the labour market can be argued to manifest itself in how they are cared for and the market generated by them. 'Marginalisation' refers to the removal (either externally or self-imposed) of disabled people from workplaces, leisure pursuits and, indeed, the mainstream of everyday life, which overlaps with 'powerlessness' – how disabled people have little control over or choice in what to do with their lives. The 'cultural imperialism' of non-disabled people is embedded in everyday thinking and behaviour as the desirable state of being. In this interpretation, disabled people are 'other' and 'deviant'.

The social model

- 2.9 From the 1960s, challenges developed to the prevailing deficit/medical model of disability, notably in the articulation of a social model. Disabled people, and society in general, owe a large debt to those involved in the disability rights movement who pressed for radical change in attitudes to disability. To paraphrase Barnes and Mercer (2003, p 1), disabled people reacted against their status as second-class citizens, the physical and other discriminatory barriers they faced, and against negative cultural stereotypes – all of which, it was argued, add up to 'disablement'.

- 2.10 Shifting the emphasis from the individual to society was a major development. Bowe (in Barnes and Mercer, 2003, p 10) lists 'six major barriers to the social inclusion of disabled people... the architectural, attitudinal, educational, occupational, legal and personal (or everyday problems ranging from few material resources to the stigma of having an impairment).' These barriers come from and are erected by society rather than deriving from the impairments in individuals. In the social model, disability is less what a person has, and more what is done to that person.
- 2.11 Swain *et al.* (2003, p 24) offer a useful overview of the social model of disability, paraphrased and summarised here. It provides a critique that disabled people can use to demonstrate their social exclusion. It helps them to argue for the same chances in life as non-disabled people in terms of, for example, education and housing. It provides an alternative understanding of what disability is like and how it is experienced. It shows how they have been patronised and the barriers they face.

■ Employment of disabled people in the education sector

- 2.12 Despite the influence of the social model and other advances in the second half of the twentieth century, the position for disabled people in society in general remains highly challenging. More than three million people in Britain aged between 19 and 59 are disabled, using the DDA definition. Of these about 840,000 work in the public sector. Disabled people are twice as likely as non-disabled people to have no qualifications (29 per cent compared with 11 per cent); and half as likely as non-disabled people to go to university. They are five times as likely as non-disabled people to be out of work and claiming benefit. Employment rates for people with mental ill-health are low, at 20 per cent. Recent research has shown that the employment of disabled people has decreased (Bambra, 2007).
- 2.13 In education, there has been some research on disability in the school sector, the further education system and higher education. We highlight one research project from each sector. The findings from our investigations echoed many of the findings from these projects. Our recommendations also mirror many of their prescriptions but go beyond them in terms of specific actions required from lifelong learning organisations and other agencies.

The school sector

- 2.14 Research on primary and secondary school teachers' career progression in England by Powney *et al.* (2003) examined the impact not just of disability but age, ethnicity, gender and sexual orientation. We concentrate on the findings of that report to do with disability. Note that in reporting this research, we use terms that the researchers use that we, following the social model, would not choose ourselves. Instead of 'teachers/respondents/staff with disabilities/impairments', we would use 'disabled teachers/ respondents/staff'; instead of 'teachers without disabilities' we would use 'non-disabled teachers'. The General Teaching Council for England (in Powney *et al.*, 2003, p viii) estimated that the number of teachers with impairments was 0.05 per cent in 2002, compared to the National Union of Teachers figure (*ibid.*) of 1 per cent. Given that one in five of the general working population is said to be disabled, and given issues about disclosure, both these figures could well be underestimates.
- 2.15 Powney *et al.* (2003, pp vii-xii, *passim*) found that: 'Many white male teachers thought that teachers are promoted according to their experience and ability. In contrast, female teachers, disabled teachers and teachers from minority ethnic groups are more likely to think that age, impairment, ethnicity or gender has affected their career progression' (p vii). Most respondents with 'disabilities' reported experiencing difficulties both in entering and making progress in the profession (p vii). 'A higher proportion of teachers with disabilities than teachers without disabilities in the survey work part-time' (p ix). Teachers with disabilities 'were more likely than other groups to think about leaving the profession' (72 per cent of teachers with disabilities compared to 54 per cent of other teachers; p ix). Together with other minority groups, 'teachers with disabilities were most likely to indicate that they would struggle with increased responsibility' through promotion (p ix). At the time of Powney's report, there were few disabled head teachers. Forty-three per cent of teachers surveyed believed that 'an impairment would negatively influence a teacher's promotion prospects' (p xi).
- 2.16 Powney *et al.* (2003, pp xi-xii) offer a number of suggestions to overcome the disadvantage experienced by some groups, including staff with impairments. Among the suggestions are the need for compliance with legislative changes, especially to do with equal opportunities. Equal opportunities should be 'mainstreamed' through developing policies that are sensitive to

the different equality strands and which recognise the benefits of diversity. Good practice should be shared and emulated. There should be effective monitoring of plans and policies (in effect, equality impact assessments). Attention should be paid to practical conditions for improvement: explicit criteria for recruitment and progression; removing the implied discrimination of a 'flexible career'; equal opportunities for continuing professional development (CPD); and positive action to encourage under-represented groups to seek promotion. Adaptations to workplaces and more support workers within the classroom for teachers with impairments were also mentioned. There is no mention of statistical monitoring, target-setting or new approaches to established working practices.

The further education system

- 2.17 In the further education system activity in relation to equality and staff has, over the last few years, concentrated on black staff. The Commission for Black Staff in Further Education, established in 1999 following the Macpherson Report into the death of Stephen Lawrence, reported in 2002, and subsequent development emerged from its recommendations. Disabled staff in the lifelong learning sector have, by comparison, been neglected.
- 2.18 However, the Department for Education and Skills did commission research, published in 2006, on improving the diversity profile of the workforce (including staff with impairments). Cummins *et al.* (2006, p 3) report a range of barriers inhibiting the achievement of a higher diversity profile. The apparent lack of ambition in the sector to achieve a higher profile is manifested in the lack of a strategic approach to workforce diversity. The sector is said not to prioritise the issue, either on 'social justice' or 'business case' grounds, and there is evidence that it is seen mainly as an HR issue.
- 2.19 Cummins *et al.* argue that the lack of action stems from 'fear' of doing the wrong thing, and that lack of knowledge inhibits the adoption of good practice. Data are strong in some parts of the sector but sparse in others, and are not necessarily 'interrogated' in order to inform action and change. They echo the findings of other research reported here when they highlight weaknesses in recruitment and other HR practices that militate against changing the workforce's profiles, citing the use of networks from which some groups are excluded (Cummins *et al.*, 2006, p 12).

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- 2.20 'Drivers' to highlight forces for increasing workforce diversity in the sector are identified. Strong and purposeful leadership from those responsible for governance and senior staff is considered crucial. External communities can exert pressure on further education sector organisations. The 'winning hearts and minds' argument is important – getting people to understanding why diversity is important, rather than simply securing their compliance with legislative and other requirements. Additional drivers the researchers identify are: compliance with legislation (which is said to be 'toughening up'); demographic projections (particularly those of working age declaring an impairment); access to good practice and 'how to' knowledge; development (CPD) activities; and targets (for example to address under-representation). The researchers note that 'levers' such as inspectorates emphasising equality and diversity from a workforce as well as a learner perspective are important, noting that providers can get good inspection grades without automatically achieving legislative compliance in particular areas. Cummins *et al.* seem ambivalent about using equality and diversity criteria as a way of qualifying for funding.
- 2.21 Importantly, the research addresses the dilemma of support staff (for example, cleaners, caterers and IT staff) whose work is contracted out and suggests that their pay, conditions and treatment need to be addressed in terms of fairness, equality and diversity. There is mention (Cummins *et al.*, p 19) of retaining staff who become disabled during their employment. Good practice from the NHS and higher education, including through the work of the Equality Challenge Unit and Equality Forward in Scotland, is applicable to the further education sector. Leadership development focused on equality and diversity, monitoring and benchmarking, widening routes into employment and networking seem to offer the best routes for progress towards a diverse workforce. However, networks of minority groups may in some cases have the perverse effect of further marginalising their visibility and efforts.
- 2.22 The prescriptions offered by the research – 'setting the vision', establishing an action group, harnessing good practice, implementing development activities, setting targets and encouraging independent providers – are all sensible in a 'voluntarist' approach, but may not necessarily achieve 'transformation'.

Higher education

- 2.23 In higher education, a major research programme consisting of six separate projects funded by the higher education funding councils of England, Wales and Scotland, examined equal opportunities and diversity for staff in higher education. The research provided a considerable number of insights in terms of equality and diversity in the sector, including disability. In one project, Deem, Morley and Tlili (2005) examined equity in six 'case study' HEIs. Summarising the findings (Deem *et al.*, 2005, pp 5–6), equal opportunities policies were in place, but were not always comprehensive, up to date, easy to understand or properly communicated to staff. Some were reactive rather than proactive and associated with legislative compliance rather than workforce empowerment and enhancement of working conditions. There was a gap between policy and implementation, and only a slow 'mainstreaming' of equal opportunities policies into other institutional policies. In some cases policies seemed to be more about promotion of organisations than workforce development. In relation to disability in particular, policies for staff in response to the DDA (1995) were in some cases completely absent whilst in contrast there were policies for students based on SENDA (Deem *et al.*, 2005, p 40).
- 2.24 There was a gap between the perceptions held by senior management and staff, the former feeling that more equality progress had been made than the latter. Staff believed that discrimination was sometimes so subtle as to be undetected. Researchers refer to this as part of the 'micro-politics' of an organisation. Another way of expressing this is that particular work practices (of hegemonic groups) excluded, for example, people with impairments who were unable to participate in the same practices. It goes beyond not making physical adjustments to the workplace to include disabled people and right to the core of exclusionary ways of working – leading to employment inequity. Such exclusionary ways were often abstract and nebulous, respondents reported, and included 'faces not fitting', the formation of exclusive semi-formal or informal circles and partial or non-existent communication. Organisational policies were undermined by what occurred on a day-to-day basis at all levels.
- 2.25 On these grounds, and generally, staff tended to be wary of using formal complaints procedures, fearing labelling or loss of promotion prospects. There was the feeling that equal opportunities for students had a higher

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priority than those for staff. Whilst the policy framework for challenging inequalities appears to be getting stronger, responses from HEIs vary. Concerns about quality and the 'audit culture' often over-rode concerns about inequalities. Deem *et al.* (2005, p 108) state that the situation with equal opportunities has improved since the 1980s and 1990s but that cultural change is going at a slow pace. This is because of a belief widely held in higher education that people make progress solely on the grounds of talent and abilities, whereas in reality there are many other less acceptable, unmeritocratic factors at work. These factors inhibit speedier change.

■ Other specific research and information

- 2.26 Other research – on disclosure, Access to Work, employment equity and mental health – can be found in our literature survey (www.niace.org.uk/commissionfordisabledstaff/literature-survey), but we highlight here information particularly pertinent to our findings. Recent research in colleges and universities in Scotland (Equality Forward, 2007) emphasised the continuing challenges faced by disabled staff about whether or not to disclose. Three underlying themes emerged – social stigma, processes for disclosure, and institutional culture – and the evidence we received is similar to the findings of this research.
- 2.27 Mental ill-health remains a hugely important issue. The Sainsbury Centre for Mental Health (2007) suggests that the costs to employers of mental health problems amongst the workforce is almost £26 billion each year, or £1,035 for every employee. It also suggests that 40 per cent of sickness absence is attributable to mental health conditions. It is increasingly expected that employers should consider the mental well-being of their employees and take steps to promote good mental health.
- 2.28 In relation to this, we also note the interest taken by the Health and Safety Executive in stress at work, with a whole section of the HSE website devoted to the topic (www.hse.gov.uk/stress/experience.htm). More specifically important for disabled staff is the joint HSE/former Disability Rights Commission statement about health and safety and disability with a focus on 'enabling risk management' and a positive approach in the workplace. The HSE/DRC approach is one that favours and includes all employees and not just disabled staff.

■ Disability legislation

- 2.29 Progress for disabled staff in lifelong learning develops in the context of legislation. One of the most significant recent pieces of legislation for disabled people was the Disability Discrimination Act of 1995. Some commentators saw this as eroding the obligation of employers to employ disabled people, and recent research (Bambra, 2007) has confirmed that it has not increased the employment of disabled people. The register of disabled people was abolished, along with the quota and designated employment. Instead, there were individually based anti-discrimination measures, and policies of education and persuasion to adopt good employment practice. Steps were taken to make disabled individuals more competitive in the employment market. The Act outlawed discrimination against disabled people in employment, in the provision of goods and services and in other areas of life. It did not provide an entitlement to disabled people to specific aids and support but it did place an obligation on employers and service providers to make 'reasonable adjustments' to ensure that disabled people are not at a disadvantage in employment or in access to goods and services.
- 2.30 In other words, there was an individual emphasis to the legislation. Individuals had won the right not to be unfairly discriminated against and could pursue a grievance individually. Organisations had little obligation to make their whole working environments less discriminatory, and adjustments for disabled individuals were considered unlikely to have wider influence on work and the workplace.
- 2.31 The Disability Discrimination Act (2005) marked a move away from an individualised approach to disability. It places a duty on all public bodies actively to promote disability equality, to encourage participation by disabled persons in public life and, crucially, to take account of disabled persons' impairments, even where that involves treating disabled persons more favourably than other persons. The 2005 Act goes beyond the 1995 Act and 'reasonable adjustments' because it builds in equality at the beginning of the process in an anticipatory way rather than making reasonable adjustments only at the request of individual disabled people. According to the Inclusion website (www.inclusion.me.uk/Disability_Discrimination_Act.html) it brings about a shift from a legal framework which relies on individual disabled people complaining about discrimination to one in which the

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public sector becomes a proactive agent of change. The duty requires public bodies to produce Disability Equality Schemes and action plans and to report annually on outcomes and improvements in relation to the plans. Reasonable adjustments are still vitally important, but anticipating what these might be puts the onus on public bodies, which is a good thing. Involving disabled people in these anticipatory activities is also an important step forward.

- 2.32 Trade unions have been swift to see the importance of the new legislation and the importance of involving disabled people. The pioneering work of the CEL/UCU/UNISON Disability Equality Project has made early progress on the basis of the legislation. Unison *et al.* (2006, pp 6–7) describe the new duties as ‘a quantum leap in legislation with an emphasis away from minimum compliance towards building positive culture change’... requiring ‘colleges (and other public bodies) to eliminate institutional discrimination and to develop a proactive approach to making a positive change to the lives of disabled people... by promoting disability equality in all of their practices, policies and procedures’. Unison *et al.* also outline how impact assessments should operate as a means of implementing Disability Equality Schemes and how they should apply across all the work of organisations (Unison *et al.*, 2006, p 19). The University and College Union (UCU, 2007, p 4) states: ‘The positive duties are a powerful, collective tool for UCU branches and Local Associations’. Other organisations, such as SKILL, have also highlighted in their evidence to us the importance of the legislation and the Disability Equality Duty to both involve disabled people and to anticipate potential requirements for the future. We fully agree that this recent legislation is a crucial vehicle for organisations and disabled staff in the journey from compliance to culture change and has enormous potential to transform the prospects of disabled people.

■ Disability and general changes in equality and diversity

- 2.33 In terms of recent policy, disabled people are inevitably affected by general changes in the field of equality and diversity. Celebration and affirmation of difference are at the forefront of the work of the Equality and Human Rights Commission. As stated in the ‘Vision for Equality’ of the former Equal Opportunities Commission (Equal Opportunities Commission, undated, p 2):

Equality is no longer just about the rights of minorities, important though they are. It must concern everyone and touch every part of life. Equality is not about making different people with different needs fit the same mould. It's about recognising that everyone has rights and responsibilities: the right to respect and dignity, an equal chance to fulfil their potential and the responsibility to make a contribution to society.

- 2.34 There are dangers that this could constitute a backward step for disabled people, with the focus on diversity threatening to dilute transformative responses to their particular needs. There are currently concerns about the possible erosion of the rights of disabled people in a proposed Single Equality Act. We are all different, but some people's differences require more in response for them to be fully included. We echo these concerns and will keep an alert eye on future developments.

PART 2

**What we found out: the good,
the bad and the inconsistent**

SECTION 3

An introduction to the issues

3.1 In part 2 (sections 3–15) we present our findings. These derive from consultation feedback on our interim report and on the twelve issues of concern we set out in paragraphs 1.7 to 1.24 of the Executive Summary. We include sets of ‘practical measures’ (in coloured panels) and, where appropriate, references to our recommendations. The practical measures we describe are subsumed into our recommendations (section 17).

■ From interim to final report

3.2 Our interim report identified three tensions standing in the way of culture change in the lifelong learning sector. First of all, while disabled learners bring income into organisations, disabled staff do not. This can put pressure on departmental budgets if ‘reasonable adjustments’ are required and there is no central organisational budget for providing them. The second tension, closely associated with the first, is that disabled staff are perceived to be more of a risk to employ in terms of expense and potential absence. The third concerns disability support services. There is often excellent provision for learners and students, but disabled staff cannot get access or, at least, do not have priority to it. Despite Access to Work funding, disabled staff are not generally getting the same level of support (in terms of ‘reasonable adjustments’ or ‘anticipatory measures’) as learners in the same organisation. We even heard from a disabled staff member who reported being denied access to toilet facilities for disabled students. Evidence received for the final report confirmed that many respondents, focus group members and other contributors were aware of and concerned about these tensions, and felt that the situation was fundamentally unfair:

Part 4 of the DDA as amended by SENDA (2001) has been a positive driver for change in the development of support for disabled students but staff

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have been left behind. Many institutions now have services dedicated to ensuring that the needs of disabled students are met and the LSC and HEFCE allocate funding to help institutions meet the needs of their disabled students. Unfortunately, there is much less of an infrastructure in place for supporting staff. (SKILL policy team)

- 3.3 In the era of the recently established Equality and Human Rights Commission it seems ironic that two disabled groups within the same organisation – disabled staff and disabled learners and students – can receive such contrasting treatment. It is unacceptable that disabled staff should be left behind.
- 3.4 We believe that disabled staff and disabled learners and students should receive proportionately equal advice, treatment and funding in terms of access to ‘reasonable adjustments’ – in the context of an anticipatory approach to removing institutional barriers. Committed leadership, one of our key messages, is essential for this. Additional funding may also be necessary.
- 3.5 There are some overlaps in the different issues in this section. For example, we deal with disclosure as a separate issue but also, more briefly, in the sections on mental health, recruitment and employment, and learning and training. There are other instances of overlaps, such as with stigma and stress.

SECTION 4

Disclosure

4.1 Disclosure is the process by which staff inform their employers that they have an impairment. Once told, employers must respond. Here we present our findings and recommendations for this key area. The findings show that while there are many good reasons for disclosure, it needs to be encouraged within a safe and positive organisational culture. Currently that culture does not exist throughout the lifelong learning sector.

■ Reasons to disclose

4.2 Respondents who disclosed their impairments to their employers cited a variety of reasons for doing so. Some disclosed because of practical considerations, others because they felt safe and secure in doing so. Some disclosed to allow for accurate data collection and some for political reasons.

Practical reasons and 'reasonable adjustments'

4.3 Practical reasons for disclosure included the need to go for hospital and other appointments. Many respondents said they disclosed to allow employers to make 'reasonable adjustments' for impairments. Deaf staff, for example, needed sign language interpreters for staff or team meetings. Others needed workstation or other types of assessment. People commented on the need for 'environmental changes in the workplace', for example the ability to turn off fluorescent lighting that caused headaches. It was clear that many disabled staff respondents were familiar with the term 'reasonable adjustments'.

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Obvious impairments

- 4.4 Where impairments were apparent people felt that they had no choice but to disclose them. Some respondents expressed this with witty self-effacement:

My visual impairment is rather obvious: the guide dog is a dead giveaway and my insistence on Braille or electronically produced material is glaring! (Employment Support Worker, Lifelong Learning)

Positive culture of learning organisations

- 4.5 There were a number of positive references to the culture of learning organisations:

The organisation is committed to improving data, to make a positive difference, so they need to know. (Director of Student Services, Further Education)

(Membership of the Forum for Disabled Staff at work) made me realise that it is essential to declare so that there is a more accurate picture for the organisation. (Senior Lecturer, Higher Education)

- 4.6 The feeling that there was a positive and accepting culture was important:

I have witnessed a change in attitudes in my organisation. When I first came to work here, I did not disclose but when applying for my recent role I felt that the organisation had become more supportive. I feel that this change was prompted originally by legislation – this has been followed by the positive attitude of a very senior member of management. (Equality and Diversity Manager, Further Education)

- 4.7 A number of respondents reported that their organisations were positive about employing people with impairments. One organisation was cited as 'actively looking for tutors with mental health conditions who would provide training to people with similar issues'.

A safe and secure culture for disclosure

- 4.8 Some respondents referred to managers who were actively supportive, and the effect on them in terms of feeling safe and secure in disclosing. A voluntary sector organisation working for disabled people made one respondent feel that it was 'safe' to disclose:

My current organisation has a valuing diversity policy and actively seeks to support its staff to be the best they can be. (My employers) view difference as positive and encourage staff to disclose any support needs for the purpose of implementing adjustments to enable people to work for them. The short answer is that it is a safe culture to be in. (Training and Quality Officer, Voluntary and Community Sector)

- 4.9 Regrettably, in one or two cases the culture had changed for the worse, with new senior management perceived as 'anti' rather than 'pro' disability. Leadership is essential for disability equality and a safe culture.

Awareness of prevailing attitudes, policy and legislation

- 4.10 Comments about 'asking for reasonable adjustments' indicate some awareness of disability discrimination legislation, though less about the more recent 'anticipatory duty'. There was also evidence of awareness of wider attitudes and policy positions. Being part of a Disability Equality working group within an organisation meant that 'it would be wrong not to disclose (the impairment)'. One person remarked that 'to have employment rights, you have to tell them (your employers) what the issues are.' Another, with a refreshing lack of compromise, disclosed 'as a political act and to secure rights under the DDA.'

'Impairment is nothing to be ashamed of'

- 4.11 Some respondents had robust views about disclosure. More than one person responded to the question 'Why disclose?' with the retort 'Why not?' Some respondents mentioned being 'politicised', demonstrating awareness of the efforts of the Disability Rights Movement. While respondents did not generally state that they were proud to be disabled, interspersed through the evidence were comments such as 'I'm not ashamed of being a disabled person' and '(I have) nothing to hide and (it) makes the employer aware that adjustments have to be made'.

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- 4.12 Of course, not all disabled people embrace or accept a 'disabled identity'. There can be different degrees of acceptance (and indeed resistance). The position of individuals is important and should be respected.

Data collection requirements

- 4.13 Some responses showed a high awareness of the importance of disclosure to allow organisations to obtain accurate data, which is associated with the legal duty to promote disability equality. This has been mentioned in sections above.

My condition doesn't impact on my job, but I know we need to disclose disabilities etc. so that reliable data can be recorded to ensure non-discriminatory practices. (Senior Trainer, Work-Based Learning)

Honesty, duty and... application forms

- 4.14 These themes recurred a number of times. Respondents clearly viewed them as important. Phrases such as 'I don't believe in lying' and 'I believe in full disclosure' reflected this. The following comment is about honesty, but also, indirectly, about data collection and getting an accurate picture of an organisation.

My research is around the area of disclosure or 'being out in the workplace' and so I believe I should be open and honest about who I am. My colleagues and managers all know and this has helped (their words, not mine) them to disclose their difficulties, differences and impairments. (Senior Lecturer, Higher Education)

- 4.15 Duty to disclose was also important. 'Felt I had to', 'Because they have a right to know' and, interestingly, 'Commitment to HR and union policy' were some of the phrases used. Pragmatically, respondents disclosed because they were asked to on their application forms. There were elements of self-protection from future difficulties in these decisions to disclose but also expectations about reasonable adjustments.

Health and safety

- 4.16 It is important that employers know about impairments that may have implications for health and safety. We made reference in paragraph 2.28 and in our literature survey (www.niace.org.uk/commissionfordisabledstaff/literature-survey) to the interest taken in health and safety and disability by the Health and Safety Executive (HSE), which issued a joint statement with the former Disability Rights Commission (DRC) last year on the overarching principles of health and safety management and disability. They warned that 'health and safety should never be used as a false excuse to justify discriminatory treatment. It will be the exception rather than the rule to exclude disabled people from particular jobs and tasks' (www.hse.gov.uk/aboutus/diversity/jointstatement.htm).
- 4.17 Disclosing impairments on health and safety grounds also has an element of self-protection. Respondents referred to their own health and safety and ensuring their organisations could take the appropriate action if anything happened – often in relation to epilepsy, hypoglycaemic attacks or episodes associated with mental ill-health. Disclosures were made so that risk assessments could be carried out.

Disclosure as useful to employers

- 4.18 Other responses indicate that employers with knowledge of impairments can avoid misunderstandings ('It is useful for them to know that I am not ignoring them when I don't hear'), so that adjustments can be made, and 'to ensure they get the best from me and I am able to perform to the best of my abilities'. For some respondents there was an advisory role as a result of disclosure:

(I disclosed) in order to make explicit my occupational support needs – and also to offer my expertise in disability issues to my employer, in improving policy and practice at my university. (Senior Lecturer, Higher Education)

Impairment relevant to work and work roles

- 4.19 A number of respondents reported how disclosing their impairment was relevant to their work, and there was often a clear or implied indication that they were role models, something we would like to see more prevalent.

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Respondents who worked specifically with disabled learners and students reported that their own personal understanding of disability gave them an appreciation of difficulties faced by learners and students.

Disclosure to secure anticipatory measures

- 4.20 This is perhaps the key issue in relation to disclosure and indeed to many of the other issues important to disabled staff. Many respondents, focus group members and other contributors were aware of the concept of 'reasonable adjustments' and disclosure was to secure changes on an individual basis rather than for the collective good (though in many cases this will also have been achieved). Understandably, not so many were fully *au fait* with more recent developments to do with anticipatory measures, though there were exceptions:

I have certainly encountered fear of disclosure among students and colleagues. Obviously that meant they don't get the support that would help them to achieve or work effectively. It also makes the anticipatory duty difficult as organisations don't have a clear picture of how they may need to plan and react. This suggests the need for awareness raising and information giving (Head of Additional Learning Support, Further Education)

- 4.21 It is one of our key messages that while the essentially limited principle of 'reasonable adjustments' remains important for individuals with specific needs, an anticipatory approach by organisations should make such adjustments more accessible. For example, organisations may acquire assistive technology under their anticipatory duty before employing disabled people who will require it.

■ 'I don't disclose...'

- 4.22 Only a small number of respondents stated that they hadn't disclosed to their employer. Some indicated that it was a private matter but also, significantly, that it did not affect the job. It was not felt necessary or relevant to disclose in the case of some impairments. Others indicated that they had not had the opportunity, one having come to the job 'piecemeal', another having acquired an impairment after the 'point of employment'. In these cases, they were reviewing their positions or were about to disclose. Just as those who did disclose did so because it was 'obvious', others did not

disclose for the same reason. One person 'did not want to make trouble'. There were indications that not disclosing was through fear of discrimination or stigma, or because it might 'affect my chances of progression'.

4.23 Some respondents also questioned the reasons for and the value of disclosing. Some successful professionals' identities came from their status and not their impairments, or their impairments had not actively disabled them. Why should they then disclose? There was a dislike of labelling and a feeling that impairment may signify difference, but a lack of widespread awareness that this difference can be both positive and negative. For example: 'My dyslexia has been instrumental to my artistic achievements. How exactly is that a disability?' There was cynicism about the 'equalities industry': if a disabled person was employed but not up to the job, it was 'difficult to sack that person'. Being patronised was another issue. Reasonable adjustments for disabled staff – for example, flexible hours – should be reasonable for everyone. If a disabled person achieved promotion, how would that person have known that the promotion was on merit or for the organisation to improve their disability targets? Finally, disabled staff were sometimes influenced by 'collegiate conscience': achieving some adjustments might have an unfavourable effect on the rest of a team or department to the detriment of other employees.

4.24 A central submission from an organisation that advises on accessibility and inclusion was that the focus for action should be on inclusion, removing barriers and creating flexible working conditions for all, rather than on impairments and individuals: 'demolishing institutional barriers for everyone rather than creating a different fix for every individual who can be persuaded to disclose a disability'. The Commission fully agrees with the emphasis on inclusion inherent in such an anticipatory approach, but our view is that we still have a long way to go on our journey towards it, and that, in the meantime, many disabled people still face systematic discrimination at every stage of the employment process. That is why disclosure without fear of stigma is so important.

■ The language of disclosure

4.25 The final comment in this section questions the use of the term 'disclosure'. Although the alternative question suggested is perhaps not accurate, the

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comment overall offers us some clue about the ways policy-makers and organisations need to move forward in this challenging area:

(I have) nothing to 'disclose' as it is obvious. The word 'disclose' is not appropriate. It is never used by disabled people and their own organisations. It really needs to be removed. It infers an element of shame and is usually used in relation to a criminal record. Why not just ask 'Do you tell people about your condition or impairment?' (Research Fellow, Higher Education)

4.26 Building on recent research with disabled staff, learners and students, lifelong learning organisations in their journey towards disability equality will find it useful to set up a scrutiny group (including disabled staff and perhaps as a sub-group of an Equality and Diversity Committee):

- Review and propose revisions to their policies, processes and procedures for disclosure, emphasising why it's important to do so;
- Review the language they use for disclosure;
- Adopt an approach based on their anticipatory duty which concentrates on removing barriers to disclosure (as is the legal requirement);
- Ensure that they create, through their Disability Equality Schemes, a positive and secure culture for disclosure;
- Seek advice from staff and others who have disclosed;
- Generate management-led discussion on how better to support disabled staff; and
- Involve disabled learners and students.

4.27 Infrastructure organisations can assist in this process with development programmes and back-up funding. This is one of our formal recommendations.

4.28 One of the outcomes we require from our work is successful disclosure procedures to contribute towards getting more disabled staff in the lifelong learning sector.

SECTION 5

Mental health

- 5.1 The costs to employers of mental health problems amongst the workforce is almost £26 billion each year, or £1,035 for each employee (Sainsbury Centre for Mental Health, 2007). It has also been suggested that 40 per cent of sickness absence is attributable to mental health conditions. There is an increasing expectation that employers should consider the mental well-being of their employees and take steps to promote good mental health, and government policies have promoted the need for organisations to positively promote mental well-being.
- 5.2 Of the disabled staff who responded to our call for evidence 14.9 per cent had mental health difficulties (54). Almost half had another impairment as well.
- 5.3 The Commission's view is that the talents of people with mental health difficulties should be used to the full, and that they should have the same opportunities as other employees. Our findings show that they have some positive experiences and do secure 'reasonable adjustments' to help them in their work. However, they face many severe challenges – for example, whether or not to disclose, discrimination and prejudice, and often disproportionate workplace stress.

■ Disclosure and mental health

Choosing not to disclose

- 5.4 When a person has an apparent impairment, there is often no real decision about whether or not to disclose. However, for people with non-apparent impairments, particularly mental health difficulties, there is a genuine decision to be made as to whether or not to disclose – and our findings suggest it can be a complex one. Fear of negative attitudes, assumptions

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and discrimination can all stop people disclosing. There appears to be some concern amongst staff with mental health difficulties that their ability or intellect may be questioned if colleagues are aware of their mental health condition. Not feeling it is relevant or that it will not impact on training or employment also causes some people experiencing mental health difficulties not to disclose:

I rarely disclose my mental health difficulties as I suspect others would view me as less likely to be effective. (Equality and Diversity Advisor, Higher Education)

I am self-conscious about having a mental health condition and feel that others may not respect my contribution if I make them aware. (Technician, Higher Education)

- 5.5 Fear of stigma and discrimination is also recognised by those working in human resources or management as a reason some people with mental health difficulties may choose not to disclose:

Academic staff just don't disclose mental health conditions... they have a real fear that if they disclose it would impact significantly on their academic career. (Equality and Diversity Advisor, Higher Education)

Choosing to disclose

- 5.6 However, other disabled staff reported that they do disclose for a number of reasons: to enable them to access support and reasonable adjustments; to increase awareness of mental health difficulties; to be open and honest; or because they need to explain time off sick.

There is a complete lack of understanding by those in the sector and highlighting the issues brings it to the attention of those in all roles. (Learning Manager, Further Education)

The more people who are open about their mental health difficulties the less stigma there will be attached to it. (Admissions Assistant, Higher Education)

- 5.7 One of the reasons why choosing whether to disclose is such a complex

decision is that many people experience multiple impairments – or multiple symptoms. Some respondents reported disclosing those they felt were most acceptable:

I disclosed part of my mental health difficulties – the bit I feel is more ‘acceptable’ which is depression, so that I can be open with colleagues about past use of mental health services... I did not disclose eating disorder as I see it as less acceptable (Equality and Diversity Advisor, Higher Education)

5.8 Different respondents had different views about which impairments carry more stigma. Some felt that dyslexia was unacceptable in HEIs. Many felt that mental health difficulties were unacceptable. It is unacceptable to us that stigma is still so widespread.

5.9 Organisations could include understanding mental health difficulties within disability equality training to help create a culture in which it is safe and positive for staff with mental health difficulties to disclose.

■ Employment, support, reasonable adjustments and discrimination

5.10 Staff with mental health difficulties reported a range of supportive and negative or discriminatory practices (including assumptions about people with mental health, lack of knowledge about mental health and lack of support) relating to their experiences of finding and maintaining employment, induction and probationary periods, continuing in employment and promotion opportunities. There is a lack of consistency about how mental health difficulties can affect employment experiences. Individual attitudes and behaviours, as opposed to organisation-wide policies and practices, often determine employees’ experiences.

Positive experiences

5.11 Some experiences were extremely positive. Staff seemed to value being seen as a person first and foremost and a person with mental health difficulties second. They also valued the effort employers made to meet their requirements:

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The Two Ticks Symbol – Guaranteed Interview Scheme enabled me to get an interview and therefore demonstrate my true potential in person, rather than through an application form. (Disability Officer, Higher Education)

One college has offered to adapt the hours of the job and offered a job share if required as I do not feel able to do full-time work at present. (Lecturer, Further Education)

Negative experiences

- 5.12 However, many staff also reported negative experiences – including employers failing to offer support, failing to be proactive and lacking awareness or knowledge of mental health difficulties. Some reported instances of discrimination and bullying, which, in some cases, appear to have exacerbated mental health difficulties:

I left my previous contracted job because of discrimination, prejudice and lack of understanding about depression compounded by an expectation that all staff should work more than their allocated hours in addition for lesson preparation. (Lecturer, Higher Education)

When I explained to my line manager that I was decreasing my medication and may be more sensitive than usual there was little allowance made. In fact it was at this time that I experienced a lack of support from my line managers. I have experienced discrimination and work place bullying and it has been inferred by more than one staff member that I am overly sensitive and need to be more ‘thick skinned’. (Manager, Adult and Community Learning)

Reasonable adjustments

- 5.13 We were able to find only limited information about what ‘reasonable adjustments’ had been put in place to support staff with mental health difficulties, although there were some examples of useful adjustments:

When I first visit a venue (before I start teaching), I like to be accompanied as I can still experience panic attacks in different environments. My course coordinator has always been happy to go along with me. (Tutor, Adult and Community Learning)

Senior staff have been very supportive and encouraging. I have been given extensions to hand reports in when I am feeling under pressure. (Tutor, Adult and Community Learning)

- 5.14 Our evidence indicates that employers and employees lack knowledge about what anticipatory measures (and not just 'reasonable adjustments') could be put into place. There is also a genuine concern amongst some managers that people with mental health difficulties may perform at lower levels, may have more time off sick or may experience worsening difficulties.

Understanding mental health

- 5.15 Overall, the evidence showed that many employers are unsure about how to work successfully with and support employees with mental health difficulties. The second of our key messages is that leaders and managers need to develop confidence in this area. Respondents have given good advice as to what they identify as useful practices. These include regular contact and support (both practical and emotional), more positive attitudes, fewer assumptions, less pressure, and more easy-to-find information on disabled people's rights, employers' duties, possible reasonable adjustments and Access to Work:

What I think would have helped me more than anything when I first began working for the university is regular and continued contact by someone with a speciality in mental health. It would have been useful to have someone to discuss and explore issues with and who would be able to appreciate the importance of these issues for me. (Admissions Assistant, Higher Education)

A list of reasonable adjustments that have been put in place in the past (would have been useful), for information purposes, instead of the onus being on the disabled member of staff to come up with them. (Admissions Assistant, Adult and Community Learning)

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Flexible work practices

- 5.16 Flexible work practices appear to be extremely useful for staff experiencing any kind of impairment but especially for those experiencing mental health difficulties:

(I have) difficulties with the organisation recognising that even when I am off sick I am usually working from home but just can't be in work that day – it's a bit inflexible and can make it harder for me to manage. (Curriculum Manager, Further Education)

- 5.17 'Reasonable adjustments', within a context of organisations seeking to remove all barriers to employment for disabled staff, are vital for mental well-being.

- 5.18 Adopting a practical, proactive approach for staff with mental health difficulties, based on involvement and a range of supporting policies, including for flexible working, will help lifelong learning organisations in their journey towards disability equality.

■ Attitudes and fear of stigma

- 5.19 Many respondents have expressed a concern about stigma and prejudice regarding mental health difficulties. Some respondents also reported assumptions about mental health which have led to those with mental health difficulties being given advice – welcome or not – about what they can do to 'manage' their difficulties. Others reported assumptions being made (or fear of assumptions being made) about their abilities:

I have listened to my colleagues as they discuss students and parents as 'that nutter', 'you know the one who has a screw loose', etc. I tolerate these comments, as I do not believe they are malicious as such but none the less they are still hurtful. (Admissions Assistant, Higher Education)

(Senior staff had) negative assumptions about my ability to do my job, my personality, my impairment and my lifestyle at the beginning of my employment, presuming my disability was caused by depression, which is not true, and giving advice about how best to 'look after' myself. For

example, it was suggested I go to the gym at lunchtime as exercise is good for depression. (Administrator, Higher Education)

- 5.20 Fear of negative attitudes can prevent people disclosing their mental health difficulties and getting the support they require. However, other respondents reported positive and supportive attitudes – although this was not always accompanied by an awareness of mental health difficulties.

■ The impact of mental health difficulties

- 5.21 Almost half of respondents with mental health difficulties had considered leaving their job for reasons relating to their impairment. Some attributed this to personal or health reasons; others cited a lack of support from employers. Some respondents told us how their mental health difficulties had a negative impact on their capacity to do their job effectively – for example, because it could affect their concentration, memory or performance or could mean they had more time off. However, some of the more negative implications did not result from the mental health difficulties themselves, but instead from negative attitudes of others and a lack of support:

I am fine so long as people treat me decently and fairly. The problems I have been having have all been triggered by other staff treating me in a way which is negative, occasionally intimidatory, lacking respect, and insensitive to my need for job security. (Learning Advisor, Higher Education)

- 5.22 There are two implications here. The first is that among respondents themselves the medical model of disability is dominant, as organisations are not pressured to make ‘reasonable adjustments’. The second is that we may be losing significant numbers of staff whom we might maintain in the workplace – an appalling waste of talent and public money.
- 5.23 Respondents also made clear that their mental health difficulties had a direct positive impact on their capacity to do their job as well – because they were valuable role models for students and learners, or because their openness had increased awareness of mental health difficulties in colleagues:

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I am able to empathise with students experiencing stress and depression and will from my own experience advocate flexibility in how they are dealt with. (Lecturer, Higher Education)

As most of the learners I teach also have mental health problems, I have found that they accept me. Many are encouraged that I have started to teach after I developed a mental illness and this often gives them hope for their futures. (Tutor, Adult and Community Learning)

■ Pressure in the lifelong learning sector

5.24 We are concerned that we received much evidence of increasing workloads, pressure, and an emphasis on targets within the lifelong learning sector, with the risk of putting employees' mental health in jeopardy. An increased emphasis on performance damages prospects of equality and inclusiveness:

I have to be aware that excessive stress can trigger ill-health related to my disability, and FE has become an increasingly stressful environment. (Lecturer, Further Education)

(My mental health condition) has effectively ended any chance of progression within the organisation. Taking on too much work could cause a relapse. (Tutor, Further Education)

- 5.25 Lifelong learning organisations will find it useful to:
- Apply the advice of the Health and Safety Executive on stress (available at www.hse.gov.uk/stress/);
 - Undertake mental health risk assessments in consultation with staff with mental health difficulties;
 - Take practical steps to address the debilitating effects of the 'long-hours culture' of the lifelong learning sector and the stress it can generate; and
 - Promote mental well-being through all their policies, practices and procedures.

5.26 Supporting organisations are urged to back these actions with funding and development work.

- 5.27 We are aware that learners with mental health difficulties benefit from support programmes such as the one run by NIACE/NIMHE (part of CSIP) /LSC partnership programme. Similar support mechanisms for staff with mental health difficulties could be implemented on the grounds of equity and good working practice.
- 5.28 We believe that actions to carry out these measures as part of our overall recommendations will have a highly beneficial effect on the health and well-being of all employees, learners and students – one of our key messages. They will mitigate the mental health difficulties of those affected by them in the long term. They will prevent triggering existing conditions. They will help to prevent short episodes of stress, depression or anxiety generated by workplace stress in staff without long-term mental health difficulties.

SECTION 6

Recruitment and employment of disabled staff

- 6.1 This issue is dealt with at length as it generated so much comment from all our respondents, focus groups and other contributors. Although the data reveal some good practice, there are a number of areas where our recommendations can make improvements.

■ Recruitment

- 6.2 Respondents focused mostly on the application and interview aspects of the recruitment process, or made general statements about discrimination and support in this process. A number of themes emerged from the analysis.

Positive experiences

- 6.3 Respondents often conflated positive recruitment experiences with positive experiences of employment. However, there were some specific comments:

(At interview I was) supported – provided with access requirements: toilet facilities, lifts and accessible doors. (Equality and Diversity Coordinator, Further Education)

I declared a previous episode of depression when applying for work with my current organisation and as I was successful in gaining employment I assume this was not considered to be an issue. (Curriculum Coordinator, Adult and Community Learning)

Discrimination in recruitment

- 6.4 There were, however, many less positive responses and some respondents perceived that they had been discriminated against at recruitment stage for reasons relating to their impairments:

One head said 'if I couldn't fill in the form (in handwriting) I was inappropriate'. (Tutor, Further Education)

Another person was asked how dyslexia would affect the ability to do the job, and had referees approached with the same question, 'How can a dyslexic be a lecturer?' Another commented:

I think having to disclose my condition on a general application can lead to discrimination. In such cases I have found it impossible to get feedback on my application. (Senior Administrator, Further Education)

6.5 Not all feedback was positive about the 'Two ticks' symbol. One respondent thought that JIGS (Jobs Interview Guarantee Scheme) should be abolished so that she or he would not have to 'traipse' round the country attending guaranteed interviews for jobs that were never offered.

6.6 We received evidence that the sometimes casual and informal ways in which organisations recruited part-time temporary staff worked against disabled people who had less access to the networks in which managers and others operated. As a result, disabled applicants could lack the experience gained from part-time work when applying for this or more permanent, larger posts. The same kinds of exclusion can operate at the recruitment stage as at the promotion stage within organisations.

6.7 The following comment presents a particularly dark picture of perceptions of discrimination in higher education.

Posts in academia, student support or staff support are founded in a patronising and alienating perspective of 'care' and 'sympathy'. The expertise developed within disability studies is being ignored - a non-disabled perspective still dominates... (Research Fellow, Higher Education)

Reasonable adjustments

6.8 There were positive responses.

(I) was very impressed with recruitment and selection at this university. I was offered the job before I saw Occupational Health and their focus was purely on the reasonable adjustments needed to enable me to do the job. (Equality and Diversity Advisor, Higher Education)

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- 6.9 There was some evidence of reasonable adjustments being put in place at interviews, such as access to interpreters, ensuring interview location was wheelchair-accessible, and allowances for anxiety. Respondents mentioned the positive effect of the 'Two Ticks' scheme in guaranteeing an interview.
- 6.10 However, some comments were far less favourable. Respondents wrote of no attempts being made to put in place accommodations at interview; of believing they would be discriminated against in applying for other jobs because of a poor sickness record; of being excluded from applying for jobs because their condition prevents them from driving. Some respondents described not getting past the first round of selection despite meeting the selection criteria; the discomfort manifested at interview; the 'Don't mention the disability' attitude; and patronising assumptions manifested in phrases such as 'Of course, we would not expect you to...'
- 6.11 The following comment is a graphic example of failure to make reasonable adjustments:

With an interview which had timed written exercises and diagrammatic psychometric tests I had to ask for extra time and a computer etc. and quote the DDA in order to obtain these things - they were not offered although I declared on the application form. (Manager, Higher Education)

Disclosure in the recruitment process

- 6.12 There were mixed responses about disclosure within this process. Some respondents reported positively:

The recruitment and selection programme was fine. I declared my disability on my application form and it was not mentioned at interview. I was especially confident that the support I would receive from the university would be as excellent and as extensive as that I had when I was a student there. (Admissions Assistant, Higher Education)

I gained my employment initially through positive action - (my) employer was seeking someone to develop and coordinate disability equality work (and) guarantees interview for disabled people who meet essential criteria. (Advice and Equalities Lead, Adult and Community Learning)

6.13 But other responses were not positive:

I do not disclose my problem unless forced to. Had I disclosed my problem to all my employers, I do not think I would be where I am today. (Tutor, Adult and Community Learning)

I now declare myself as disabled on application forms and refer to health problems in my covering letter. I have no evidence to support this but I do feel that it has counted against me. (Reader, Higher Education)

6.14 One combined a positive view and a negative one, with allusion to age as well as disability discrimination:

My own college is very supportive on one level but I was recently made redundant and given a post of lesser importance and salary. I am convinced that if I was 100 per cent that this would not have happened. I have applied for other jobs and suspect that I have not been asked to interview for posts I am well qualified for because I have disclosed my disability and my age (which I suspect may be another factor - I am 55). (Manager, Further Education)

6.15 Responses referred to lack of evidence and not really knowing either way if disclosure had affected their chances, sometimes believing it had, sometimes that it had not. In one case, an impairment seemed to direct one person into applying for jobs below the qualification level and capability.

Compliance with legislation

6.16 There were references to organisational recruitment policies being in line with legislation, the role of Ofsted and other quality and inspection agencies in influencing this, and the importance of senior managers and those responsible for governance 'buying into' equality. A much less optimistic perspective, implying legal compliance at the same time as discrimination, was provided in the comment:

Indirect discrimination is rife - Human Resources, managers and line managers. They are working with the law as they see it. They are also working around it too. (Lecturer, Further Education)

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We acknowledge good practice in recruitment, whilst noting that we believe the last remark to show a situation which is not at all uncommon.

- 6.17 Lifelong learning organisations should, through peer review and appropriate contacts with infrastructure organisations, research good practice in the sector, especially in adopting an anticipatory approach to recruiting disabled staff. Infrastructure organisations are urged to back this with funding and development.

We expand on these practical measures in our recommendations.

■ Induction and probation

Support in induction, including 'reasonable adjustments'

- 6.18 There were positive responses about the support people had received and the type of support, such as:

(I have had) much support at my current job. A chap in charge of health and safety came and asked if I had any special requirements. My modest requests (OHP and pens, adjustable chair, longer mouse lead) were met within the hour! (Tutor, Further Education)

- 6.19 Some disabled staff met with positive attitudes, but found they were 'powerless' to ensure reasonable adjustments were put into place. Some experienced severe delays in getting reasonable adjustments. In some cases there was a clear gap between supportive managers and colleagues (enabling negotiation of requirements) and poor institutional policies. The difference was mentioned between physical barriers (which were resolved) and logistical barriers (which were not). Sometimes organisations were contrasted – some with good practices and some with poor ones.

'Neutral' views of induction and probation

- 6.20 Some responses indicated that there was neither support nor discrimination. Respondents thought this a good thing:

I have been fortunate to be left to settle into new roles and have not experienced any special support or discrimination from my colleagues. I

have been treated as the 'new person' like all other employees. (Office Administrator, Higher Education)

- 6.21 Because some people did not disclose their impairments, they were neither supported nor discriminated against. Some acquired impairments after induction and probation had taken place. Others had clearly declared their impairments but did not feel either supported or discriminated against.

Induction and probation in the past

- 6.22 Perhaps, encouragingly, the obvious gap between past practices and positive current approaches indicates a degree of progress in these areas, exemplified by this comment:

My induction/probation period was nearly 15 years ago when ignorance was the norm and there were no strategies in place to address such issues (of support and discrimination) that I am aware of. (Technician, Further Education)

- 6.23 Even then, there were positive approaches:

My boss at the time (13 years ago) was involved in promoting disability awareness at work and that made me feel it would be OK. She arranged a ground-floor room, a loo to have rails put in and meetings to be in an accessible room. (Lecturer, Higher Education)

Discrimination and negative experiences

- 6.24 Negative experiences provoked comments such as 'What induction and probation period?' In addition, and in contrast to the positive comments above, some disabled staff reported very negative and discriminatory experiences with little in the way of 'reasonable adjustments':

In my present post I had to do a second year of probation and nearly a third, but for Union intervention. Every trick possible was used to try and get me out before completing probation... (Lecturer, Higher Education)

Computer software was not provided although discussed during interview and before start date. A laptop was not provided although discussed

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during interview and before start date. A suitable working area was not provided although discussed during interview and before start date. No needs analysis was carried out... There was no follow-up at any point from any HR/management person to ask how things are going or to identify additional types of support. (Manager, Higher Education)

- 6.25 Overall, in terms of responses to our call for evidence, more people were positive about induction and probation than recounted examples of discrimination and lack of support, but there were still too many negative experiences and evident waste of time and talent.

■ Employment

- 6.26 Responses about recruitment, including the application, appointment, induction and probation phases, gave the Commission important insights into the current situation facing disabled staff in that area. The question about support and discrimination in employment yielded an even richer array. Capturing the messages in a nuanced way has been challenging. Some responses have given cause for optimism. Others have revealed a considerable degree of poor and unacceptable practice disadvantaging disabled staff. As the following sections show, a wide range of themes emerged.

- 6.27 This part of our findings has revealed a spectrum of inclusion and discrimination. At one end, both organisations and individuals within them are inclusive and supportive, and at the other end organisations and many individuals are not. In the middle we found a mixed picture where organisations can be inclusive and individuals not, and organisations discriminatory and individuals not. We use this spectrum or framework idea in setting out our overarching conclusions.

Support and reasonable adjustments

- 6.28 We have found significant evidence of support and the provision of 'reasonable adjustments' for disabled staff, and we begin with the most positive:

I have been supported by acceptance, organisational culture, resources, personal development and supervision directed at helping me make a

positive impact for myself and the organisation. (Training and Quality Officer, Voluntary and Community Sector)

- 6.29 This suggests that at both institutional and personal levels, there is support and inclusion, and other comments reveal similar situations:

My current line manager has good understanding (of my impairment) – e.g. when refurbishing ensures my access needs are met. My employer has a disabled persons' support group and flexible work-life balance policy. (Advice and Equalities Lead, Adult and Community Learning)

(I have received) lots of support: a £9,000 wheelchair; a move to a cooler room; an electronic rising desk; (resources) on CD-ROM; carers to help at conferences. (Reader, Higher Education)

- 6.30 One respondent indicated positive improvements over a period of time:

As my career has progressed, my employers have become more helpful in providing for my communication needs thanks to increased awareness training and the DDA. (Tutor, Adult and Community Learning)

- 6.31 Many respondents have needed time off for hospital and doctor's appointments because of their impairments. For some this has been straightforward. Respondents remarked that they have received the required support and understanding 'where people have been aware' and 'after explaining the implications (of an impairment).'

- 6.32 Where there had been absence, some respondents indicated good practice in terms of a negotiated and phased return to work arrangements, negotiations regarding workloads and flexible working practices after periods of absence and regular review meetings.

- 6.33 Someone affected by a brain haemorrhage described the degree of support received from the employer in terms of full sick pay for almost a year, full assistance to return to work, including retraining, and a positive role for occupational health. Memory loss and damage was sensitively and unobtrusively dealt with.

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- 6.34 Whilst this particular story is positive, it contrasts with institutional treatment of people with other impairments, such as mental health difficulties and diabetes.
- 6.35 Some respondents reported positive ways in which individuals and organisations have effectively 'negotiated' with one another for effective and inclusive deployment:

I am never put in a position where I am asked to do something I can't do. I feel comfortable enough to say if I have a problem. For any part of the job I can't fulfil, the staff always find me another task that draws on my strengths – I do some work in educating staff and students in disability issues, which I enjoy. (Learning Support Assistant, Further Education)

- 6.36 For teachers and lecturers, there were a number of instances where timetables and rooming changes were made to accommodate them.

- 6.37 Some respondents contrasted employers and organisations:

I have been very lucky to find such an understanding employer. My previous employer however did not support me at all and bullied me to the point where I felt that leaving was my only option. (Student Guidance Officer, Further Education)

I have been very much supported during my time with my current employer ... However, this experience is very different to what I had in the work-based learning sector, where I experienced a lot of discrimination, marginalisation and thinly disguised bullying. Clearly there is still some work to be done around consistency within the different sectors of lifelong learning. (Equality and Diversity Manager, Further Education)

- 6.38 In addition, there were many mixed experiences in other ways, to an extent demonstrating the inconsistency in organisations outlined above, with mixtures of inclusion or discrimination at organisational or more 'local' level.

(There has been) very little support, but also no direct discrimination; more thoughtlessness – for example, they moved my secretary up a floor, so I needed to go upstairs to see her... (Tutor, Higher Education)

During chemo I asked if I could come into work because I enjoy my job.

My department allowed me to carry out light duties during that time and HR grudgingly agreed. Once my chemo was over HR insisted I quickly phase back into 22 hours teaching. My department, however, offered me projects to do to ease me back in. (Lecturer, Further Education)

- 6.39 Often, the cost of accommodating reasonable adjustments came up, and we have particular recommendations to address this issue, suggesting strongly that individual departments should not be disadvantaged by the expense of particular adaptations.
- 6.40 Sometimes, there seemed to be a contrast between the experiences of different disabled people in the same institution. One respondent reported excellent support with a phased return to work, regular follow-up meetings and encouragement to attend social activities when off work, but felt uncomfortable in contrasting this positive experience with the more negative experience of colleagues. Another respondent felt initially well supported but then felt her employers were 'getting fed up' with her absences. Disabled people, of course, have the same range of personality traits as everyone else – perhaps they inspire different (and inconsistent) individual responses on the basis of these traits.

Discrimination and the failure to implement reasonable adjustments

- 6.41 We received much evidence of organisational, as well as more localised and individual discrimination against staff with a range of impairments – often articulately and passionately expressed. Some of this we have dealt with in the section on mental health. One respondent even remarked that 'in the guise of equal opportunities some managers insist on everyone doing the same regardless of their situation'. Another, in a lengthy account, wrote of long-term health issues, trying to deal with pre-interview tests, an interview and restructuring in an unresponsive institutional environment. Respondents who had experienced long-term absence through ill-health often felt obliged or pressured to 'do the honourable thing and resign'.
- 6.42 People who believed they had been discriminated against made other comments:

There have been significant problems with accessibility in estates (meeting rooms, induction loops etc.)... The main problem seems to be lack of will,

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although I suspect it is the lack of will to spend the money to fix the infrastructure. I do see this as a form of discrimination that I have to deal with regularly. (Administrator, Higher Education)

The buildings in which I work do not comply with the DDA: there are no automatic doors; the pathways are uneven; dedicated parking is on cobbles; and only one classroom is both accessible and near toilet facilities. I feel that my needs are not considered. (Tutor, Adult and Community Learning)

I was unlawfully dismissed by a College of FE for reasons to do with my disability. Whilst I won at an employment tribunal, nevertheless this action had a serious impact on my career and mental health. (Researcher, Higher Education)

My employers really cannot be bothered to put themselves out to meet my needs. My head of department is unhelpful and the principal sets the pace for the rest of the establishment. (Lecturer, Further Education)

6.43 We received evidence of casework involving discrimination and organisational failure to provide 'reasonable adjustments'. An employer wanted to dismiss a dyslexic person on the grounds of capability, having claimed to have made reasonable adjustments. When challenged about using the procedure under the legislation, the employer backed down and provided the reasonable adjustments initially requested.

6.44 In at least one case, discrimination was linked with redundancy:

(I was discriminated against as I was) selected for redundancy whilst absent from work with a chronic flare-up of my disability... (My employers had) already pre-selected me by preparing timetables for every other member of staff in advance of the interviews taking place and making these timetables available on the college intranet. (Lecturer, Further Education)

6.45 We note that it may sometimes be hard for organisations to gauge whether or not employees returning from long periods of absence through ill-health should resume full duties straight away. The respondent in this case seemed to want this; others in similar situations have not. The answer should surely be sought through a process of communication and negotiation in each individual instance.

- 6.46 In some instances, whilst respondents stated that they felt neither supported nor discriminated against, their actual replies indicated more that discrimination was by omission or default, for example:

I have experienced no discrimination, but not a great deal of support from other members of staff. They feel that if I cannot do the job as they do then I should not stay. (Lecturer, Further Education)

There is little notion of 'a positive duty to promote disability equality' here.

Problems and complaints in employment

- 6.47 We gathered evidence of problems and complaints that respondents did not particularly associate with discrimination, although in many cases they were discriminatory. There were difficulties in attending specialist medical appointments, with excessive workloads and with font sizes in written communication. Venues for training were not adapted for disabled staff. Many respondents with mobility difficulties were unable to get designated accessible parking bays, or could not get the organisations they were working in to ensure that non-disabled staff did not use them.

The most difficult thing is remarks directed towards students with similar difficulties – most staff outside my department are unaware of my difficulties and feel it is OK to make derogatory statements about specific learning differences. (Disability Advisor, Higher Education)

I made very clear that I am dyslexic and text-based tasks take longer... I believe that no consideration has been given to my learning difference despite the fact that I have been open and honest from day one. Only when a colleague went sick did I get to buy outside marking support. My view is that like many organisations and institutions many individuals in the university talk the talk but they do not walk the walk regarding inclusion. (Lecturer, Higher Education)

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■ Promotion

Positive experiences and support

6.48 A number of responses indicated that some disabled staff had had positive experiences, sometimes in particular environments such as a local authority and sometimes expressed completely unequivocally. Occasionally, positive statements were qualified with phrases such as 'as far as I know'. Respondents have firmly stated that their impairments have made no difference. The following comments give a flavour of positive views expressed.

There is no discrimination in promotion. I am now a member of the Senior Leadership Team. It helps now that I work for a Local Authority. There is a lot of awareness of fair practices about. (Quality and Equality Manager, Adult and Community Learning)

Having recently been promoted, I have certainly been supported by my (then) line manager and also senior management who encouraged me to apply for the post based on my abilities to do the job rather than my medical condition. (Equality and Diversity Manager, Further Education)

Equivocal views about promotion

6.49 Because people had not been promoted, it did not mean that they believed they had been discriminated against on the grounds of impairment. Sometimes there were no obvious opportunities ('I have not achieved any promotion as I am the lead person in my provision'). Sometimes the answer was hard to judge - one respondent felt the employer was better disposed to appoint for 'people skills' rather than 'organisational skills', but this may not have been a matter of disability. Some respondents achieved promotions and saw no apparent discrimination, but received no support either. Some respondents reported that promotion was rejected for health and stress reasons. Disabled staff could be supported and discriminated against in different ways:

I have been supported and discriminated against. I have been 'discouraged' from applying for promotion as there has been 'concern' about taking on additional or more stressful duties. I have been 'encouraged' to develop new skills - which have led to new opportunities and new doors opening. (Researcher, Higher Education)

Discrimination in promotion of disabled staff

- 6.50 We received some evidence of discrimination, mostly by default, in the area of promotion, but also evidence of pessimism and doubt. In the case of one higher education institution, complicated procedures to do with quantity and quality of research produced, combined with absence through long-term ill-health, had disadvantageous effects for the affected staff member:

I informed both my appraiser (my line manager) and my Head of Section as well as Human Resources that reasonable adjustments applied to promotion procedures. The response was amazing! All three said that the University didn't have a disability policy to follow on promotions, so I couldn't demand reasonable adjustments and all three in different ways said that they couldn't possibly make special exceptions for me and I was wrong to ask for such favours because it would be discrimination! (Lecturer, Higher Education)

A fundamental lack of understanding of 'reasonable adjustments' (described as 'special exceptions') is shown here.

- 6.51 Respondents sometimes mentioned age and gender (occasionally at the same time) rather than just impairment:

I have had more comments about me being too old (actually this seems to apply only to women where I work) to go for internal promotion. I suspect my health might be raised if I applied. (Professor, Higher Education)

- 6.52 The issue of being fair by treating everyone in the same way was raised, combined with failure in organisations to think innovatively:

I have been treated the same as other candidates without disabilities whereas I should of course have been treated differently. Subliminally, people have not been prepared to take risks or a visionary approach in considering someone with a disability. In fact, such a person can bring much in the way of different insights and strategic direction. (Policy Officer, Lifelong Learning)

- 6.53 Respondents wrote about being discouraged from applying for promotion which might be 'too much' for them, despite being well qualified, or in some

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cases, overqualified. They wrote of being sidelined into particular areas despite good teaching and management records, and being treated in particular ways that make them pessimistic about promotion:

People are kind – but it makes me feel like a charity case – I’m a nuisance and they’re doing me a favour by letting me work. (I have to add here that I get the best A-level results in college and the surrounding area – yet I feel I have to justify continuing to work!). It is clear I would never get promotion, despite my 10-year record and 2 and 1 grades in inspections. (Lecturer, Further Education)

6.54 Pessimism was evidenced elsewhere:

Promotion of disabled people does not happen at my college. Disabled staff do not even bother to apply; they know from experience it’s a waste of effort. (Instructor, Further Education)

I think it is difficult to achieve promotion with a disability. Even if you are well qualified and have good experience, many managers see someone with a disability as potentially problematic. (Administrator, Higher Education)

Impairment inhibiting or preventing promotion and thoughts of promotion

6.55 We found instances of both these, indicating that in some cases the aspirations of disabled staff are lower than others.

6.56 In higher education, there was the recurring theme of academic output related to promotion:

My written output (published articles etc.), though better than some, is less because of my problems with reading and writing. Previously, lack of time for this has been a serious issue in holding me back. (Lecturer, Higher Education)

Because (of my impairment) I have found it very difficult to manage my workload (and had less study leave etc.), so my research has suffered and therefore I have fallen behind my contemporaries in terms of promotion. (Reader, Higher Education)

- 6.57 Elsewhere in the lifelong learning sector impairments narrowed opportunities as well as lowering confidence and aspirations:

Basically I am unable to progress. My disabilities stop me from being able to work any more than 10-15 hours a week. (Learning Support Worker, Adult and Community Learning)

Well, I think I might have been a manager possibly if I had not been deaf but there was no way I would have applied in the current situation. I feel I have been lucky to work here and have enjoyed what I do. (Analyst, Higher Education)

Very often I will not attempt to apply for promotion as I know that the possibility of me getting through a medical selection is compromised. Why would employers take on a person who needs time out of the system for medical appointments when they can have a fit and able person? ... They will use any method they can to screen people out from higher-paid jobs - hence the section on references about 'Number of days off sick'. (Manager, Further Education)

- 6.58 In these cases, disabled people express an almost fatalistic view, believing that there is a 'medical model' approach to their impairments. We also found that disabled people, like many employers, often were unaware of their rights and entitlements, good practice, the law and possibilities for improvements.

Other aspects of promotion

- 6.59 Some respondents said that they worked in specialist areas and that therefore there were no openings for promotion. Others, like many other disabled or non-disabled staff, were not interested in promotion, in one instance being ambitious simply to be a good classroom teacher. One comment contained positive and less positive themes:

If I maintain my position that would be good - no way would I be promoted. However, my skills and long experience are recognised and valued, with the opportunity to do some direct training again... My skills in strategic planning are used, and my bridging between Adult Education and Workforce Development in schools... We will see if I am still here in three

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years... Everything is about 'hitting the ground running' and 'working in the fast stream'... not very disabled-friendly. (Manager, Work-Based Learning)

■ The career and employment aspirations of disabled staff

- 6.60 This emerged as a separate theme in our investigations, but it seemed appropriate to include it here. It became clear that many disabled staff believed that their impairments had a profound impact on their careers and employment. Respondents focused on impairments rather than the barriers erected by society in relation to the impairments. The following comments highlight the contrast, both disturbing in their different ways:

I believe that lecturing is the only career open to me due to the limitations imposed by my disabilities. (Lecturer, Further Education)

My disability has not had an impact – the inflexibility of my managers and organisation has ruined my career. If I was allowed adjustments I would still be able to function as effectively as I did before my impairment. (Lecturer, Higher Education)

- 6.61 Impairments prevented people getting the qualifications to match their abilities. Impairments affected the types of career pursued, and in some cases this included taking jobs related to disability:

My personal disability experience has shaped my entire career – I am now a professional cripp! I have chosen to work as a disability practitioner. (Disability Officer, Higher Education)

- 6.62 Impairments also changed people's aspirations, in some cases curtailing them:

It has 'knackered' the ability for me to be able to support myself as a working disabled woman and stopped any promotion prospects. My body is a law unto itself when it comes to how well or ill I become on a day-to-day basis. (Learning Support Worker, Adult and Community Learning)

- 6.63 In some instances, respondents reported a change of focus – preferring fulfilment to promotion, moving to positions where they could inspire others,

challenge barriers or, in the case with a mental health service user, bridge the gap between theory and practice. Impairments caused people to consider certain career paths or career changes:

I cannot honestly say that I would have come into office work... I definitely feel that having cerebral palsy has changed my career aspirations as I need to be practical. My career progression has been reduced because of my disability. It seems to me that employers worry that disabled employees will take lots of sick leave and not perform to the highest ability (whereas) often they will give more to ensure they do their jobs to the highest standard. (Administrator, Higher Education)

This respondent felt unable to be considered for a higher job because it meant covering three sites miles apart and being unable to drive was felt to be an issue.

- 6.64 Respondents acknowledged the effect of their impairments in terms of the hours they could manage. Fatigue induced by work was a recurrent theme. Many reverted to working part-time. Others appreciated the opportunity to work flexible hours and to revert to home-working where possible. There were negative impacts to such changes. Anxiety was expressed about loss of earnings and the effect on pension entitlement of decreased hours. Impairments seemed to mean that work was more difficult to come by and limited the ability to change jobs or make career progress. Respondents wrote in general of lacking career progress, of having shorter careers with lower 'career trajectories', and of expecting to be 'blocked' for promotion. They referred to feelings of under-achievement, and either believed that impairments would make senior posts too challenging or were actually making them too challenging.

- 6.65 Often, respondents made bleak comments about aspirations and progression:

I've lost ambition to be promoted and accepted that my current position is likely to be my last before retirement (I'm 49). (Head of Department, Higher Education)

I have lost interest in aspirations and progression. Concentrating on putting one foot in front of the other takes up all my energies. (Manager, Adult and Community Learning)

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My career ended the day I had my amputation. I used to earn £30,000 per year; now I struggle to earn £9,000, despite being very experienced in my field. (Technician, Further Education)

- 6.66 However, certain impairments were not considered inhibiting, or respondents had a particular mindset in which they refused to let their impairments affect them, or derived added determination or benefit from them.

I have been grateful that my deafness led me into such a rewarding career. (Tutor, Adult and Community Learning)

(My dyslexia) has made me more determined to succeed. I spent my childhood being told I was thick, stupid and clumsy and I have now proved I am not. (Advice and Guidance Officer, Higher Education)

- 6.67 Overall, respondents tended to focus more on impairment as a deficit than disability imposed by society. We were struck by the number of instances, for example, where people were inhibited from applying for jobs or pursuing certain careers because they cannot drive. This is clearly discriminatory and a societal barrier.

■ Governance and the recruitment and employment of disabled staff

- 6.68 Named governors, board members and senior members of staff were often cited as having responsibility for disability or equality and diversity issues, but in other cases it seemed that no one named person was designated and that this was agreed policy:

We discourage governors from being special-issue governors. (Vice Chancellor, Higher Education)

- 6.69 A number of comments indicated a shared approach to the recruitment and employment of disabled staff:

We all contribute; most of the directors have disabilities. (Managing Director, Adult and Community Learning)

All staff and elected members have a responsibility to promote employment or career progression of disabled people. (Adult and Community Education Officer, Adult and Community Learning)

6.70 There was also evidence of a compliant approach:

The Pro-Vice Chancellor (Academic Affairs) chairs our Disability Forum, the primary role of which is to ensure that the university meets its legislative requirements around disability. (Equality and Diversity Advisor, Higher Education)

Little notion of embedding and mainstreaming disability equality is in evidence there.

6.71 Other comments gave explanations of quite complex bureaucratic structures (especially in local authorities) that were intended to address disability issues but, in themselves, gave us little encouragement that culture change was in prospect.

6.72 Finally, impairment was linked with the idea of shorter and 'flatter' careers.

Considering my qualifications, temperament and experience, I have not had the opportunities (for promotion) I think I have merited. My deafness means that I don't ever quite fit in or fit a norm. So my career trajectory has been lower than it might have been... Many other disabled people have a lower career trajectory and a shorter career than non-disabled people. (Policy Officer, Lifelong Learning)

6.73 In general, disabled staff are particularly disadvantaged in the areas of promotion and career aspirations, and this is illustrated by the fact that we received very little evidence of disabled staff in senior positions in organisations. This is an area where discrimination is covert and requires further research.

6.74 Lifelong learning organisations will find it beneficial to conduct a full review of their employment practices from recruitment to promotion, starting with an analysis of the proportion of disabled middle and senior managers in their organisations compared with disabled people in the adult working population.

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- 6.75 Those who promote recruitment and carry it out should not take promotion and recruitment decisions unless trained and mandated to do so. Action plans should follow from review and training.
- 6.76 To aid this process, infrastructure organisations should consider commissioning or conducting (as appropriate) research into employment practice that includes disabled staff.

These measures are incorporated into our recommendations.

- 6.77 The findings in this section contribute strongly to the emergence of many of our key messages. Overall, it shows a systematic failure to address the requirements of disabled staff and a lack of consistency that amounts to institutional discrimination, despite some clear good practice. Achieving change is a leadership issue. Although there was evidence of 'reasonable adjustments' there was virtually no reference to the next transformational step – anticipatory measures to ensure disability equality. We were particularly struck by the 'fatalism' of many disabled staff about promotion and career progression. There are few disabled role models in senior and strategic positions.

SECTION 7

Support for disabled staff at work and their capacity to work effectively

7.1 The feedback we received from our respondents, focus groups and other contributors in this section to a certain extent overlapped with what we reported in the 'Employment' section in our findings on Issue 3 (paragraphs 6.26 to 6.47). Here we concentrate on the capacity of disabled staff to work effectively; on practices, policies and procedures to support them; but also on financial constraints.

■ The capacity of disabled staff to work effectively and as role models

7.2 Many respondents had positive things to report about their capacity to manage work effectively. A good number were able to report that their impairments had no adverse effect, or that the 'reasonable adjustments' provided had overcome difficulties. Some had developed positive coping strategies to compensate for any disadvantage.

7.3 We were encouraged to learn how many respondents had used their impairments in positive ways. They could be empathic because of their own 'lived experience' of disability. They acted as role models to inspire others – colleagues, learners and students. They acted as advocates and educated others about disability issues. They brought more diversity to learning and, in some cases, believed that their impairment improved their job performance and gave 'excellent value for money'. Positive comments included:

My condition allows me much greater insight into the problems and challenges for our disabled students. (Lecturer, Higher Education)

My disability has made me a more determined individual, which can transfer positively to the workplace. (Lecturer, Further Education)

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(My dyslexia) means that I have brilliant communication skills, can generate great ideas, see the bigger picture, negotiate with people and think outside the box. I have determination and perseverance. (Project Coordinator, Higher Education)

- 7.4 In one or two cases, respondents expressed insights based specifically on a 'social model' approach to disability:

It is what other people do or forget that might affect me. I think unless some people have direct experience of some medical conditions they have very low awareness that these exist all the time... (Lecturer, Higher Education)

■ Less positive experiences of capacity to work effectively

- 7.5 We found that respondents also reported difficult, less positive experiences about their capacity to work effectively. Impairments, or medication associated with impairments and ill-health, induced fatigue and the need for extra breaks and extra time to complete work, with a resulting effect on stress levels. Dyslexia, mental health difficulties, sight impairment, hearing impairment, diabetes, pain and a range of other impairments made people tired and prone to forgetfulness, loss of confidence or loss of stamina. Panic attacks were not uncommon. Respondents said that they experienced frustration, anxiety about output and outcomes and sickness levels. In some cases they feared negative attitudes from colleagues.

- 7.6 Their impairments had different impacts, making certain activities and jobs more difficult – for example, if they were tutors or lecturers, classroom management could be difficult. Managers might have difficulty with travel and networking. Many respondents had the challenge of being able to work to full capacity. There was the strain of having to plan everything in advance. In many cases, facilities were not suitable and respondents had to cut their hours.

■ Support for effective working

- 7.7 Respondents had suggestions for addressing these negative experiences. They believed that initial assessment of needs was not enough and that

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regular reviews were required. Shorter and more flexible hours were presented as solutions, in some cases with the hope that pay and conditions would not be adversely affected. Addressing the role of targets and workload in raising stress levels was a theme that recurred.

FE is so driven by unrealistic targets and priorities set by government and LSC that the pressure and stress is unavoidable for someone with a long-term condition (and in fact for anyone). (Director of Student Services, Further Education)

- 7.8 Mainly in HEIs, there were calls for mandatory disability and equality officers, or a knowledgeable designated person in HR to work with and support disabled staff.

- 7.9 Lifelong learning organisations should consider appointing or training designated staff with responsibility for disability equality, such as disability equality officers, who are trained to specialise in supporting disabled staff.

- 7.10 Above all, many respondents called for more training and promotion of disability equality, including for senior managers, combined with changes in attitudes like the ones referred to below. This is one of our key messages and we have already suggested practical measures and recommendations to address it:

Some managers still believe it is about treating everyone the same! (Equality and Diversity Manager, Further Education)

The University should take more seriously its role in preventing harassment on the grounds of disability. It's an almost untenable situation. My employers love the fact that I am disabled because it makes them look good in league tables but then won't protect my rights not to be harassed. (Lecturer, Higher Education)

- 7.11 We found that where people thought nothing could be done for them, they could nevertheless be positive:

My hearing is now 40 per cent in one ear and none in the other. There is nothing more to be done. My employer has been exceptional in the amount of care given. (Curriculum Leader, Adult and Community Learning)

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Without in any way undermining the satisfaction of this respondent and without knowing the full picture, we wonder if all the support options have been explored and would argue that what is considered 'exceptional' should in fact be the norm.

■ Organisational policies and schemes

7.12 The Commission was pleased to receive a high volume of very detailed comment and explanation about policies and schemes to support disabled people, though from a relatively small number of organisations. Respondents comprehensively covered culture and awareness, Disability Equality Schemes, policies and practices, employment processes and support for disabled people through 'reasonable adjustments'. There was clear evidence of a strong ethos of disability equality and, indeed, equality and diversity across all the different 'strands', in HEIs, FE colleges and local authorities. In some instances, the organisational ethos 'shone through' in explanations of policies and processes.

7.13 We were made aware of significant schemes of innovative practice to include disabled people, for example a partnership scheme of three colleges in the North West region and a scheme developed by a college in Gloucestershire to improve the employment rates and prospects for disabled people. In both cases, there seemed to be recognition of the importance of preparing the ground for employment through work experience, traineeships and other methods, counteracting practices such as networking and informal recruitment that subliminally disadvantage disabled people.

7.14 Respondents often listed an impressive array of policies, codes of practice and action plans and, slightly less often, practical ways in which these were carried out:

We have about 30 to 40 college policies and we are reviewing all of them for their reference to disability. We started in December 2006, spurred on by the Disability Equality Scheme, divided them into high, medium and low priority and went through high and medium first. We have gone through about 15 so far... (College Administrator, Further Education)

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- 7.15 There were many specific references to consultative groups or people actively involved in Disability Equality Schemes and promoting disability equality. 'Disability Focus Group' meetings, union-initiated 'self organised groups' (SOGs), including for disabled staff, 'Equality and Diversity Forums and Steering Groups'.

We have a disabled staff forum which meets monthly or every six weeks. It was involved in the development of the Disability Equality Scheme and its members sit on impact assessment panels. They are planning a significant disability awareness event for December. They report to the Equality and Diversity Committee on an annual basis... and chase the directorate about actions assigned in the action plan... The main thing is that we take very seriously the involvement of disabled people in impact assessment of policies. (Equality and Diversity Advisor, Higher Education)

- 7.16 The good practice we report here contributes to and confirms another of our key messages - the transforming and empowering potential of Disability Equality Schemes and the full involvement of disabled staff.

- 7.17 In one or two cases, respondents reported using external organisations for assistance, such as Abilitynet for assessment of disabled staff's ergonomic and IT needs and DisabledGo for access, sometimes also revealing arguably dubious approaches to do with access and 'reasonable adjustments':

We were the first university to sign up with DisabledGo and are using their recruitment site to advertise all job vacancies. We have also purchased from them an online access guide that allows people to see in detail the levels of access in different buildings (it is very, very detailed). Therefore if people are considering applying they can look and think about what the access issues might be and what they would want to discuss at interview. (Equality and Diversity Advisor, Higher Education)

- 7.18 Whilst this is a step forward, we wonder who should be considering and making the adjustments - the employer or the prospective employee? Anticipatory measures are the appropriate way forward.

- 7.19 Other statements sometimes raised doubts for us, for example:

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Where an employee becomes disabled, or where existing staff with disabilities experience difficulties in employment, the college will give every reasonable and practicable consideration to ensuring the employee may remain in employment. Considerations include adjusting responsibilities, hours of work or workplace, re-deploying the employee to a suitable alternative post, and allowing time off for rehabilitation, assessment, treatment or training. (Human Resource Manager, Further Education)

But there is no mention in this paternalistic statement of involvement of the individual disabled person, exploration and negotiation, or the priority to enable individuals to carry on working to have access to the same opportunities, quality of life and life chances as non-disabled people. There is no mention of 'more favourable treatment' on the grounds of impairment.

7.20 In our recommendations, we urge lifelong learning organisations to focus on an anticipatory approach to disability equality, including 'taking steps to take account of disabled persons' impairments even where that involves treating disabled persons more favourably than other persons'. We call on infrastructure organisations to develop programmes and provide funding to support this approach.

7.21 A focus on anticipatory measures marks a shift forward from providing 'reasonable adjustments' on an individually requested basis to an approach that tries to remove all barriers and therefore lessens (though does not eliminate) the need for such adjustments.

■ Financial constraints preventing 'reasonable adjustments'

7.22 Although we received evidence of effective working by disabled staff and effective support for them to do so – through practical measures and policies – we also received numerous references to departmental or section budgets being insufficient for providing 'reasonable adjustments' embodied in this comment:

I was assessed as benefiting from an ergonomic chair and voice-operated software but there is no budget for these things. (Professor, Higher Education)

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7.23 Being well-intentioned and having good policies and schemes for disability equality are not enough if financial constraints apply. Hence, we put forward this measure, which we have also incorporated into our recommendations:

7.24 Lifelong learning organisations are urged to review their budgetary procedures to ensure 'reasonable adjustments' are funded from central budgets to avoid disadvantage and inequity within organisations where some departments have a more favourable financial position than others.

SECTION 8

Learning and training opportunities

- 8.1 The Commission sought evidence about learning and training opportunities for disabled staff – including initial teacher training, continuing professional development and any other learning or training they undertook associated with their work. We were keen to find whether disabled staff disclosed their impairments, and what positive and negative experiences they had encountered.
- 8.2 We were concerned that some disabled people may face barriers entering initial training and, thus, may not enter the lifelong learning workforce. If disabled staff working in lifelong learning face barriers to and discrimination within learning and training, this can significantly marginalise them and can prevent them from developing the skills and qualifications needed to progress. It could directly contribute to an absence of disabled people in senior positions.

■ Disclosure of learning difference, impairment or health condition in taking up learning and training opportunities

- 8.3 We found that disabled staff disclosed or did not disclose for very similar reasons to the ones cited about disclosure in an employment context.

'I do disclose...'

- 8.4 Overwhelmingly, we found that disabled staff disclosed their impairments in order to get 'reasonable adjustments' so that they could participate in and benefit fully from the opportunities offered. People disclosed because 'trainers cannot help otherwise'. This was true whatever the impairment.
- 8.5 Often, respondents disclosed because their impairments were obvious and

they had no choice. Sometimes they disclosed out of politeness or 'to establish that I am not being rude if I have to get up and walk around'.

- 8.6 There were other, sometimes almost altruistic and certainly positive, reasons for disclosure, including for 'role model' purposes:

It is vital that others understand my disability and why I work the way I do.
(Tutor, Offender Education)

I believe it is necessary to be 'out' and open as much as possible... to challenge the stereotype and prejudices. (Lecturer, Higher Education)

- 8.7 We found one interesting, important and subtle use of disclosure to enable the respondent to gauge the quality and responsiveness of the institution offering training:

If you disclose and the institution is ignorant, its response tells you what kind of institution you're dealing with and whether you want to attend the course. (Learning Development Advisor, Higher Education)

'I don't disclose...'

- 8.8 There was a variety of reasons for non-disclosure. Disclosure was sometimes considered unnecessary or not relevant. A good number of respondents feared discrimination, directly or by implication. Occasionally, there was no opportunity to disclose, it was difficult to 'admit' and people did not want to draw attention to themselves. There was some ambivalence generally. One or two people thought disclosure would make no difference. The following examples illustrate some of these views:

I don't disclose because of fear of prejudice and experience of disclosure making little difference. (Teacher and Trainer, Lifelong Learning)

I don't think it will make any difference to trainers' approach to me'
(Training Instructor, Work-Based Learning)

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'I sometimes disclose...'

8.9 Many respondents disclosed on some occasions and not others. Disclosure would depend on the type of training being undertaken – whether for a longer qualification or just a day, for example. Respondents disclosed if it was relevant or if it secured 'reasonable adjustments' like a comfortable chair, or handouts in a required font size.

8.10 Sometimes, disclosure did not happen because it was not considered relevant, or because of anxiety about negative labelling that might result. Respondents feared discrimination and adverse reactions to disclosure and, in some cases, were too embarrassed. We found evidence of people resisting disabled identities and sometimes choosing training that bypassed the problem:

(I do not always disclose) because I prefer not to see or label myself as disabled – I was born with a disability and so it is me and I do not expect special treatment. (Assistant Principal, Further Education)

8.11 Some respondents believe that some impairments carry more stigma than others:

(I disclose) mobility problems, but not my mental health condition – the world of education is one of the most unsympathetic imaginable in my opinion. (Director, Higher Education)

■ Positive experiences of learning and training

8.12 We received considerable evidence of positive and, in some cases, positively uplifting experiences. Many providers offered all the 'reasonable adjustments' required by disabled staff as students and learners. In some cases, adaptations and additional assistance were not simply reactive but anticipatory, indicating that organisations were taking seriously their duty to promote disability equality. 'Reacting' to individual impairment and preparing in advance is important, as is exploring the individual needs of disabled staff as learners. This becomes anticipatory if pre-training exploration of need is automatic, most adaptations and adjustments are in place even if disabled people are not undertaking the training and processes and procedures are

in place for swift responses. An anticipatory approach is when venues are fully accessible as a matter of course to disabled delegates, accessible parking bays are sufficient, hearing loops are installed, resources are available in a range of media and font sizes, and trainers fully versed and trained in how to respond to individual need and so on.

8.13 Positive measures included one institution booking a hotel room at a conference to enable a delegate to rest if required, and another booking overnight accommodation for a physically disabled delegate. Other measures included Braille services for blind people, regular meal breaks for diabetics, transport to and from the station, induction loops, signers and subtitles for hearing-impaired people, handouts adapted for dyslexics or those who required Plain English, and assistive technology for people with specific impairments.

8.14 A number of named organisations seem to have gone beyond compliance to inclusion and a proactive, anticipatory approach:

(Named institution) is very proactive when it comes to disability. Whatever adjustments are necessary are always made. (Lecturer, Further Education)

(Named organisation) ran a two-day reading course. Support was excellent – staff were expecting me and provided support without prompting throughout. This is very rare. (Tutor, Adult and Community Learning)

8.15 Good practice is not necessarily recent. One respondent wrote of the experience of lip-reading tutor training from 1994 to 1995:

The classroom was equipped with a powerful hearing loop used with radio microphones. We were seated in a horseshoe arrangement at all times, to allow good visibility of each other's faces, in good lighting and quiet conditions... It was an extremely positive and heart-warming experience for me... Current training days with my professional organisation are similarly conducted. (Tutor, Adult and Community Learning)

8.16 We found that distance-learning opportunities, including Open University courses, were positively received:

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I was able to take a distance learning PGCE which I could fit better around my illness, rather than having to attend a particular venue at set times. (Lecturer, Further Education)

I did a three-month on-line course with (named organisation) last year working from my desk at home. I was able to study at times that suited me, with three assignments and the rest of the work done on the learning platform... (Subject Support Coordinator, Adult and Community Learning)

- 8.17 Communication between disabled people and trainers is important, as the following comment indicates:

In the main, providers are very willing to offer reasonable adjustments, although they rarely give thought as to how this could be best achieved. I do find providers are happier - especially after 2004 - to ask me directly what I require. (Employment Support Worker, Lifelong Learning)

- 8.18 We would say that such communication about requirements, combined with other measures, can be considered anticipatory rather than simply reactive.

- 8.19 Respondents commented that explaining why adjustments were necessary helped others understand apparently odd behaviour (such as 'falling over'!) and could lead to helpful discussions about disability. They appreciated being included 'without fuss or patronising' and preferred real understanding of challenges faced rather than 'sympathy' and 'good intentions'.

■ Negative experiences of learning and training

- 8.20 The very many negative experiences were almost mirror images of the positive responses. There were numerous instances of inadequate adjustments. Physically disabled people found accessible parking bays occupied by the cars of non-disabled people, ramps too steep, doors too heavy and accessible toilets in inaccessible areas. PowerPoint presentations were often criticised for font size or background. Deaf and hearing-impaired respondents had numerous problems with induction loops, positioning and lack of written materials. Diabetic people were faced with

a lack of appropriate food for special diets and ill-timed breaks. Dyslexic people did not have sufficient time for some written tasks. People reported being excluded from group discussions.

- 8.21 Ironically, there were instances of Disability Equality and Equality and Diversity training not accommodating disabled delegates in various ways. Training organisations asked for disclosure but then did not act on the information given. Respondents mentioned 'being the token disabled person', being excluded from particular activities because 'it is pointless' or because of other assumptions, as in this example:

(The) leadership training was centred around physical activities - I was 'forced' to explain why I was unable to participate. Leadership is clearly linked to being non-disabled. (Programme Support Officer, Higher Education)

- 8.22 Sadly, we received evidence of discomfort from disabled staff, such as a diabetic person having to risk a 'hypo' attack or sitting out some activities and 'looking a fool', and others being patronised and even humiliated at training and learning events:

I could not participate and was made to feel 'disabled' instead of a disabled participant. (Curriculum Leader, Adult and Community Learning)

At one conference the speaker stood up and asked the room full of participants 'Who is the person who wanted a hearing loop?' It was very embarrassing especially as the loop wasn't working and the speaker apologised to everyone else for keeping them waiting while they tried to sort out the problem. (Curriculum Manager, Adult and Community Learning)

- 8.23 Finally, it seems unacceptable to us that a respondent should have to report:

My support needs are not met, but I must say that I have a range of coping strategies that usually work very well... (Teacher, Sixth Form College)

■ The view of senior managers and HR about learning and training opportunities for disabled staff

8.24 We found little mention of the negative experiences of disabled people, though some awareness of difficulties:

I would say we've probably got a bit to do in that area - we are not fully aware of what the barriers are. We are gradually becoming aware - through the disabled staff focus group we run and in future through the forum we will set up. (Personnel Advisor, Higher Education)

8.25 HR and senior managers often took the view that learning and training opportunities are available without prejudice for everyone, and could point to a wide range of adaptations and 'reasonable adjustments' made to accommodate disabled staff - web-based staff development conforming to the appropriate accessibility specifications, Braille facilities, mobility access, dyslexia-friendly resources, hearing loops, interpreters and so on. What applied to employment we found also applied to learning and training. Respondents cited Investors in People as having a positive effect in general on learning and training opportunities.

8.26 Disability equality in learning and training will come from good leadership and sensitive management. It will be based on anticipating the requirements of disabled staff, including providing 'reasonable adjustments' for individuals. It will develop out of the implementation of good Disability Equality Schemes. The effects of good practice will benefit all staff, learners and students.

SECTION 9

Access to Work

■ Snapshot data: Access to Work

- 9.1 Disabled staff: 29.2 per cent of disabled staff respondents used the Access to Work (AtW) scheme; 32.3 per cent didn't know what it was; 38.5 per cent didn't use it.
- 9.2 HR/management: Awareness of AtW was much greater amongst HR/management respondents – 62 (over half) used it in their organisation, whereas nine didn't and 11 didn't know what it was. (For HR staff, percentages have not been used as numbers responding are less than 100.)

■ The benefits of Access to Work

- 9.3 There is little doubt that Access to Work has had a considerable impact on disabled respondents in lifelong learning. It has been described as 'wonderful', 'VERY helpful' and 'absolutely brilliant'. One view that kept recurring was that without Access to Work, certain respondents would not be able to do their jobs or, in some cases, carry on working:

I can do the job because (Access to Work) have paid for a decently powered wheelchair. Without that I could not do it. (Research Fellow, Higher Education)

(It has made) a big impact. I could not do my job if I did not have access to interpreters. (Learner Support Worker, Further Education)

- 9.4 We found that the scheme is used in a very wide range of ways – for human support, assistive technology and equipment, and travel. Interpreters, electronic note-takers, wheelchairs, radio aids, specially adapted chairs and workstations, specialist software, laptops, taxis, specially adapted cars

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and hired drivers are some of the uses for which the scheme has provided funding.

9.5 There is also evidence of indirect benefits:

It actually made my employers start to meet my physical needs. It helped me to know what to ask for, got Occupational Health involved and provided advice. (Project Officer, Work-Based Learning)

It made it possible to do my job. I am not sure employers would be so positive about meeting access needs without this financial support. (Equality Advisor, Adult and Community Learning)

9.6 One respondent alerted us to the fact that schemes other than Access to Work can be helpful:

My return to (part-time) work, using my professional background, was only possible because of the combined support I received from Access to Work (which assists with the cost of my travel to work by taxi) and the 'Return to Work' credit... a weekly payment to top up earnings for the first year after returning to work from Incapacity Benefit. (Equality and Diversity Manager, Museums, Libraries and Archives)

■ Mixed views about Access to Work

9.7 Respondents combined positive views with less favourable ones, though they tend not to be directly about the scheme offered but about aspects associated with it:

I am very positive. However, it has also been embarrassing at times as my employer has never made any of the voluntary contributions. They argued over my head over who should pay a couple of times. (Lecturer, Higher Education)

I have absolutely no complaints about the AtW side of things. The local office has been helpful, supportive, responsive and thorough. But unfortunately... Jobcentre Plus has had to refer me back to the University... which is ignorant about what to do and how. (Researcher, Higher Education)

- 9.8 Positive views about the benefits of Access to Work provision could be combined with misgivings about the result of the support:

It's had a positive impact for me... I have become quite skilful at, say, running training events with electronic note-takers to support me. But paradoxically, the support also stigmatises me until people get used to my modus operandi, and it reinforces that it is me who always has to make the most adjustments because of my impairment, and not other people. So the focus is still on me and my disability, in a reinforced way, rather than on society's shortcomings in relation to me. (Policy Officer, Lifelong Learning)

■ Negative views about Access to Work

- 9.9 We did gather some less favourable evidence relating to aspects of Access to Work. One respondent found it intrusive. However, most criticism was more about unintended problems and effects than the scheme itself:

Some of the equipment has saved me a lot of pain, but the overall effect was to make relations with my Head of Department so bad that I was forced to leave the department (and my career?). Therefore, in my particular institution I would advise anyone else not to apply - just grin and bear it. (Professor, Higher Education)

It took three years for the LEA to agree to work with Access to Work who recommended a specific desk chair. The LEA refused to contribute half the cost... The LEA refused to let me take it with me on secondment. (Manager, Adult and Community Learning)

I used to use it a few years ago - it was utterly hopeless. It takes too long; they drag their feet; they don't give the money they claim to; it's too bureaucratic; they go for the cheap option; they impose their own agenda ... It takes so long members of staff have left through frustration by the time the equipment arrives. (Learning Development Advisor, Higher Education)

- 9.10 Although the focus of Access to Work is on individuals and 'reasonable adjustments' for them, we find it unacceptable that organisations should appear to be unable to overcome the procedural and administrative

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aspects of the scheme in order to include disabled staff, and that there should in some cases be resistance to it and its benefits.

■ Access to Work: the view of senior staff and HR managers

- 9.11 The views here tended to mirror those of disabled staff who used Access to Work. There were many very favourable comments showing the numerous different advantages of the scheme in securing 'reasonable adjustments' for staff who are already employed or who develop impairments, or to facilitate taking on new staff who are disabled:

It was amazing really. We had a cleaner who had very special needs. His ability was declining and it became a health and safety issue – he was using toilet cleaner on desks. Access to Work provided a carer for him to work with during his last couple of years before retirement. (College Administrator, Further Education)

It has been excellent – a profoundly deaf learning support assistant can access support for meetings and staff development. (Curriculum Manager, Adult and Community Learning)

- 9.12 One respondent reflected on how Access to Work had caused progress in thinking about disabled people:

It helped us to see we had a responsibility to make it possible for a disabled person to work for us – but that we would get support. (Regional Director, Further Education)

- 9.13 Where there have been criticisms, again they have tended to concentrate on the bureaucratic aspects:

Generally I am quite positive but I had to do a few sharp intakes of breath recently – with regard to worrying about confidentiality and other things... (Access to Work) was not proactive... and unless you push for an assessment you don't get it. (Disability Officer, Higher Education)

- 9.14 Members of the Commission met representatives of JobCentre Plus (JCP) and the Department for Work and Pensions (DWP) in October 2007. The

Commission learned of the efforts to improve the Access to Work service. A national delivery manager has been appointed to run the service, benchmarks and targets have been introduced, and the 'postcode lottery' in terms of consistency of support is being addressed. The position of JCP and DWP is contained in our report at: www.niace.org.uk/commissionfor-disabledstaff/access-to-work. We are pleased with the progress JCP is making and urge the organisation to maintain and step up its campaign of improvement.

- 9.15 Interestingly for us, there were at least two instances of organisations not using Access to Work because they themselves supplied and financed all the necessary adjustments. Could Access to Work one day be less fundamentally important as organisations embrace the concept of anticipatory measures and build that automatic assumption into their financial planning? Access to Work remains and will remain important, but we believe this would be a very positive development.

SECTION 10

Workplace and workforce

10.1 In our interim report we drew attention to how the type and size of a workplace can have an impact upon the employment experiences of disabled staff. In this section we present our findings in this area in more detail.

■ Higher education

10.2 About 30 per cent of disabled staff who responded to our call for evidence worked in higher education (HE). As stated in our interim report, we found that many disabled staff working in higher education felt discriminated against. This appears to be particularly true for academic staff. The culture within HE for academic staff can be competitive; staff may be expected to work long hours to keep up with developments and publications, and may be expected to produce a certain amount of publications themselves. Staff whose impairments are fatiguing, affect their reading and writing, or limit the amount of hours they can work report that they feel unable to keep up with the standards set.

10.3 In particular, disabled staff working in academic roles in HE felt discriminated against in terms of promotion. Promotion often appeared to be based partly upon a person's ability to publish – and promotion paths are inflexible. Staff whose condition affected the pace at which they worked felt passed over for promotion. Impairments, and the effect of these, may not be taken into account when considering staff for promotion:

(In terms of promotion) it is evident that I have fallen behind people who were quite junior to me and I have been actively blocked when enquiring about promotions. (I was off sick, returned to work, and two years later) I asked about promotion or additional discretionary increments... I was told

my disability was irrelevant, that no exceptions could be made for my absence and that I had failed to publish enough recently. (Lecturer, Higher Education)

- 10.4 There are also issues in terms of how management structures are organised in higher education. Heads of department may become managers required to manage staff who had previously been peers, without any particular management training or skills:

I think the line manager role is particularly difficult in higher education: heads of department are not trained managers and often don't have the same kind of personal investment in disability awareness and procedure that we might expect from a trained manager. (Lecturer, Higher Education)

- 10.5 The HE sector, with its emphasis on academic excellence, may be a difficult place for people with dyslexia to work. The pressures on staff regarding writing and reading, and academic culture and expectations, may prevent people with dyslexia pursuing careers in academia:

(Because of) the Research Assessment Exercise academics have to produce so many books and articles in a given time - there is pressure to turn them out. They have to read everyone else's and produce their own - it is a nightmare!! I decided it wasn't worth the effort so decided not to go down that route. The traditional route is not dyslexia-friendly. (Learning Development Advisor, Higher Education)

- 10.6 Although disabled staff working in higher education reported a broad range of experiences, there was strong evidence that higher education is not a good environment for disabled people:

The general work culture in HE is not helpful. Everyone is stressed, fed up with useless paperwork and anyone with additional problems suffers more in these circumstances. (Lecturer, Higher Education)

I'm leaving academia. I've no desire to remain in a sector that is so passive-aggressive towards those with disabilities. I know from previous experience that other sectors are more helpful, realistic and welcoming than academia and so will be returning to that. (Researcher, Higher Education)

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Mental health and other non-visible disabilities are not discussed, let alone addressed. There are issues within HE in actually engaging in discussions around disability. This is because academic institutions find it difficult to change. I am not saying that FE has all the answers but I do think they appear to be more ready to enter into the debate. (Equality and Diversity Advisor, Lifelong Learning)

■ The further education system

10.7 The pressures in the further education (FE) system, and their effects on disabled staff, appear to differ from those in HE. Whereas in HE the emphasis on research and publishing may have detrimental effects on some disabled staff, the further education culture seems to be more characterised by an emphasis on targets and performance relating to learner achievement.

10.8 Some 36 per cent of disabled staff who responded to our call for evidence worked in the FE sector. Some described the increasing demands of the sector, and how they had an impact on the experiences of disabled staff. In particular, new requirements regarding teaching qualifications may have had particular detrimental impacts on disabled staff. One staff member who left her role describes her reason for leaving:

I couldn't cope physically and mentally with the increasing demands and new contract requirements... I would also have had to increase my qualifications in the teaching and the subject area which I could not do alongside work commitments... I don't think (returning to work is) an option - it looks like things are worse now regarding workloads... There is a big economic disadvantage to living with long-term illness. Placing additional workloads and qualification demands on such people can compound the disadvantage if the only way to stay in the profession and 'keep up' is to cut your hours to part time so you can jump through the (regulatory) hoops. (Ex-Lecturer, Further Education)

10.9 As with higher education, workloads can demand long hours from staff and evening and weekend work – which can be impossible for some disabled staff. These demands can create huge problems for some staff and can also affect progression to senior levels:

I don't think that, generally, senior management in FE allows for anything but robust health and the ability to work long hours. (Director, Further Education)

Hours of work can be the biggest problem. As part of the Adult Learning Directorate, this involves evening work – 12-hour days are often unavoidable – I am unable to change this without going onto a fractional contract – so I have to learn to deal with it as best I can! Not ideal. (Manager, Further Education)

I don't feel the sector has room currently for a disabled manager who isn't up to working a 50-hour week and that's a shame because it's a loss of talent and expertise. (Director, Further Education)

■ Other sectors

10.10 We did not receive significant evidence from staff working in other sectors to enable us to comment comprehensively on them. While 19 per cent of disabled staff who responded to our call for evidence worked in the adult and community learning sector, their responses did not, generally, refer to sector-specific issues. Responses from staff working in senior management and human resources roles suggest there are higher percentages of disabled staff who have disclosed in adult and community learning than in other sectors, suggesting greater visibility and awareness of disability. Our findings suggest that discrimination faced by staff working in adult and community learning may be on a micro level, and may relate more to discriminatory attitudes and practices of individual managers.

■ Size of organisation

10.11 We believe that, as well as type of organisation, the size of the workforce has an impact on the management of disabled staff. Smaller organisations benefit from a personal approach: individuals are known and issues dealt with on an 'as-needs-be' basis. Alternatively, larger organisations have the resources to be able to buy in support services and to absorb larger support costs within existing budgets. Similarly, there will be cultural, organisational and fiscal differences affecting voluntary sector, statutory and private training providers.

■ Part-time and hourly paid staff

10.12 Some 68.5 per cent of disabled staff respondents worked full-time; 20 per cent worked part-time fractional and eight per cent worked part-time and were hourly paid. Many disabled staff respondents discussed the significance of hours of work. Some had impairments that meant they were only able to work part-time. Others worked full-time but were planning to reduce their hours as they felt unable to continue on full-time hours.

10.13 We received evidence that the 'long-hours culture' that exists in many lifelong learning organisations, and the predominance of full-time posts, as opposed to part-time posts, discriminates against disabled people:

For some disabled people – notably those with energy impairments or other conditions which make full-time work difficult or impossible – the use of the concept of 'indirect discrimination' to challenge issues relating to part-time work would be exceedingly valuable. The argument that this is covered by the concept of 'reasonable adjustment' is not commonly borne out in reality... Disabled people working in the museums, archives and libraries sector have been known to experience point blank refusals to even consider part-time working (or indeed an alteration to the working pattern of an already part-time position) as a reasonable adjustment to allow them to work in the sector for which they are qualified and experienced... Such failure to consider part time working as a 'reasonable adjustment' is only one of many reasons why disabled people are under-represented in the workforce. (Archivist, Museums, Libraries and Archives)

It needs to be established, in law and in practice, that there is a presumption that full-time jobs can be applied for on the basis of part-time or job-share working. If the best candidate needs to work part-time then the job should be set up accordingly. Exceptions would have to be presented with a strong business case. (Equality and Diversity Manager, Museums, Libraries and Archives)

10.14 Finding part-time work may be disproportionately difficult for those who are impaired, whereas people who develop impairments within work may find adjustments to hours more readily accepted:

It is easier to persuade an organisation to let you become a part-time employee if you are already in a full-time post than if you are applying for a new post in a new organisation. This means that, for people who acquire an impairment whilst in post and need to reduce hours, support may be there, but for those who need to enter employment in the sector on a part-time basis the opportunities are very few and far between. (Archivist)

- 10.15 There were some examples of excellent responses to requests for part-time work – but these may be the exception rather than the rule:

I applied for my current post (which was advertised as full-time) but explained that I would need to work part-time at my interview. The head of the interview panel asked me how many hours I wanted to work and, when I was offered the job, it was set up on that basis. Since then I have been able to modify my hours... I think I would find it extraordinarily hard to find another employer who would take me on... Such part-time jobs that exist are set for fixed (and usually unsuitable) hours and the responses I have received, when enquiring about part-time work, in the context of a job advertised full-time, are best described as banging my head on a brick wall. (Archivist)

- 10.16 Similarly, staff working on temporary contracts or those who are paid on an hourly basis may not have the same pay and conditions as other staff. If they develop impairments, they may find they are not protected – contracts can be ended.

■ Agency staff

- 10.17 We believe that for some disabled staff employment via an agency may be preferable as it allows for flexibility and may mean employees have more control over the hours they work. However, we are also concerned that disabled agency staff will face particular discrimination as they may not have the same access to promotion opportunities or entitlement to sick or holiday pay as staff directly employed, may have little access to training and may have little job security or protection. Some company policies within the lifelong learning sector may not apply to agency staff and they may not have the same access to human resources or occupational health support.

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Agency (workers) are outsiders and do not sit within the core staff – where does the responsibility lie – with the agency or with the host? Should organisations using agency staff be monitoring disability? (Human Resources Advisor, Further Education)

Agency staff may not feel like they are part of the workforce and it needs to be made clear by senior management that they are and that the same disability rights apply to them too. (Employer Liaison Officer, Lifelong Learning)

- 10.18 Only 0.7 per cent of disabled staff respondents worked for an agency, so we are not able to come to significant conclusions regarding this issue. Further research is needed into the area of disabled agency and part-time staff in the lifelong learning sector, and this is part of our recommendations to LLUK.

■ Disabled people within the workforce

- 10.19 Data from LLUK, set out in our interim report, suggest that between 1.1 and 3.1 per cent of disabled staff working in lifelong learning have declared an impairment in most regions. Our final data from human resource and senior managers show average disclosure rates are significantly higher at approximately 6 per cent (although this is based on responses from only 77 organisations). This may be because more organisations committed to disability equality responded to our call for evidence. Nonetheless, is it still significantly lower than 19 per cent, which is the percentage of adults of working age who are deemed to be disabled according to workforce survey figures:

There never seem to be enough disabled people – the same as with black people – coming into teaching (compared to the general population). Is there a barrier further down the line, such as in college/teacher training? We don't get a lot of disabled applicants. (College Administrator, Further Education)

- 10.20 This raises concerns that disabled people are not attracted to, or recruited to, the lifelong learning sector. Further research is needed into why disabled people are not attracted to the lifelong learning sector, and why disclosure

in the sector is low, and our recommendations call on the appropriate infrastructure organisations to commission and fund this.

10.21 While we have included all staff working in the lifelong learning sector in the Commission's work, we are particularly concerned about some groups of disabled people and routes into teaching. We have received evidence that some Deaf tutors have difficulties being accepted on to Certificate of Education and professional development courses in colleges because of their low achievement in literacy and numeracy qualifications. If such tutors are unable to work in the lifelong learning sector because they cannot get the appropriate qualifications, BSL teaching and learning may suffer and shortages be exacerbated. There will be fewer positive role models. If standards require Levels 2 and 3, Deaf BSL users, it is argued, should be given the appropriate time and financial backing to achieve them, and an extension to the registration period. In our recommendations we ask LLUK to address this – for Deaf and other disabled staff.

10.22 Our findings in this section confirm our key message that there is widespread discrimination against disabled staff.

SECTION 11

Attitudes and disabled staff

11.1 Culture change is essential for disability equality in the lifelong learning sector. We must therefore recognise the importance of attitudes in shaping and achieving it. Positive attitudes towards impairment and disabled staff, examples of which we are able to present in this section, are essential. Negative attitudes, bullying and harassment perpetuate institutional discrimination. Fear of such attitudes and behaviours may prevent disabled staff from disclosing and getting the support they require. In this section we examine our findings on attitudes towards disabled staff and explore what can be done to move towards a standard culture of disability equality. Our key message – that there is widespread institutional discrimination – is demonstrated in the evidence we present below.

■ Positive attitudes

11.2 Despite a generally gloomy picture on attitudes, we were encouraged that many disabled staff reported positive attitudes from senior managers and colleagues towards them. Words such as ‘supportive’, ‘considerate’ and ‘respectful’ were commonly used. In most cases, disabled staff members felt they were valued members of a team.

11.3 However, positive attitudes were not always backed up by helpful behaviours and actions, or with a good understanding of a person’s impairment or requirements. This is particularly true if an impairment is non-apparent. A lack of awareness about the needs of disabled people is often the root cause of this:

(My colleagues are) generally polite and supportive on one level – but on another, they simply don’t ‘get it’ and don’t realise the change to their working practices that they should be making on a consistent basis. (Policy Officer, Lifelong Learning)

■ Negative attitudes

- 11.4 Some disabled staff had worked with colleagues or managers whose attitudes were patronising and seemed to be based on the belief that impairments were 'put on' to achieve special treatment. Sometimes managers believed that disabled staff should 'put up with it' and were resentful of extra work to implement 'reasonable adjustments'. They believed that disabled staff would cost their organisations more or require more time off. They showed little understanding of their anticipatory duty:

My boss does not accept how serious my medical condition is; he uses a sarcastic tone of voice and rolls his eyes to the ceiling if I mention it. I no longer mention it. (Manager, Further Education)

(My employers) agree to implement 'reasonable adjustments' but treat every request as an attempt to 'get one over on them' and get out of my duties - 'if we allowed that everyone would want it too' etc. (Reader, Higher Education)

If senior managers also 'buy into' such negative attitudes and subsequent behaviours, they will be allowed to continue.

■ Lack of consistency

- 11.5 The overwhelming finding relating to attitudes towards disabled staff was that they varied enormously from person to person and from situation to situation. There was no consistency - attitudes seemed to be based on individual personalities and moods, and positive attitudes were not always actively enforced by organisational structures. While attitudes varied from staff member to staff member, this might have been more significant when it came to managers. This is because, firstly, they model attitudes to other staff and to learners and, secondly, they have power in relation to employment practices. Different attitudes between managers can add extra tensions:

The Deputy Principal did not agree with my extended sickness absence last year and requested that my line manager visit me on a weekly basis to encourage me to return to work - I would have seen this as harassment.

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My line manager refused which I very much appreciated but this put her in a difficult position with her own manager. (Manager, Adult and Community Learning)

■ Bullying and harassment

- 11.6 The evidence we gathered contained relatively few cases of bullying and harassment of disabled staff. However, they did occur. Some disabled staff reported incidences of verbal bullying, being ignored, and harassment from management regarding employment issues.

The disabled are the focus for the non-disabled to shout at, make fun of, and provide an opportunity for the non-disabled to get rid of their frustration. (Instructor, Further Education)

I am the office joke! They think I do not notice that they call me 'granny' behind my back since I use a trolley bag/modern wheeled small suitcase to carry my marking and handouts to and from class. (Lecturer, Higher Education)

They all ignore me. I feel like a complete freak. I've tried smiling and speaking - doesn't work. I feel like saying, 'It's not bloody infectious you know!' (Teacher, Adult and Community Learning)

- 11.7 The Commission believes that lack of support from management can directly enable bullying to continue, either because managers contribute to the bullying and harassment themselves, because they fail to deal with it or because they do not model positive attitudes and zero tolerance towards bullying and harassment in either their policies or their own behaviours and attitudes.

- 11.8 The effects of bullying and harassment on staff members can be extensive and damaging. Some disabled staff reported that bullying and harassment had made them want to leave their jobs or actually leave previous jobs. However, conversely, some respondents reported that supportive attitudes of colleague encouraged them to stay - demonstrating the power of positive attitudes. Bullying and harassment can also bring about mental or physical ill-health or exacerbate existing conditions:

I have severe panic attacks sometimes and have suffered work-placed bullying which has exacerbated the situation. General stress and work-based stress does trigger my anxiety & panic attacks. (Manager, Adult and Community Learning)

■ Assumptions about impairments

11.9 Although many disabled staff reported positive, supportive attitudes of colleagues, these were at times coupled with a lack of awareness of different impairments, with ignorance and with assumptions about people based on their impairments. In particular, assumptions about people's intellectual ability appeared to be made, based on their impairment. This seemed particularly true for staff with dyslexia and mental health difficulties, and Deaf or hearing-impaired staff.

11.10 Dyslexia has traditionally, and incorrectly, been associated with lower intelligence or ability. Dyslexic staff may find they have to prove themselves, and this may be particularly true in higher education settings that are very academic:

I have been criticised and belittled by my peers over my handwriting. On occasions at staff meeting comments have been made that I have found offensive and when I pointed out to another member of staff that dyslexia did not mean you were dumb, and that Albert Einstein was dyslexic, he was incredulous. I find that I am chipping away the myths and prejudices but I have shot myself in the foot for promotion with this organisation by being open about being a dyslexic. I am currently looking for a new employer. (Lecturer, Further Education)

■ Attitudes of learners and students

11.11 The vast majority of disabled staff reported that learners and students were either not aware of their impairment or expressed positive, supportive attitudes towards them. Some disabled staff reported that learners saw them as role models. They were a source of information and advice about certain impairments. Their impairments often affected their work with learners in a positive way:

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Students with dyslexia will often ask me things related to dyslexia, or if they don't know about my dyslexia, will sometimes comment that my PowerPoint presentations are less awful than many others. (Lecturer, Higher Education)

I have a hidden disability, so most learners are not aware of it. In certain circumstances I might divulge, and students have always been entirely positive, a bit intrigued, and I think rather pleased that a teacher of disabled people is himself disabled. (Lecturer, Further Education)

(Students and learners are) sometimes a bit apprehensive but overall it is reassuring for a disabled student to be able to talk to a disabled member of staff when discussing disability-related matters. (Learning Support Advisor, Higher Education)

- 11.12 Disabled staff can have a positive impact on the attitudes of learners towards disability, and disabled staff themselves can be powerful agents of culture change. Another interpretation, however, may be that it is patronising or offensive. Why should disabled people have to be role models? Is it another instance where disabled people are seen as having to prove their worth? To a degree, the answer depends on individual wishes and perceptions, and the extent to which disabled staff accept or resist that part of their identities to do with disability.

■ Policies and procedures

- 11.13 We have already reported on policies and procedures in the context of employment. Responses from human resources or staff in senior management positions suggest that most lifelong learning organisations have a range of policies and procedures relating to attitudes towards staff in general, and in some cases disabled staff in particular, including equality and diversity, bullying and harassment, dignity at work, equal opportunities policies and procedures and, of course, Disability Equality Schemes. However, the Commission is concerned that policies and procedures have little impact if they are not coupled with an ethos that embraces disability equality.

- 11.14 Some organisations appear to go beyond standard policies and proce-

dures and have developed creative and imaginative solutions promoting positive attitudes and raising awareness of disability. These include board games relating to disability for use in training events, panels of harassment advisors, and arts, dance and comedy events to promote disability equality.

- 11.15 These instances are reassuring. Some organisations are taking their responsibility regarding equality for disabled staff seriously. Disability Equality Schemes provide the opportunity for organisations to make clear their commitment to disability equality, to ensure measures are put in place to promote positive attitudes towards disability equality and to combat discriminatory behaviour and negative attitudes amongst staff and learners and students. These are an excellent basis from which to proceed towards disability equality.

■ Compliant attitudes

- 11.16 Other organisations appear to be doing little more than complying with legislation and paying lip service to policies and procedures relating to attitudes towards disabled staff:

(We have) standard equal opportunities and bullying and harassment policies to comply with legislation but not beyond this. (Consultant, Lifelong Learning)

In theory, all policies are assessed and monitored for impact on disabled staff. (Manager, Adult and Community Learning)

- 11.17 Phrases such as 'not beyond this' and 'in theory' concern us. They suggest a lack of commitment to genuine disability equality and a lack of understanding of legal duties, especially to the promotion of disability equality. There are also some concerns that, as attitudes toward disabled staff vary, so do attitudes towards enforcement of policies:

The council has comprehensive equal opportunities policies and bullying and harassment policies. These generally are observed and enforced, although there are some instances of ignorance by managers, particularly towards people with mental health disabilities. From time to time managers simply do not want to know. (Coordinator, Work Based Learning)

■ Beyond compliance

- 11.18 However, in some organisations, commitment from senior management ensures policies are taken seriously:

Senior management take an active role in this training to ensure we are not just paying it lip service, but are making sure it is seen as serious. (Personnel Manager, Further Education)

Policies are required documents, but what we aim for amongst staff here is that their actions are natural, not because of policies, and reflect a positive attitude towards their disabled colleagues. (Assistant Director, Further Education)

- 11.19 These responses are good examples of the sorts of attitudes the Commission believes organisations should have to move towards a positive culture of disability equality. They confirm one of our key messages – that compliance with legislative requirements is not the only or even the best motivation to achieve disability equality.

■ Fear of saying and doing the wrong thing

- 11.20 There is widespread confusion in society about the appropriate language to use when referring to impairments. Some staff working in lifelong learning, including those in management roles, are afraid of saying or doing the wrong things when working with disabled people. Fear of offending disabled people by using offensive or politically incorrect language may prevent people from gaining a better understanding of what actions would positively support disabled people:

The main problem is that people get embarrassed and are not sure how to handle things. They are not used to being with disabled people – and say clumsy things or avoid them. (Vice Chancellor, Higher Education)

- 11.21 Of course, how disabled people prefer to be addressed and the sort of language they feel is appropriate will differ from person to person. While there is some language that is universally not accepted (such as ‘the disabled’, ‘handicapped’, ‘wheelchair bound’ or ‘suffering from...’), much

comes down to personal preferences in a continuum. Like non-disabled people, many disabled people wish to be treated 'no differently' from anyone else. Others appreciate 'understanding', 'empathy' and 'respect'. Others still appreciate 'kindness', 'consideration' and 'support'. What some disabled people may interpret as an act of kindness, others may feel is patronising.

(My colleagues) are very supportive indeed. They are extremely caring. They help get my wheelchair out of and into my car. They make me hot drinks. They assist with anything I ask. (Learning Mentor, Further Education)

To what extent are these actions to do with disability or standard human cooperativeness?

11.22 Whilst some want their impairments to be 'celebrated' and not 'main-streamed', others want to be unobtrusive.

11.23 Overall, 'language used should convey a respect for the rights of disabled people' (Unison *et al.*, 2007). Organisations need to keep their staff up to date with what language is deemed appropriate when referring to equality and diversity issues. However, staff should also be aware that there are individual preferences and respect them.

11.24 The practical measures we present in the panel below – disability equality training at all levels – could appear in any section in this section. They are replicated as recommendations and are one of the outcomes we require from our work. They address another of our key messages – the importance of exemplary, visible and proactive leadership and management for disability equality.

11.25 Lifelong learning organisations can promote disability equality through a sustained programme of disability equality training to cover:

- Negative attitudes;
- Lack of consistency;
- Bullying and harassment of disabled staff;
- Assumptions about impairments ;
- Moving beyond compliance;
- How to avoid saying and doing the wrong thing (saying and doing the right thing); and
- Dignity at work.

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11.26 Senior managers in the sector should be a priority group for disability equality updating, with additional input to:

- 'Embed' and 'mainstream' disability equality strategically;
- Change organisational culture;
- Develop a 'disability equality infrastructure' to achieve the first and second bullet points; and
- Ensure how appropriate resources can be allocated.

11.27 Supporting organisations, especially those responsible for leadership and management such as the Centre for Excellence in Leadership, can facilitate this development. We believe disability equality should be embedded in all leadership and management programmes.

11.28 We believe that leaders and managers who undertake this training will be proactive in pursuing disability equality, committed to the development needs of disabled colleagues, able to involve them and, above all, reflexive and principled.

11.29 Organisations that successfully promote disability equality, transform attitudes, remove barriers and achieve culture change win benefits far beyond those experienced by disabled staff.

SECTION 12

Employment equity and working practices

12.1 Through the responses from questionnaires, focus groups and interviews, we became aware of the disadvantaging effects of working practices that subtly and indirectly discriminate against disabled staff. Disabled staff with non-apparent impairments, such as mental health difficulties, could be just as disadvantaged by networking as deaf or blind staff for example. One university HR director recognised this sort of disadvantage, instigating staff development about 'demystifying promotion' to counteract the 'club atmosphere' that had the effect of excluding minority groups, including disabled staff. More than any other social or environmental barrier for disabled staff, addressing this requires considerable change in the approaches and attitudes of non-disabled staff. Lack of employment equity was apparent in all the different sub-sectors of lifelong learning:

I find it very difficult to attend anything late in the day when all the staff socialising goes on. Some staff imply that I am just lazy and this has had an impact on me. (Lecturer, Higher Education)

For me, the key thing is not so much physical adjustments etc., but a complete reappraisal and review of working practices. Disabled people often can't network, socialise, work etc. in the same way as non-disabled people. If we mean business about inclusion, we need to find more all-embracing ways to work with each other, and far more awareness of everyone's needs. (Policy Officer, Lifelong Learning)

If staff with impairments are to have equal access to the working environment, disability equality management is fundamental for all working practices within the sector. It is not just about providing support to individuals with impairments as and when they are appointed. The understanding and competences needed by managers include, to give just two examples:

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- *The accessible flow of information to colleagues with visual, hearing or other impairments affecting access to information; and*
- *The use of new technologies that assist access to information for people with various impairments rather than impeding it. (Archivist)*

What about promotion opportunities for disabled people like myself who have a degree, but cannot drive? (Admin Assistant, Adult and Community Learning)

12.2 We have referred in our literature survey (www.niace.org.uk/commissionfor-disabledstaff/literature-survey) to research in higher education about the micro-politics and power-relations of organisations that disadvantage minority groups such as disabled staff, who, for example, are often excluded from networking and other work practices. This is a relatively uncharted area that requires further exploration. More than any other, it requires positive, active behaviour change and proactive adaptations from non-disabled people, especially leaders and senior managers. Achieving equity for disabled staff will help to eliminate discrimination and benefit all staff, learners and students.

12.3 We believe further research is needed on working practices, building on previous work and covering the whole lifelong learning sector. We advocate particular concentration on the proactive adaptations and changes that non-disabled people might be required to make in their working practices. We make recommendations to this effect.

SECTION 13

Disability leave and associated issues

13.1 We believe that the ways in which sickness and disability leave are managed in the lifelong sector are of central importance. Good management of absence on the grounds of impairment rather than sickness assists disabled staff to work effectively, minimises adverse effects on team working and reduces possible stress levels – all of which help organisations to function well. Ways of managing sickness and disability leave can not only tell us about what experiences and arrangements disabled staff face when needing to take time off for reasons relating to their impairment, but also give insights about employers' attitudes towards working with disabled staff and the importance they place on disability equality.

13.2 Time off for some disabled staff may be because of medical appointments or impairment-related illness. We firmly believe that time off for impairment-related reasons should not be recorded as sick leave, and that sick leave procedures should not be employed. Disabled staff can be unfairly penalised for taking too much sick leave: pay can be reduced; future employers can fail to appoint due to excessive sick leave; excessive sick leave can be used in decisions on assessing performance and capability; and it can determine promotion or redundancy. To record disability leave as sick leave is to discriminate against disabled employees. It also reinforces the already dominant medical model of disability that automatically locates a deficit in disabled people and automatically and indiscriminately links impairment with illness.

■ Current policies and arrangements

13.3 Although some disabled staff who responded to our call for evidence stated that their workplaces did have a policy on disability leave, the majority said their workplaces did not, or that they did not know.

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- 13.4 Human resources staff and senior managers were also asked about their organisations' policies on disability leave. Our findings suggest that disability leave is generally recorded as sick leave. However, some did have policies or arrangements in place to record disability leave differently from sick leave, or to respond to it differently (although in some cases responses were unclear and differentiated between impairments).
- 13.5 The arrangements that are in place appear to be very different and few respondents reported having disability leave policies per se. It became apparent that there is no consistency across the sector about how to deal with leave for reasons relating to impairment. Many respondents noted that the issue of disability leave needs to be addressed or is in the process of being addressed.
- 13.6 Lifelong learning organisations should go beyond legal compliance and review their leave procedures and consider implementing policies and procedures regarding disability leave that protect disabled staff and that are both transparent and fair, as an anticipatory measure and a way of treating disabled staff 'more favourably' in this appropriate circumstance.
- 13.7 In further education colleges, there is a joint agreement between the colleges and the major unions representing the workforce which states that colleges 'will pay due regard to the reasonable adjustments set out in 6 (3) of the DDA by considering, for example, allowing time off for treatment'.
- 13.8 Organisations (other than colleges in the FE system that have already adopted the agreement) may find it useful to base such policies on this 'Joint Agreement on Guidance for Disability Equality' (between the Association of Colleges and the recognised college trade unions). Clause 7.2 states that:
- Paid time off for medical appointments/treatment will be granted at all times. Employees who can control the timing of their appointments/treatment should consider the needs of the college.*
- 13.9 The Guidance also states that:
- Absence due to disability should be recorded separately from sickness absence in order to avoid treating a disabled person less favourably than*

others would be treated, for a reason related to disability, for example if redundancy selection decisions were to take absence records into account.

■ Time off sick

- 13.10 We believe there are concerns amongst employers that disabled staff will require more time off than other staff.
- 13.11 We asked disabled staff who responded to our call for evidence how much time they had taken off in the past 12 months for reasons relating to their impairment. Some 55 per cent of the respondents who answered had not taken any time off for reasons relating to their impairment. A further 18 per cent had taken off between one and five days. Considering the average number of days off sick per 12-month period is 8.4 per cent nationally, and 9.6 per cent in the education sector (Chartered Institute of Personnel and Development, 2007), we do not feel our findings raise concerns about the amount of time off required by most disabled staff for reasons relating to their impairments.
- 13.12 Where they were not able to record time off as disability leave, most disabled staff respondents recorded it as sick leave, and some as annual leave, time off in lieu, or unpaid leave. We believe it is unfair that many disabled staff feel required to record disability leave in these ways. Only about 4 per cent of respondents recorded time off as disability leave.
- 13.13 Of disabled staff members who responded to the questionnaire 13.3 per cent had taken a month or longer off work for reasons relating to their impairment. While this is a relatively small percentage, we recognise that a month or longer is a significant amount of time off and that it can be a financial burden to employers and a burden to colleagues. We also recognise that, in the case of teaching staff, finding teaching replacements can be especially problematic for employers and managers, especially at the last minute. However, a whole-organisation approach to budgeting for disabled leave and anticipatory measures for disabled staff, rather than expecting individual departments to bear these costs, would mitigate the effects. We recommend further comparative research on the absence from work of disabled and non-disabled staff in the lifelong learning sector.

■ Support in the workplace and the role of Occupational Health

13.14 While many of the findings relating to disability leave appear to paint a picture of discriminatory practices, some respondents did report incidences where their employers had responded in a supportive and positive way to their absence:

(My employers) have supported me when I have been away on extended sick leave; I was kept on full pay for 11 months after a brain haemorrhage, and then given every possible assistance in returning to work, including retraining. The Occupational Health Department were also helpful in work and with communications with my GP, Social Services, etc. I wasn't pushed to return too soon or to increase my hours too quickly. (Team Leader, Higher Education)

13.15 Disability leave policies can be very beneficial to both the employer and the disabled employee. They can ensure staff are supported and treated in a fair way regardless of impairment. They can also ensure staff feel safe and able to take absence when required in an appropriate way, which may reduce stress and conflict between employer and employee, and build morale. This, in turn, may prevent further ill-health:

Disability leave is a sure way of supporting disabled staff and reducing stress levels whilst the process of developing such a practice ensures compliance with legislation by engaging in pro-active provision. (Equality Support Official, Union)

13.16 Many responses also highlighted the importance of flexible working arrangements. If staff are able to work flexibly they can work around their own personal needs. Evidence also suggests that this could reduce absence time:

(It would be helpful to have) more flexibility in allowing me to adjust my working pattern when I need to, without having to be off sick. (Curriculum Manager, Further Education)

13.17 Respondents reported mixed experiences of working with Occupational Health services. Some reported promising instances of excellent support they had received from Occupational Health, who were able to support

them in returning to work and help them consider reasonable adjustments. Others reported bullying and harassment, and feeling that Occupational Health services had been used as disciplinary, management tools. Ideally, they should work to support employees, ensure workplaces are safe and assist with phased return-to-work strategies after long-term absence.

■ Impairment and capability

- 13.18 We received some evidence of unsatisfactory links between impairment and capability. In one case, an employee had had a recent diagnosis of diabetes and was having problems adjusting to the correct level of medication, resulting in periods of absence and the need at work for sudden toilet visits. The employer wanted to put him through its capability procedure, but lost at Employment Tribunal. In another case, an employee with cancer who had had time off sick but was able to return to work was told by his employer that he should retire – whereas he and his representatives believed that adjustments to enable him to continue were far more appropriate.
- 13.19 There are contradictions in this area, and the legal position is still ‘settling down’. It is unlawful to discriminate against people on the grounds of their impairment but employers can argue in unfair dismissal cases that it is legitimate to dismiss on grounds of ‘capability’. Where staff have impairments, we believe that employers should automatically focus more on ‘reasonable adjustments’ and ‘treating disabled people more favourably’ than on capability.

■ Stress and disability leave

- 13.20 Stress-related absence is common in the lifelong learning sector. This poses particular difficulties in relation to disability leave. Under the updated DDA legislation, mental illness no longer has to be ‘clinically well recognised’ as an impairment. Organisations need disability and sickness leave policies and procedures sensitive enough to distinguish between temporary ill-health through stress and impairment, so that time off can be recorded appropriately, and, of course, the appropriate action taken to address the problem. Circumstances should dictate whether those requiring time off for stress have this recorded as sick or disability leave.

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13.21 Lifelong learning organisations are urged to: review the role of occupational health schemes in relation to disabled staff; separate impairment from capability; and draw agreed distinctions between stress recorded as sick leave or disability leave.

■ Promotion, finance, career development and discrimination

13.22 Some disabled staff reflected on the impact – either real or perceived – of having taken considerable amounts of time off sick, for reasons relating to their impairment. Often these related to instances of seeking promotion or new employment:

When applying for a new role in the same organisation I was quizzed about my sickness absence record and my ability to hold down a job. All time off relating to my disability had been recorded as sickness. My disability was freely discussed amongst senior management and not kept confidential by those I had imparted information to. (Project Officer, Higher Education)

13.23 Having too much sick leave may prevent promotion. If disabled staff are required to take disability leave as sick leave, they may have higher levels of sickness absence, and thus be less likely to gain promotion. We believe this is unjust, and is likely to prevent disabled people reaching senior positions.

13.24 Too often, leave absence management appears to have been dealt with in a disciplinary rather than a supportive manner. It can also cause extra financial burdens for disabled staff, and can illustrate instances of bullying and harassment. On returning to work after long term absence, some staff face excessive workloads, discrimination and harassment:

I was threatened with redeployment last year if my sickness absence did not improve. This caused me more stress and financial difficulty as, after my full pay and part-time entitlement ran out, I was receiving only Statutory Sick Pay of £280 per month. I asked for an extension of my full-pay entitlement, arguing that the adjustments being put in place were not exhausted. However, I was refused. I have been to many case conferences with Occupational Health, my line manager, a union representative and human resources staff, which also added to my stress and anxiety. (Administrator, Higher Education)

13.25 We are concerned that the situation can be even worse for those not employed directly by the learning organisation, as they will not have the same levels of protection or entitlement to sick pay:

I am employed by the university as an associate tutor and I have no protection at all – if I am sick I don't get paid. (Tutor, Further Education)

■ The role of the workplace in causing absence

13.26 The role of the workplace in causing disability or sickness absence also needs to be addressed. At times, employment practices – including discriminatory practices and bullying and harassment – can directly cause disabled employees to require time off. This cannot be acceptable, and employers have a duty of care to protect their employees from ill-health. If work practices have been the cause of time off, these need to be addressed. To reiterate one of our key messages: good organisational practice relating to disability leave, stress and associated issues will have benefits far beyond those experienced by disabled staff.

SECTION 14

The 'agency' of disabled staff in promoting disability equality

- 14.1 One aspect of the new Disability Discrimination Act is about involving disabled people in promoting disability equality. This means being active in developing Disability Equality Schemes; identifying barriers; setting priorities for action plans; undertaking impact assessments; monitoring progress; and reviewing and revising. The focus on involvement as opposed to consultation is pertinent as it highlights the need to not just ask disabled people their opinions, but to include them as key and active agents when making changes and moving towards disability equality. We received some evidence about the 'agency' of disabled staff in these processes, very often through trade union activity.
- 14.2 We heard of innovative work in a further education college in the North West in terms of consultation and involvement methods, the establishment of a positive action group for disabled staff, trade union representation and involvement in key disability and equality steering groups and a staff disability focus group. Disabled staff representatives co-authored a staff disability questionnaire. Staff made a full contribution to the Disability Equality Schemes. Review of the organisation's equality and other schemes are available on intranet and external website. We applaud this intention (which seems largely to have been achieved) to move from compliance to culture change.
- 14.3 In another college, also in the North West, a disability group including staff with physical impairments and mental health difficulties was very active:

(Its) key concern... has been to look at the very fabric of the College in respect of accessibility, being mindful of the Scope Survey findings that 86 per cent of disabled respondents said poor physical access in the workplace was a barrier to getting employment.

The 'agency' of disabled staff in promoting disability equality

- 14.4 As a result, the college secured a large sum, over half from the Learning and Skills Council, to ensure physical adjustments across all its sites. The college has been similarly active in staff development on disability equality and related issues.
- 14.5 In a college in the South West, work on an employment charter for disabled people involved meeting as many people, in and outside the organisation, who 'have experiences and a story to tell and share'. It was anticipated that involving college managers in developing the charter would positively reinforce their thinking and understanding when recruiting and employing staff.
- 14.6 However, there was also evidence that not much progress had been achieved in implementing Disability Equality Schemes. In one college, the action group was reported to have made little progress and the scheme was 'in stasis'. One correspondent on behalf of an employee organisation reported that members felt that organisations take an essentially reactive approach and do not involve staff sufficiently.
- 14.7 On the Disability Equality Duty, one focus group reported:
- Most participants agreed that there had been some consultation in their institutions regarding the DED but that this had not been widely publicised. It appeared that levels of engagement regarding the DED among disabled students and staff was low... .*
- 14.8 Some respondents outlined their roles in promoting disability equality:
- I have been very active in setting up a college Staff Disabled Group, and, as a union rep (UCU equality), was significantly involved in the authoring of the college's DES.*
- 14.9 Other examples of 'agency' were more individual:
- Most of my experiences are positive because I make them so, am assertive about my needs and make sure I get the adjustments required. I find that other people adapt very naturally to my needs.*
- 14.10 One respondent, who had acquired an impairment and was preparing for

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a return to work, was extraordinarily active in addressing his needs, putting in hours of preparation for interviewing potential support workers – shortlisting, interviewing and preparing role plays etc.

- 14.11 As a separate issue (i.e. the problems facing disabled part-time staff), he raised many questions about two-tier workforces – a permanent core of full-time workers and a ‘casual periphery’ of hourly paid temporary workers – and in this case the cultural assumption that he would not get paid for this ancillary activity (he was in fact paid on a ‘one-off’ basis). As he remarked:

This episode illustrates that a disabled hourly paid worker may experience twofold discrimination. (Lecturer, Higher Education)

- 14.12 In some less positive cases, clearly before organisations had ‘got up to speed’ with new legislative requirements, disabled staff members had offered their estates departments help with advice and information on accessibility, only to be rebuffed.

14.13 Lifelong learning organisations are urged to involve disabled staff in the full promotion of disability equality, both on an individual basis and through trade union representation. It is through this active involvement that most progress will be made.

14.14 Where disabled staff are, for whatever reason, reluctant to be involved, then their wishes should be completely respected.

14.15 The active involvement of disabled staff in implementing Disability Equality Schemes is emphatically one of our key messages. Exemplary organisations will want to do this not just to fulfil their legislative duties but out of a genuine wish to achieve inclusion.

SECTION 15

Disabled staff as role models

- 15.1 We did not directly ask our respondents, focus groups and other contributors about whether and in what ways disabled staff act as role models. However, we have been able to outline instances throughout this report where disabled staff with apparent and non-apparent impairments have been positive and witting role models to learners, students and colleagues. It may be that they have also been positive role models by default.
- 15.2 Many disabled staff resist being labelled as ‘inspirational’, and the term is considered patronising. We do not believe that disabled staff need to act as role models in order to ‘prove their worth’. They should not be expected to act as disabled role models per se. Indeed, many disabled people just want to be enabled to participate and contribute rather than be thought of as having impairments.
- 15.3 However, we have been able to identify instances where disabled staff have increased people’s awareness of the need for disability equality and have made real differences to the views and the learning experiences of learners, students and colleagues. For example, a university lecturer who suddenly acquired an impairment told us of the positive feedback he had received from learners and students regarding his teaching and his impairment. In addition, his university will have learned a great deal both about his painstaking journey back to work, with all the adjustments required, and how an impairment need not undermine effective classroom and associated professional practice.
- 15.4 A national organisation responded in some detail about role models for learners and students:

Disabled staff can help to breakdown misconceptions about disabled people and provide positive role models for students. They may also inspire

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disabled students to become staff... Disabled staff can contribute to institutions' business development, bringing insight that will enable institutions to better meet the needs of their existing students and attract a more diverse range of prospective students.

15.5 However, we have received only a little evidence from senior and strategic disabled staff, and where we have, the idea that they are role models has not been directly commented on. In one college focus group, it was felt that there was a 'glass ceiling' over disabled staff wanting opportunities for promotion. Low percentage levels of disclosure also meant that in that organisation there was no evidence of disabled people getting into management posts.

15.6 It is encouraging that there are positive disabled staff role models for colleagues, learners and students, but we need more senior disabled staff role models and this is emphatically one of the outcomes we require. The practical measures presented in the box below also appear as recommendations.

15.7 Lifelong learning organisations should review their staff profile and take steps to increase the number of disabled staff in all parts of their structures. This will inevitably increase numbers of disabled role models for all-round organisational benefit - and is one of the outcomes the Commission requires.

15.8 Infrastructure organisations should review what can be done to increase opportunities for disabled staff in the sector, especially at senior levels, including through access to leadership and management training. They are urged to fund and implement development programmes to increase participation of disabled people at every level.

PART 3

**Conclusions, outcomes and
recommendations**

SECTION 16

Conclusions

■ General

- 16.1 We received a considerable volume of evidence from disabled staff, managers and other contributors in the lifelong learning sector. Our challenge now is do justice in our conclusions to all the different perspectives and information we have summarised and shaped in our findings.
- 16.2 One way to do this is to develop a framework for describing the lifelong learning sector in terms of disability discrimination and inclusion, and apply it at the level of individual organisations and to the sector in general.
- 16.3 An institutionally inclusive organisation will be inclusive at organisational, departmental, team and individual levels. Its culture, ethos, policies and procedures will be 'lived out' by everyone within the organisation. There will be positive promotion of disability equality. The duty of providing 'reasonable adjustments' for disabled people on an individual basis will be well established. The organisation will be willing to meet its obligation to 'take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons'. In addition, it will be proactive and anticipatory in its disability equality duty. These elements will all be embedded and made real by the implementation of a sound Disability Equality Scheme. The required behaviours stemming from them will be observable throughout the organisation and benefit everyone in it, not just disabled staff, students and learners. It will have made the journey from compliance to culture change in terms of disability equality.
- 16.4 An institutionally discriminatory organisation could be at one of these levels and contain elements of each:

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- It has many of the characteristics of an institutionally inclusive organisation. It is inclusive in terms of its culture, ethos, policies and procedures, with positive promotion of disability equality and high disability awareness, but at departmental, team or individual level there is some discrimination and exclusion. Such an organisation might be described as well advanced on the journey from compliance to culture change.
- It has few of the characteristics of an institutionally inclusive organisation. It is discriminatory (perhaps it has the policies and schemes in place but there is a gap between rhetoric and reality and little promotion of disability equality and little disability awareness at strategic level). At departmental, team or individual level there is good, quite widespread evidence of inclusive practice.
- It is institutionally discriminatory and there is widespread discrimination and exclusion at departmental, local and individual levels. There is little effort to promote disability equality and little disability awareness. Such an organisation may not even have achieved legal compliance in terms of disability equality.

16.5 The following comment might apply to organisations fitting particularly the last bullet point:

... Concern has been expressed that some colleges are not meeting their legal duty to draw up a Disability Equality Scheme. At least one college has been issued with a compliance notice from the Disability Rights Commission (now the Equality and Human Rights Commission) for such a failure.

16.6 A Scottish focus group had a very relevant contribution:

The group agreed that actual good practice seemed to depend more on the individual people involved, rather than on corporate policies. One participant had suffered very bad treatment at a college with excellent policies (including having her job downgraded) but had received excellent support from line management at another college whose official policies were very weak.

Neither of the colleges in this example could be described as inclusive.

16.7 Applying the framework to the lifelong learning sector as a whole, most organisations are not institutionally inclusive.

■ Key messages

16.8 The key messages that emerged from our findings and other evidence are that:

1. There has been a systematic failure in public policy to address the needs and requirements of disabled staff in the lifelong learning sector, to the extent that there is widespread institutional discrimination, despite beacons of good practice. Many organisations and individuals are culpable in this, but there is nothing inevitable about it. If our recommendations are adopted there will be immense gains for disabled staff.
2. Exemplary, visible and proactive leadership and management are vital in the process towards disability equality. This is not a matter for leaders to delegate to others. They should take direct responsibility. For managers, it is not a 'bolt-on' activity. 'Disability awareness' is not enough. They must understand the issues and the drive towards disability equality and play their full part. For everyone in the sector, confidence about 'saying and doing the right thing' is crucial in making progress to disability equality.
3. The concept of providing 'reasonable adjustments' to meet the diverse needs of individual members of disabled staff remains very important; however, lifelong learning organisations now need to take the next transformational step towards meeting their '*anticipatory duty*' to ensure that inclusion is automatic for disabled (and indeed all) staff, learners and students.
4. The Disability Equality Duty and the Disability Equality Schemes are an excellent basis on which to make the journey from legislative compliance to genuine culture change. Successful and genuinely committed implementation of such schemes, which include full involvement of disabled staff and impact assessments, will hasten such cultural transformation. However, effective organisations will not be motivated solely by legislative requirements but by a genuine desire for inclusion.
5. The principal beneficiaries of our work will be disabled staff and potential disabled staff in the sector. But our report will benefit everyone in the lifelong learning sector, whether or not they are disabled, and goes beyond disability to the heart of ethical and effective organisational

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functioning. A culture that promotes disability equality will inevitably bring improvements and dignity at work for all.

- 16.9 Related to point 3, a number of our respondents suggested developing guidance on reasonable adjustments and directories of support services. We endorse these suggestions, but also favour development work to help organisations in the lifelong learning sector further in the proactive and anticipatory process and practice of achieving disability equality.

■ Beacons of inclusion and disability equality

- 16.10 We have no doubt that there are beacons of inclusion and disability equality, and that some organisations will have achieved the transition, perhaps transformation, from compliance to culture change. We can remind ourselves again of the affirming comment of one of our respondents who recognised in her own organisation a view of difference as positive and a willingness to encourage staff to disclose support needs for the purpose of implementing the required adjustments: in short, 'a safe culture to be in'.

■ Organisations, groups and individuals 'falling short'

- 16.11 There were other positive comments like that above, but generally we found considerable evidence of organisations and groups and individuals 'falling short', in terms of:
- Gaps between the rhetoric of inclusion and reality;
 - Low priority to disability equality in many organisations or parts of organisations, including fear and misunderstanding about disabling conditions;
 - Little attention being paid to the disability equality duty of 'taking into account a disabled person's disabilities even when that involves treating disabled persons more favourably than others';
 - Senior managers not automatically 'buying in' to disability equality (stated to be essential by leaders of disability equality projects);
 - Negative attitudes in the teams of disabled staff members causing difficulties;
 - The preponderance of medical-model approaches and language, rather than those based on the social model of disability.

16.12 Because our findings have shown such a systematic failure in public policy and widespread institutional discrimination across the lifelong learning sector, overall there has been little advance in the transformational journey from compliance to culture change. In some cases, organisations are not even compliant with the legislation.

■ Specific conclusions

16.13 Tensions

1. The disparity in funding to support learners and students and funding to support disabled staff is fundamentally unfair and should be addressed by lifelong learning and infrastructure organisations.

16.14 Disclosure and data

2. There are still considerable challenges to organisations in getting policy and practice right on disclosure. It is still not clear if disabled people are under-represented in the sector or if disclosure is excessively low.
3. Linked to this, the lifelong learning sector needs accurate, uniform and consistent data in order to be more effective in making progress on disability equality.
4. Addressing both these issues will help the sector provide opportunities for disabled people and ensure that the proportion of disabled people working in the sector at least matches the proportion in the adult working population.
5. Attention to the language and vocabulary of disclosure (including the word itself) may help towards success.
6. In terms of practical measures, lifelong learning organisations should review the language they use for disclosure, their disclosure policies, processes and procedures - and then take the appropriate follow up action. Infrastructure organisations can support them with development programmes and funding.

16.15 Mental health

7. There is still a very high degree of stigma and prejudice associated with mental health difficulties.

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8. Mental health difficulties are often associated with stress and the 'long-hours culture' of the lifelong learning sector.
9. Flexible work practices help to ease mental health difficulties and the challenges of other impairments.
10. Understanding of mental health continues to be essential in assisting those with mental health difficulties to disclose, to receive proper support and to reduce insensitive or insulting behaviours from others.
11. In practical terms, organisations could include understanding mental health difficulties within disability equality training to help create a culture in which it is safe and positive for staff with mental health difficulties to disclose.
12. They will find it useful to:
 - apply the advice of the Health and Safety Executive on stress (www.hse.gov.uk/stress/);
 - undertake mental health risk assessments in consultation with staff with mental health difficulties;
 - take practical steps to address the debilitating effects of the 'long-hours culture' of the lifelong learning sector and the stress it can generate; and
 - promote mental well-being through all their policies, practices and procedures.
13. Infrastructure organisations are urged to back these actions with funding and development work.

16.16 Employment and support at work (including Access to Work)

14. We received evidence of good practice at every stage of the recruitment and employment practice, but it was patchy and inconsistent throughout the sector.
15. Particular promotion practices often disadvantage disabled staff in higher education.
16. 'Reasonable adjustments' for disabled staff sometimes put pressure on departmental and faculty budgets, or were not provided because there was no funding at this level. It is clearly unfair and unacceptable that this should be the case, and we make the appropriate recommendations to address this.

17. Lifelong learning organisations will find it beneficial to conduct a full review of their employment procedures and practices from recruitment to promotion by starting with an analysis of the percentage of disabled middle and senior managers in their organisations compared with disabled people in the adult working population. Action plans should follow.
18. To aid this process, supporting organisations should consider commissioning or conducting (as appropriate) research into employment practice that includes disabled staff.
19. There was inconsistency in support for disabled staff in the workplace and in learning and training.
20. Some respondents were aware of the social model of disability in making their responses about support. Such awareness more generally is a good 'driver' to achieve individual and general improvements in the sector.
21. The Access to Work scheme has been of great benefit to many disabled staff in the lifelong learning sector. Its bureaucratic elements need addressing (and we understand are being addressed) and more people could usefully access it.
22. Working patterns and hours in the lifelong learning sector disadvantage disabled staff.

16.17 Minority groups and professional qualifications

23. Some minority groups such as Deaf tutors are being disadvantaged by new teacher training requirements, to the possible detriment of quality BSL teaching. This problem needs to be addressed and resolved.

16.18 Attitudes towards disabled staff

24. There was considerable inconsistency in attitudes towards disabled staff.
25. Lifelong learning organisations can address this inconsistency and promote disability equality through a sustained programme of disability equality training.
26. Infrastructure organisations can facilitate this development, especially those responsible for leadership and management such as the Centre for Excellence in Leadership.

16.19 Working practices

27. Working practices that disadvantage disabled people are widespread and deep-seated, and their effects can be extremely discriminatory. This area is not well understood and requires more exploration.

16.20 Disability leave and associated issues

28. We need ways of distinguishing between leave because of sickness and leave for impairment-related reasons, and to develop separate disability leave policies.
29. On our evidence, the majority of disabled staff do not take more time off for reasons relating to their impairments than the national average time off sick, but further research and data on this are required.
30. Organisations need to explore and address their role in causing workplace absence.

16.21 The 'agency' of disabled staff

31. There has been innovative work in involving disabled staff (and not just consulting them) in promoting disability equality through Disability Equality Schemes, which could be spread further through the sector.
32. We received evidence of the twofold discrimination of disability and being part-time and hourly paid - another theme meriting further exploration.
33. There is good evidence of positive disabled staff role models in the lifelong learning sector except that we found little evidence of senior disabled staff role models. This would be a good area for further development work.
34. Lifelong learning organisations should consider reviewing their staff profile and taking steps to increase the number of disabled staff role models in all parts of their structures.
35. Infrastructure organisations should review what can be done to increase opportunities for disabled staff in the sector, especially at senior levels, including through access to leadership and management training. They are urged to fund and implement development programmes to increase participation of disabled people at every level.

SECTION 17

Outcomes and recommendations

■ What outcomes do we require?

17.1 On the basis of our work, the Commission believes that there must be these specific outcomes:

1. A formal disability equality implementation group to be convened and serviced by Lifelong Learning UK (LLUK);
2. A formal and sustained commitment by lifelong learning organisations and infrastructure organisations (including regulatory bodies such as Ofsted) to disability equality with accompanying Disability Equality Schemes, 'road maps' or action plans as appropriate;
3. More disabled staff recruited to and working in the lifelong learning sector, and more successful disclosure procedures so that the data are more accurate (targets to be decided by the Department for Innovation, Universities and Skills (DIUS) in consultation with the lifelong learning sector and infrastructure organisations but with a timeline to achieve a proportion of disabled staff in the sector equal to the proportion of disabled people in the adult working population);
4. Targets to secure substantially more disabled staff in senior and strategic positions;
5. Funds to support disabled staff proportionately equal to those supporting disabled learners and students, addressing the obvious injustice that two groups supported by the same organisation are treated so differently;
6. Identification and encouragement of disabled staff to attend and complete leadership and management programmes;
7. Formal events and other means of celebrating disability equality achievement in the sector; and
8. A full disability equality training programme for staff at every level throughout the sector, and in particular for senior managers.

■ Recommendations

- 17.2 We have identified a series of recommendations based directly and indirectly on our findings, key messages and conclusions, but pitched at a national and strategic level. They are addressed to all parts of the lifelong learning sector including infrastructure organisations. We believe they will be of interest to external agencies such as the Equality and Human Rights Commission. We acknowledge that some of them may already be being addressed and some already covered by the DDA legislation and codes of practice – though there is in many cases a gap between duty and practice. Some may need further refinement in consultation with the appropriate organisations. All will require conversion into energetic, committed action.
- 17.3 We ask lifelong learning and infrastructure organisations formally to accept and carry through these recommendations, including the ‘practical measures’ outlined in Part 2. If they do, we believe that they will eliminate institutional discrimination against disabled staff, achieve disability equality and therefore deliver the outcomes the Commission believes there must be. Even those organisations that have achieved a change of culture can use them as a guide for gauging and maintaining progress.
- 17.4 In these recommendations we speak first to lifelong learning organisations themselves, then to those institutions and agencies which provide most of the support and frameworks within which they operate, and conclude with recommendations for government, which has an overarching policy role. Lastly, there are recommendations on research and development for national development bodies.
- 17.5 We urge immediate steps for implementation (whether as a ‘stand-alone’ or part of a ‘single equality’ approach), going beyond legal compliance and beyond merely providing a bare minimum level of ‘reasonable adjustments’. The sector has made great and praiseworthy strides forward to include learners and students. Now the neglect of disabled staff must end.
- 17.6 We recommend that lifelong learning organisations:**
embrace fully the Disability Equality duty, ‘even where that involves treating disabled persons more favourably than other persons’ in order to transform the organisation for staff as well as learners, by
1. Clearly designating a senior member of staff with responsibility for disability equality and ensuring that all senior managers and every line manager are aware of their responsibilities with disability equality policies;

2. Ensuring that disabled people are encouraged to be trustees and governors and that bodies responsible for governance include disabled people;
3. Developing appropriate mechanisms to ensure that the voices of disabled staff are involved, heard and supported, such as through disabled staff groups, equality committees, liaison/focus groups and/or affiliation to national networks;
4. Reviewing and revising policies, processes and procedures for disclosure, and removing barriers to disclosure, to create a positive and secure culture for disclosure;
5. Ensuring that disability equality policies and schemes, staff appraisal schemes and impact assessments involve disabled staff and trade union officials, reporting to governing bodies/trustees annually, as the Disability Equality Duty requires;
6. Signing up to schemes such as the 'Mindful Employers' Charter', and the requirements of the 'Two Ticks' scheme;
7. Reviewing recruitment procedures in order to encourage applications from disabled people; guaranteeing interviews to disabled applicants meeting the job requirements; and adopting open and inclusive recruitment processes, especially for part-time and/or temporary staff;
8. Ensuring that each lifelong learning organisation sets out to achieve:
 - a. staffing which reflects the disability profile of the adult working population;
 - b. well-informed management and governance through training and appraisal programmes;
 - c. sound policies and practices on disability absence and on disclosure;
 - d. sharing good practice in supporting both disabled learners and disabled staff;
 - e. better promotion of disability equality in staff training for part-time and full-time staff;
 - f. full recognition of the need for individual responses to staff disclosure, with individual follow-up and support arrangements.
9. Financing reasonable adjustments centrally so that no section, department or faculty is disadvantaged, financially or otherwise, in meeting disability equality responsibilities;
10. Developing support for disabled staff, such as mentoring and work-shadowing, and a disability equality component in appraisal schemes

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- to contribute to raising the achievement of disabled staff;

11. Ensuring that disability equality good practice is shared between organisations, between staff and learners, and including where possible contractors and agencies delivering goods and services.

17.7 We recommend that trade unions and employer organisations:

12. At every level ensure their publicly stated commitment to disability equality is fully reflected in the actions of paid officials and lay officers, and ensure that there is facility for the involvement of disabled staff in their structures;
13. Although not legally required to produce a Disability Equality Scheme, comply with good practice by producing and implementing either a stand-alone Disability Equality Scheme or a single equality scheme with specific sections on disability;
14. Incorporate disability equality into the formal negotiating and consultation arrangements nationally (for recommendation at local level where appropriate) and locally (where negotiations take place at that level);
15. Encourage implementation in further education colleges of the national joint agreement on guidance for disability equality between the Association of Colleges (AoC) and recognised trade unions, and consider its adaptation to other parts of the lifelong learning sector;
16. Ensure that paid officials and lay officers receive disability equality training, recognising the needs of disabled staff; and recognise the role of equality (or disability) representatives, recommending that appropriate facility time be provided;
17. Acknowledge the responsibility of human resource managers as equality and diversity professionals, and provide positive support for members challenging institutional and individual disability discrimination;
18. Disseminate good disability equality practice nationally, locally and through their networks, and examine jointly how lifelong learning organisations meet their duty of care in relation to stress prevention and the generation of ill-health – looking in particular at a preventative role for occupational health services.

17.8 We recommend that Lifelong Learning UK, with its key role as Sector Skills Council for the sector:

19. Uses Priority 4 of the Workforce Strategy and its implementation plan to embed the ambitions and expectations of this Commission, and to provide strategic leadership across the whole lifelong learning sector, through the Sector Skills Agreement process, to support disability equality;
20. Supports the establishment of a sector-wide advisory group on disability equality, either through enhancing an existing group or by creating a new one, which will oversee implementation of the Commission's recommendations;
21. Gathers, interprets and publishes comprehensive and standardised data on disabled staff in lifelong learning, and similarly robust data on those who take and apply to undertake initial teacher training in the lifelong learning sector;
22. Identifies and addresses the needs of disabled staff in relation to entry routes, professional development opportunities and requirements to enable such individuals to access and progress careers in the sector;
23. Works with government and others to facilitate the development of recruitment strategies and careers guidance strategies to encourage disabled young people into careers in the lifelong learning sector;
24. Commissions research on career progression and access to training/development opportunities of disabled staff who have disclosed their disability.

17.9 We recommend that lifelong learning infrastructure organisations:

('infrastructure organisations' include funding bodies, the Quality Improvement Agency, Centre for Excellence in Leadership, Higher Education Statistics Agency, Higher Education Academy, the Higher Education Funding Council for England, the Institute for Learning, the Learning and Skills Council, Lifelong Learning UK (as appropriate to their remit) and the Welsh Assembly Government)

25. Produce a Disability Equality Scheme, either as part of a single equality scheme or separately; carry out Equality Impact Assessments and develop action plans; and expect funded learning providers to do the same;
26. Ensure that their national and local councils, chief executives, national directors, local executive directors and other senior staff receive high quality disability equality training;

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27. Design good disability equality training and encourage existing governors, council members and trustees in the lifelong learning sector to attend, and include the sharing of good practice;
28. Support action for targeted recruitment and training of disabled people in governance roles, and ensure representation from disabled people on advisory groups;
29. Recognise and promote best disability equality practice through existing award schemes and by other means;
30. Ensure that staff data collection includes all grades and pay levels, including hourly paid staff, so that the position, including subject specialism, and progress of disabled staff can be accurately measured – and where the data already exist, ensure that they are used as a basis for disability equality action;
31. Market careers in lifelong learning as desirable career options for disabled people; and ensure that the work of the Commission is embodied in the actions arising from the workforce strategy published by Lifelong Learning UK, including the monitoring of that Strategy through a named advisory group;
32. Work in partnership with the Equality and Human Rights Commission, Equalities Challenge Unit, Equality Forward and other appropriate bodies to issue definitive guidance to lifelong learning sector organisations on how to translate the requirements of the disability equality legislation into meaningful learner and staff recruitment targets.

17.10 We recommend that inspection and regulatory bodies:

33. Include disability equality questions in inspection and regulatory frameworks (internal and external), report on this aspect and ensure that no lifelong learning organisation can be deemed excellent unless they have fully met their disability equality obligations;
34. Address the under-representation of disabled people in their workforce at all levels so that they are able to provide inspection and regulatory teams reflective of the national population and of the local communities of the learning providers they inspect;
35. Ensure that inspection, inspection frameworks, inspection notes and regulatory reports (internal and external) comment on the implementation of equality policies and schemes for staff as well as learners, including those for disability equality, and highlight good practice where possible;

36. Ensure that inspectors and regulators understand their critical leadership role in promoting disability equality, and ensure that board members and trustees, as well as the executive and senior staff, receive disability equality training;
37. Offer mandatory annual disability equality training for inspectors and regulators so that they are fully equipped to identify and report on progress towards disability equality, for example within the revised Common Inspection Framework.

17.11 We recommend that the English education ministries and the Welsh Assembly Government:

(The English education ministries are the Department for Innovation, Universities and Skills and the Department for Children, Schools and Families)

38. Encourage and support the commitments recommended to lifelong learning organisations listed above;
39. Impact assess and monitor remit letters from the Secretary of State to ensure their disability equality objectives are translated into ambitious and realistic targets, and implemented by publicly funded agencies and providers;
40. Hold publicly funded quality improvement, inspection, qualifications, workforce development and leadership and management agencies accountable for complying with statutory disability duties. This would help embed best disability equality practice in all their activities, ensure that their programmes equip participants to manage equality and diversity in the lifelong learning sector, and mainstream equality in all their advice, guidance, programmes, learning materials and actions;
41. Work with funding bodies to enable all lifelong learning organisations to set disability equality employment targets measured against appropriate benchmarks by July 2009, for incremental implementation by 2011;
42. Ensure that funding already available is used to support the Commission's agenda by enabling providers to 'take steps to remove barriers and to support disabled people, even where that involves treating disabled persons more favourably than other persons', and by bringing support for disabled staff to a proportionately equivalent level to support offered to learners and students;

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43. Ensure that funding bodies review whether additional funding be made available to those providers who, in meeting their obligations to make reasonable adjustments, incur exceptional financial costs;
44. Take up with the Department of Work and Pensions issues arising from the implementation of job support programmes in the lifelong learning sector such as Access to Work and WORKSTEP. This would include extension of support to volunteers in certain parts of the sector; reducing bureaucracy in Access to Work; and more flexibility towards staff with changing (deteriorating) needs;
45. Encourage and develop initiatives such as mentoring and work-shadowing which may contribute to the raising of achievement of disabled staff;
46. Provide good management and progression training for disabled staff in government departments and provide leadership through secondments of disabled staff from the sector.

17.12 We recommend that development organisations, including NIACE, responsible for research, development and dissemination:

47. Develop research and development programmes, building where necessary on previous work, in identified areas such as:
 - identifying effective strategies to recruit disabled staff onto leadership and management programmes, developing opportunities for disabled staff in senior management, and developing good role model practice and proactive/anticipatory practices;
 - researching good approaches to disclosure, including what makes disclosure effective, the extent of disclosure, appropriateness of language, and the accuracy of disclosure data;
 - exploring benchmarking and the development of proactive and anticipatory approaches to disability equality to identify what a truly inclusive organisation would look like;
 - writing exemplar disability leave policies and developing strategies to implement them (with the input of employer organisations and trade unions);
 - researching comparative data on disabled staff absence against non-disabled staff absence; on relating health and safety to stress management and disability; and on investigating and disseminating good practice on workplace equity and working practices.



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APPENDIX 1

Remit of the Commission

The remit for the Commission is as follows:

- To raise the profile of disability and of disabled staff in the lifelong learning sector.
- To review and analyse existing evidence on the training, recruitment, retention, deployment and career progression of disabled staff, in the post-compulsory education sector in England and Wales.
- To collect and review evidence on the experiences of disabled staff, and what might be done to improve this experience.
- To identify what could be done to improve the career management of disabled staff.
- To seek to identify and celebrate disability diversity in the lifelong learning sector.
- To seek to identify the impact of disabled staff in lifelong learning.
- To examine the position of disabled staff in the lifelong learning sector in the wider policy context.
- To make recommendations arising from data collection and evidence produced by the Commission to policy makers, funders, employers and training providers.
- To provide expert support to the lifelong learning sector.

APPENDIX 2

Gathering the evidence - methodology

A2.1 Every effort was made to get as many people as possible to respond to the Commission's call for evidence. This involved enabling responses to be submitted in a range of ways and ensuring as many people as possible were aware of our work.

■ Initial call for evidence

A2.2 We devised and circulated three questionnaires specifically aimed at:

- disabled staff working in the lifelong learning sector;
- human resources and senior managers working within the lifelong learning sector;
- disabled people who had left jobs in the lifelong learning sector for reasons relating to their impairments.

A2.3 All the questionnaires were extensively piloted and approved by the Commission. Respondents were able to complete online questionnaires, email responses, post responses, take part in telephone interviews or provide voice files.

A2.4 We also devised six key questions based around the Commission's main aims and were keen to hear from:

- everyone with an interest in disability issues in the lifelong learning sector who wanted to make a contribution;
- disabled people who had been unable to gain employment in lifelong learning work because of health or disability issues;
- advocacy organisations for disabled people;
- professional bodies for staff working in the lifelong learning sector;
- providers of training for teachers, learning support staff and other lifelong

Appendix 2: Gathering the evidence – methodology

learning professional development, such as Continuing Professional Development providers.

- A2.5 Respondents were encouraged to provide as much information as they wished, and it was stressed that they did not have to complete all of a questionnaire or questions they were answering if they were not relevant to them.
- A2.6 We held three seminar events during June 2007 for disabled staff and human resources or senior managers working in the lifelong learning sector, where attendees were able to provide evidence to the Commission.
- A2.7 In addition to these different approaches respondents could submit information in other ways if they wanted to, such as directly to the Commissioners themselves at the meetings or by providing formal written papers to the Commission. We were keen to accept information in whatever format was most suitable for the respondent.
- A2.8 To reach as many different people and organisations as possible the call for evidence was publicised through national learning events, the media and NIACE and Commission members' contacts. For example, email broadcasts about the Commission's work and the call for evidence was sent to all NIACE networks and databases, which cover the lifelong learning sector, including HE, FE, adult and community learning, work-based learning, sixth form colleges, museums, libraries and archives.
- A2.9 Evidence from the broad six questions and three separate questionnaires was accepted from 2 May 2007 until 16 November 2007.
- A2.10 We received:
- written evidence in the form of responses to the six key questions and other formal, written evidence from many individuals, focus groups and organisations (because of the variety of evidence and formats of evidence we are unable to provide accurate numbers);
 - 362 responses to the questionnaire for disabled staff working in the lifelong learning sector;
 - 102 responses to the questionnaire for human resources and senior managers working in the lifelong learning sector;
 - 9 responses to the questionnaire for disabled people who had left jobs in the lifelong learning sector for reasons relating to their impairments.

■ Interim report: consultation

A2.11 We launched our interim report at an event in London on 18 September 2007. At the event we gathered feedback from attendees on the interim report. We also devised a consultation questionnaire to gather feedback. The aim of this questionnaire was to determine whether the interim report identified the right themes, what the report was missing and whether people and organisations had any more evidence to provide, particularly in areas identified as lacking in-depth information. Again, we accepted responses in a number of formats including written responses and telephone interviews.

A2.12 We collected evidence from this from 18 September 2007 until 7 December 2007. A total of 111 respondents responded to this questionnaire.

■ Website

A2.13 The Commission had a dedicated website. This provided information about the work of the Commission and the ways of providing evidence. The interim report was also available on the website. From May 2007 until December 2007:

- There were 10,868 visits to the website;
- There were 39,614 individual page views;
- The interim report was downloaded 1,374 times.

■ Analysis

A2.14 All the evidence to the three questionnaires and the interim report consultation questionnaire was collated to provide quantitative and qualitative data. The data were inputted onto on-line survey software. The software provided a summary of the quantitative data, which could then be analysed. The software also allowed filtering of responses to allow in-depth analysis of responses from certain groups or organisations, such as people who worked in a certain sector or had a particular type of impairment.

A2.15 The responses to qualitative questions, and other qualitative evidence gathered from written submissions, seminars, focus groups, events and meetings, were analysed through arranging responses into themes on

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mindmaps. This allowed us to identify easily the range of issues that were emerging, and to indicate how frequently they were mentioned and by whom. It also allowed us to see which themes linked together and in what ways. From these mindmaps the evidence was drawn together initially to help inform the interim report and then the final report.

APPENDIX 3

Members of the Commission for Disabled Staff in Lifelong Learning

Name	Organisation	Role
Leisha Fullick	Pro-Director (London), Institute of Education	Chair
Martin Tolhurst	Principal, Newham College of Further Education	Vice Chair
Yvette Adams	Executive Director Diversity, Culture and Communications, Centre for Excellence in Leadership	Commissioner
Sasha Callaghan	Member of the TUC Disability Committee and the Disability Rights Commission Post-16 Education Reference Group. President-Elect of the University and College Union	Commissioner
Deborah Cooper	Learning and Skills Manager, Milton Keynes Council	Commissioner
Sian Davies	Assistant National Officer, Education Workforce Unit, Unison	Commissioner
Pat Dyson	National Post-Compulsory Education and Training (PCET) Manager, Royal National Institute of the Blind (RNIB)	Commissioner
Katie Germer	Policy Officer, Widening Participation, Higher Education Funding Council for England (HEFCE)	Commissioner
Kate Heasman	Equality Official, Equality Unit, University and College Union (UCU)	Commissioner (from November 2007)

 Members of the Commission for Disabled Staff in Lifelong Learning

Stephen Jackson	Deputy Director, Department for Innovation, Universities and Skills (DIUS)	Commissioner
Mark Kaczmarek	Deputy Divisional Manager for FE Workforce Development and Leadership, Department for Innovation, Universities and Skills (DIUS)	Commissioner
Monica Kreel	Investigations Officer, Disability Rights Commission (DRC)	Commissioner (until November 2007)
Richard Linley	National Post-Compulsory Education and Training (PCET) Senior Development Officer, Royal National Institute of Blind People (RNIB)	Acting Commissioner (from September 2007)
Nathan Lucas	Senior Employment Adviser, Association of Colleges (AoC)	Commissioner
Aisling Lyon	Policy Advisor on Equality and Diversity, Lifelong Learning UK (LLUK)	Commissioner
Stephanie MacDivitt	Skills for Life Learning Support Workforce Manager, Lifelong Learning UK (LLUK)	Acting Commissioner (November 2007)
Paul Mackney	Joint General Secretary, Universities and Colleges Union (UCU)	Commissioner (until November 2007)
David McKenlay	Office for Disability Issues Department for Work and Pensions (DWP)	Commissioner
John Penton	Member of the Council of City and Guilds, RIBA Client Design Adviser and Registered Access Consultant	Commissioner

From compliance to culture change

Sharon Smith	Equality and Diversity Policy Manager, Learning and Skills Council (LSC)	Acting Commissioner (from July 2007)
Alan Tuckett	Director, NIACE (National Institute of Adult Continuing Education)	Commissioner
Deborah Persaud	Senior Policy Advisor, Integrating Employment and Skills Programme Department for Innovation, Universities and Skills (DIUS)	Independent Member
Paul Brown	Director Scottish Disability Team	Observer
Honey Lucas	Projects Officer Equality Challenge Unit	Observer
Lee Probert	Director of Equality and Diversity, Learning and Skills Council (LSC)	Observer

Project co-ordination

Name	Title and organisation	Role
Christine Nightingale	Development Officer, NIACE	Senior Advisor
Peter Lavender	Deputy Director, NIACE	Project
Paul Mackney	Associate Director FE, NIACE	Co-ordinators
David Ewens	Development Officer, NIACE	Senior Report Advisor
Paul Stanistreet	Editor, NIACE	Report Editor
Yanina Dutton	Research Officer, NIACE	Research Officer
Caroline Law	Research Assistant, NIACE	Research Assistant
Bhupinder Nijjar	Administrator, NIACE	Administrator