Doing Seniority Differently

A study of high fliers living with ill-health, injury or disability

Executive Summary: Final Report

March 2010
Learning from success

Most reports on our experiences as disabled people focus on the barriers and problems we face. But if we focus first on problems, we often forget what is possible – we become pessimists.

For me as a disabled member of the House of Lords I know it was my dreams that took me there, and the inspiration of others who had gone before me. That hope and optimism gave me the motivation to overcome the barriers in my path. If I had thought mainly about the barriers (and heaven knows there were many of them) I would have given up long ago.

This report breaks new ground by starting with disabled people’s successes. It shows us what is possible. Roger Berry MP and I, who co-chair the All Party Parliamentary Disability Group, urged people to take part in the research because we need to understand factors in success for our work in Parliament. At a time when the Speaker of the House of Commons’ recent report on Parliamentary representation makes recommendations for increasing the number of disabled people in Parliament and when many private and public organisations are aiming to diversify their boards, this report offers real learning on how to enable more disabled people to succeed.

I will be working closely with RADAR to seize the opportunities of the Equality Act 2010, to ensure both that we understand and spread success – and that we tackle the major inequalities and poverty that so many disabled people face in the UK today.

Baroness Jane Campbell
Co-chair
All Party Parliamentary Disability Group
Flying high

We know remarkably little about the experiences of senior people living with ill-health, injury or disability. There is no huge pile of books and learned articles on the disability glass ceiling, the disability pay gap, the contribution of disabled leaders. Government targets focus on ‘the inclusion of disabled people in the workplace’ – not our career progression or tackling the disability pay gap, currently running at 20% for men, 12% for women.

I think this is because of low expectations of disabled people. As someone who went to a special school I know about low expectations, about caring systems that sap ambition. But it is changing. As this report shows, some of us are stripping away low expectations - and flying high. And some organisations are getting very serious about spotting and developing all the talents – which makes them more competitive as well as benefiting talented disabled people.

At RADAR we are working strenuously to improve rights to independent living and routes out of poverty for everyone living with ill-health, injury or disability. Millions live in poverty, without the chance to reach their potential. We also run leadership programmes – because we believe that organisations and cultures will change when there is a critical mass of people with personal experience of disability in positions of influence. We support people who want to be local trustees, school governors, MPs and more.

And, thanks to the support of Lloyds Banking Group, who were centrally involved in establishing and helping shape this research, we are delighted to be launching the new Radiate network for people working in senior roles.

Raising everyone’s expectations of what disabled people can do will help more and more people to ‘fly high’ – pursuing our dreams, whatever they may be.

Phil Friend
Chair
RADAR
Lloyds Banking Group is delighted to have been involved with, and sponsored, this groundbreaking piece of research. We have a long track record of recruiting and supporting disabled colleagues. Increasingly, our approach has moved from simply accommodating disabled people, to focusing on their talents to help them develop for more senior roles in our company.

At the same time we have made a clear commitment to ensure we’re able to recruit the very best disabled leaders, although all too often we hear that this talent simply doesn’t exist externally. But we have never actually believed that! The findings of this research, therefore, will be of great interest to us as we begin to better understand what the external marketplace does actually look like, and in helping us make our leadership teams as diverse as possible.

Fiona Cannon
Diversity & Inclusion Director
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- The ongoing support of Lloyds Banking Group.

This report was written by Liz Sayce, Chief Executive of RADAR.
DOING SENIORITY DIFFERENTLY: THE RESEARCH

Very senior disabled people exist – as board level directors, departmental directors, non-executives and more. This first ever national survey of their experiences found a significant senior disabled talent pool: people living with ill-health, injury or disability who are ‘flying high’.

We surveyed 1461 people (911 disabled and 550 non-disabled people), followed by 50 structured interviews with disabled high fliers and employment professionals (in leadership, occupational health, human resources and recruitment). Based on their experience this report identifies nine recommendations for individuals and organisations so that more people can follow and build on their success. The full research is at http://www.radar.org.uk/doingsenioritydifferently/

Why does diverse leadership matter?

Companies compete for talent – and need to identify and develop the widest talent pool if they are to succeed in the global economy. Disability and health conditions are an ordinary part of human experience, with one in five of the population affected. It makes simple business sense both to retain talented people who develop a health condition or disability in working life; and not to overlook the disabled talent pool in senior recruitment.

This research found that both disabled high fliers and employment professionals identify particular leadership contributions that people living with health conditions or disabilities bring to organisations: from empathetic people skills to transformational ability and creativity; from resilience to flexibility. Where these skills translate into behaviours at work they can add significant value to senior teams.

1 This research focuses on people who would be considered disabled under the Equality Act 2010. Many do not consider themselves ‘disabled’. RADAR believes people are ‘disabled’ by the barriers they encounter. However we use the terms ‘living with ill-health, injury or disability’ or ‘health conditions and disabilities’ to be inclusive of the diverse ways that individuals identify their own wide-ranging experience.
What disabled people bring

‘In a very command and control environment I’ve changed my style. You challenge your own perceptions, become tolerant and engage better with differences between people’ (Chief fire officer, with long term health condition)

‘They’re used to thinking imaginatively and doing things differently, finding creative solutions’ (Senior civil servant)

‘Bi-polar disorder often goes with creativity. That’s a gift. But you have to learn how to manage that gift too’ (Research director, private sector, with mental health condition)

‘All leaders need resilience – the same sort of strengths that disabled people have to have to manage their lives’ (Senior manager, Government)

There is also a compelling social justice case for enabling more disabled people to achieve senior positions. The 2010 Hills report on inequality in the UK \(^2\) shows a pay gap of 20% between disabled and non-disabled men; 12% between disabled and non-disabled women. Whilst this is partly explained by differences in educational qualifications, Hills found a ‘disability penalty’ in employment on top of educational inequality: the employment position of disabled people with qualifications is significantly poorer than that of non-disabled people with the same qualifications, at every level, including degree/higher degree level. This reveals a waste of potential, with significant numbers of disabled people working below their capabilities and qualification levels. Inequality matters at senior levels. The 2010 Marmot review of health inequalities\(^3\) states that focusing only on the most disadvantaged will not effectively reduce inequalities. Career progression for disabled people needs to be part of any strategy to reduce health and wider inequalities faced by people living with ill-health, injury or disability.

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Who are the high fliers?

We identified 110 people living with health conditions or disabilities earning £80,000 or above. There were 102 board level executive directors, 80 other directors/heads of departments and 126 senior managers.

Many have impairments that impact substantially on daily life– from paraplegia and renal failure to bi-polar disorder.

Over half of those we surveyed had had their impairment for over 20 years.

The common belief that the only disabled people at the top are those who climbed the career ladder before becoming disabled is contradicted by this new evidence. Significant numbers are disabled throughout their career: some openly, others choosing only to be open once in senior roles.

Succeeding, with long-standing experiences of disability

‘I have bi-polar mood disorder. The culture of the organisation helped me progress. It’s a meritocracy here. And it is and always has been a very caring place – it’s just the way you’re brought up in the firm. I was open about my condition because that was the way to get help and understanding. Someone to open up to was a big part of what helped – and it’s now in the manager’s job description to support me in that way….. I definitely haven’t been held back’ (Partner in the finance and accountancy sector)

‘I have suffered from MS for 19 years’ (Chief executive in the public sector)

Disabled high fliers tend to be male (mirroring the wider gender pay gap throughout the economy), middle-aged and to work in the private sector.

4 We have used a salary threshold of £80,000 as a basis for analysing seniority - in addition to analysis by job role
The keys to their success

The people at the top are very clear about what helped them progress. The factors significantly associated with seniority were having a mentor committed to your career; and having senior support throughout your career. Whilst adjustments and supports specific to disability enabled people to perform and get to the starting blocks for development, they were not significantly associated with progression into senior jobs.

This suggests that spotting and developing talent and aspiration are even more important for progression than simply accommodating impairment. Employers, recruitment companies and skills agencies need truly to ‘look beyond labels’ – to spot, mentor and support talented disabled people. That requires setting cultures that significantly raise expectations of what disabled people can achieve.

Senior support

‘What works is when your senior manager says – we value you, you bring output’ (Occupational health professional)

‘A Board member has a speech impairment which can be tricky in terms of performing at high-pressured meetings...... The CEO very much acted as her sponsor and champion. He challenged and supported her, and it was very visible that he was 100% behind her’ (HR professional)

‘I once saw an employer clearly communicate the message ‘we will never penalize a manager who over-estimates the potential of a disabled employee’ – we need more of this kind of reinforcement to change cultures and attitudes’ (Disability organisation leader)
Mentoring and role models

‘The thing you need is just to have someone to talk to who’s been there. Who has visibly conquered it, who is visibly successful’ (Partner, private sector, with mental health condition)

‘Advocates and champions can be a senior person or a peer. Organisations don’t have to set up formal programmes necessarily, but they can make a big difference by spotting and recognising where advocacy and mentoring are happening naturally’ (Leadership expert)

‘I sometimes think I should go back to Cranfield and do a 10-minute talk about this to the students – to start telling the story about being successful with a health condition, changing attitudes’ (Director, private sector, with mental health condition)

The things that make a difference are often no different from best management practice. It is simply about extending good practice to more people and ensuring organisations benefit from engaging a wider pool of talent in their senior teams.

Best management practice

‘Be creative about asking ‘how do we make the most of everyone’s talents?’ – build around their issues to make things work. That is about good management – of everyone, not just people with disabilities’ (Senior business academic with mobility impairment)

Individual strategies

The findings also showed that those who succeed have adopted highly proactive personal strategies, getting stuck in to changing organisations for the better, educating colleagues, not waiting passively for access or cultural improvements. In other words, they exercise leadership right through their careers.

Many felt that the experience of disability could be an asset but also that it was only one part of their life and identity – they ‘wore their disability lightly’, as one put it.
Successful strategies most commonly mentioned were to present solutions to the organisation, to focus on strengths not just needs and to create networking opportunities.

**Individual strategies**

‘The reason they gave me the job was that I said up-front at interview, ‘you may think I can’t cope, but I’ve thought it through. If you’re worried about me using the blackboard, I can use an Overhead Projector instead – I’ll buy my own if necessary….. I very much think, if you’re disabled, it’s your job to put other people at ease with you. Because they don’t know how to cope. You have to have confidence, put in the effort, and be candid. I think I’ve developed that confidence by necessity – it’s not a natural thing. I just felt I wouldn’t get anywhere if I sat back and let things happen’ (College principal with physical impairment)

‘In some fora people talk about stigma and their condition rather than themselves and their success. I’d rather talk about successes. My illness is only 10% of me’ (Director, private sector, with mental health condition)

Networking becomes more and more key as you become more senior. You have to force yourself to do it, because extra effort is required to make it work. It’s tricky for deaf people, especially conversation in noisy rooms. I can’t use a palantypist at a cocktail party!’ (Voluntary sector leader who is deaf)

‘The thing that has made a difference is having a small number of close colleagues that I can talk to, and knowing that they were sympathetic, that – even when I wasn’t disclosing more widely – they knew about my condition’ (NHS leader, with mental health condition)
**A chasm of inequality**

Despite the presence of high fliers, sharp inequalities persist.

Career aspirations were equal between disabled and non-disabled people.

However, non-disabled people were:
- Three times as likely as disabled people to earn £80,000 or above
- Twice as likely to be a board level director and
- Three times as likely to be another director/head of department.

Disabled people were more likely to occupy non-leadership roles, like specialist.

Disabled people are at a massive disadvantage in terms of career progression. Despite equal aspirations there was a chasm between their actual experiences of seniority.

Only 39 per cent of disabled people were confident that they would have equal career opportunities to non-disabled people.

We also found stark inequalities **between** disabled people. People with mental health conditions are significantly less likely than other disabled people to be board level directors, to earn £80,000 or above or to be confident that they would have career opportunities on a par with non-disabled people. They and people with learning difficulties are more likely to be in junior roles.

There are also differences between disabled people with fluctuating or more fixed conditions; visible or non-visible conditions; and disabled people with different life experiences. Employment professionals repeatedly said that their biggest challenges related to employing people with unpredictable and less tangible adjustment needs.

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**Non-visible, fluctuating conditions**

‘It’s the classic stereotype – some disabilities are obvious – like the person in a wheelchair – people feel they know how to deal with that – install a slope and an accessible toilet – but for things that are not so visible, and less easy to pigeon hole, people find that much harder to understand’

*(Disability organisation leader)*
Why the inequalities?

The survey identified clear reasons for the inequalities.

Disabled people were significantly less likely than non-disabled people to get mentoring and career-long senior support – the very supports that the ‘high fliers’ valued for career progression.

Some described eloquently how a lack of senior support held them back.

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**Blocks to advancement**

‘You can become a teacher if you are a disabled person, but can you get to head of department level? Equally, you may get into the fast stream (in central government) but will you get the most prestigious jobs, and will you progress through the grades as fast as others?’ (Disabled leadership professional)

‘I had one unnerving interview where the chair of governors couldn’t bear to look at me. I felt I didn’t match up to his impression of what a principal was’ (College principal, with physical impairment)

‘They implied to me that if they had known about my illness they wouldn’t have promoted me…My career had run into a brick wall. It became apparent that I wasn’t going to be able to progress any more in that organisation. So I set up my own business’ (Private sector director, with long term health condition)

Professional interviewees said that employers unfamiliar with working alongside disabled people worried about what they could achieve and therefore under-estimated ability.

They also over-estimated risk. Some viewed the recruitment of disabled people to senior (or sometimes any) roles as fundamentally risky – rather than taking a proportionate approach to risk and identifying through discussion what the person could achieve, with adjustments if needed.
Aversion to risk

‘An extremely fit and healthy young woman was turned down because she had had knee surgery and the doctor couldn’t confirm that she would be 100% fit for the next 30 years! I overturned that decision and the woman has around 12 years excellent service now’ (Chief fire officer)

‘I applied for a job as HR Director and was accepted into the job. I then received, in that role, the occupational health report on myself, in which I had disclosed my bi-polar disorder. The form said ‘do not employ this person’. I carefully and quietly filed the form away and worked successfully in that role for some years’ (Freelance HR director, with mental health condition)

Individuals sometimes lacked strategies for success. Some had absorbed low expectations about what they could aspire to from teachers or health professionals (one had been warned off the arts as too challenging for a deaf person, for example). In addition some did not believe employers would offer them fair chances of career progression. This could lead individuals to present with a lack of confidence. Employers thought disabled people with low expectations or a ‘chip on their shoulder’ tended to ‘sink their own boat’ by presenting problems, not solutions to the employer.

Other factors included the difficulty of securing a senior job with an unorthodox career history, or if impairment made it impossible to fit into working environments requiring extreme working hours.
Different career and work patterns

‘We should be looking at the potential for senior roles to fit into a ‘smaller footprint’ - not necessarily a full time 5 day week eg extending the potential of modern IT so that senior executives don’t need to travel to meetings so much’ (Senior executive, international corporation)

‘Senior people all have similar, conventional career paths, with uninterrupted careers up through the organisation or profession. This makes it harder for people who are different’ (Recruitment professional)

These factors compounded each other. Interviews showed that low expectation and anxiety were factors – on both sides. When 2 anxious parties encountered each other, positive career progression was not the most likely outcome.

To be or not to be open

62 per cent of disabled people had the option not to reveal their impairment, of whom 75 per cent did hide it sometimes or always. Most commonly they were open to colleagues rather than those with power in the organisation (senior managers, managers, human resources professionals).

People with mental health conditions were nearly four times more likely than other disabled people to be open to ‘no one’ about their impairment; and less than half as likely to be open to everyone. Other groups that disclosed potentially hidden impairments – long-term health conditions or learning difficulties – were more likely than other disabled people to be open to everyone.

In the private sector, disabled people were less likely to be open about their impairment.

There were several reasons for keeping a condition private, one of which was fear or experience of discrimination. Interviewees spoke eloquently of their fear that being open might affect getting a job in the first place, their treatment once at work and their chances of promotion. Those who eventually felt confident that they could be open without adverse consequences often found it liberating.
Fear of being open

‘I lied on the application form to say I had no health condition. I thought they wouldn’t take me if I declared it - I was used to the public sector and presumed that the private sector would be less understanding or open…For all I know it wouldn’t have made any difference whatsoever. But it was such a fantastic opportunity for me, working for them, that I just didn’t want to take the risk….. In my current job I am open to everyone. I find it liberating to tell people – it makes me feel more relaxed about it’ (Local authority chief executive, with long-term health condition)

‘I knew it was the one thing I could never mention in a junior position. Not because I would get the sack but because I’d be killed off by kindness’ (Media professional with mental health condition)

‘I have never put on an application that I was deaf – even for the sake of having additional support at interview. It’s a bit of a risk because if you get the interview and there’s someone you don’t understand there’s nothing you can do. But I’d be wary of not being shortlisted. Or indeed of being shortlisted only as a token gesture’ (Voluntary sector leader who is deaf)

People grappled with dilemmas about who to tell, when and how.

How and when to be open

‘I am open but I don’t always mention it straight off. It can depend how easy the person is to understand – if easy there’s no need to mention the deafness. If I need them to slow down or speak more clearly then I would rather be open and explain, rather than just have them think ‘oh she’s a dumb blonde’” (Private sector manager who is deaf)

‘I sometime choose to conceal when speaking to a new client. For instance, on the ‘phone I will not start by talking about my disability, will deal with all the professional issues first and then mention disability-related needs – like the fact that my PA travels with me’ (Consultant, with visual impairment)

Both disabled and professional interviewees recommended creating organisational cultures and support for managers that enabled open, powerful conversations.
Open conversation

‘Create the confidence to have the discussion. Around mental health, for instance, say: how will we know when things are getting tricky for you? How shall we deal with it – is there someone we should contact for you? The confidence factor is as much for the employer as for the individual’ (Disability leadership organisation)

Enabling people with mental health problems to feel safe to be open is particularly important given evidence from the Time to Change campaign that the biggest driver of not being open is fear of discrimination – a greater driver even than discrimination actually experienced5.

From rhetoric to practice

Adjustments and disability-specific supports are necessary for some people to work, perform and be fully embedded in the organisation.

Some interviewees valued the real commitment - right through their organisation - to accommodate their requirements and enable them to realise their potential. In some companies flexibility went beyond the more obvious, tangible physical adjustments - to changing when and how work was carried out, as long as outcomes were delivered.

Adjustments and flexibility

‘I went through the process to become a partner while I was ill. It’s a Europe wide process but they were very amenable and really helpful, adjusting the timetable just for me. In the end my final interview was the same week as my transplant operation – and I was successful in becoming a partner’ (Private sector partner, with long-term health condition)

‘Now if I’m ‘going off’ I just stay at home and go through my recovery routine – 2 or 3 days – then come back and a colleague covers the work while I’m away. People understand this is what I need to do and completely accept it’ (Partner, private sector, with mental health condition)

They made clear recommendations for good management practice to ensure
disabled people’s full participation was automatic – including in promotion and
development.

**Best management practice**

‘Collecting and using data so that we have been able to identify and target
talent initiatives – bring the ladder down to provide targeted support and get
people ready for promotion’ (HR professional)

‘Managers need to understand and promote simple common fixes –
maintain contact during absences, give time off for appointments, offer
flexible working particularly around return to work, assess and review needs
for reasonable adjustments’ (Occupational health professional)

Others experienced lip-service or subtle forms of exclusion.

**The importance of behavioural change**

‘Sometimes people talk about it so much that they think they’re doing it. But
are they? You can get lost in the procedures and frameworks rather than
thinking about behaviours, and it’s the behaviours that make the difference.’
(HR professional)

‘There are also micro-inequalities, for example, travelling by train to an
event with four colleagues – they all sat together but I couldn’t sit with
them because of the design of the wheelchair accessible place in the train.
So although we had all had the same briefing, I was excluded from the
conversations they had in advance of the meeting over those two hours on
the train, and arrived with a slight disadvantage at the event’. (Psychologist,
with long term health condition and physical impairment)

Interviewees advocated top management commitment to developing disabled
people’s talents - encouraging managers throughout the organisation to think
and behave flexibly so individuals could perform to maximum effectiveness;
and ‘actively changing culture to support, praise and reward managers who
do it properly and deal with people who don’t, ensuring robust feedback
mechanisms are in place’ (Occupational health professional).
CONCLUSIONS

The survey found that mentoring and senior support throughout your career are significantly associated with career progression for disabled people. There is a compelling case for instigating them.

The experience of the high fliers we interviewed shows what that senior support looks like: a culture where powerful open conversations replace anxiety, where expectations of disabled people are high and where good management practice and development opportunities encourage disabled people’s talent and diverse talent per se. If individual disabled people also adopt high aspirations and positive strategies for success, then the employee and employer can escape from mutual anxiety and enter a positive relationship which breeds confidence on both sides and increases opportunities.

At present a lack of opportunity and career choice for disabled people is preventing all but a few highly determined individuals from ‘flying high’ to the most senior roles. Disabled people are held back by low expectations that ‘kill people with kindness’, unorthodox career paths, constrained career choices, workplace cultures where people cannot talk openly (about anything), excessively risk averse approaches that will not give them a chance, failure of organisations to ‘walk the talk’ and more.

Disabled people are not strongly confident that they will have equal opportunities to progress in their careers compared with non-disabled people of similar ability. This is hardly surprising given evidence that inequalities in securing senior roles and higher pay scales are very marked.

Those able to hide their impairment make choices about who to be open to, for a variety of different reasons. One reason is fear and/or experience of discrimination and this helps explain why people are more likely to be open to selected colleagues than to people with power in the organisation – the immediate superior, board or human resources. Yet when they can be open safely they describe it as liberating – enabling them to get on with the job, to be more productive.

There is learning here for many different players.

If leaders in private and public sector employment can create cultures in which people with all types of health condition or disabilities – and other life differences - know they are welcome at every level in the workforce, then they are more likely to thrive and maximize productivity.
This might involve explicitly welcoming the contributions of disabled people in influential roles in the organisation. It might involve modeling open conversation, acknowledging that mental health and other non-visible impairments are common across the working population and that supporting employee well-being at work is a core part of good management practice. It might involve identifying strategies for managers to enable them to sustain themselves and colleagues who do experience fluctuating physical or mental health difficulties in employment, so everyone knows support is on hand if needed.

The more that senior leaders model and promote cultures of openness (about any human difference and experience) and recognize outcomes (rather than presenteeism) - the more our interviewees said it would maximize the talent and contribution of others like themselves.

Disabled leaders often bring people and transformational skills that can contribute powerfully to this cultural change.

Recruitment agencies have a role in raising expectations:

**Recruitment agencies**

‘sRecruitment agencies can have a role in advocating what’s possible, working with clients and candidates’ (Recruitment professional)

Occupational health and human resources (HR) professionals can use their expertise to redress risk averse cultures. They can seize the opportunity of the prohibition on health checks before conditional job offer under the Equality Act 2010 – to work with employers to create a cultural shift.

**Health checks**

‘Health checks need to become ‘is there any help you need now that you are an employee’ rather than ‘list all your health problems and I will decide what you can do as an employee’ which would still be (theoretically) possible under the new arrangements. We are going to start with the NHS – nothing like a challenge’ (Occupational health leader)

Occupational health checks/questionnaires could be replaced by a support and adjustment review for all newly appointed staff. This would send a powerful message to both employees and managers: that processes are
designed to enable people to work to maximum effectiveness, not to screen disabled people out; that an opportunity is available for people with non-visible impairments to propose adjustments or supports if they wish.

HR professionals could become the repository of knowledge and resources on best management practice on disability, mental health, diversity – so they can support managers to raise their game.

Managers and HR professionals can help remove barriers to progression by ensuring job requirements are clearly thought through - not based on catch-all generic specifications and not requiring (say) a degree when what is needed is excellent written skills that can be tested during recruitment.

Managers and HR professionals have major roles in enabling career progression – both ensuring that disabled staff have access to mainstream training and development programmes and enabling them to access opportunities for mutual support and learning amongst disabled peers.

**Development opportunities**

‘Some of this is personality, or innate confidence, but much of it can be taught. You can learn everything from knowing your rights to how a particular organisation works and knowing how your rights can work for you in your particular situation, with your impairment. You can also learn influencing and persuasion skills – which is all about influencing people towards you, not confronting them’ (Disabled leadership expert)

‘Disability-specific, tailored positive action programmes help because you talk about the disability, you don’t pretend it’s not there or it doesn’t make any difference’ (Public sector leadership expert)

There is learning too for the disability sector – to support individuals’ strategies for success through role models and peer support. To promote a social model of disability that is dynamic, encouraging disabled people to ‘get stuck in’ to creating an inclusive society. To support and represent people across all their differences of identity (rather than expecting everyone to fit neatly under the one label ‘disabled people’). This means addressing more effectively the inequalities that exist between people with different impairment and life experiences - as well as between disabled people and those who are not disabled.
Ultimately, it is likely that cultures will change when more people do decide to be open about different experiences - so it becomes obvious that disability and health conditions are ordinary parts of the human condition and that none of these ‘impairments’ are equated with incompetence.

In tough economic times, changes suggested here may seem at first glance to be an additional burden; but those we interviewed, including employers, HR professionals and business school leaders, recommended action for business reasons: to improve motivation and productivity.

It is vital that we learn both from the experiences of those who have succeeded (see Part 1 of the full report at http://www.radar.org.uk/doingsenioritydifferently/) - and from those whose ambitions have been thwarted (see Part 2). Between them they give us a clear learning path – on which cultures and practices to extend, and which to drive out.

Our recommendations are designed to raise expectations and raise our game on all sides – by reducing the anxiety and low aspiration experienced by both employee and employer.

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**Fear on both sides**

*Stereotypes, managers being scared to ask questions, scared to even talk about disability because they’re anxious about embarrassing themselves, embarrassing the disabled person, saying the wrong thing* (Disabled leadership expert)

‘Anxiety on both sides can be a real problem. The disabled person is thinking, ‘am I going to be allowed to do this job, to perform well in this opportunity?’” (Disabled leadership expert)

These fears compound each other. Our nine recommendations are designed to replace that cycle of anxiety by high motivation, confidence and productivity.
RECOMMENDATIONS

Individuals living with health conditions or disabilities
1. Identify and act on your own strategy for success, learning from role models about what works

- Think what you really want to achieve - raise your expectations about what you may be able to do, don’t automatically write off the possibility
- Learn about the adjustments and supports that can enable you to be most effective in your career (see for instance RADAR’s Doing Work Differently guide at www.radar.org.uk and information on the Government’s Access to Work scheme at www.directgov.co.uk)
- Approach employers, prospective employers and your own staff team with solutions (not just barriers) and aim to put them at ease
- Take control of situations – decide on your strategies, propose them, pursue them. Decide whether, when, how and to whom to be open if your impairment is non-visible, learning from others who have been there before. Exercise the ‘right to control’ your own resources like Access to Work and employment support in areas where this has been introduced\(^6\) and let employers know (if applicable) that you will have these resources in place
- Consider taking part in networks and becoming a role model - offering and receiving peer support and encouragement

Disability organisations
2. Support strategies for success for everyone living with ill-health, injury or disability

- Promote high aspirations; and challenge low expectations when you encounter them
- Enable peer support and advice amongst people seeking career opportunities, at all levels. Offer advice including on Access to Work and the Right to Control
- Promote a dynamic social model of disability, in which disabled people are the change they want to see, working with employers and others to change the environments in which we live and work
- Address the inequalities between people with different impairment and life experiences – as well as between disabled and non-disabled people

\(^6\) The Right to Control is being introduced in 8 Trailblazer areas from 2010 and may be rolled out thereafter. See www.ODI.gov.uk
Employer leadership
3. Set a culture of respect and high expectations of what disabled people can achieve
   - Model open conversation about disability, mental health (and other differences)
   - Adopt a proportionate approach to risk, ensuring disability and health conditions are not viewed - explicitly or implicitly - as grounds for screening people out of employment or promotion
   - Benchmark and review cultural change and employee confidence

4. Make available senior support, mentoring and development for disabled staff
   - Commit to spotting, supporting and developing talent
   - Take action to enable managers to develop and get the best out of diverse teams
   - Measure and report on change: rates of recruitment, promotion, time in grade and take-up of development opportunities – by disability

HR profession
5. Become a core source of best practice advice and guidance to organisations on employing and developing people living with ill-health, injury or disability
   - Build disability and health competence into core human resources professional training
   - Be a central source of expertise on development programmes, training, coaching, shadowing, mentoring, job swaps - to assist disabled people to move through the ranks into middle and senior management
   - Collate data, evidence and stories to guide managers and individuals on senior role specifications, what is possible through adjustments, how to manage mental health and other experiences effectively at work
   - Consider creating on-line directories of technical support and flexible approaches to adjustments at every level of employment

Occupational health profession
6. Take a leadership role in cultural and practice change in organisations – by focusing occupational health assessments and interventions on what people can do (with adjustments if needed)
   - Take the opportunity of the prohibition on pre-job offer health checks
under the Equality Act 2010 to encourage employers to make a cultural shift. Support employers to make clear that they view health conditions and disability as ordinary aspects of human experience – to be anticipated and accommodated in every workplace

- Replace generic pre-employment health checks with support and adjustment reviews for new employees
- Clarify how functional assessments will be used (if needed) to test for highly specific fitness for particular jobs (after job offer)
- Consider creating resources for employers to improve early intervention and effective ways of retaining people in the workplace: for instance, on-line stress management tools

**Recruitment agencies**

- Model and champion high expectations, accessibility and a culture of openness

  - Help both employers and candidates to raise expectations of what is possible in disabled people’s senior employment
  - Model high accessibility standards, from websites to assessment centres and other recruitment processes

**Equality and Human Rights Commission**

- Build into Equality Act Codes and guidance high expectations of people with different experiences of disability and health conditions at all levels of employment, drawing on positive examples to exemplify good practice

  - Develop a standard approach to monitoring that does not use the headline ‘disabled people’ on forms for completion by individuals. Rather offer them a specific range of long term health conditions and disabilities to respond to, so they do not have to accept the ‘disability’ identity if it is not their choice
  - Ask for evidence and be prepared to use enforcement powers on the disability pay and promotion gaps if progress is slow

**Government**

- Provide leadership and raise expectations through targets, policies and Ministerial statements

  - Replace the current commitment to ‘inclusion in the workplace’ for disabled people with a much more aspirational goal – closing career and pay gaps
  - Commit to Government and the public sector (eg the NHS, schools,
colleges, Job Centre Plus) being exemplars in senior recruitment/promotion of disabled people, so the public sees role models in all spheres of life

- Increase the choice and control over employment resources available to disabled people. Enable people to have an indicative Access to Work entitlement before job search – so they can present solutions to prospective employers. Improve Access to Work responsiveness to the needs of people with fluctuating conditions (for instance, providing cover for temporary disability-related absence). Promote and develop the Right to Control, so individuals can make best use of available public resources for their particular circumstances.

- Ensure that processes for commissioning publicly funded services are measured on their success in supporting senior recruitment/progression of disabled people

- Build on work to date to increase the number of disabled people in public appointments, through outreach, capacity building, mentoring, coaching and leadership development

In addition the skills and education sectors have a major role to play in enabling more disabled people to progress in their careers. This study did not look at their role in detail. Other reports have made helpful recommendations to improve learning opportunities for disabled people throughout the life course and at all levels: see for example, www.niace.org.uk. Britain’s future prosperity depends on the skills of its people. The Social Market Foundation and others have noted that Government’s skills targets cannot be met without addressing the skills gap between disabled and non-disabled people. We urge Government to ensure that disabled people’s skills are uplifted to enable them to contribute fully to our society and economy.

*The full research report includes a wealth of material that organisations and individuals can use to support reflection on what affects career opportunities for disabled people and strategies to increase the pool of talent at senior levels. It is at http://www.radar.org.uk/doingsenioritydifferently/*

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7 This recommendation simply extends the recommendations of the Perkins Review (2009) of employment opportunities for people with mental health conditions - to cover disabled people more widely.
A new network

Many people responding to the survey said they would welcome a network to meet other influential people living with ill-health, injury or disability, to pool experiences and support their own career progression. As a result RADAR, with the support of Lloyds Banking Group, launched the Radiate network in 2010 (for details please contact joanne.mccloy@radar.org.uk).

About RADAR

RADAR works with individuals, and with employers, recruitment agencies, skills agencies and others to improve career progression opportunities for people living with ill-health, injury or disability (for further information please contact liz.sayce@radar.org.uk).

RADAR seeks to work with others for a world in which people with ill-health, injury or disability have the freedom to develop talent – freedom from fear, prejudice or low expectations. We hope that increasing our understanding of those who have been successful will help add to the pool of disabled role models.

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Doing Seniority Differently

A study of high fliers living with ill-health, injury or disability

Executive Summary: Final Report