Doing Seniority Differently

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

Final Report
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March 2010
DOING SENIORITY DIFFERENTLY

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Doing Seniority Differently (Final Report)
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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**
Spotting talent

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
Acknowledgements

We would particularly like to thank:

- The 1461 survey respondents and 50 people who agreed to be interviewed for the research.
- Judith Simpson, Andrea Humphrey, Mike Smith, Agnes Fletcher and Joanne McCloy for their invaluable work on the project.
- Chris Histed of Publitas Consulting LLP and Rachel Perkins who gave considerable pro bono time and expertise on, respectively, survey design/set-up and data analysis.
- The various organisations that distributed and publicised the questionnaire on behalf of RADAR.
- The ongoing support of Lloyds Banking Group.

This report was written by Liz Sayce, Chief Executive of RADAR.
SUMMARY OF KEY FINDINGS

We received 1461 survey responses, 911 from people with ill-health, injury or disability (disabled people). The headline findings are as follows:

- There is a pool of senior, successful disabled people.
- 110 earned £80,000 or above. There were 102 board level executive directors, 80 other directors/heads of departments and 126 senior managers.
- Disabled and non-disabled people had equal career aspirations yet non-disabled people were over three times as likely as disabled people to earn £80,000 or above.  
- Only 39 per cent of disabled people were confident that they would have equal career opportunities to non-disabled people.
- Over half of those earning £80,000 or above had had their impairment for over 20 years.
- Some had impairments with a substantial impact on daily life, from paraplegia and renal failure to bi-polar disorder.
- The high earners were typically male and middle-aged, and were more likely to work in the private than public or voluntary sector (mirroring the wider gender pay gap throughout the economy).
- Disabled people across the income range were, however, more likely to work in the public and voluntary than the private sector.
- Two types of support were significantly associated with career progression and high earnings for those earning £80,000 or above: having a mentor committed to your career; and having senior staff support throughout your career. No disability specific support or adjustments were positively associated with progression (although they may be necessary to working at all). This suggests employers may need truly to “look beyond labels” to support the careers of talented disabled people.

1 We have used a salary level of £80,000 as a threshold for ‘seniority’— in addition to analysing seniority by job role.
There are, despite this pool of talent, huge challenges.

Non-disabled people were over twice as likely to be board level executive directors and three times as likely to be other directors/heads of department. Disabled people were more likely to occupy non-leadership roles.

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

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.

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 who disclosed ‘potentially hidden impairments’ – people with long-term health conditions or learning difficulties – were more likely than other disabled people to be open to everyone. There were several reasons for keeping a condition private, one of which was fear or experience of discrimination.

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

Pay also varied by impairment group. People with mental health conditions were less likely to earn £80,000 or above than other disabled people; and less likely to be board level executive directors. They, and people with learning difficulties, were more likely to hold junior roles.

Different impairment groups also valued different generic and disability specific career support and development.

People with mental health conditions were less likely than other disabled people to believe they had had or would have the same career opportunities as other employees.

People with physical/mobility impairments were less likely to aspire to be promoted in the next two to three years.
• Disabled people were less likely than non-disabled people to report working for an organisation committed to helping all people. This may suggest disabled people are less convinced that any such commitment will help them progress or that they believe there is a difference between what organisations say and what they do.

• They were also less likely to report support from management colleagues or from family and friends.
INTRODUCTION AND CONTEXT

In 2009 RADAR set out to answer some key questions on career progression, seniority and disability: is there a pool of people living with ill-health, injury or disability working in senior jobs? If so, who are they, what factors have enabled them to progress in their careers, what sectors are they in, what are their experiences?

There is very little evidence on disability and seniority, as compared for example to gender and/or ethnicity and seniority, although a few examples do exist. Evidence and Government targets focus more on entry to the labour market and the disability employment rate than on career and pay progression. There is currently a disability pay gap - of 20% between disabled and non-disabled men, 12% between disabled and non-disabled women - but little evidence on how it might be narrowed.

We hoped to learn about the factors that enabled success and to spread learning both to employers and to people living with ill-health, injury or disability. We also hoped to learn what leadership qualities disabled people bring to their roles.

RADAR uses the terms living with ‘ill-health, injury or disability’ or ‘disability and health conditions’ in order to reach out to people however they choose to define their experience. Research finds that about half of people covered by the Disability Discrimination Act definition do not consider themselves ‘disabled’, often identifying more with a long-term health condition or specific impairment, such as depression, deafness or heart disease. RADAR believes people are ‘disabled’ by barriers around them. But we did not want to miss the experiences of people who do not identify that way.

This approach appears to have worked: we received 316 responses from people with mental health conditions and 257 from people with long-term health conditions. Whereas many communications and surveys on ‘disability’ miss these target audiences, this survey succeeded in capturing their experiences. In this report we use both ‘disabled people’ and ‘people with ill-health, injury or disability’ to mean people with the full range of mental and physical impairments and health conditions that impact on daily life.

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There are many interpretations of ‘success’. We do not believe that traditional career success in terms of grade and pay are the only important measures. However, job seniority and salary are valued in our society and we wanted to know the extent to which disabled people attain them. This is important in order to understand whether employers are tapping into all available talent; and whether people with ill-health, injury or disability have fair chances to progress and reach their potential.

This report is structured in three parts. Part 1 focuses on the factors that make for success and how to promote them, Part 2 identifies barriers and how they can be overcome. To some extent enablers and barriers mirror each other – a number of issues are discussed in both parts. Based on the findings of this research we identified nine recommendations for action – these are listed in Part 3.
**METHODOLOGY**

We undertook a quantitative survey – achieving 1461 responses – followed by 50 structured interviews.

We distributed widely an email invitation from Baroness Jane Campbell and Roger Berry MP, the co-chairs of the All Party Parliamentary Disability Group, to complete an online questionnaire. The survey was also available in alternative formats.

A microsite was set up to give further information about the project and to provide reassurance on issues including confidentiality and how the responses would be used.

The questionnaire was distributed and promoted between May and August 2009 via business organisations, major employers, disability and health condition organisations and Facebook. We also publicised it using general and internet media.

We explicitly stated that we wanted a wide range of people to complete the questionnaire, including those who might not necessarily identify as disabled and encouraged people to forward the invitation to others who they felt might be interested. This ‘snowball methodology’ has been shown in other situations to be effective in reaching people who may be difficult to reach and/or whose experiences may be hidden (for example, to reach lesbian, gay and bisexual people).

We received 1461 responses. Survey respondents comprised 911 people living with ill-health, injury or disability, but also 550 non-disabled people from the same industry pools. This provided a comparison group that enabled us to analyse differences between the experience of disabled and non-disabled respondents.

We explored differences between disabled and non-disabled people, and between people with different types of impairment, from different sectors, in different positions and receiving different levels of salary using a series of chi-square test statistics. In this report we report findings only where differences were statistically significant – except in two cases where we state explicitly

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5 Chi-square test statistics are used to explore whether there is a statistically significant relationship between variables, such as income and disability

6 P<0.05 ie the probability of the difference being due to chance is less than 0.05
that a particular correlation approached, but did not quite achieve, statistical significance.7

In order to minimise the length of the questionnaire, and thereby increase the likelihood that people would complete it, we did not examine all possible areas of potential interest. These include the interaction between disability and other factors (especially educational attainment, social class, sexual orientation, faith and ethnicity) in influencing people’s career trajectories. These issues were explored in qualitative interviews but we recommend that follow-up surveying address them further.

Of the 1461 responses, 701 people said ‘yes’ to the question of whether they experienced ill-health, injury or disability. However, a further 210 reported an impairment or condition without answering ‘yes’ to that question. These ranged across the spread of impairments, including bi-polar disorder, arthritis, ME, cancer, Asperger’s and renal failure. We coded these 210 responses to the relevant category of ill-health, injury or disability, in order to have as complete as possible a data set of people with these experiences. This gave a response of 911 people with ill-health, injury or disability and 550 without.

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7 P<0.1 ie the probability of the difference being due to chance is less than 0.1
The range of impairments was as follows:

Table 1 responses by impairment

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term health conditions</td>
<td>257</td>
</tr>
<tr>
<td>Physical/mobility impairment</td>
<td>242</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>51</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>80</td>
</tr>
<tr>
<td>Mental health condition</td>
<td>316</td>
</tr>
<tr>
<td>Learning difficulty</td>
<td>53</td>
</tr>
</tbody>
</table>

These total 999. This is more than the 911 total of disabled respondents because some people reported more than one type of impairment.

We analysed the experience of ‘senior’ disabled people both in terms of job role and salary. On salary, we needed to use a cut-off point for determining who was ‘senior’. We have used a salary level of £80,000 as the threshold for ‘seniority’.

Qualitative interviews were conducted with 22 senior people living with health conditions/disabilities and 28 professionals (HR and occupational health professionals, recruitment agencies, leadership, diversity and disability experts) from the private, Government and voluntary sectors.
PART 1 - THE SUCCESS STORIES: Senior people living with ill-health, injury or disability

The high flyers

We identified 110 people living with ill-health, injury or disability who were earning £80,000 or more.

This may be an underestimate because 286 disabled respondents (31 per cent) did not answer the question on salary.

There were 102 board level executive directors, 51 non-executive directors, 80 non-board directors/heads of department and 126 senior managers.

Figure 1 salaries of disabled people

Eighteen per cent of those answering the salary question earned £80,000 or above.

Some leaders felt they had not been held back in any way by disability-related barriers – and whilst these were a minority, it is important to learn from what can go right:
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)

‘The fact that I have achieved Chief Fire Officer is living proof that I have had the same chances as others’ (Public sector leader)

‘I have suffered from MS for 19 years’ (Chief executive in the public sector)
Why is diverse people’s leadership important?

Interviews with both the ‘high fliers’ and professionals suggested disabled leaders could bring added benefits to organisations if they had the skills to translate their experience of living with disability into behaviours at work.

Transferring skills and experience

‘Having the experience of disability is not enough in itself to make someone a leader – it’s got to be coupled with skills’ (Voluntary sector leader who is deaf)

Most emphasised that it was important not to generalise (for example, not everyone with bi-polar disorder is creative!) but they identified particular contributions of disabled leaders.
Empathy, people skills and transformational ability

Both employers and disabled leaders thought personal experience of disability made people more empathetic, more able to understand and respond to different perspectives and motivations:

**Empathy and people skills**

‘My condition has meant I have had to learn a high degree of emotional literacy – it can make you better at empathising, reading between the lines’ (Research Director, private sector, with mental health condition)

‘If you go through something like I do, you start looking around at people you used to zoom past to the nearest taxi…and you start being interested in them’ (Media professional with mental health condition)

‘One has a greater understanding of the barriers that people face – not just disability but all the ways people get discriminated against. You empathise with all sorts of situations. I’m less likely to put prescriptions on others now about what they can or can’t do’ (local authority Chief Executive, with long term health condition)

‘One is perhaps a bit more attuned to the impact of the external world on people….You become in a way a little less self-centred. Or you can – I wouldn’t want to generalise that across everyone!’ (Senior civil servant, with long-term health condition and hearing impairment)
Interviewees thought empathy led to more effective motivation of diverse teams, more collaborative leadership styles and transformational ability:

**Transformational ability**

‘It’s a sweeping generalisation but I do think they tend to be good at seeing the world from the point of view of other people, which makes them good at sharing a vision. Whether they have the other personal traits to lever in that ability is a separate matter, but there is definitely something they can offer in the softer, transformational people areas’ (Private sector senior manager with physical impairment and long-term health condition)

‘We are more co-operative and collaborative in our leadership’ (Voluntary sector disabled leader)

‘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. I think more about individuals and their own circumstances now, and I guess that makes me a better employee’ (Chief fire officer with acquired long term health condition)

‘They bring humanity and understanding of human frailty to decision making at senior levels – when senior executive personality traits tend towards a logical approach and can be institutionally aloof’ (Leadership professional)

Some thought the highly personal experience of disability could add authenticity to a disabled person’s leadership style – which could help gain other people’s trust. This could make it easier to tackle hard management challenges.

**Gaining trust**

‘I tackled a racial harassment issue in the college……it’s easier for me to have that conversation than for others’ (College Principal with physical impairment)

‘Someone I worked with said to me ‘no one ever thinks about it like that’. People trust you more I think because of that’ (Senior manager, private sector, with visual impairment)
Harnessing diverse perspectives and experiences

Employers saw value to the business in the knowledge that disabled people brought to their roles.

**Knowledge of customers and markets**

‘Disabled people can bring different levels of understanding and perspective that may be very useful in terms of understanding the customer base’ (Recruitment professional)

‘They can help shape policy thinking from a different perspective. On some issues thinking can only be done from a disabled person’s shoes. Diversity produces better policy across all strands’ (HR professional)

More widely, disabled leaders brought innovative approaches to problem solving:

**Creative problem solving**

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

‘They are creative about how to fix things – solution oriented. Experience of proactively trying to pre-empt problems in personal life reads across to how they do the job. They can see things different ways’ (Occupational health professional)

‘We’re not afraid of people doing things differently because we can see that it adds value – it’s our personal experience’ (Voluntary sector leadership organisation)

‘The more diverse workforce you have, the more vibrant it will be’ (Government)
Some disabled people specifically drew on their impairment as a source of strength.

**Different disability experiences, different benefits**

‘*My deafness means I have to engage with people face to face. That is a strong part of my style*’ (Senior civil servant)

‘*When I was promoted they said it wasn’t for my common sense but my mercurial talent*’ (Partner, private sector, with bi-polar disorder)

‘*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)

‘*In a weird way having a mental health problem actually helped me. It made me focused and dynamic. If I could cope with the voices in my head I could cope with anything*’ (Media professional)
Determination and resilience

Interviewees thought resilience was essential to leadership and highly transferable from personal experience.

Resilience

‘It’s a bit of a generalisation, which I’m cautious about giving, but I think people in senior positions get there through perseverance and determination – through not giving up and through trying different approaches to solving a problem. People living with a disability can develop those skills to a really strong level’ (Voluntary sector leader who is deaf)

‘They have navigated through society and the system – they tend to be well-rounded, solution-oriented with a high degree of common sense’ (Recruitment professional)

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

‘If anything, I also realise that having a major health condition doesn’t mean life has to end. I wouldn’t accept health issues as an excuse for poor performance!’ (Media professional, with mental health condition)

‘I’m a driven person. I wasn’t expected to live, as a child, so you look at life very differently when you’ve been given a second chance’ (Senior business academic with physical impairment)

Flexibility

Disabled people can be good at adapting to changed circumstances.

Flexibility, adaptability

‘People say I have a lot of patience – you can’t always do things immediately when you’re disabled – and patience is a good trait when you’re dealing with people’ (Senior manager with physical impairment)

‘I think I’m now more flexible, I see things with a different perspective. I probably get less stressed about work now’ (Senior manager, private sector, with long-term health condition)
Experience relevant to a specific client/customer group

In services that specifically cater for people living with health conditions or disabilities, disabled leaders bring the benefits of understanding and lived experience.

**Specific customer groups**

‘What they hopefully bring is an experience of knowing what it’s like to be on the other side – to not be in a position of power. It’s harder for you to understand that if you’ve never had any serious challenges in your life’ (senior manager, NHS, with mental health condition)

‘They bring experience relevant to the client group that goes beyond intellectual understanding’ (NHS leader)

Role models and educators

Interviewees thought disabled leaders acted both as role models for other disabled staff and as wider educators at work:

**Role models**

‘They are role models demonstrating that people who overcome the odds can succeed’ (Leadership professional)

‘I worked very closely with someone with thalidomide – he had a fantastic attitude, reliable and wanted to learn, he brought more to the team’ (Recruitment professional)

‘Disability awareness training didn’t tell me the things I have learnt from working with that colleague’ (Civil servant leading on diversity)

‘Working with disabled colleagues has made a significant difference. It makes you more attuned and responsive. They have been great educators – and the practice stays with you’ (HR professional)
But there can be downsides too ....

**Differing responses to disability**

‘Some people become much more empathetic whereas others become very driven – a sense of ‘I’ve done it so why can’t everyone’ (Senior business academic with physical impairment)

‘I have known very good leaders because through a disability or health condition they have developed an empathy and understanding which has really made them succeed. Equally there are still a lot of people with a chip on their shoulder, and this can really alienate people and make you a much worse leader’ (CEO private sector with physical impairment and learning difficulty)

The talent pool

Employers compete for talent - and need to identify and develop the widest talent pool if they are to succeed in the global economy. This means people of all ages, women and men, gay and straight, those with disabilities and without, people of different faiths and ethnicity. It makes business sense to retain, recruit and develop talented people, full stop.

**Retaining and recruiting talent**

‘Employers want to appoint the best person for the job so you need to ensure that recruitment processes provide a level playing field....’ (Recruitment consultant)

‘[The organisation] isn’t as diverse as it could be but I don’t see any prejudice, it’s more a matter of struggling to attract a diverse pool. Many of the employees are long-service and the tendency is for people to recruit in their own image – inherent inertia mitigates against change. [We] are currently seeking to attract more women - because we want to make sure that we have got the best candidates and recognise the need to be talking to a wider pool  (Senior manager, international corporation)
Social justice

There is a compelling social justice case for enabling more disabled people to achieve senior positions. The 2010 Hills report on inequality in Britain 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 (for instance, 93% of non-disabled men with degree level qualifications or higher are in employment as compared to 75% of disabled men with the same qualifications). This reveals a waste of potential, with significant numbers of disabled people working below their capabilities and qualification levels. This is particularly acute for some groups of disabled people, especially those with mental health conditions. Educational inequality is important but does not on its own explain the finding in this survey that disabled people were only half as likely as non-disabled people to be Board level directors and a third as likely to earn £80,000 or above.

Other factors contributing to employment inequality include:

- Discrimination in recruitment: Leonard Cheshire Disability found that people stating a disability on a CV were half as likely to receive a positive response as those stating none (31% as compared to 69%). There was also a significant difference by impairment: the applicant with cerebral palsy received most interviews (80%), compared to the blind candidate (20%).9

- Part-time work, with lack of opportunities for training or promotion

- Barriers to development and promotion (explored in this study)

Inequality matters at senior levels. The 2010 Marmot review of health inequalities states that focusing only on the most disadvantaged will not effectively reduce inequalities. It is essential to take action at all levels, using what Marmot calls ‘proportionate universalism’. The review particularly advocates implementation of equalities legislation at work, and over time improvements in sustainable, secure jobs and flexibility. Disabled people

in employment are likely to be in low-paid, poor quality jobs with few opportunities for advancement, often working in conditions harmful to health. They are trapped in a cycle of low-paid, poor quality work and unemployment. This leads to family poverty (Hills found the median income of disabled people was 30% lower than the median income of non-disabled people). It also damages health and leads to earlier mortality.

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.

Government priorities

Government targets have tended to be less aspirational in relation to disabled people – for instance ‘inclusion in the workplace’ – than in relation to women – for instance ‘close the pay gap’. However, a 2009 target that 14% of new public appointments should be disabled people by 2011 has successfully spurred bodies responsible for public appointments into greater outreach, mentoring and support for disabled people interested in public appointments11

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11 Bodies working for greater diversity in public appointments in England include the Appointments Commission, Government Equalities Office and Office for the Commissioner of Public Appointments
Who and where are the leaders

The leaders we surveyed included people with long-standing impairments. Over half of those earning £80,000 or above had had their impairment for over 20 years – in some cases for their whole life:

![Duration of disability of those earning over £80,000](image)

N = 99

Figure 2 duration of disability of those earning over £80,000

Some had impairments that substantially affected their everyday life. They included people with:

- serious physical/mobility impairments, for instance ‘paraplegia – I am a permanent wheelchair user’, stenosis and scoliosis, rheumatoid and osteoarthritis

- serious mental health conditions, for instance ‘bi-polar disorder, depressive episodes requiring hospitalisation’

- long-term health conditions, for instance multiple sclerosis, epilepsy, coronary heart disease

- sensory impairments, for instance ‘total hearing loss in one ear since the age of two’, partially sighted

- multiple impairments, for instance ‘I have heart disease, diabetes and liver disease’.
A range of impairments

‘I have had rheumatoid arthritis since childhood. This also resulted in renal failure and a kidney transplant’ (Director of his own company)

‘I have brittle bone disease which has resulted in 40 fractures of my arms and legs, the latest of which was July 2008. As a result I have difficulty walking unaided’ (College Principal)

‘I have a disease that causes long-term pain and tiredness, iritis, ulcerative colitis, osteoporosis, joint damage and problems with my lungs’ (Senior manager working in finance and banking)

‘Consequent of injuries sustained while serving in HM Forces, I have suffered from continuing joint deterioration exacerbated by chronic osteoarthritis. In a 22-year period I have undergone 28 surgical procedures, 17 of which have been major. The most recent being bilateral total knee joint replacements and a hip replacement. I am currently awaiting a second hip replacement’ (Senior manager, public sector)

Respondents with learning difficulties in this survey showed less evidence of a significant impact than others. People reported specific learning difficulties – notably dyslexia – rather than significant learning disabilities and tended to say the impact was not severe. This is not surprising given that so few people with learning disabilities are working at all. While the overall employment rate of disabled people in Britain is 48 per cent\(^\text{12}\), estimates of adults with learning disabilities in paid work vary, and just 10 per cent of those known to services are in any kind of paid work, of whom the Government suspects very few work full-time\(^\text{13}\).

Learning disabilities

‘There’s a gap around learning disability…even within the disability movement we tend to shy away from learning disabilities – it’s an area that needs more exploration’ (Voluntary sector disability leadership expert)

A survey on ‘high fliers’ may not have appeared relevant and there may be difficulties in a knowledge economy in making adjustments for people with learning disabilities in senior jobs.

Amongst the high earners were some people with impairments that appeared to have less impact on them and their work.

A range of impacts

‘Diabetes, well controlled’ (Senior manager, public sector, who has had his condition between six and nine years)

‘I have mild dyslexia. My dyslexia is an inconvenience/marginal additional burden but not serious enough to really impair me although it would probably have been helpful to have understood it when I was much younger!’ (Man in his late 50s working in private sector in professional, scientific and technical activities)

‘Because my disability is less severe than many it hasn’t really impacted on my career decisions’ (Senior business academic with physical impairment)

There is a common perception that the disabled people who have ‘made it’ acquired their impairment before becoming disabled.

Onset of impairment

‘Most successful people have already established competence and reputation when they become disabled e.g. Frank Gardner, or have gained promotion within an organisation that “knows them”’ (NHS leader)

The finding in this survey that more than half of disabled people earning over £80,000 had been disabled for over 20 years throws some doubt on this assumption: the picture is more varied. Significant numbers are disabled throughout their career: some openly, others choosing only to be open once
they are senior and have proved themselves. Others do become disabled later in their careers.

There were statistically significant differences between disabled people earning under and over £80,000. A series of chi square test statistics was computed to compare them.

The higher earners were significantly:

- More likely to be male. Seventy-one per cent of those earning £80,000 and above were male, as compared to 41 per cent of those earning less than £80,000.

**Gender**

'Men who are suited and booted, even though in a wheelchair, still ‘look right’ to others of their class and gender’ (Public sector leadership expert)

Figure 3 Gender of disabled people earning over £80,000

- More likely to be over 45. Seventy-four per cent of those earning £80,000 or above were 45 or over, as compared to 52 per cent of those earning less than £80,000.
• Less likely to have mental health conditions. Twenty-seven per cent earning £80,000 or above had a mental health condition, as compared to 42 per cent earning less than £80,000. They also tended to be less likely to have a visual impairment, although this did not reach statistical significance. There were no other impairment-related differences.

• More likely to work in the private sector. Fifty-one per cent of those earning £80,000 and above worked in the private sector as compared to 29 per cent of those earning less than £80,000.

![Diagram showing sectors of high and low earners](image)

**Figure 4 What sectors do disabled high and low earners work in?**

• More likely to work in certain industries including financial/banking/insurance and professional/scientific/technical.
### Table 2 where high earners work

<table>
<thead>
<tr>
<th>Industry</th>
<th>Salary above or below £80,000</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up to £79,999</td>
<td>£80,000 and above</td>
</tr>
<tr>
<td>Administrative &amp; support services</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>3.2%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Arts, entertainment, recreation</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>% within Salary above or below £90,000</td>
<td>2.2%</td>
<td>0%</td>
</tr>
<tr>
<td>Construction</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>1.2%</td>
<td>1%</td>
</tr>
<tr>
<td>Education</td>
<td>56</td>
<td>9</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>11.2%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Financial, banking, insurance activities</td>
<td>37</td>
<td>20</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>7.4%</td>
<td>18.3%</td>
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<tr>
<td>Health</td>
<td>105</td>
<td>23</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>29.9%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Media/creative industries</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>4.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Mining and quarrying</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other service activities</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>6%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Professional, scientific, technical</td>
<td>26</td>
<td>14</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>5.2%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Public sector and defence</td>
<td>85</td>
<td>16</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>16.9%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Real estate</td>
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</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Transport and storage information and communication</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>1.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Water supply, sewerage, waste management and remediation</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wholesale and retail trade; repair of motor vehicles/motor cycles</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>91</td>
<td>13</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>18.1%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>502</td>
<td>109</td>
</tr>
<tr>
<td>% within Salary above or below £80,000</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: this table includes 109 disabled people earning £80,000 or above, out of the 110 who reported earning at this level. This is because one high earner did not answer the question on the industry in which they worked.
What enabled senior people to progress?

There were important and statistically significant differences between higher and lower earners in terms of the career development and other factors that had enabled and supported them to progress. Those earning £80,000 or above were significantly:

- More likely to report having a senior mentor/someone committed to their career (not specific to disability) - 39 per cent of those earning £80,000 or above had had such a mentor, as compared to 24 per cent of those earning less than £80,000.

- More likely to report the support of their seniors throughout their careers (not specific to disability) - 46 per cent of those earning £80,000 or above had had this senior support, as compared to 30 per cent of those earning less than £80,000.

- Less likely to report working for an organisation committed to disability - 31 per cent of those earning £80,000 or above, as compared to 46 per cent of those earning less than £80,000.

There were no significant differences between low and high earners on any other disability specific support or adjustment: for instance, having a mentor who understands your disability made no significant difference. Nor did changes to the way you performed your role specific to disability (in fact there was a tendency for lower earners to be more likely to report these work adjustments, although this did not reach statistical significance).

There were no significant differences between high and low earners in terms of how likely people were to be open about their impairment or health condition at work. People earning £80,000 and above were less likely to aspire to be promoted in the next two to three years – perhaps because they were already older and achieving highly.
Levers for success

We asked interviewees which factors helped enable people to progress. Their comments covered several themes:

Individual strategies, abilities and qualifications

Interviewees said disabled people needed not only the determination and grit that anyone needs to succeed – but also an ability to overcome hurdles, put others at ease, explain how they could work effectively with adjustments and manage their own condition. Some said this was a gargantuan struggle:

The scale of the challenge

‘You need sheer bloody mindedness and determination. I think the success of those with disabilities is for those with very strong character and really, they succeed very much against the odds’ (Specialist disability organisation leader).

‘You need to have the hide of a buffalo sometimes. You definitely need a sense of humour’ (Business school leader)

‘You have to be minutely aware of people’s perceptions and to navigate them. Also you have to have the type of personality and social skills to deal with that, without appearing needy or aggressive’ (Public sector leader, with physical impairment)

But most disabled high fliers and many professionals had a positive view of disabled people’s own role in managing interactions to achieve success. They emphasised the importance of presenting solutions, not problems.
**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)

‘Having the right attitude. I’ve had comments from senior managers saying that I make it easy for them by saying clearly what I need. It’s like I go 90% of the way and then ask very clearly for the 10% I need from them’ (Senior manager, private sector, with hearing impairment)

‘A delegate on our leadership programme had a severe facial disfigurement and said something like ‘I want communication to go smoothly at interview, and not let my disfigurement get in the way’ – and then specified how she hoped the panel would work with her. It had the effect of making the panel more comfortable and confident, because everything was out in the open and she was demonstrating that she was comfortable….but you can only do that if you have a lot of confidence’ (Business school leader)

A number of respondents thought it was the responsibility of the disabled leader to manage their own career and impairment and to educate others:

**Disabled people’s role and responsibility**

‘In the end a lot of it is down to self help and should be. Motivating yourself, planning your career’ (Chief Fire Officer, with long-term health condition)

‘You have to be able to overcome your problem and perform at the standard of your peers I think. And you can’ (Private sector professional, with mental health condition)

‘Even if other people act unacceptably towards me I will not rise to the bait. It’s about educating them. I do think it’s a state of mind. It’s your duty to put other people at their ease’ (Senior manager, private sector, with physical impairment)
Repeatedly people mentioned the importance of being positive.

### Disabled people’s role and responsibility

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### Thinking positive

‘I won’t accept the limitations society puts on me. I try and live the positive’ (Director, private sector, with mental health condition)

‘Confidence, confidence and confidence’ (Specialist disability organisation leader)

Interviewees said these strategies were both effective in career terms and personally satisfying, giving them as individuals more control:

### Taking control

‘Making it clear that you have thought through solutions is often the way of the disabled person controlling and managing the situation, rather than letting it control them’ (Disabled leadership expert)

People commonly said it was important not to let disability dominate their identity or working life:
Disability as just one part of identity

‘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)

‘I want to say to people, yes, there are things that get in the way, but don’t make them the Big Thing in your life’ (Local authority Chief Executive with long-term health condition)

‘The people who succeed wear their disability lightly’ (Business school leader)

Some people used their experience of disability positively:

The advantage of visible impairment?

‘Sometimes, with visible disabilities, people can actually get more ‘air time’ from courteous colleagues than if they were not disabled. They can use their disability as a way of standing out, being recognized and remembered’ (Leadership expert)

Conversely, when disabled people do not exercise their own power and confidence, they may in the words of one HR professional ‘sink their own boat’ by being defensive or aggressive.

Several disabled high fliers mentioned the importance of managing their own impairment and adjustments and – for those with acquired impairments – living positively through the transition to a life very different from the one expected:

A positive transition with acquired impairment

‘It’s not just a physical transition [learning to manage a health condition], it’s a mental transition from being one kind of person to another – you have to change your approach in order to stay effective’ (Director, private sector, with long-term health condition)
The positive emphasis from disabled high fliers on personal responsibility for managing other people’s reactions, for educating, has interesting implications for the ‘social model’ of disability. This typically assumes changes are needed in the environment (attitudes, physical barriers) before full participation is possible. The interviewees certainly wanted external changes (see below) but saw the hope of change in a dynamic process based on the power of disabled people taking up senior roles (even in an imperfect world) and achieving change. Professionals shared this analysis:

**Personal responsibility**

‘You’ve got to go that extra mile yourself, if others are going to treat you on a level playing field’ (Business school leader)

Disabled people also need qualifications and skills equivalent to anyone else:

**Education and skills**

‘A good education, academic success and doing the work well’ (Senior civil servant with physical and hearing impairments)

‘The same as for anyone else – capability, competence to succeed’ (Recruitment professional)

Only 2 of the 22 ‘high fliers’ we interviewed did not have a degree; most had higher or professional qualifications, from accountancy to Masters or PhDs. Since young disabled people are significantly less likely to go to university than non-disabled people, redressing inequalities in education and skills is one important factor in improving opportunities for disabled people to achieve senior roles. It is also important that organisations do not over-specify the qualifications needed for a particular role where it may be equally appropriate to open opportunities to people with the right skills, even if they have missed out on some educational qualifications (see discussion below).

**Senior support and champions**

Having senior champions or supporters was critical to our interviewees: someone who believes in your ability and encourages your progression. The most common examples given are senior managers and immediate managers. Mentors and HR professionals are also mentioned.
**Senior support**

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

‘A Board member has a speech impairment which can be tricky in terms of performing at high-pressured meetings, giving presentations etc as it tends to worsen in stress situations. 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)

‘The thing that had the biggest impact for me when I came back from hospital [after the accident] was having a fantastic line manager. He never questioned my ability to do the job and he was never in my face, he got the balance totally right’ (Senior manager, IT sector, with physical impairment)

Sometimes senior people challenged discrimination and enabled people, in very tangible ways, to progress:

**Senior action**

‘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 year’s excellent service now’ (Chief Fire Officer)

Sometimes senior champions took a lead in showing others how to meet accessibility requirements, which enabled the individual to get on with their job effectively.
Senior champions on disability

‘For those with potential but just down a rung or two, having a champion or advocate can make a huge difference. I knew a fairly senior deaf woman whose manager was a very strong advocate for her. He always made sure at meetings that people sat in the pattern most convenient for her, that they all looked at her when speaking (not at the Chairperson!) and that took a lot of the onus and energy off her, so she could get on with the job. It can be tiring for a disabled person to be constantly reminding people how they need them to behave in order to access conversations’ (Leadership professional)

The attitudes and skills of line managers were viewed as vital:

Line management

‘Having really good line managers who let me grow and develop. I learnt so much from them about things like negotiating skills, influencing and fundraising, which were of enormous benefit in my career’ (Senior manager in education, with hearing impairment)

‘One of the things that is very easy to destroy (in a person with an impairment) is confidence. A good line manager says, you’re just as good as anyone else. I would say to anyone, if you can’t get on with your line manager, get another job, because you won’t succeed.’ (Senior manager, private sector, with visual impairment)

Senior support for talented people to develop and progress is part of good management practice and applies to everyone. This research shows that it makes a statistically significant difference to disabled people’s progression; and that, when in place, it is valued extremely highly.
Development programmes and talent pools

Disabled high fliers and professionals valued the impact of generic leadership programmes:

**Mainstream development**

‘I was on a programme that offered places on mainstream training courses and industry placements to disabled people, especially those from smaller organisations that wouldn’t have been able to send their staff there’ (Voluntary sector leader, with hearing impairment)

‘We identify disabled people who have missed the talent pool and contact their line managers to make sure they are part of the mainstream programme’ (Recruitment professional)

Disabled people also sought to learn and develop confidence, influencing and persuasion skills – in the context of their experience of disability:

**Development support for disabled people**

‘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)

‘The bank has put a course together for disabled people in management roles who are looking to progress to senior management. They found that people at my sort of level didn’t benefit from the general personal development courses they offered, so this is designed to help make the transition to more senior positions’ (Senior manager, private sector, with hearing impairment)
This may suggest a need for both fully accessible generic programmes and targeted opportunities that enable people to explore authentic, effective leadership as a disabled person. This echoes RADAR’s experience of running leadership development programmes: feedback shows people value highly the opportunity to be challenged and developed amongst disabled peers as well as to participate in open programmes. For instance, learning how to make a powerful first impression as someone with a major speech impairment or disfigurement, navigating other people’s assumptions or networking when you are blind are learning paths in which peer challenge and support can make the experience safer and deeper. However, too much safety can be ghettoizing and this research found that generic mentoring was statistically associated with progression where disability-specific initiatives were not. There must be paths to wider development programmes.

Interviewees commented on the importance of hard evidence to spur action and track progress:

Using evidence

‘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)

‘Better statistical information. For example, time in grade and rate of promotion should become the same as for people without a disability. We need robust statistics over a period of years to demonstrate an organisation’s performance on disability, not just a flat percentage of staff who have declared a disability – most of whom tend to be in, and stay in, junior roles’ (Disability organisation leader)

‘We keep statistics and publish the figures. I think this helps demonstrate our commitment and that it is an accessible career path’ (Government)

‘Evidence can be very convincing. Data puts meat on the issues – goes beyond flying the flag of diversity’ (Leadership professional)
Mentoring, coaching, shadowing and role models

In line with the finding of this survey that mentoring is statistically associated with achieving senior roles, interviewees commented on the value of mentoring and coaching. They valued – or would value – mentoring; and some strived to offer it.

**Mentoring**

‘Mentoring would be very helpful. It doesn’t need to be a disabled person – just someone senior who can talk about how it works. I try to do this, not for impairments, but just for people who don’t realize how good they are. It’s about inspiring people and pointing out what they’re good at’ (Senior manager, private sector, with visual impairment)

‘Mentoring and the support of immediate line managers and colleagues are the key things which enable people to progress and succeed’ (Disability organisation leader)

‘Individual coaching is extremely useful in providing the opportunity for reflective thinking’ (Disability leadership expert)

For some, a mentor with experience of a health condition or disability was important:

**Mentoring**

‘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)

Mentoring and other development support did not always have to be formalised:

**Informal systems**

‘Advocates and champions can come from HR, can be a senior person who champions or mentors someone. Or they can be a peer. Organisations don’t have to set up formal programmes necessarily, but they can make a big difference by spotting and recognizing where advocacy and mentoring are happening naturally’ (Leadership expert)
Interviewees consistently mentioned the significance of role models – not only those in the public eye, but people who have succeeded in the individual’s own or a related industry.

**Role models**

‘Role models that demonstrate what can be pulled off, story telling about people in the public eye, like David Blunkett’ (Business school leader)

‘If people can just see someone (not even necessarily in the same organisation) who they feel they have something in common with, and who has succeeded, that enables them to see and believe in what’s possible’ (Senior civil servant)

‘I have been really inspired by other prominent figures in the disability movement – such as Jenny Morris – seeing someone who has made it’ (Voluntary sector manager, with physical impairment and learning difficulty)

Some of the high fliers we interviewed consciously acted as role models themselves:

**Becoming a role model**

‘It’s about education. People like myself coming out and saying ‘I did it on my own’… 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)

‘I now play this role for younger partners or Directors who are encountering difficulties because they have similar conditions and are only just starting to learn how to manage them. I talk to them about managing the condition, getting the right professional help, and how to draw on support from within the organisation’ (Partner, private sector, with mental health condition)

The survey showed that mentoring and senior support are positively associated with reaching senior jobs. There is a strong case for instigating it. The interviews suggest organisations should adopt twin-track strategies to the development of people with health conditions or disabilities. There is value in spotting and supporting mentoring and role modelling that are happening
naturally alongside initiatives that include mentoring, coaching and role models as part of a systemic approach to development.

Networking

Interviewees viewed networking as a core factor in progression - and sometimes had to develop strategies to overcome disability-related barriers:

**Networking**

‘I think 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)

‘It’s all about finding and influencing the people one step up from you. Identifying where you want to get to, finding out what you need to get there, and doing that’ (Disability leadership organisation)

‘Building your own network – it creates opportunities’ (Private sector manager, with physical impairment)

Networking with peers - in company disability networks or informal support with colleagues – is also valued:

**Networking with disabled people**

‘Peer to peer networks – where you can hear other people’s stories, make connections, grow in confidence and gain strength’ (Disability leadership organisation)

‘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)

‘Networking with other people in the same situation and seeing other people at work who cope well and are assertive, in control and happy’ (Professional working in the NHS)
Networks can also feed into organisation-wide developments:

**A voice in the organisation**

‘Network groups and mutual support groups – somewhere people can swap notes, know they are not alone and feed into the policies of the department. Particularly important for non-visible impairments, where people can feel even more lonely’ (Business school leader)

Support from external and internal specialists

Several people mentioned the importance to their employment of support from outside and inside work: a good GP, therapist, Access to Work support, trade union, support group, counsellor or voluntary organisation could make a big difference to their well-being and their confidence to resume work and/or progress.

Early intervention can be vital - enabling individuals to return to full capacity as quickly as possible and to keep their career on track:

**Early intervention**

‘We need improved access to health services so that people don’t have to take so long off sick whilst waiting for elective treatments (although private insurance deals with this for some). Initiatives that improve early intervention will help prevent long term problems’ (Occupational health professional)

‘At senior levels – it is important enable people to go off sick when they should do so’ (Occupational Health professional)
A range of roles

Developing a portfolio of roles can help broaden a CV and fill career gaps that non-disabled people may not experience.

**Broadening your experience**

‘Having non-executive positions is a good way of stepping over the parapet. Broadening out your CV and experience, making sure you’re not only sucked in to one thing. Often because of mobility issues, disabled people have narrower experiences, so the non-executive positions and appointments are a way of combating that’ (Voluntary sector leader who is deaf)
Getting the basic processes right

Senior recruitment

Interviewees had a number of suggestions for improving practice to enable employers to attract the best people into senior roles and raise expectations that disabled people will have good chances of employment. Several stressed the importance of improved role specifications: clarity about why particular educational or employment requirements were needed, and inclusion of explicit statements on why diversity is welcomed - if it is.

Recruitment

‘The Department for Culture Media and Sport has a succinct application form which is competency based rather than asking for lists of qualifications – which means disabled people are more likely to be able to demonstrate how their experience fits’ (Government)

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

‘Make it clear what kinds of disabilities they have experience of….so, rather than saying ‘we welcome disabled people’ as a generalization, say ‘we have a number of staff who live with x condition’ or ‘we have experience of working with people who have mental health issues’. This would just make it feel more authentic and make you feel you could trust the organisation’ (Research Director, private sector, with mental health condition)

It is also important for recruitment agencies and employers to get the basics right, right through the recruitment process.
Accessible processes

‘Advertising and recruitment literature – accessible language and format. Accessible interview rooms’

‘Recruitment staff being properly trained and equipped to advise candidates, accessible websites’ (Recruitment professional)

‘We offer exemption from the on-line tests (the first part of our selection process) to disabled people if they feel they cannot access that part fully. Some choose to exempt themselves but others choose to do the tests anyway, which is very much their choice. We also offer adjustments at the Assessment Centre’ (Government)

‘Encourage openness about access needs so issues are laid on the table but not over-egged’ (Recruitment professional)

We support disabled people in completing application forms and going through interviews and application processes – talk to them about when/whether/how to disclose. For example, you might decide not to mention it on a form, but to make a phone call at a particular stage of the process to explain your condition and any needs you have. It’s about tactics for influencing and supporting people to consider their options on how to do this’ (Leadership expert)
Health checks

Disabled interviewees, especially those with non-visible conditions, expressed strong views about pre-employment health checks.

**Screening out talent**

*The main attraction of my career choice is that I don’t have to fill in medical forms so can keep my condition undisclosed* (Freelance HR Director, with mental health condition)

*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)

When the Equalities Act (2010) comes into force it will prohibit asking health questions before conditional job offer. The purpose is to create transparency: if people are screened out of jobs for health related reasons, the reason will be evident and open to challenge. Both disabled and professional interviewees tended to support this change.

Some interviewees argued that even after job offer routine health checks were unhelpful. Whilst it was reasonable to test (after job offer) for highly specific functional requirements of a particular job, more general health checks were not predictive of work performance, were therefore a waste of money and created unnecessary anxiety. Some companies, including Barclays and BT, have ceased using pre-employment health checks (even after job offer) because they are not an effective use of resources. Some interviewees urged employers to send out a message that health checks would not be used and therefore no one screened out on grounds of disability (as long as they demonstrated that they met the job requirements).

**Not screening out talent**

*Organisations stating, and sticking to the policy, that disability doesn’t preclude recruitment* (HR professional)
Where interviewees saw health checks as useful, they wanted the purpose changed: from assessing what people cannot do to ‘focusing on what can be done to help’ (Senior civil servant), so adjustments and supports can be offered.

**From health checks to adjustment and support reviews**

‘It has been our position for many years – making a job offer before health checks – but I now see the next ‘battle’ as being to change the style and content of the health checks so as 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)

Many wanted health checks to be used selectively only for specific functional requirements – which are rarely applicable to senior posts.

**Clarity on purpose of health assessments**

‘Recognise that there isn’t any need always to start off with an occupational health assessment. Look at each case on its merits’ (HR professional)

‘At senior levels demands are intellectual - there is less need for particular physical or mental skills. In manufacturing industry people in senior positions don’t have to have shop floor experience any more i.e. there may be more opportunities for disabled people higher up the organisation than at entry level’ (Occupational health leader)
Respondents urged managers to be clear what they were checking for and why, in what if any circumstances a job offer would be withdrawn, who would access the results of health checks, with what results.

**A process open to challenge**

‘Recruiting managers need to be clear about what they are trying to sift out so that there is clarity about what would lead to an offer being withdrawn’ (HR professional)

‘The process must be open to challenge’ (Business school leader)

‘There must be room for discussion and debate about any health issues that would impact on capacity to do the job’ (NHS leader)

‘Don’t assume anything. Interact with the disabled person. Find out what their skills are first, then work out how to work with them, what they need’ (Self employed consultant with visual impairment)

‘Enable and empower managers to deal with issues that do arise’ (HR professional)

Of course, employers do need the assurance that they can check that people can fulfil the requirements of a particular job.

**Enabling managers to ask appropriate questions**

‘Employers need to know they can find out the information they need at the right point in the process – otherwise they will achieve the same end by covert means’ (Government)

It should be possible to seize the opportunity of the change flowing from the Equality Act 2010 to create cultural change – reducing the fear that occupational health checks cause in many people (like the freelance HR Director quoted above); asking questions not to screen people out but to provide support or adjustments; clarifying that health conditions and disability are normal parts of human experience that an organisation wants to accommodate. See RADAR Think Piece for further discussion on this at www.radar.org.uk
Adjustments and support

Some senior people said they took the opportunity of seniority to make their own adjustments – from flexible hours to working from home when needed or indeed throwing themselves into work as an adjustment for a mental health condition. ‘It makes it easier being in charge’ as one person put it.

Others noted that you may get more support as a natural by product of going up the career ladder.

**Advantages of seniority**

‘As you move up, you get more support as part of the job – such as a secretary – which can seem a bit ironic’ (Private sector manager, with physical and learning difficulty)

‘My secretary lip speaks my telephone calls’ (Voluntary sector leader who is deaf)

Conversely senior people need to operate in many different environments. Some commented that they needed support to ensure access – for instance, if you arrive at a meeting late because accessibility information has been lacking and you have spent time negotiating complex routes into a building this can be viewed as your failing – you are late. With good support, for example from a PA, these situations are more likely to be avoided.

Employers need to think creatively about how different working patterns can open up opportunities for people who are not easily able to travel or be in the office every day because of fatigue (or family commitments or caring responsibilities) – overcoming the perception that ‘at senior level you will be expected to give 110% to the organisation 24 hours 7 days a week’ (Occupational health leader).

Several people commented that the more flexible working and work-life balance are part of everyone’s working life, the less disabled people will need ‘special’ flexibilities:
Flexible working benefits all

‘Have good work-life balance policies for everyone – that way a disabled person with the need to work flexibly doesn’t stick out’ (Government)

‘We should be looking at the potential for senior roles to fit into a “smaller footprint” - not necessarily full time 5 day week e.g. extending potential of modern IT so that senior executives don’t need to travel to meetings so much (but need to balance that against need not to lose visibility within a big organisation)’ (Senior executive, international corporation.)
Adjustments and support should - and sometimes do - go beyond the fixed and the physical:

**Adjustments to the social environment**

‘Someone to open up to was a big part of it – that was the main thing. When I was diagnosed my immediate line manage had a sibling who had experienced similar mental health difficulties. This made them immediately understanding and supportive and they became the person I could go to whenever I just wanted to talk through an attack or episode. That really helped – and avoided the need to burden other senior leaders – everyone was supportive, but having a specific person who could take time to listen was vital too. That is now in the manager’s job description; that they support me in that specific way, and ensure I have what I need to perform well’ (Partner, private sector, with mental 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 my work while I’m away. People understand this is what I need to do and completely accept it’ (Senior manager with mental health condition)

‘A senior person in the HR department had breast cancer and related health challenges. The organisation and line manager were absolutely flexible about hours, ways of working, working from home if necessary, work-life balance etc – meeting her needs to continue thriving at work. Since implementing these changes she has enjoyed her job even more because she can deliver her objectives whilst managing her life and health effectively’ (HR professional)

‘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)
There was support for the 2009 announcement that Access to Work will become better attuned to people with fluctuating and mental health conditions – for instance, potentially funding temporary cover if someone needs to take time off work because of a fluctuating mental health condition.

**Encouraging flexibility**

‘People need to be given permission to work differently – flexible hours, working from home – and not to feel bad about doing so (Occupational health professional)

Many interviewees told us about problems in implementing adjustments and supports. This meant that people’s needs were recognised but not followed up and they were left in situations where they could not perform effectively. Reasons included: not knowing what was possible, not being able to identify the right budget, or simple inertia. Some organisations have tackled this by creating centralised resource lists backed up by centralised budgets.
Making reasonable adjustments happen in practice

‘Do a full assessment of need and support and then make sure it happens quickly. It’s no good waiting three or four months for support – I’ve known people who have left their job whilst waiting for elusive support to come through’ (Private sector manager, with physical and learning difficulties)

‘DWP have created a central team to deal with reasonable adjustments. Managers and staff know where to go for the answers. Technology is evolving all the time and it is likely to help to have the technical expertise in one place’ (Civil servant)

‘You need good assessments, good managers, you need ring-fenced budgets so the money spent on adjustments isn’t being diverted from elsewhere. You need a lot of awareness-raising. People must be given reasonable adjustments without questioning’ (Public sector leadership organisation)

‘Make sure people know what is available. I think especially for people with more minor conditions, who don’t consider themselves disabled, they need to know the support is available if they want it’ (Private sector manager with long term health problem)

‘There needs to be a clear sense of who’s responsible for ensuring the disabled person – who has already got the job, so is qualified and able for it – has the adjustments they need to actually do the job well. Yes, you must devolve responsibility for diversity to managers, but there needs to be a central pool of expertise in the organisation too, which managers can call on’ (Voluntary sector disability expert)
Management

‘Policies are rarely the problem any more. It’s the practice, and the behaviour of managers’ ((Disabled Leadership expert)

Many interviewees talked about the importance of basic management skills that are core to good practice, for example engaging staff in discussion about what they need at work, acting on it and understanding the value of diversity.

**Good 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)

‘Use systems like Myers Briggs genuinely to look at the value difference brings to the team’ (Government)

‘Managers need to talk to staff more – occupational health often get referrals about issues that could have been resolved through discussion without a referral’ (Occupational health professional)

‘Examples of good practice – honest feedback that is acted upon, taking the time to listen. Dignity in work is paramount – so staff feel valued and supported’ (HR professional)

Interviewees said that managers simply need to understand and respond to the experience of disability in the context of good management practice.
Line manager behaviour

‘The line manager’s behaviour is really key. Some personal attention from the line manager will make all the difference. Someone with a health condition had some absence time, but her manager very much kept in touch so she didn’t disappear from the radar, and kept feeling she was part of the team’ (HR professional)

‘It was like he said, just tell me if you need anything [after the accident] and I knew if I did need something he would sort it’ (Senior IT professional, with physical impairment)

‘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)

A number of interviewees emphasised that this is about focusing on what will enable people to perform to their full potential, not veering into a therapeutic or purely supportive relationship.

Focusing on the job

‘Managers who are willing to understand what support people need but who focus on the job’ (Senior IT professional, with physical impairment)

Some disabled managers also reported the importance of support ‘from my staff team who report to me’ (Woman with long-term health condition working in the voluntary sector). One person had set up a discussion with his team to explain his impairment and its implications, to which his staff responded positively.
Professional input: human resources and occupational health

Interviewees saw a strong role for human resources in supporting line managers with disability-related policy and practice and for occupational health in advising on adjustments and early intervention.

**Human resources**

‘No one should qualify in HR unless they have learnt how to send the right messages about disability, about mental health, which enable people to thrive at work. Good practice on disability needs to be embedded in the curriculum of the Chartered Institute for Personnel and Development’ (Disability organisation leader)

‘In occupational health the language is important, and the perspective you take on disability. If you treat, for example, a mental health condition as a sickness then the first question you ask is ‘how can you be fixed?’ and you send the person concerned home until they are ‘better’. However, if you treat that mental health condition as a disability, then the first question you ask (or should ask) is ‘how can we help you adapt the workplace so you can do your job?’ (Disability organisation leader)

Some interviewees were critical of both HR and occupational health (see discussion on challenges in Part 2 of this report). Some had specific proposals.
Occupational health

‘A good example is a computerised stress assessment tool which BT use which enables their HR Department to identify where stress is happening and what the organisation can do about it. HR departments need more guidance on mental health. The Employers Forum on Disability have a tailored adjustment policy whereby people with mental health problems can sit down with their manager and agree how the employer will act if they should have an episode in the future. Practical things like who the employer should phone. This would be transferable from post to post and would remain in place during changes of line manager. There is lots of interest among employers in the policy. It could be usefully used for any personal situation (e.g. someone who is a carer, someone who suffers a bereavement) not just for disability or health-related issues’ (Disability organisation leader).

‘You need a robust strategy on mental health supported by early intervention’ (Occupational health professional)

Training and learning

A common view was that whilst managers often understood the Disability Discrimination Act intellectually and may have attended one-day training courses, this was not enough to change behaviour. Training – especially embedded/regular training - that challenged attitudes was useful but needed to be backed by experiential, practical learning.

Making training effective

‘Ensure awareness of disability is built into training for all managers – not for its own sake, but to make people really reflect on their attitudes…a clear understanding that they will gain from having a range of people working for them’ (NHS leader, with mental health condition)

‘Management training helps – but it’s no good on its own’ (Government)

‘Training that isn’t reinforced in real life within a short period of time has no impact’ (occupational health professional)
Interviewees commented on the difference that working alongside, or hearing directly from disabled people can make. This could generate practical learning and help overcome fear of getting things wrong.

**Learning from disabled people and external organisations**

‘I helped organise some informal lunches for HR professionals with people who had an impairment, so they could talk about their experiences and the HR staff could ask questions in a safe environment, to increase their understanding. They went back after the event with some genuine insights into real situations’ (Disabled leadership professional)

‘Job swaps and shadowing that expose people to those who are different from themselves’ (Business school leader)

‘Bringing in external organisations like RADAR or others so you don’t keep doing the things that don’t work’ (Disability organisation)

‘We have had a short-term working group on disability – just 10 disabled people, talking to us about the realities and how to make public appointments more accessible – that worked really well’ (Public sector leader)

Ultimately there is nothing like directly working with disabled people – as colleagues, bosses or staff – to foster learning. Training can help but needs to be embedded through direct contact with disabled people on equal terms\(^{14}\) and through practical implementation of learning.

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\(^{14}\) For research evidence on how direct contact changes attitudes see Hewstone M (2003) Intergroup contact: panacea for prejudice? The Psychologist 16 (7) 352-355
The impact of organisational culture

Open conversation

The majority of comments on organisational culture focused on trust and openness. Many disabled high fliers had struggled with whether to be open about their disability or health condition. When they felt safe to be so, it was liberating:

Being open – or not

‘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. People ask questions – or I come across others who have family members with epilepsy, and especially if it’s their children, they find it really useful to talk about it’ (Local authority chief executive)

‘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. Other people would decide what I was and wasn’t capable of. The thing I never wanted was pity and at the time I didn’t feel I needed support so I made a very definite choice not to disclose…. Once I was in a more senior position I was slightly more open, because at that level I could dictate and manage my own working life, knowing I would be judged by my results. It was a relief finally to be able to work with the disability rather than against it’ (Media professional with mental health condition)

Several people who kept their condition a ‘secret’ for many years wished they had opened up sooner:
Being open sooner?

‘I wonder now whether things might have been different if I’d told my employer – and whether I might have staved off my subsequent heart attack through lifestyle change. I think things would be different if this situation happened now, because there is more openness to adjustments’ (Public sector leader)

‘What has helped me is being able to be open and having that accepted by other people. I wish I could have done it a long time ago – both for me and for others…The messages coming out at work back then were of a ‘them and us’ culture, despite the rhetoric that ‘this could happen to anyone’” (Leader, mental health services, with mental health condition)

Many people spoke of their own strategies to navigate the tricky questions of when, whether and to whom to be open:

How 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)

Most interviewees talked of the pressing need to change organisational cultures: to make workplaces be and feel safer for people to be open, to encourage people with health conditions or disabilities to believe they will be treated fairly – and to enable managers to feel more confident to have powerful, open conversations.

They said this means reducing the reality of discrimination – and the fear. We found that people with mental health conditions were four times more likely than other disabled people to be open to no one at work (see Part 2). Recent research from the Time to Change campaign shows that the fear of
discrimination amongst people with mental health problems is a stronger driver of not being open, even than any actual experience of discrimination\textsuperscript{15}. This makes it particularly important that employers create cultures that reduce fear, in tandem with tackling discrimination itself.

Employers need clear policies, properly implemented and monitored, to ensure that if people open up about their impairment they will not suffer adverse consequences.

\begin{quote}
\textbf{Reducing fear}

‘People will only feel confident to discuss when they believe there won't be adverse effects if they do. The culture can only be created inside the organisation – by HR and individual managers’ (Disability organisation)
\end{quote}

They also need to demonstrate publicly that health checks are not used to screen disabled people out and that acquiring a health condition or disability does not disadvantage you in promotion, or redundancy or other ways. This could be done, for instance, in a ‘Clear statement that recruitment is based on people’s abilities’ (Occupational health professional) or a statement that support and adjustment reviews are used after appointment to find out what a candidate needs to do the job.

\textsuperscript{15} Stringer K (2010) Time to Change. Social Inclusion and Recovery 14,1: 24-34
Interviewees thought it was vital to increase confidence to be open — in both managers and staff.

**Creating confidence - in managers and staff**

‘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)

‘Create a culture where you have open conversations – how do you do this? - you tell the managers it’s OK to have those conversations - you implement a culture of ‘it’s OK to ask’ and you model that throughout the senior leadership - you train your managers and get them to practice those conversations - you encourage managers to go out and shadow a disabled employee or go to a disability organisation – get exposed to the issues and the people Organise for disabled people and people with health conditions to come in and talk – for instance, we arranged for someone with a mental health condition to come and talk to people sitting on an Employment Tribunal, just to create space where people could ask the questions, have the conversation’ (Government)

‘Have managers who understand diversity and who talk about it. Who have the confidence to say, for example, I don’t really understand what bi-polar is. Tell me Help me understand how this might affect you in the workplace’ (Leadership professional)

‘Encourage disabled people to come together and get the organisation listening to them. Give them a voice. For instance, in my organisation they are involved in the design of the new building, so it’s accessible’ (Public sector leader with long-term health condition).
It also means addressing fear on both sides – the employee and the manager:

**Building confidence**

‘Demonstrate that the ethos is valuing diversity – genuinely and through the heart of the organisation, like the letters in a stick of rock. The minute you click on an organisation’s website you should feel it. Employees should feel they can talk about any aspects of themselves, without the corporate culture quashing that – if you can talk about anything then you can talk about disability. It’s also about reassurance. Employers need to know it doesn’t mean you have to take on somebody who can’t do the job’ (Disability leadership expert)

Organisations need to make space for people to be open about the hard experiences at work. EHRC research found that harassment of disabled people is a significant problem at work, especially for people with learning difficulties or mental health conditions 16.

**Space to discuss difficult areas**

‘You need to create a culture where it’s okay to talk about difference, where it’s acceptable for people to come forward and talk about the fact that they are being harassed or bullied. An organisation needs the confidence that people can have those powerful open conversations’ (Recruitment professional)

Interviewees said that this requires a fundamental change in organisational culture - well beyond disability.

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New cultures

‘It’s about a display of emotion and that’s just not acceptable in English culture at work….If I don’t feel it’s acceptable to cry at work when my mother dies how on earth will it be possible for me to cry every few months when I’m having a bad patch? So part of the answer is that we need an organisational culture that says ‘you can trust us with personal information – whatever that information might be. We can’t have a culture that says it’s odd to be personal at work’ (Disability organisation leader)

‘Creating an atmosphere where everyone feels safe to disclose anything – not necessarily just about disability – and have a discussion in your team about disability even if no one has a disability’ (Government)

‘Culturally – dealing with taboos’

‘If there are delivery issues the whole organisation is likely to adopt a performance focused management style - which can mean it’s less likely to take any risk in terms of supporting disabled people’ (Public sector leader)

Amongst the leadership attributes that disabled high fliers mentioned (see earlier discussion) were an ability to humanise culture, bringing empathy and understanding. The presence of more disabled leaders may help create the wider culture shift to make organisations more open, more humanly sensitive – and safer for disabled people. One interviewee mentioned similarly that an ageing workforce may bring a greater sensitivity to human frailty.

Fear of being open creates another issue – an under-reporting of the number of disabled people in our organisations. Where organisations shift culture and make it safer to be open, rates of reporting do begin to rise:

The impact on rates of reporting disability

‘In our organisation positive action on all aspects of diversity has reduced the imbalance between the information held on HR records and information provided in staff survey responses’ (HR professional public sector)

This increase in openness can also be spurred by high level targets and commitments – if there is a genuine aim to be inclusive and encourage people to be open. People will not be more open if they are simply pushed to do so to make up the numbers.
Central targets

‘The Government Equalities Office has taken the biggest step by setting targets for public appointments so candidates see that there may be advantages in declaring’ (Recruitment professional)

It may be useful to ‘stop using the language of disclosure’ (Disability organisation leader) – which implies there is a ‘big’ thing to hide or reveal – and just talk of openness.

At a practical level, asking whether people are ‘disabled’ (even if followed by small print on different impairments) will result in under-reporting – since so many people with health conditions and impairments do not consider themselves disabled and do not wish to. Simply listing types of conditions/impairments using a standard typology is more effective:

Standardised categories of health condition and impairment

‘Standardise the language of disability declaration forms, listing common conditions so that people understand the breadth of what is covered, making the language softer’ (Recruitment professional)

Top level commitment

‘Top of office buy-in brings in other people’ (HR professional)

It also gets things done:

Commitment to action

‘We work with a Deputy Chief Executive who has said to us ‘let me know any issues around diversity’. Occasionally we have done so and when that happens the issue gets sorted straight away’ (HR professional)
Senior directors can also set expectations of managers’ right through the organisation:

**Incentives**

‘Actively change culture to support, praise and reward managers who do it properly and deal with people who don’t. Ensure there are robust feedback mechanisms in place’ (Occupational health professional)

Messages are important throughout the organisation - from strategic documents at governance level to visible statements by senior staff and managers:

**Evident leadership**

‘The most enabling, inclusive approach is senior people demonstrating leadership on diversity…..When employers make a minority appointment they should make more noise about it – demonstrate success and use case studies e.g. on recruitment sites’ (HR professional)

High expectations

Both disabled people and professionals thought it was important to raise the often shockingly low expectations of what disabled people can achieve. Once adjustments were made, managers should expect disabled people to succeed and progress – and to make that part of the culture, through role models, explicit statements and incentives:

**Raise expectations**

‘I once saw an employer clearly communicate the message ‘we will never penalise 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)

‘Have confidence the disabled person can cope. Be aware that help might be needed at some point and then give it – but don’t ‘kill with kindness’ (Media professional with mental health condition)
This takes self-awareness:

**Self awareness**

‘Examine yourself for limiting expectations – and address them’ (Disability leadership organisation)

‘Coaching other staff to see the potential of people – this behaviour needs modelling throughout the organisation’ (HR Director)

**Beyond the long hours, pressure culture**

In many organisations the perception is ‘that at senior level you will be expected to give 110% to the organisation, 7 days a week, 24 hours a day’ (Occupational health professional). This is not viable for people experiencing pain or fatigue – or indeed for most people, whether disabled or not.

There is also a ‘persistence of the mythology of the value of the male heroic leader based on 100% physical perfection’ (Leadership expert) which needs challenging through diversifying the leadership pool.

**Different models of leadership**

‘You need organisations that don’t as a matter of course expect people to give 150%’ (Occupational health professional)

‘We still have this assumption that a leader is a superhuman with extraordinary levels of energy, who works long hours and does breakfast meetings every morning. We need actively to work against this idea of leadership and not collude in it. That’s not actually what makes a good leader’ (Disability leadership programme)

This shift is easier said than done in a competitive and tough economic climate (see Part 2). However, the key is productivity not presenteeism; many people noted that organisations should measure people on outcomes, not hours worked.
Approaches to risk

The most effective organisations take a proportionate approach to risk and manage it – rather than being completely risk averse. In cultures where there is little openness, lack of familiarity may mean that any experience of disability can seem a risk. Interviewees advocated open cultures that take the fear out of difference. They said managers should be supported to take the ‘risk’ of employing people who are ‘different’ in whatever sense, in order to reap the benefits of diverse teams. This should be seen as positive management behaviour.

Proportionate approaches to risk

‘Corporates won’t take the risk – I know this from being an interim HR Director and people not employing, for example, someone with a history of depression. We need fundamentally to change that’ (Director, private sector, with mental health condition)

‘Don’t be afraid to have faith in somebody. Look at their abilities. Develop a culture of getting the best out of people’ (Chief Fire officer)

Beyond rhetoric (from principle to practice)

Principles and strategy are only as good as their implementation. Putting principles into practice is about being proactive – not just about an absence of negative discrimination. This should be evident in practices from promotion to procurement – and sometimes they are:

A positive, proactive approach

‘Our leadership programme had to improve access before the [national public sector corporation] would contract with us’ (Leadership professional)

‘My employer hasn’t done anything negative – but perhaps they could do more positive things, anticipate what is needed’ (Private sector manager)
Discussion

This research shows that there is a pool of very senior, highly paid disabled people. Many have serious, long-term impairments. They tend to be male and middle-aged and are more likely than lower earners to work in the private sector. Importantly, the opportunities and supports that we found to be statistically significant in helping them progress are not specific to their disability experience. They are potentially available to everyone in the organisation. Successful high fliers cite, in particular, having a mentor and the support of senior colleagues throughout their careers.

This suggests that if employers were to do one thing to support disabled people’s talent, it should be to have high expectations, truly to ‘look beyond labels’ and ensure senior support and mentoring are available to disabled staff who have the talent and motivation to succeed. Focusing in this way on work solutions and support appears to be more important to progression than simply accommodating impairment.

The interviews tell us more about what effective high level support should look like. Employers can tap into disabled talent through the proven levers for change - mentoring, coaching, development programmes, networks – and, fundamentally, by setting organisational culture. The more that senior leaders model and promote cultures of openness (about any human difference and experience) and a focus on outcomes (rather than presenteeism) - the more our interviewees thought it would maximise talent and contribution. What’s more, they identified the leadership contributions that people living with health conditions or disabilities could themselves bring to help make this happen. They identified characteristics ranging from empathetic people skills to transformational ability and creativity; from resilience to flexibility. Where these sorts of skills translate into behaviours at work they can add significant value to senior teams.

In addition interviewees identified process improvements (recruitment, health checks, HR and occupational health) that could ensure cultural values went beyond rhetoric to actions that make a difference to employee experience and capacity to deliver. We did not find that disability-specific adjustments were positively associated with career progression. But interviewees made the point that they were often necessary for disabled people to perform effectively and get to the starting blocks for development.

There is also learning for individuals living with health conditions or disabilities from the ‘success stories’ here. The high fliers we interviewed had
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 were exercising leadership throughout 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.

The enabling processes and cultural changes that both disabled people and professionals recommend are inter-dependent and self-sustaining. If an organisation demonstrates that:

- it is not risk averse,
- it does not use health checks to screen out disabled people,
- its senior staff believe in and champion disabled people with potential, and
- it benchmarks and measures progress

then disabled people are more likely to achieve senior roles.

In turn this raises expectations amongst disabled people and line managers about the potential of disabled people, and helps create a culture where all staff are confident of being treated fairly. If managers and staff start, as a normal part of business, having open conversations about diversity then more disabled role models will emerge as ‘disabled’. There may be more opportunities for informal and formal mentoring, and more disabled people will be encouraged to aspire and be promoted to senior roles.

If an organisation has positive policies and puts in place ‘a raft of small changes’ to implement them, and embeds those as part of good general management practice, then disabled people may begin to feel they can quite simply benefit from flexibility and be fully part of the organisation like anyone else. They can refocus energy expended on concealing a secret, or worrying about inadequate equipment or accessible communication – on performing well in the job.

The survey finding that disability-specific adjustments and programmes were not associated with progression is open to several interpretations. It could be partly because today’s disabled high fliers may not have benefited from disability specific programmes and adjustments because few existed during these individuals’ careers (given their typical age profile); or that people with
the most substantial need for adjustments have been less able to progress (although some of our high fliers had substantial access and support needs). However, it seems from the study that whilst accommodating impairment is necessary (for many disabled people) to be able to work – it is not the most significant factor in enabling progression. Senior support, mentoring and confidence in disabled people’s abilities are more important.

The senior disabled people who have ‘made it’ have between them shown us what is possible and several commented that opportunities had improved since their youth. But we are on a journey. Part 2 of this report shows that prodigious challenges remain. Those challenges need to be tackled if disabled people are to have fair chances to progress and contribute to their full potential in our economy.
PART 2 - THE CHALLENGES: Differences between disabled and non-disabled people

Despite this pool of senior talent, disabled people are significantly under-represented at senior level. Inequalities are powerful.

We found no difference among those surveyed between the aspirations of disabled and non-disabled people. Around half of both disabled and non-disabled people aspired to be promoted in the next two to three years.

![Graph showing aspirations to get promoted](image)

**Figure 5 do you aspire to get promoted in the next 2-3 years?**

However, disabled people earned significantly less than non-disabled people. Non-disabled people were over three times as likely as disabled people to earn over £80,000.
Disabled people were significantly less likely than non-disabled respondents to have the most senior executive roles; and more likely to have non-leadership roles like ‘specialist’ and ‘student’. Disabled people were significantly:

- Less likely to be a board level/executive director: 11 per cent of disabled people were board directors, as compared to 27 per cent of non-disabled people.

- Less likely to be non-board directors or heads of department: 9 per cent of disabled people had these roles, as compared to 28 per cent of non-disabled people.

- More likely to be a manager: 10.6 per cent of disabled people, as compared to 7.3 per cent of non-disabled people.

- More likely to be a specialist: 27.8 per cent of disabled people, as compared to 15.6 per cent of non-disabled people.

- More likely to be studying in further or higher education: 6.1 per cent of disabled people, as compared to 2 per cent of non-disabled people.

- More likely to be a trustee: 10.6 per cent of disabled people, as compared to 7.8 per cent of non-disabled people.

Disabled people were equally likely to be a chair, a board non-executive director, a senior manager, a senior executive officer, executive officer or academic.
Figure 7 percentages of disabled and non-disabled people in senior management positions

N = 1461

Figure 8 percentage of disabled and non-disabled people in less senior or specialist positions

N = 1461
The experience of inequality

In answer to the question, “do you feel confident that you have had/will have the opportunities to develop your career in the same way as someone who does not have ill-health, injury or disability”, 39 per cent said ‘yes’, 41 per cent said ‘no’ and a further 20 per cent were not sure. This does not suggest overwhelming confidence in progression opportunities on a par with non-disabled colleagues.

Figure 9 do you believe you have the same career opportunities as non-disabled people?

Do you believe you have the same career opportunities as a non-disabled person?

N = 715

Some of our on-line survey respondents (who were not all working at the highest levels) conveyed a desperate sense of ambition thwarted; a lack of employer support; and in some cases a reliance on litigation to secure any chance at work.
**Thwarted ambition**

‘My previous company worked against me and even though I had a responsible job I had to leave. Now I am in a very basic position having lost everything because of my health. I am not open at work about my health anymore. Ever.’ (Woman with mental health condition working in the NHS)

‘What helped was litigation’ (Man in his 40s with a physical impairment working in a non-departmental public body)

‘The DDA’ (Woman in her 50s with a mental health condition, who experienced discrimination working in the charity sector, now running her own business)

People described the impact of challenging discrimination:

**Experience of challenging discrimination**

‘Once you start having arguments with HR, or Tribunal cases, there are enormous personal costs. Life for them and their family can become unbearable due to the personal pressure on them. So it’s hard to decide whether to fight. By and large, Trade Unions are unsupportive, and neither they nor the solicitors they use have much understanding of the Disability Discrimination Act’ (Disability network coordinator)

We interviewed people who *had* succeeded – and they revealed a number of reasons for unequal career paths.
Levers for change – or lack of them

Individual qualifications, experience and strategies

Qualifications and skills

Disabled people were hampered in their career progression by interrupted education and lack of sufficient qualifications:

**Lack of formal qualifications**

‘The initial key fact was deciding not to go to university – mainly because of accessibility factors associated with living away from home. Also I knew at some point I would have kidney failure so wanted to get on the career ladder and a few years under my belt before that enforced a period of absence from work’ (Private sector consultant)

‘Lack of formal qualifications, skills and experience to do the job. Job specifications at senior levels often require a first class degree’ (Recruitment professional)

This is a significant barrier since young disabled people are less likely to go to university than non-disabled people even after accounting for learning disabilities, social class, ethnicity and other relevant factors\(^{17}\).

If more disabled people are to achieve high level jobs they will need the opportunity to lift their skills and qualifications. Research shows that employment disadvantage has become increasingly concentrated in people without skills and qualifications\(^{18}\). At every level of skill (from having any qualification through to university degrees and above), there is a gap between disabled and non-disabled people. More disabled people need - in different age ranges - to gain basic skills, intermediary skills and high level skills and qualifications.

Formal qualifications are not the only valid measure of ability – and disabled people are set to benefit from any developments that refine measures of skill and ability, beyond qualifications alone (see UKCES discussion of matching skills to demand, not relying on qualifications alone \(^{19}\)). Interviewees made


\(^{18}\) UK Commission for Employment and Skills 2009 Ambition 2020

\(^{19}\) UK Commission for Employment and Skills Strategic Plan 2009
the point that some employers specify qualifications that are not essential to the role. Some thought that this was a particular problem in the public sector - equal opportunities approaches paradoxically could harm the chances of people without orthodox qualifications and career paths.

This can be remedied by thinking carefully about the competencies for specific jobs. If, for example, someone with excellent written or analytic skills is required, this could be tested during recruitment – rather than asking for a degree.

A two-pronged strategy is needed – to improve disabled people’s access to skills and qualifications and to improve job specifications, to remove unnecessary hurdles.

Different career paths

The finding that disabled people are more likely to be ‘specialists’ than executive directors can partly be explained by the fact that some disabled people manage their own impairments and adjustment needs by deliberately taking on flexible roles, like ‘specialist’, or freelancer, where they can control when, where and how to do the job:

**Self-employment allows more flexibility**

‘I am self employed because I need time working on my own, to manage my mental health condition’ (Research Director, with mental health problems)

However, disabled people also experience restricted opportunities. Interviewees described how they had been steered off particular careers by (often well-meaning) teachers, employers or others:

**Impact of early advice**

‘At school I was told to focus on science not arts as the arts would be too hard for a deaf person to succeed in! That was a teacher trying to be helpful’ (Disabled leadership expert)

One Business School leader commented that disabled people coming on courses appeared more likely to be in support functions like HR rather than core business disciplines.
Some deliberately took career paths to pre-empt or avoid discrimination and inaccessibility:

**Constrained choices - avoiding problems**

‘I think if I had felt I could disclose I would have gone back to being Corporate HR Director…Taking on the interim, short-term contracts instead – I’ve had to do things very much on my own. I miss out on healthcare programmes, pensions and so on’ (Freelance director, private sector)

‘I was offered a job on the Isle of Man running a whole part of the business. I went over to look but there was no feasible way of living there for 6 months so I reluctantly turned it down. The job was available to me, but the logistics surrounding the job were not’ (Private sector consultant)

The ‘choices’ people make are highly constrained: as one leadership professional noted, disabled people often ‘gravitate to the roles they think will accept them’.

Others had moved career because of a direct experience of discrimination:

**Constrained choices - escaping discrimination**

‘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)

Disabled people also often have unconventional career paths for impairment-related reasons which fall outside employer experience.
Unconventional career paths

‘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)

‘Most people in senior posts won’t have come across examples of disabled people working at deputy director level i.e. they don’t have the experience to be confident that the arrangements work. People select on the basis of their experience i.e. from populations they are familiar with’ (NHS leader)

Some disabled people mentioned that the most senior jobs actually can offer more support (a secretary or PA, a staff team) and sometimes do not require such specific technical qualifications or skills as the middle ranging jobs. Although some disabled people have many of the skills to fulfil the most senior roles they will be ruled out of the talent pool if there is an assumption that those roles require experience gained through ‘climbing up the ladder’ of the middle jobs to get there. For instance, someone with a physical impairment might make a good prison governor – but might be unable to meet the physical requirements to become a prison officer (like ability to do control and restraint). This could disadvantage them if they are required to work their way up through the hierarchy of posts before becoming a governor.

Employers may promote a non-disabled person ahead of a disabled person because they simply under-estimate what a disabled person with access to appropriate adjustments can do.

We also found some (perhaps unexpected) differences in the length of time disabled and non-disabled people spend in a particular job.

Our survey found a statistically significant difference in how long disabled and non-disabled people had been in their current role. Non-disabled people were significantly more likely to have stayed in their role longer (30 per cent of non-disabled and 23 per cent of disabled people had been in their role for more than 10 years).
This suggests a need to reconsider the argument frequently made that disabled people are particularly loyal in the sense that they are likely to stay longer in jobs once employed. Having said that some disabled people do stay longer – and do not necessarily see it positively:

**Reduced job mobility**

“There can be real problems moving around. If you have had adjustments implemented in a particular post it makes it less likely that you will move on to another post, because you can’t take the adjustment with you so easily and the team you’re working with understand how you work – it would take a lot to get a new team up to scratch” (Civil servant)

“If I were to get to a new organisation it would be a slightly larger hill to climb….so that encourage me to stay where I am and that may or may not be a good thing’ (Senior manager, private sector)

One interviewee recommended an organisational success measure for disabled people’s development: equal time in grade and equal rate of promotion between disabled and non-disabled people.

This suggests that the disability sector should stop uncritically using the ‘business case’ argument that disabled people are more likely to stay loyally in jobs: the evidence here suggests they are not more likely to stay longer and, when they do, it is not necessarily desirable.

Disabled people have different career paths from non-disabled people – partly through choice, but choices are constrained by fear and unequal opportunities. Employers have a role in removing the fears that deter some disabled people from particular career choices; and in thinking laterally about how to enable people with unconventional career paths to develop and succeed.
Lack of confidence

Some interviewees felt that their impairment impacted on their confidence to try for promotions:

\[ \text{Lack of confidence} \]

‘I just get a feeling that for senior roles, it’s a big leap for anyone and an even bigger one for me’ (Senior manager, private sector)

‘I do feel that health issues have affected where I’ve got to in my career. I operate at a level of seniority that’s lower than my peers, lower than my level of competence. I do find stress more difficult than others do, but I think it’s because I feel I have something to hide. I haven’t felt I belong in the world of normal people where people get on and progress and get promotions and suchlike – there’s always a feeling of not being on a par with people, and of course that affects your confidence and therefore your progression’ (Research director, private sector, with mental health condition)

Low personal expectations

Professional interviewees thought disabled people’s own attitudes and expectations sometimes held them back:

\[ \text{Low aspirations} \]

‘They have taken on messages they have heard from healthcare professionals, parental expectations etc and some of these can be really deep set’ (Government)

‘There’s too much of a feeling that ‘I’m lucky to be working – I shouldn’t expect progression as well’ which stifles aspiration to move around and progress’ (Government)

This can lead to disabled people approaching interviews and other employment opportunities negatively or anxiously – which can lessen their chances of success:
Avoiding negativity

‘The problem is any whiff of negativity. Employers like to see solutions’  (Recruitment professional)

If the employer is anxious about interviewing or employing a disabled person (and many are) then an anxious disabled interviewee does nothing to reassure:

Anxiety impacts on managers as well as candidates

‘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)

Seeming to have a ‘chip on your shoulder’ can alienate interviewers:

Importance of focusing on solutions

‘Anyone going for a job needs to focus on strength and skills – what they bring - not what they can’t do, and what they need (don’t go in with a chip on your shoulder)’ (Recruitment consultant)

Some disabled people felt they had stigmatised themselves:

Expecting to be stigmatised

‘I ask, ‘do you stigmatise yourself or do others stigmatise you?’ meaning that sometimes, if you expect stigma, that becomes a self-fulfilling prophecy’ (Director, private sector, with a mental health condition)

Lack of confidence, low expectations and self stigma can reduce confidence on the part of the employer, generating negative feedback in what can become a vicious circle. Part 1 offers powerful examples of individual strategies to reverse this process and create virtuous circles that make success more likely.
Development programmes, mentoring, coaching, shadowing and senior support

Our survey found that not only did disabled people have lower pay and less senior roles – they were also less likely than non-disabled people to get the very supports and opportunities that the ‘high fliers’ had identified as helping their progression (see Part 1).

Disabled people were significantly:
- Less likely to have a mentor or someone committed to their career (not specific to disability): 20.7 per cent of disabled people had a mentor, as compared to 42.2 per cent of non-disabled people.
- Less likely to have the support of seniors throughout their careers: 24.7 per cent of disabled people reported this support, as compared to 54.9 per cent of non-disabled people.
- Less likely to report working for an organisation committed to helping all people: 34 per cent of disabled people reported this, as compared to 52.7 per cent of non-disabled people. This may suggest disabled people are less convinced that any such commitment will help them progress or that they perceive a difference between what organisations say on equality and what they do.
- Less likely to report support of management colleagues: 37.7 per cent of disabled people reported this, as compared to 53.8 per cent of non-disabled people.
- Less likely to report support from family and friends: 52.9 per cent of disabled people reported this, as compared to 64 per cent of non-disabled people.
- Less likely to report personal ambition as having helped them progress: 59.6 per cent of disabled people, as compared to 75.6 per cent of non-disabled people.

Interviewees commented that one of the biggest barriers to development was that senior people did not really believe a disabled person was ‘up to’ promotion. They conveyed a nagging feeling that they would never really be viewed as top management material because of their disability.
**Low expectations**

‘If you want to get into a leadership role dealing with disability then it’s fine, but if you want a more mainstream role, there are always questions – can you really do the job, are you really up to it?’ (Consultant, with visual impairment)

‘Generally it’s much harder for disabled people to access promotion. This can manifest at critical points. Some careers are easy to enter, but harder to progress in – or progression becomes almost impossible beyond a certain point. For example, 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 was constantly fighting against people’s perceptions of my unreliability. In meetings, I always felt my mental health was being assessed – people were scrutinising me’ (Media professional, with mental health condition)

Other barriers were more practical:

**Limited access - training opportunities**

‘Training opportunities structured so that they aren’t fully accessible’ (HR professional)

‘The leadership programme requires you to do a 2 week residency where you work from 8 in the morning until 9 at night every day. That’s just not going to work for many disabled people’ (Disability leadership expert)
There were also barriers stemming from Government policy - for instance, not being able to obtain Access to Work support other than for paid work:

**Limited access - practical support**

‘Government should make Access To Work-type arrangements applicable for training and volunteering too. These are crucial ways of disabled people up-skilling themselves, and giving themselves the experience which will count towards their success in applying for more senior positions’ (Disability organisation leader)

Employers and employees will benefit from disabled people being able to maximise their potential at work. This requires employers and leadership programmes to remove both practical and attitudinal barriers. It can be facilitated by targeted Government support, for instance ensuring that any new policies to enable progression – such as Train to Gain, internships for young people - are matched with necessary support so that disabled people are equally included.
Process challenges

Senior recruitment

Some interviewees had direct experience of prejudice and discrimination in recruitment, for example:

**Barriers of prejudice**

‘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)

Professional interviewees also thought there were barriers of attitude:

**Barriers of attitude**

‘[There are] some jobs disabled people can’t do, or organisations won’t take the risk of appointing them.’ (Public sector leader)

The Guaranteed Interview Scheme was introduced as a voluntary positive action approach whereby the employer would offer a guaranteed interview to any disabled person who met the essential criteria. Professionals we interviewed were critical of the way it is now used, particularly in circumstances where role specifications are very broad:
Guaranteed interview schemes don’t always work well

‘It can lead to large number of applications and difficulties in deciding who to shortlist. The guaranteed interview scheme could mean the best candidates didn’t get interviewed’ (HR professional)

‘It raises expectations and wastes time. Technology has opened up huge opportunities now that weren’t available when the scheme was first introduced’ (HR professional)

‘Employers using guaranteed interview scheme the wrong way – assuming that it is a tick box exercise, it isn’t used positively’ (HR professional)

Positive action to encourage employers to shortlist and potentially appoint talented disabled people is necessary, given the evidence that disabled people are concentrated in lower level jobs (or no job at all). Whether the guaranteed interview scheme is fulfilling its objectives is another question. Other systemic approaches to enabling more disabled people to enter and progress in the workforce – opening up talent pools, measuring and publishing data, ongoing training and development for managers – are important. It may be useful for the EHRC to review the Guaranteed Interview Scheme and make recommendations within its Codes and Guidance on the Equality Act to ensure that the most effective models of positive action are in place.
Adjustments and supports

Both disabled people and professional interviewees called for more information on the adjustments that are possible: disabled people need to know what they could ask for and employers need to know what they could provide (for people with every kind of experience of disability), how to do it and who might fund it.

**Lack of information on potential support and adjustments**

‘Employers need more information, especially broken down into different types of impairment / disability. The will is there, but the information is lacking’ (Government, leadership expert)

‘Disabled people themselves need to understand better what they could get in terms of support and adjustments. I have had a deaf person who didn’t know about lip speakers or note-takers for example, and it made a big difference when I was able to explain those options’ (HR Director)

‘Access to work is a very useful provision, but it’s only used by a tiny proportion of people with mental health conditions. It’s knowing it’s there; and how to use it effectively’ (NHS leader with mental health condition)

Open discussion and knowledge can bring reassurance: often making the adjustment is not as difficult as it seems.

**The relative ease of making many adjustments**

‘One of my staff is in a wheelchair – they just needed some physical access adjustments, but in a sense they needed less than people might have expected. It’s about asking what people need rather than presuming you know’ (Senior manager, private sector, with visual impairment)
Both employees and managers need the confidence to talk openly. One disability leader commented that individuals are sometimes nervous about making too many demands – but being clear can be helpful. Conversely one professional had experience of people asking for an ‘unreasonable’ adjustment – complete exemption from assessment centre (when they were prepared to adjust the processes).

Interviewees gave us many examples of simple adjustments not being in place: for instance, inaccessible recruitment agency websites or materials, and use of blanket policies like telephone interviews, with no flexibility for deaf people.

\[\text{Lack of adjustments and support can make a job impossible}\]

‘Once somebody has got a job, there are still ways of making it impossible for them. You get the job, but you’re in a desert ….set up to fail, because you don’t get the tools to succeed in the job.’ (Disability organisation leader)

Inaccessibility can mean you are subtly excluded from organisational social interactions and opportunities to engage in internal politics:

\[\text{Subtle forms of exclusion}\]

‘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)
For some people coming from college or university, the lack of adjustments and support came as a shock – and one that limited their horizons:

**Support available in education isn’t matched in employment**

‘In education and universities, there’s so much going on – there’s often fabulous provision for people living with disabilities, but when you leave education and join the world of employment, it’s just not there – or certainly, the support is not proactively offered. That’s a big confidence knock for people. I knew of a lawyer who thrived in education, then got a job and was given very low-grade duties compared to her level of skill and learning – and her talent and skills were completely suppressed’ (Leadership professional)

Interviewees thought tangible, fixed adjustments were generally better addressed than adjustments for people with hidden or fluctuating conditions.

**Flexibility for people with fluctuating conditions**

‘There are more problems around conditions that mean a person needs certain breaks, limited hours and such. That’s harder for people in Departments to understand’ (HR professional)
Organisations need to know where responsibility lies for implementing and funding adjustments:

**Managers need to know who is responsible for what**

‘If the person managing a disabled person doesn’t get it, or doesn’t have the understanding, then it’s going to be really hard. I have seen a visually impaired employee sit with £2,000 worth of equipment under their desk for months, because training hasn’t been organised yet on how to use it. There needs to be a clear sense of who’s responsible for ensuring the disabled person – who has already got the job, so is qualified and able for it – has the adjustments they need to actually do the job well. Yes, you must devolve responsibility for diversity to managers, but there needs to be a central pool of expertise in the organisation too, which managers can call on. One organisation we know appointed a coordinator for the organisation to work on adjustments (HR professional)

‘There was one candidate who was a wheelchair user, and needed to travel by taxi every day. It took a long time to work out who would pay for that’ (HR professional)

Often delays in putting adjustments in place had a major negative impact:

**Adjustments must be timely**

‘Length of time it takes to fix problems of building access e.g. electronic door opening – meanwhile some people simply can’t do their jobs. Dealing with situations like this wears people down and limits their capacity to perform well’ (Government)

‘In large organisations like Government Departments, the procurement rules – though there for good reasons – can mean that it takes too long to secure the equipment a staff member needs for their job’ (Government)

Some interviewees said HR had been reduced to a very light touch function or equalities had been entirely outsourced, thereby reducing the organisation’s capacity to respond.
The keys to effective adjustments are confidence to hold open discussions (on both sides), information on the possible – especially beyond ramps and lifts - rapid implementation and clear responsibility for delivery. Some people suggested solutions: enabling individuals to hold their own ‘Access to Work’ budget under the right to control, managing Access to Work through large employers who could implement support quickly, creating internal directories of possible adjustments and IT supports, available to all on the intranet.

Management

The main problems cited concerned communication and fear – managers who were not confident to talk to disabled people, to listen, to discuss disability or health issues:

**Communication skills**

‘Poor communication – managers/supervisors who don’t know how to communicate with disabled staff and don’t have the confidence to talk to people in a sensible way. Disabled people will be doubly disadvantaged in organisations where management style is based on ‘shouting’’  
(Occupational health professional)

‘Stereotypes, people being scared to ask questions, people being scared to even talk about disability because they’re anxious about embarrassing themselves, embarrassing the disabled person, saying the wrong thing’  
(Disabled leadership expert)
Professional input – HR and occupational health

A number of interviewees – including occupational health professionals – thought there was a need for a shift in occupational health culture and practice from focusing mainly on what people cannot do to focusing on what they can and advising managers on what people can do with adjustments.

**Occupational health**

‘The occupational health practitioner advises on what people can’t do – and once a risk has been stated it sets the agenda with managers. Occupational health professionals have to give honest straightforward advice that assesses risks in proportion and puts them in context..... To achieve this we need a multipronged attack covering the syllabus, continuing professional development and faculties’ (Occupational health professional)

‘Health reports are generally irrelevant. Saying, ‘he has spina bifida’ tells you nothing of what he can or can’t do in a particular post. Medical or health reports have to be done in the context of the job the person is going to be doing, so they essentially show up the adjustments that might be needed, rather than just making a diagnosis which has no bearing on the person actually doing the job, and doing it well’ (Disability organisation)

‘Occupational health – should be part of the adjustments process as well as just assessing people medically for time off ‘sick’. They need better training and increased awareness of the issues’ (Government)

One interviewee commented on a local NHS occupational health policy that debars people with certain mental health diagnoses from working with any or all client groups (on grounds of risk), in the health service. This guidance has been challenged by the Equality and Human Rights Commission as discriminatory.

Some thought that HR practitioners needed up-skilling in disability and mental health, so that they could be a source of advice and support to managers.
HR professionals need skills to advise on solutions

‘They need to understand disability and equality themselves. They seem to have no training or education around disability, they are badly equipped and badly skilled, which means they go to extremes. Either they are afraid of dealing with an issue surrounding a disabled person, in case they get taken to tribunal or something, or they immediately see the disabled person as a problem. They need to be much more creative and innovative about possible solutions. They must increase their own awareness and have a deeper understanding’ (Disabled leadership expert)

Training and learning

Interviewees commented that there was little relevant training of managers in relation to disability – and certainly not in relation to progression:

Managers need training on equality in career progression

‘Few companies train people linked to progression / promotion in how to do their jobs in a way that doesn’t discriminate against disabled people. We provide some training, but it still tends to be around recruitment rather than progression – there is still much more effort put on the recruitment side rather than supporting people to do well and progress once in a job’ (Disability organisation leader)

Recruitment agencies were also thought to need development:

Recruitment agencies can lead by example

‘Recruitment consultants need to be up to speed with what’s possible. Advocate to combat prejudice. Challenge assumptions. As a minimum ensure that websites, premises etc are accessible’ (HR professional)

Some suggested solutions, like training for managers on ‘driving change through diversity, i.e. making diversity part of performance and doing the job well, rather than a separate stream of activity’ (Public sector leader with long term health condition).
Organisational culture

The challenge of openness

The stark facts of inequality are reflected in the decisions of disabled people on whether to be open about hidden impairments.

Sixty-two per cent said that they had the option of keeping their impairment hidden. Of these, three-quarters did keep it hidden always or sometimes. 14.5 percent always kept it hidden, 61.4 percent did sometimes and 24 per cent never did.

Figure 10 those choosing to keep their impairment hidden

N = 488

For a variety of reasons, those who can choose to keep their impairment hidden often decide to be open to some people not others – and most commonly to colleagues rather than superiors or human resources.

Of those who could hide their impairment:
- 47.9 per cent said they were open to a select number of colleagues
- 32.4 per cent said they were open to their immediate superior
- 19.8 per cent said they were open to human resources
- 12.4 per cent were open to the board/senior management team.
Similarly, people make different decisions about whether to be open to external contacts. Of those who liaised with suppliers, investors, customers/clients and trade/professional bodies, around half were open to them.

Some people surveyed chose to talk openly about their impairment:

**Choosing to be open**

‘Educating others about disability. It’s the first thing I mention about myself’ (Woman with a hearing impairment, managing director of an equality training company)

Others decide not to be open simply because they do not see it as relevant:

**Choosing not to be open**

‘My illness is my business’ (Man with a physical impairment and mental health condition working in health in a local authority)

However, the most common comments in both the large survey and disabled interviewees were from people who hid their impairment because they thought that would be better for their career or feared discrimination if they were open. In response to a question on what had enabled career progression, several mentioned concealing their impairment:

**Choosing to conceal**

‘My own ability to hide it’ (Woman with a mental health condition working in the NHS)

‘Keeping it hidden at work and letting other parts of my life suffer’ (Man with a mental health condition working in the NHS)
Interviewees spoke of hiding impairment for fear of not getting a job in the first place:

**Choosing to conceal - to avoid being sifted out**

‘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 even now I don’t know if I’d disclose on an application form because I’d be wary of not being shortlisted. Or indeed of being short-listed only as a token gesture’ (Voluntary sector leader who is deaf)

‘I started out declaring on application forms that I was a wheelchair user. I applied for hundreds of jobs and got no interviews. Then reluctantly I applied for 4 jobs without stating my disability – and got 3 interviews’ (Senior manager, private sector, with physical impairment)

People also made decisions to keep a disability hidden for fear it would impact on promotion prospects:

**Choosing to conceal – to improve chances of progression**

‘People don’t disclose because they know it might affect their progression. And if you are choosing between two people and one has a debilitating illness, well it’s not an easy decision to make. So of course people aren’t open’ (Leadership professional)

‘I had a phone call from a senior person in the Civil Service who was going deaf. She said, ’I don’t want anyone to know. I am not going to say anything, because I’ll be regarded as being out of the mainstream.’ She felt it would become part of her identity in other people’s eyes, and would affect her career choices. When jobs are being cut all over the place in the current climate, it’s even harder for people to be open about their impairment or health condition’ (Government)
Others decided not to be open for fear of how they would be treated IN the job:

Choosing to conceal – to avoid being treated differently

‘I didn’t want to tell everyone because I didn’t want people thinking, ‘oh, he needs to take it easy, we’d better make sure he doesn’t work too hard’. Maybe they wouldn’t have – maybe that’s my insecurity – but I just told the people immediately around me’ (Partner, private sector, with long term health condition)

People also made careful decisions about WHEN to tell people - in some cases only at the point of leaving, for fear that discrimination would occur if they told them earlier.

Choosing when to be open

‘I do tend to disclose to companies when I leave. I tell them I have bi-polar when it’s the end of a short-term assignment. In this way I hope to influence companies to be open-minded when employing people in the future without jeopardising my own position while I am there’ (Freelance Director, with mental health condition)

This can mean that disabled people let work colleagues know only when it is too late to seek support:

Not getting support in time

‘I’ve seen people who have started talking about it when they are coming out of a period of depression – and at that stage they start articulating the kind of support they need, or how their working arrangements or hours need to adapt, but this generally happens at the point of them starting successfully to come out of their depression, rather than when they are in the midst of it’ (Leadership professional)
Several people noted that not being open about hidden impairment could mean not getting the adjustments you need:

**Not getting reasonable adjustments**

'People make immediate presumptions about people who have visible disabilities, but when they don’t see a disability such as mine (sight impairment) they can forget about it, and – especially if you’re performing well – they presume you can just do anything like anyone else can. There is both positive and negative in this. There is a person I sometimes work with who is deaf, and everyone is always terribly careful about not speaking in an event unless they have the microphone, but then they’ll hand round a handout written in 8pt font!' (Senior manager, private sector, with visual impairment)

Interviewees proposed strategies to help achieve safety and openness at work and in the line management relationship, so that people could stop feeling they had a ‘terrible secret’ and could seek any adjustments needed:

**Creating a safe environment to be open**

‘People stand a greater chance if they feel supported and safe to speak up in an ‘adult to adult dialogue’ – safe to say what’s important to them and believe that managers will be empathetic’ (Occupational health professional)

‘Talk to them. There is never the time, with the day-to-day work going on, to have proper conversations. So people with disabilities leave things unsaid, sometimes to avoid making their colleagues feel uncomfortable. They need space to articulate their own feelings and needs. If there are no honest conversations anyway then you aren’t going to have any about disability. Managers need to make people feel safe talking’ (Disability network lead, Government)
Top level commitment?

Several interviewees were affected in how confident they felt in their organisation by the visible signs of high-level commitment. For instance, in a media role:

Lack of visible commitment

‘You feel like an outsider if you don’t see yourself reflected on screen’
(Media organisation)

Low expectations

Disabled people repeatedly told us that employers underestimated their ability and potential, holding deep-rooted beliefs that disability meant inability. Professional interviewees generally agreed:

Low expectations – line managers

‘There’s still a presumption that you are thick. People presume you’re not as efficient as they are – and this becomes self-fulfilling – they don’t notice you doing a good job’ (Disability network lead, Government)

‘Employers think they’re doing you a favour when they give you a job, but they don’t think about disabled people’s progress up the organisation. Disabled people often don’t have the confidence to go for senior positions, so employers should provide extra encouragement and support for them’ (Consultant, with visual impairment)

‘Managers set thresholds/performance objectives at a lower level – they almost make excuses’ (HR professional)

‘The soft bigotry of low expectations. The fact is, nearly all employees are underestimated in terms of what they can achieve – so people living with disability, injury or ill-health are even more underestimated’ (Disability organisation leader)
Even if you proved yourself to an immediate team, low expectations from other parts of the organisation may get in the way:

**Low expectations – colleagues**

‘In a large organisation, people who hardly know you can still have a significant impact on your career. Those around you may know you well, know your reputation, know you are good at your job, be familiar and comfortable with your impairment, but those who are not – even though they’re in the same organisation – may not have the same understanding’ (Senior executive with long-term medical condition)

The British Social Attitudes Survey of 2007 found mixed responses from individuals about how comfortable they would feel having a disabled boss, with very high levels of comfort in relation to a boss using a wheelchair or with a sensory impairment, but much lower levels in relation to a boss with a long-term health condition or – in particular – a mental health condition (11). This is an area where more exploration would be useful, to track whether attitudes change over time.

Some employers were thought to hold very specific stereotypes that deterred them from employing disabled people, for instance:

**Misplaced assumptions**

‘Belief that disabled people may use their disability as an excuse to skive’ (Business school leader)

The low expectations held by many disabled people are more than matched by low expectations amongst managers and colleagues. Taken together they are mutually reinforcing.
Long hours and pressure

Several people made the point that organisations that value hours worked more than outcomes, and have a culture of presenteeism, can deter or exclude disabled people.

If a senior role is perceived as being incredibly highly pressured, disabled people (and others) may ‘self select out’ of the most senior roles:

Pre-conceptions about the demands of senior roles

‘Anyone who wants promotion has to do the job at 120%, but a disabled person has to do it at 150%, and that 30% might just be the crucial difference’ (Senior manager, private sector, with physical impairment)

‘Unfortunately I have heard people say, I’m going to go for a mainstream job because I wouldn’t cope with the physical and energy demands of a Fast Stream job. That’s their choice of course – you can’t force them to apply to the Fast Stream – but it’s probably the biggest barrier – more than physical adjustments – this sense of pressure’ (HR professional)

Others suggested (see above) that some disabled people may actually be more able to fulfil a very senior role than the pressurised middle management roles on the way up - but organisations do not always have the flexibility to enable that to happen.

Approaches to risk

Numerous interviewees mentioned excessively conservative, risk averse attitudes that could prevent disabled people from reaching their potential – or could lead to early retirement on health grounds when that might have been averted. These attitudes were held by managers, HR professionals, occupational health, recruitment agencies, disability organisations – and disabled people themselves.
Willingness to manage risk

‘Unwillingness of management within organisations to take the risk of employing a disabled person. Senior posts tend to be rapid turnover, are high profile and carry high levels of risk in any case’ (Government)

‘I’m currently working with two people who have developed Parkinson’s during their careers. Immediately we have had lots of conversations around its likely effects in the workplace, and when they might start telling people about it. One person has told their employer and is now arranging early retirement. I think it’s what he wants, but it’s hard to tell because the organisation is fearful – they see a risk that the person will stop being able to cope with the job, or the pressure’ (Leadership coach)

‘Although there are some guidelines for medical standards nationally, the way they are implemented differs according to local forces, and therefore the culture of each organisation comes into play – how able they are to cope with difference. Because there are around four applicants for every vacancy in the Fire Service, it can afford to turn people down and avoid nearly all risk. ….The risk-averse attitude can apply to any diversity strand, not just disability – anyone who might be different and present a challenge to the prevailing culture’ (Chief Fire Officer, with long-term health condition)

One occupational health professional mentioned that the purpose of health assessments in the NHS is to assess risk so that people can be diverted to roles where they can work safely. This raises questions about whether opportunities are being missed to use assessments positively to identify potential for adjustments that could enable individuals to take on the roles they seek.

Repeated Disability Discrimination Act cases have shown how perceptions of risk can be used to limit disabled people’s participation in life – from a schoolboy stopped from school trips in case he had a hypoglaecemic attack to adults with mental health problems turned down as police finger printing officers or managers in case of presumed unreliability or difficult behaviour. Assessments of risk need to be proportionate, fair and taken in context of the adjustments and supports that may be possible.
Taking action beyond rhetoric

Many interviewees identified a gap between rhetoric and the reality of day to day life at work. There was a lack of proactive work to enable disabled people to develop, to enable managers to support them.

Gaps between rhetoric and action

‘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)

‘Big employers should be much more proactive than they are; it isn’t good enough to tick boxes’ (HR professional)

‘No support – the employer pays lip service to disability rights’ (Man with visual impairment working in the NHS)

‘Basically, people don’t do the proactive, positive things to enable you to compete on the same level. The organisation talks the talk, but they don’t do anything’ (Manager, private sector, with physical impairment)

Often equality was not – despite good policies – considered part of mainstream business.

Diversity not viewed as core business

‘Too often, an organisation just looks to the consultants they are employing to sort out equality issues for them’ (HR professional)

‘Spending on diversity can still be perceived as money going nowhere – rather than as an investment in an employee and therefore the organisation’ (Disability organisation)
Diversity of experience amongst disabled high fliers

Differences between sectors and industries

Disabled people were significantly more likely to work in the public and voluntary sector than the private sector:

Table 3 where disabled people work by sector

<table>
<thead>
<tr>
<th>Private, public or voluntary sector</th>
<th>Disabled</th>
<th>Non-disabled</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private sector</td>
<td>216</td>
<td>250</td>
<td>466</td>
</tr>
<tr>
<td></td>
<td>33.5%</td>
<td>53.2%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Public sector</td>
<td>309</td>
<td>186</td>
<td>495</td>
</tr>
<tr>
<td></td>
<td>48.0%</td>
<td>39.6%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Voluntary sector</td>
<td>119</td>
<td>34</td>
<td>153</td>
</tr>
<tr>
<td></td>
<td>18.5%</td>
<td>7.2%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Total</td>
<td>644</td>
<td>470</td>
<td>11141</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

For a further breakdown of data by sector please see Appendix 2

There was also a significant association between type of business and disability. Significantly more disabled people worked in the following sectors:

- administration and support services (3.5 per cent disabled people, 1.1 per cent non-disabled people)
- arts, entertainment and recreation (1.6 per cent disabled people, 0.4 per cent non-disabled people)
- health (22.1 per cent disabled people, 14.3 per cent non-disabled people)
- media/creative industries (4.6 per cent disabled people, 2.1 per cent non-disabled people)
- public sector and defence (15.9 per cent disabled people, 10.7 per cent non-disabled people)
- other (16.6 per cent disabled people, 11.2 per cent non-disabled people).
Fewer disabled people worked in the following sectors:
- professional, scientific and technical (6.3 per cent disabled people, 18.9 per cent non-disabled people)
- financial, banking and insurance activities (9.1 per cent disabled people, 16.0 per cent non-disabled people).

In other industries - e.g. education, construction and manufacturing - we found no significant differences.

It is notable that disabled high earners buck the trend, being more likely to work in the private sector and in financial/banking/insurance and professional/scientific/technical.

The positive link between disabled high fliers and the private sector may be because those disabled people that do work in the private sector benefit from higher salaries than are common in the public and voluntary sector. It may also be linked to gender: there is a significant association between disabled men and working in the private sector; disabled women and working in the public or voluntary sector. Perhaps high earners are more common in the private sector simply because there are more men, and men earn more.

We found 57.4 per cent of private sector disabled staff were men, 40.5 per cent of public sector disabled staff were men and 39 per cent of voluntary sector disabled staff were men.
It may also be that even though private sector organisations have fewer disabled staff, some have positive practices on career progression. It would be worth exploring whether, once people are in a corporate environment, generic development takes over for some talented individuals; whereas in the public and voluntary sector there is more emphasis on recruiting and making adjustments, but less development opportunity.

However, we found almost no significant association between particular types of support or opportunity and particular sectors, although ‘working for an organisation committed to helping all people’ was significantly more commonly reported by voluntary and public sector staff (38 per cent of private sector staff, 48.2 per cent of public sector staff and 57.1 per cent of voluntary sector staff).

In the private sector we found significantly more disabled staff who were open to no one about their impairment: 15.3 per cent of private sector staff were open to no one, 5.2 per cent public sector staff and 7.6 per cent of voluntary sector staff.
Private sector disabled staff were also less likely to be open with their immediate superior: 24.5 per cent of private sector staff were open, as compared to 27.7 per cent of voluntary sector staff and 35 per cent of public sector staff.

Perhaps public sector organisations have somewhat more accepting cultures in relation to disability (with important exceptions, where cultures were reported to be damaging or tokenistic); whereas private sector organisations support high career aspiration, even if this is sometimes realised at the cost of people feeling they have to hide their impairment.

Some interviewees commented that the public sector were not always as good as they thought they were; that they had a tendency to use formalized equal opportunities criteria that (albeit unintentionally) excluded disabled people from posts; and that the public sector had a key role as exemplar, which it was not fulfilling adequately.

These findings raise interesting questions for further exploration.
Different impairments, different experiences

Table 4 distribution of high earners by impairment

<table>
<thead>
<tr>
<th>Impairment type</th>
<th>£80,000 or above</th>
<th>Up to £79,999</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term health</td>
<td>41</td>
<td>160</td>
<td>201</td>
</tr>
<tr>
<td>condition</td>
<td>20.4%</td>
<td>79.6%</td>
<td></td>
</tr>
<tr>
<td>Physical/mobility</td>
<td>25</td>
<td>150</td>
<td>175</td>
</tr>
<tr>
<td>impairment</td>
<td>14.3%</td>
<td>85.7%</td>
<td></td>
</tr>
<tr>
<td>Visual impairment</td>
<td>3</td>
<td>34</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>8.1%</td>
<td>91.9%</td>
<td></td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>9</td>
<td>54</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>14.3%</td>
<td>85.7%</td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>30</td>
<td>215</td>
<td>245</td>
</tr>
<tr>
<td>condition</td>
<td>12.2%</td>
<td>87.8%</td>
<td></td>
</tr>
<tr>
<td>Learning difficulty</td>
<td>8</td>
<td>41</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>16.3%</td>
<td>83.7%</td>
<td></td>
</tr>
</tbody>
</table>

770²

People with mental health conditions were significantly less likely than other disabled people to earn £80,000 or above. People with visual impairments tended to be less likely to earn £80,000 or above, but this did not reach statistical significance.

People with long-term health conditions tended to be more likely to earn £80,000 or above but this did not reach statistical significance. There were no other impairment related differences in salary.

On job roles, the full data is at Appendix 2, but in summary:

- People with mental health conditions were the only group to be significantly less likely than other disabled people to be board level executive directors (about half as likely). They were also less likely to be senior managers, but more likely to hold roles involving less executive decision-making, for instance specialist, academic and student.

- People with long-term health conditions were clustered in the middle to senior roles, for instance non-board level directors or heads of department, senior managers and senior executive officers.
• People with physical/mobility impairments were significantly more likely to be chairs and trustees.

• People with visual impairments were significantly more likely to be chairs.

• There were no significant associations in relation to people with hearing impairments.

• People with learning difficulties were significantly more likely to be in less senior roles such as executive officer.

There were some differences in the supports and opportunities reported by people with different impairments. Again, full data is at Appendix 2.

• People with mental health conditions were more likely than other disabled people to report a general mentor, a mentor who understood their disability, support from family and friends, personal ambition and changes to the way they performed their role.

• People with long-term health conditions were more likely to report a mentor who understood their disability, working for an organisation committed to helping all people, support from family and friends and personal ambition.

• People with physical/mobility impairments reported the widest set of supports, being more likely to report working for an organisation committed to disability, changes to the way they performed their roles, ‘other’ disability specific changes, support of seniors throughout their career, working for an organisation committed to all people, support of management colleagues, support of family and friends and personal ambition.

• People with visual impairments were more likely to report a mentor who understood their disability, changes to the way they performed their role and ‘other’ disability specific supports.

• People with hearing impairments were more likely to report support from families and friends.

• People with learning difficulties were more likely to report disability specific changes to the way they performed their role, a general mentor and personal ambition.
This may suggest that people with different impairments find different supports helpful (for instance, some having greater need for practical adjustments) and/or that some types of career progression support are more often offered to people in some impairment groups than others.

There was one difference in levels of confidence people felt in whether they had/would have the same career opportunities as others: people with mental health conditions were only around half as confident as other disabled people in equal career opportunities.

There was one difference in aspiration to be promoted in the next two to three years: people with physical/mobility impairments were significantly less likely to aspire to promotion in two to three years. This might be related to issues of physical pain or fatigue, to practical issues about travel or the association of seniority with full-time, long hours and being 'always available'.

There were significant differences in whether people were open about their impairment and to whom:

- People with mental health conditions were significantly more likely than other disabled people to be open to no one – almost four times as likely – and significantly less likely to be open to everyone. They were more likely to be open to a select number of colleagues, to human resources and to their immediate superior.

- People with long-term health conditions – another group where impairment is often hidden – had a very different profile. They were significantly more likely than other disabled people to be open about their condition to everyone at work, to the board/senior management, as well as to their immediate superior and selected colleagues. This may be because having a long-term health condition is considered more socially acceptable than having a mental health condition.

- People with learning difficulties – which again can sometimes be kept private – were significantly more likely than other disabled people to be open to everyone, to the board/senior management team, to their immediate superior, selected colleagues and human resources.

- People with physical/mobility impairments were significantly less likely than other disabled people to be open to no one and more likely to be open to everyone. This may be expected since many would have no option to hide their impairment.
• People with visual impairments, similarly, were more likely to be open to everyone.

• People with hearing impairments were significantly more likely than other disabled people to be open to everyone and more likely to be open to HR.

It is unsurprising that people with physical/mobility and visual impairments – which are often evident – are more likely than others to be open to everyone. It is more interesting that people with some relatively ‘invisible’ conditions (long-term health conditions, learning difficulties) are likely to be open to everyone; whereas people with other invisible impairments – specifically mental health conditions – are more likely to be open to no one.

**Mental health conditions**

People with mental health conditions were nearly four times more likely than other disabled people to be open to no one; and less than half as likely to be open to everyone.

They were more circumspect – being open most commonly to selected colleagues, their immediate boss, HR or no one. Their comments suggested they sometimes started out being open to no one – only opening up when they came to trust a particular colleague or a boss. People with mental health conditions were particularly likely to make comments suggesting they progressed by means of hiding their condition at work. It was people with mental health conditions who commented that they progressed by ‘being initially secretive about it’, ‘not being open about my health anymore – ever’, ‘hiding it – and ‘being in charge makes it easier to cover things up’.

These experiences may reflect the greater prejudice, fear and desire for social distance that the British public still feels in relation to people with mental health conditions. Whereas repeated surveys of attitudes towards disabled people generally show greater acceptance over time, attitudes towards people with mental health conditions have in some ways worsened in the last 15 years, with people not wanting someone with depression or schizophrenia as a boss or neighbour\(^\text{20}\). Research by the Equality and Human Rights Commission\(^\text{21}\) also finds that harassment at work is more commonly experienced by people with mental health conditions than other disabled people.

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Interviews with disabled people and professionals confirmed that managers found mental health at work more challenging than disability per se - and people with mental health problems reported greater fear and inequality.

**Challenges of managing diversity – mental health conditions**

‘Uncertainty is much harder to accommodate – nobody ever declares mental health problems’ (HR professional)

‘A woman with mental health problems said that at work she faces a glass ceiling as a woman, but a concrete ceiling as a mental health service user’ (Government)

‘Mental health issues are much less understood than, for example, hearing or visual impairments – people are more used to these, and it’s easy to grasp what kinds of adjustments will be needed’ (Government leadership expert)

‘We have had Departments raising issues around mental health issues. They say something like, ‘the people you sent us are not emotionally resilient enough’ – as though if you are in the Fast Stream there’s an expectation that you should be able to cope with anything that is thrown at you. Of course, part of our competency framework is to have a level of resilience, but there are some levels of stress you shouldn’t ask anyone to cope with. Departments should really be asking, ‘what support are we giving this person so that they can be resilient?’’ (HR professional)

‘Organisations and individuals still have trouble knowing how to deal with mental health problems. They tend to go to extremes – either ignore the issue, or assume need for cotton wool protection and limit challenges (and opportunities)’ (Occupational health professional)

‘For someone with a mental health condition, who needs adjustments to the way work is done, rather than anything physical or tangible, it’s going to be even harder’ (Disability organisation leader)
Learning difficulties and neuro-diversity

The other impairment experiences that interviewees tended to mention as being especially complex at work were learning difficulty and neuro-diversity:

**Challenges of managing diversity – learning difficulties and neuro-diversity**

‘Learning disability is an area that people really haven’t got to grips with in terms of employment, promotion or progression’ (Disabled leadership professional)

‘More complex needs, like the adjustments a person with Asperger’s might need to their working environment, have much less understanding’ (Disability organisation leader)

‘In terms of straight employment, we know that the least likely groups to get work are those with learning difficulties and with mental health issues’ (Disability organisation leader)

Sensory impairments

In relation to sensory impairment, comments centred particularly on the quality of adjustments and support – and the overt and subtle exclusion from social interaction that occurred when quality was low. For example:

**Challenges of managing diversity – sensory impairments**

‘For sensory impairments, there are significant issues. So for example, as a deaf person, the way you’re at the mercy of the strength of your interpreters is shocking. You can be listening to a speaker who is eloquent and incredibly gifted, yet your interpreter is not terribly good, so the impression you give is of someone who is stilted or clumsy as a speaker’ (Disability leadership expert)

‘If you are blind, there are very few systems that can bring you the huge amount of communication which is visual. So you miss out’ (Disability leadership expert)
Differences were not just between broad impairment groups – but between people with predictable or fluctuating conditions (whether physical or mental).

### Challenges of managing diversity – fluctuating conditions

‘Recognisable conditions are easier for people to deal with. Most difficulties arise in relation to conditions that are unpredictable or variable – this can create a vicious circle in staff/management relationships’ (Occupational health professional)

‘Conditions such as lupus or fatigue – that’s tricky – ‘presenteeism’ is a big cultural issue – the desire to see people at work all the time, and using that as a way of assessing their performance’ (Disabled leadership expert)

‘Very senior roles often require high levels of resilience and confidence – that may not fit with managing a particular disability’ (Business school leader)

‘Predictability helps’ (HR professional)

But:

‘Fluctuating conditions don’t have to be a major problem – I have seen examples where they are managed really well.’ (Government)
Long term conditions

Long term conditions that are predictable, conversely, can be easier to accommodate:

**Predictable conditions easier to accommodate**

‘People with chronic conditions know what they need to do, and what the triggers for their own problems are. They have the confidence to know when something needs fixing. People who get to senior levels are likely to recognise the importance of compliance with treatment so that they can do their job’ (Occupational health professional)

Visible and invisible impairments

Some interviewees thought that visible impairments could be easily accommodated and even that barriers were few (although see previous sections for the way physical barriers can exclude):

**Visible impairments**

‘Where disabilities are visible people will generally find ways of fixing the problem. Physical problems are more likely to be discussed by individuals and managers’ (Occupational health professional)

‘Some physical and visible disabilities really make no difference at all for people’s careers – in fact they can be turned into a plus’ (Leadership expert)
Invisible impairments often weren’t discussed, weren’t addressed and posed a host of complex difficulties for both the individual and the manager:

**Non-visible impairments**

‘There are definitely issues around hidden v. visible impairments. So, with invisible disabilities, how much do you say, when, and whom to? You’re worried about stigma. And sometimes you can’t win – like Gordon Brown - you’re criticised for not saying anything about it, and you’re criticised if you do, for trying to play on it’ (Disability leadership expert)

‘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)

The multiple experiences of life

Interviews covered people from different ethnic backgrounds and ages, gay and straight, different faiths, women and men. All these issues intersect in ways that impact on both individuals and organisations – bringing diverse perspectives to teams, and sometimes posing interesting challenges. A few examples give a flavour.

A private sector partner had mental health problems in his youth linked to conflict about coming to terms with his sexuality. Eventually he came out as gay publicly at work – but this made him less able to speak openly about the mental health issues as well. Two ‘secrets’ revealed was somehow ‘too much’.
One professional interviewee commented that if we want more open work cultures – where people can have the liberating experience of discussing health and disability (and anything else) and individuals can ask for support when they need – then we need to consider that women talk more personally than men. Senior women may be in a strong position to lead this cultural change:

‘I think sometimes in terms of disclosure, women tend to be more open with each other, and sometimes men can perceive ill health as a kind of weakness, so men are less likely to disclose or feel comfortable talking openly with other men about it’ (HR professional)

Some people thought that disabled men had an easier time in the corporate sector:

‘Yes, male disabled people have an easier time – at the Business School all the disabled people who have attended courses have been male. One supermarket chain sent some women from HR’ (Business school leader)

In considering the experiences of people with different impairments, it is important to remember that having more than one impairment is actually more common than having just one: people do not fit neatly into the categorisations we create\(^\text{22}\). For example:

**Multiple impairments**

‘I’m profoundly deaf, suffer with tinnitus and vertigo as well as severe ear infections, in addition to my mental health problems’

‘I have had neuro-surgery for long-term uncontrolled epilepsy, subsequently surgical procedures for angina. I’ve also suffered from depression and anxiety’

\(^{22}\) Grewal et al op. cit.
Inequalities amongst disabled people
There are significant differences between the experiences of people with different impairments.

- People with mental health conditions appear significantly more disadvantaged in a number of ways: less likely to be board level directors, more likely to have junior/studying roles, less likely to earn £80,000 or above, less likely to be confident that they would have career opportunities on a par with non-disabled people.

- People with physical/mobility impairments were less likely to have aspirations to be promoted in two to three years.

- People with physical/mobility impairments and people with visual impairments were more likely to have roles as chairs and/or trustees.

There are differences in the types of support and opportunity people cited as supporting their careers. People with physical/mobility impairments, visual impairments and mental health conditions were more likely to report disability specific supports in addition to generic supports. This raises the possibility that specific supports are more important and/or more commonly offered to people with some types of impairment than others.

Finally, people with long-term health conditions and/or learning difficulties are significantly more likely than others to be generally open about their impairment at work; whereas people with mental health conditions are significantly less likely to be open, preferring to choose a small number of people to talk to, or to talk to no one.

John Hills has recently found that there are more inequalities within ‘minority groups’ (like disabled people) than between disabled and non-disabled people. One lesson from the inequalities described in this report is that we cannot talk only of ‘disabled people’ as a general category. It is essential to be honest about differences of experience, about inequalities – and to tackle them together. One reason that people with learning difficulties, mental health conditions and neuro-diverse conditions have been so ill-served by employment programmes (like Access to Work) and by adjustments at work may be the tendency to talk of ‘disabled people', which leads to a lowest common denominator response – ‘let’s put in a ramp’.
Discussion

Despite the presence of high fliers and the positive learning on how organisations can support disabled people’s progression, sharp inequalities persist. It appears that 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. There are also inequalities among disabled people – including in terms of age, gender, social class and impairment type.

Disabled people earn significantly less than non-disabled people and occupy less senior roles. They are significantly less likely to report the opportunities and supports that might enable progression – the very supports that the high fliers reported so positively. Disabled people are held back by unorthodox career paths, constrained career choices, workplace cultures where people cannot talk openly (about anything), low expectations that ‘kill people with kindness’, excessively risk averse approaches that will not give them a chance, failure of organisations to ‘walk the talk’ and more. They can also ‘sink their own boat’ by internalizing low expectations and presenting problems rather than solutions to employers.

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 high pay are very marked. Those able to choose 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 may help 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.

Evidence from the sphere of sexual orientation suggests that productivity increases when people are confident that they can be safely ‘out’ at work. Creating cultures in which people trust that career opportunities are open to all and that staff are valued across their differences could reduce the number of people who hide disability for fear of the consequences of being open. Some people might continue not to be open for other, perhaps more positive reasons. But the nagging anxiety of being found out and the internal pressure to hide – which may affect productivity – could be reduced.

The experiences of inequality documented here show that disabled people need opportunities to raise their skills and qualifications; but equally

employers need to develop enabling cultures, remove the barriers of over-defined jobs and go beyond rhetoric – to putting in place adjustments quickly when they are needed so the culture can become genuinely inclusive.

There are stark inequalities between disabled people. For instance, people with mental health problems 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 are also nearly 4 times more likely than other disabled people to be open to no one at work. There are differences between disabled people with fluctuating or more fixed conditions; visible or invisible conditions; and disabled people with different life experiences.

There is learning here for the disability sector – to stop insisting on the language of ‘disabled people’ to cover 11 million highly diverse people, and to start seriously looking at inequalities between different people living with health conditions or disabilities.

There is also learning for employers. If organisations can create cultures in which people with all types of health condition or disability – and other life experiences - feel safe, know they are welcome in the workforce, that prejudice is viewed as outdated, then they are more likely to thrive and be productive. This might involve explicitly acknowledging that mental health problems are common across the working population; that supporting employee well-being is a core part of good management practice; and identifying support strategies for line managers to enable them to sustain people who do experience fluctuating physical or mental health difficulties in employment.

Ultimately, it is likely that cultures will change when more people do decide to be open about different experiences - so everyone sees that none of the ‘conditions’ are equated with incompetence – and when employees and employers have the support they need to tackle any difficulties that may arise.

It is vital that we learn both from the experiences of those who have succeeded (see Part 1) - and from those who have been thwarted. Between them they give us a clear learning path – on which cultures and practices to extend, and which to drive out.
PART 3 - CONCLUSIONS

The spirit of the comments of participants in this research was one of activism. People were managing their work, their impairments, often their own adjustments and support. Professionals recognized the importance and were acting to improve disabled people’s experience.

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 modelling 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 recognise outcomes (rather than presenteeism) - the more our interviewees said it would maximise 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**

‘Recruitment 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) - 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 for action are designed to replace that cycle of anxiety by high motivation, confidence and productivity.
RECOMMENDATIONS FOR ACTION

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\(^\text{24}\) 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

\(^{24}\text{The Right to Control is being introduced in 8 Trailblazer areas from 2010 and may be rolled out thereafter. See www.ODI.gov.uk}\)
• 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

**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**

7. 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

8. 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

9. 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 (e.g. 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

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25 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.
• 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.
About RADAR

RADAR seeks to work with others for a world in which disabled people have the freedom to develop our talents and fly – freedom from fear, from prejudice and from low expectation. People will make different choices – for instance, some will choose self-employment partly in order to create their own flexible working. But our ambition is a just and equal society in which those choices are not constrained by lack of opportunity or encouragement to succeed across sectors.

We hope that increasing our understanding of those who have succeeded will add to the pool of disabled role models that gives everyone visions of the possible; and help open doors for new generations of disabled people to pass through.

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).

A new network

Over 400 people answered ‘yes’ to the question: “Would you be interested in participating in a network of people who have been successful in their careers with experience of ill-health, injury or disability?”

RADAR has decided, with the support of Lloyds Banking Group, to launch a network to meet this need, offering opportunities to meet inspirational people, pursue career interests, network, hear from leaders - both disabled and non-disabled – and offer support and encouragement to others. The Radiate network was launched in 2010 and is open to new members. Anyone who is interested should contact joanne.mccloy@radar.org.uk
APPENDIXES

Appendix 1– Key categorisations used

Ill-health, injury or disability

- I do not have ill-health, injury or disability.
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
- Visual impairment (blindness, serious visual impairment).
- Hearing impairment (deafness, serious hearing impairment).
- Mental health condition, such as depression or schizophrenia.
- Learning disability / difficulty, (such as Down’s syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder).

Another disability or health condition (please specify).

Career development or other opportunities with a specific focus on ill-health, injury or disability

- Having a senior sponsor/mentor/someone who understands and helps to address your ill-health, injury, or disability.
- Working for an organisation committed to helping people with ill-health, injury or disability.
- Changes to the way you perform your role, specifically relating to your ill-health, injury or disability.
- Other (please specify).

Career development or other opportunities generally available to everyone in your organisation

- Having a senior sponsor/mentor/someone who is committed to your career.
- Support of your seniors throughout your career.
- Working for an organisation committed to helping all people achieve their potential irrespective of diversity/difference.
- Support of your team/management colleagues.
- Support of your friends and family.
- Personal ambition.
• Other (please specify).

Job role

• Board director: executive.
• Board director: non-executive.
• Chair.
• Trustee.
• Non-board director / head of department.
• Senior management team.
• Senior manager.
• Manager.
• Specialist role.
• Senior executive / officer.
• Executive / officer.
• Academic staff.
• Studying in further / higher education.

Sector

Private sector – plc.

• Private sector – limited company.
• Private sector – partnership/limited liability partnership.
• Private sector – self-employed.
• Private sector – other trading entity.
• Public sector – central government.
• Public sector – local authority.
• Public sector – NHS.
• Public sector – police.
• Public sector – fire service.
• Public sector – other emergency services.
• Public sector education – university.
• Public sector education – other (school, college, further education).
• Public sector – non-departmental public body.
• Not-for-profit – charity/voluntary organisation.
• Non-governmental organisation.
• Other (please specify).
Industry

- Accommodation and food service activities.
- Administrative and support service activities.
- Agriculture, forestry and fishing.
- Arts, entertainment and recreation.
- Construction.
- Education.
- Electricity, gas, steam, air-conditioning supply.
- Financial, banking, insurance activities.
- Health.
- Manufacturing.
- Media/creative industries.
- Mining and quarrying.
- Other service activities.
- Professional, scientific and technical activities.
- Public sector and defence.
- Real estate activities.
- Transport and storage information and communication.
- Water supply, sewerage, waste management and remediation activities.
- Wholesale and retail trade; repair of motor vehicle/motorcycles.
- Other (please specify).
Appendix 2. Data on different experiences by sector and impairment

Table 5 disabled and non-disabled people working in different sectors

<table>
<thead>
<tr>
<th>Type of Organisation of main employer</th>
<th>Disabled</th>
<th>Non-disabled</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLC Private Sector</td>
<td>66</td>
<td>27</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td>5.7%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Private sector: Ltd company</td>
<td>67</td>
<td>57</td>
<td>124</td>
</tr>
<tr>
<td></td>
<td>9.9%</td>
<td>12%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Private sector: partnership/ltd liability</td>
<td>49</td>
<td>153</td>
<td>202</td>
</tr>
<tr>
<td></td>
<td>7.2%</td>
<td>32.2%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Private sector: self employed</td>
<td>27</td>
<td>7</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>4%</td>
<td>1.5%</td>
<td>2.9%</td>
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<tr>
<td>Private sector: other trading entity</td>
<td>5</td>
<td>6</td>
<td>11</td>
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<tr>
<td></td>
<td>1%</td>
<td>1.3%</td>
<td>1%</td>
</tr>
<tr>
<td>Public sector: central government</td>
<td>65</td>
<td>23</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>9.6%</td>
<td>4.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Public sector: Local Authority</td>
<td>74</td>
<td>36</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>10.9%</td>
<td>7.6%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Public sector: NHS</td>
<td>78</td>
<td>51</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>11.5%</td>
<td>10.7%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Public sector: Police</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>0.6%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Public sector: Fire services</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>0.1%</td>
<td>0.9%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Public sector: Education, university</td>
<td>33</td>
<td>32</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>4.9%</td>
<td>6.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Public sector: Education, other</td>
<td>24</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>(School, college, FE)</td>
<td>3.5%</td>
<td>5.3%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Public sector: Non-departmental public</td>
<td>29</td>
<td>13</td>
<td>42</td>
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<tr>
<td></td>
<td>4.3%</td>
<td>2.7%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Not-for-profit charity/voluntary</td>
<td>111</td>
<td>33</td>
<td>144</td>
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<tr>
<td></td>
<td>16.3%</td>
<td>6.9%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Non-governmental organisation</td>
<td>8</td>
<td>1</td>
<td>9</td>
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<tr>
<td></td>
<td>1.2%</td>
<td>0.2%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>36</td>
<td>5</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>5.3%</td>
<td>1.1%</td>
<td>3.5%</td>
</tr>
<tr>
<td></td>
<td>680</td>
<td>475</td>
<td>1155</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: The total number of respondents does not total 1461 because 231 disabled people and 75 non-disabled people did not respond to this question about sectors. This gives an overall total of 1155 respondents, 306 non-respondents, totalling 1461.

Different experiences by impairment: the data

This section contains additional data on differences by impairment.

Job roles

People with mental health conditions were:
- The only group to be significantly less likely than other disabled people to be board level executive directors (people with mental health conditions 9.1 per cent, other disabled people 17.8 per cent).
• Significantly less likely to be senior managers (people with mental health conditions 10.8 per cent, other disabled people 15.5 per cent) and less likely to be trustees.

They were significantly more likely to be:
• Specialists (people with mental health conditions 35.8 per cent, other disabled people 23.5 per cent).

• Executive officers (people with mental health conditions 7.6 per cent, other disabled people 3.4 per cent).

• Academics (people with mental health conditions 7.3 per cent, other disabled people 4 per cent).

• Studying (people with mental health conditions 11.4 per cent, other disabled people 3.4 per cent).

People with long-term health conditions were clustered in the middle to senior roles. They were significantly more likely than other disabled people to be:
• Non-board directors or heads of department (people with long-term health conditions 13.2 per cent, other disabled people 7 per cent).

• Senior managers (people with long-term health conditions 20.2 per cent, other disabled people 11.3 per cent).

• Specialists (people with long-term health conditions 32.7 per cent, other disabled people 25.8 per cent).

• Senior executive officers (people with long-term health conditions 5.4 per cent, other disabled people 2.3 per cent).

People with physical/mobility impairments were significantly more likely to be:
• Chairs (physically/mobility impaired 13.2 per cent, all other categories of disabled people 4.8 per cent).

• Trustees (physically/mobility impaired 16.5 per cent, all other categories of disabled people 8.5 per cent).

People with visual impairments were significantly more likely to be:
• Chairs (visually impaired 15.7 per cent, all other categories of disabled people 6.5 per cent).
There were no significant associations in relation to people with hearing impairments.

People with learning difficulties were significantly more likely than other disabled people not to be in senior positions but be:
- Senior executive officers (people with learning difficulties 11.3 per cent, other disabled people 2.7 per cent).
- Executive officers (people with learning difficulties 11.3 per cent, other disabled people 4.4 per cent).

**Supports and opportunities reported between different impairment groups**

People with mental health conditions were significantly more likely than other disabled people to report:
- A mentor (not disability specific) (people with mental health conditions 25.3 per cent, other disabled people 18.3 per cent).
- Support from family and friends (people with mental health conditions 60.8 per cent, other disabled people 48.7 per cent).
- Personal ambition (people with mental health conditions 66.8 per cent, other disabled people 55.8 per cent).
- A senior sponsor or mentor who specifically understood their disability (people with a mental health condition 29.7 per cent, other disabled people 18.7 per cent).
- Changes to the way they performed their roles (people with mental health conditions 30.7 per cent, other disabled people 23.9 per cent).

People with long-term health conditions were significantly more likely than other disabled people to report:
- A senior sponsor or mentor who specifically understood their disability (people with long-term health conditions 26.5 per cent, other disabled people 20.9 per cent).
- Working for an organisation committed to helping all people (people with long-term health conditions 41.2 per cent, other disabled people 32.4 per cent).
• Support from family and friends (people with long-term health conditions 57.6 per cent, other disabled people 51.1 per cent).
• Personal ambition (people with long-term health conditions 64.6 per cent, other disabled people 57.6 per cent).

People with physical/mobility impairments were significantly more likely to report:
• Working for an organisation committed to disability (people with physical/mobility impairment 47.1 per cent, other disabled people 29.3 per cent).
• Changes to the way they performed their roles (physical/mobility impaired 33.5 per cent, other disabled people 23.6 per cent).
• ‘Other’ disability specific changes (people with physical/mobility impairments 19.8 per cent, other disabled people 12 per cent)
• General support of seniors throughout their career (physical/mobility impaired 31.4 per cent, other disabled people 22.3 per cent).
• Working for an organisation committed to support all people (physical/mobility impaired 43.4 per cent; other disabled people 31.8 per cent).
• Support of management colleagues (physical/mobility impaired 43.4 per cent, other disabled people 35.6 per cent).
• Support of family and friends (physical/mobility impaired 60.7 per cent, other disabled people 50.1 per cent).
• Personal ambition (physical/mobility impaired 67.8 per cent, other disabled people 56.7 per cent).

People with visual impairments were significantly more likely to report:
• A disability specific senior mentor who understood their disability (visually impaired 35.3 per cent, other disabled people 21.7 per cent).
• Disability-specific changes to the way they performed their role (visually impaired 37.3 per cent, other disabled people 25.6 per cent).
• ‘Other’ disability specific supports (visually impaired 25.5 per cent, other disabled people 13.4 per cent).
People with hearing impairments were significantly more likely to report:
• Support from families and friends (people with hearing impairments 62.5 per cent, other disabled people 52 per cent). There were no other significant associations.

People with learning difficulties were significantly more likely to report:
• Disability-specific changes to the way they performed their role (people with learning difficulties 41.5 per cent, other disabled people 25.3 per cent).

• Support from a mentor/senior person (people with learning difficulties 32 per cent, other disabled people 20 per cent).

• Personal ambition (people with learning difficulties 77.4 per cent, other disabled people 58.5 per cent).

Differences in confidence and aspiration amongst people with different impairments

There was one difference in levels of confidence people felt in whether they had/would have the same career opportunities as others:
• People with mental health conditions were significantly less likely than other disabled people to feel confident (people with mental health conditions confident 26 per cent, disabled people without mental health conditions 48 per cent).

• There were no differences in confidence in relation to other impairment groups.

There was one difference in aspiration to be promoted in the next two to three years:
• People with physical/mobility impairments were significantly less likely to aspire to promotion in two to three years (43.1 per cent physically/mobility impaired, other disabled people 53.2 per cent).

Differences in whether or not people were open about their impairment

There were significant differences in whether people were open about their impairment and to whom.
People with mental health conditions were significantly more likely than other disabled people to be:
- Open to no one (people with mental health conditions 15.2 per cent, other disabled people 3.9 per cent).
- Open to a select number of colleagues (people with mental health conditions 46.8 per cent, other disabled people 25.5 per cent).
- Open to Human Resources (people with mental health conditions 21.5 per cent, other disabled people 10.9 per cent).
- Open to their immediate superior (people with mental health conditions 32 per cent, other disabled people 19.3 per cent).

They were also significantly less likely to be open to everyone (people with mental health conditions 21.5 per cent, other disabled people 45.9 per cent).

People with long-term health conditions – another group where impairment is most commonly hidden – had a very different profile. They were significantly more likely than other disabled people to be open about their condition to:
- Everyone at work (long-term health conditions 45.5 per cent, other disabled people 34.3 per cent).
- The board/senior management (long-term health conditions 15.2 per cent, other disabled people 8.9 per cent).
- Their immediate superior (long-term health conditions 30.7 per cent, other disabled people 20.9 per cent).
- A select number of colleagues (long-term health conditions 38.9 per cent, other disabled people 30.6 per cent).

People with learning difficulties – which again can sometimes be kept private – were significantly more likely to be:
- Open to everyone in the organisation (people with learning difficulties 49.1 per cent, other disabled people 36.7 per cent).
- Open to the board/senior management team (people with learning difficulties 18.9 per cent, other disabled people 10.1 per cent).
- Open to their immediate superior (people with learning difficulties 39.6 per cent, other disabled people 22.7 per cent).
Open to select colleagues (people with learning difficulties 54.7 per cent, other disabled people 31.6 per cent).

Open to Human Resources (people with learning difficulties 26 per cent, other disabled people 13.9 per cent).

People with physical/mobility impairments were significantly:
• Less likely than other disabled people to be open to no one (physical/mobility impaired 4.5 per cent, other disabled people 9 per cent).
• More likely to be open to everyone (physically/mobility impaired 62.8 per cent, other disabled people 28.3 per cent).
• More likely to be open to select colleagues.

People with visual impairments, similarly, were more likely to be open to everyone (visually impaired people 58.8 per cent, other disabled people 36.2 per cent).

People with hearing impairments were significantly more likely than other disabled people to be open to everyone (people with hearing impairments 57.5 per cent, other disabled people 35.5 per cent) and more likely to be open to HR (hearing impaired people 22.5 per cent, other people 13.8 per cent).

A copy of the questionnaire used in the survey can be found at http://www.radar.org.uk/doingsenioritydifferently/

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(Footnotes)
1 Note: the number of respondents in this table totals 1114. This differs from the survey response total of 1461 because 41 people answered ‘other’ to this question and 306 did not answer this question at all.

2 Numbers total more than the 625 who answered the question on salary because a number of people reported that they had multiple impairments.