

**Department for Work and Pensions**

**Research Report No 410**

# **Organisations' responses to the Disability Discrimination Act**

**Claire Simm, Jane Aston, Ceri Williams, Darcy Hill, Anne Bellis and  
Nigel Meager**

A report of research carried out by the Institute for Employment Studies on  
behalf of the Department for Work and Pensions

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# The Authors

**Claire Simm** is a Senior Research Fellow at the Institute for Employment Studies (IES) which she joined in 2006. Claire has worked on a number of studies relating to disability including an evaluation of the Disabled Person's Tax Credit. Claire's main research interests are in labour market disadvantage, and the transitions between education and employment.

**Jane Aston** is a Senior Research Fellow at IES. Her research interests centre on diversity issues, including disability and ethnicity. Jane has managed a research study on Landlords' Responses to the Disability Discrimination Act (DDA) as well as contributing to previous research on organisations' responses to the DDA, and the evaluation of the New Deal for Disabled People.

**Ceri Williams** is a Research Fellow at IES. Her work has focused on labour market disadvantage, particularly with regard to the employment of disabled people. Previously she has worked on several studies examining organisations' responses to the DDA as well as the evaluation of the New Deal for Disabled People.

**Darcy Hill** is a Research Fellow at IES. She joined the Institute in 2003, and has worked on a variety of projects in the areas of unemployment and disadvantage. Her main research interests are in disability and employment, workplace discrimination, and gender.

**Anne Bellis** is a Research Fellow at IES, and was previously a researcher and Lecturer in Continuing Education at the University of Sussex. Her research experience has focused mainly on labour market discrimination linked to themes such as race, language, age and sexual orientation.

**Nigel Meager** is the Director of IES. His main research interests involve: the evaluation of active labour market measures; the employment barriers faced by disabled people and other disadvantaged groups; the role of self-employment in the labour market; labour market regulation; and international comparisons of labour market performance.

# Abbreviations

<b>BSL</b>	British Sign Language
<b>DDA</b>	Disability Discrimination Act
<b>DRC</b>	Disability Rights Commission
<b>DWP</b>	Department for Work and Pensions
<b>HR</b>	Human Resource
<b>IDBR</b>	Inter-Departmental Business Register
<b>IES</b>	Institute for Employment Studies
<b>SIC</b>	Standard Industrial Classification



# Summary

This research explores how employers and service providers are responding to the provisions of the Disability Discrimination Act (DDA) 1995 and 2005. Part 2 of the DDA covers employment and recruitment, while Part 3 covers the provision of goods, facilities and services to the public, and (from December 2006), private members' clubs and public functions. The research utilises quantitative and qualitative methods and builds on a similar study undertaken in 2003. The 2006 data needed to be reweighted to enable comparisons to 2003. As a result, the figures used to make comparisons to 2003 data may differ slightly to those in the main report, and are therefore presented separately in Appendix A.

## Method

The quantitative survey was based on 2,001 telephone interviews with organisations with at least three employees, conducted at establishment level in Great Britain. The large majority of these establishments provided goods, facilities and/or services to the public (84 per cent). The sample was weighted to be representative by country, establishment size and Standard Industrial Classification (SIC).

The qualitative research consisted of 50 case studies across a range of public and private sector establishments, and included 15 case studies among private clubs. The case study sample covered small, medium and large-sized establishments in a broad range of industrial sectors, and was evenly split between those that were single-site and those that were part of a larger organisation.

## Key findings

- The majority of establishments (80 per cent) were aware of the employment provisions of the DDA. Fewer were aware of the provisions relating to goods, facilities and services (66 per cent).
- Although awareness of both aspects of the DDA has increased since 2003, awareness of the goods, facilities and service provisions is increasing at a faster rate.

- Employers continue to have a fairly narrow perception of disability, mainly focusing on sensory and mobility impairments. There was very low recognition that, under the DDA, someone diagnosed with cancer or HIV would be considered as having a disability (at 19 per cent and 12 per cent respectively).
- Almost half the employers said there had been a disabled employee at their workplace within the past ten years (47 per cent). Compared with 2003, employers, as a whole, displayed more positive attitudes towards employing disabled people. Those who had experience of disabled staff and who were aware of the DDA tended to have the most positive views.
- Half the employers collected health and disability information from job applicants (52 per cent). The most common type of adjustment made to recruitment procedures was providing disability awareness training to staff involved in recruitment, although less than half the employers did this (45 per cent).
- Eighty-four per cent of employers that have had disabled staff and 87 per cent of all goods, facilities and service providers had made, or were planning, adjustments to assist disabled people. Most workplace adjustments related to flexible working time or work organisation, while most of those for customers and clients were changes to physical accessibility.
- The majority of those who had made adjustments found them to be easy, with most employers (69 per cent), and goods, facilities and service providers (74 per cent) reporting no difficulties.
- Cost was an issue for a minority of those who had made adjustments. Some had found ways to reduce costs through financial assistance/grants, phased refurbishments, or looking at alternatives to physical adaptations, such as changes to work duties or working hours, or offering to provide services in a different way.
- Most changes were motivated by an interplay of factors. These included 'doing the right thing', business benefits such as meeting customer need and keeping up with competition, and corporate social responsibility, as well as the DDA.
- The main sources of advice were internal ones, although single-site establishments relied more on external sources. Many small establishments, in particular, felt they would like more information: both generally, and on specific issues such as how to access financial support for making adjustments, and what types of adjustment might be considered 'reasonable'.

## Awareness and understanding of the Disability Discrimination Act

Most establishments (80 per cent) had heard of the DDA Part 2, while two-thirds of goods, facilities and service providers had heard of the DDA Part 3 (66 per cent). Awareness of both aspects of the DDA has increased substantially since 2003, but is

increasing faster for goods and service provision. In relation to the DDA 2005 extensions:

- awareness of the extension of Part 3 to public functions not already covered by the DDA was limited to just one-third (36 per cent) of the relevant organisations;
- private clubs tended to be less aware of the employment provisions than they were of those regarding services, partly because they had little experience of employing disabled people. Many did not distinguish between providing services to members, and providing services to the public, in relation to the DDA;
- understanding that someone diagnosed with cancer or someone diagnosed HIV positive would be included within the DDA definition of disability was generally low (19 per cent and 12 per cent respectively).

There was some evidence that the DDA definition of disability was becoming more widely used, although many continued to equate mainly physical and visible impairments with 'disability'. Many people (incorrectly) did not consider impairments to be a disability if they could be drug-controlled or if they were perceived not to affect work.

## Recruiting and employing disabled people

Almost half the establishments surveyed reported having employed at least one disabled member of staff within the past ten years (47 per cent). Around one-third (34 per cent) knowingly employed at least one disabled person at the time of the survey.

Half of the establishments (52 per cent) collected information on health or disabilities from job applicants. This practice was becoming more common among **existing** employees (in large and public sector organisations), in the form of regular staff surveys or audits.

Disclosure was a key issue for many establishments. Some of the more disability-conscious (generally large) employers were actively trying to build a more open workplace culture regarding disability while balancing the need for employees' privacy and confidentiality.

Employers generally displayed more positive attitudes towards recruiting and employing disabled people than they had in 2003. The results showed that more would find it 'easy' and fewer would find it 'impossible' to employ someone across a range of impairments, although there were significant differences in views by industrial sector, according to the occupation and the disability being considered. Negative views were often influenced by preconceptions about particular impairments, and subsequently justified by health and safety or operational reasons.

Just one-fifth (22 per cent) regarded taking on a disabled person as a risk for the employer and one-third (33 per cent) felt they would find it difficult to retain an

employee who became disabled: significant declines since 2003. Experience of employing a disabled person and awareness of the DDA were both associated with more positive attitudes.

## Adjustments to recruitment practices and procedures

The most common types of recruitment adjustment were:

- providing disability awareness training to staff involved in recruitment (45 per cent);
- guaranteeing disabled job applicants an interview (41 per cent); and
- checking at interview whether the applicant would need any adjustments (38 per cent).

Those aware of the DDA were more likely to have made recruitment adjustments than those who were unaware.

## Adjustments related to employment

In line with 2003, most establishments (84 per cent) which had employed disabled staff within the past ten years reported they had made an employment-related adjustment at their workplace. Among these, the most common adjustments (made or planned) were:

- flexible working time (56 per cent);
- physical adjustments to the workplace, workstation or work environment (53 per cent); and
- flexible work organisation (50 per cent).

The vast majority had experienced no difficulties making these adjustments (69 per cent). Part of the reason for this was that many changes were relatively straightforward for establishments to make, such as a change to working hours or arrangements, and many did not have a direct cost attached.

Other factors which helped to avoid or overcome problems making adjustments included having effective systems in place to monitor the need for adjustments and assess what might be required, looking at the adjustment in terms of cost-effectiveness, rather than cost, and disability awareness training among line managers.

The minority (26 per cent) that had experienced problems making workplace adjustments cited planning constraints and cost as the main factors. Overall, however, almost three-quarters of establishments who had made changes regarded them as easy (72 per cent).

## Adjustments related to goods, facilities and service provision

Most establishments (87 per cent) had made or planned adjustments to their provision of goods, facilities and services. By far the most common were changes to:

- physical accessibility (68 per cent); and
- the way the service could be provided (59 per cent).

Similar to workplace adjustments, the vast majority of establishments who had made changes to their goods, facilities and service provision had not encountered any difficulties (74 per cent). Just less than a quarter had (23 per cent), the main one being cost.

Some establishments had found alternatives to making physical changes (which were generally the most expensive) such as providing the service in a different way. There was also a tendency to plan physical adjustments so that they could be made as part of a wider refurbishment or so that they could be done in stages, as and when resources allowed.

## Influence of the Disability Discrimination Act

While the DDA was a key factor in the reasons for making adjustments, it was not the most important. For both employment and service-related adjustments, the most important factor was that it was the right thing to do for disabled staff or customers/clients (61 per cent and 72 per cent in each case).

The legislation was the second most common factor (mentioned by 43 per cent of employers and 47 per cent of goods, facilities and service providers). However, the majority who had made adjustments reported they would have made at least some of them without the legislation.

The case studies revealed a more complex picture, suggesting that the DDA was one of the key influences, particularly in the case of physical adjustments to accessibility made in relation to the October 2004 duties. The fact that awareness of the DDA was a significant factor in the likelihood of making either recruitment, employment, or service-related adjustments also suggests that the legislation had a strong influence.

## Sources of information and advice

One-third of establishments (33 per cent) had looked for advice on the employment of disabled people: significantly higher than in 2003. Seeking advice in relation to goods, facilities and service provision was less widespread than in relation to employment.

The main sources of advice were internal ones such as human resource departments or other colleagues, and head offices. Specialist consultants, specific associations or charities dealing with disability, and local authorities were also used, especially in single-site establishments where there was no internal source available. Some small establishments had found out information by chance or through other business suppliers/customers.

The information that had been obtained was useful, by and large, although a number of areas were highlighted where establishments would like more advice and information. While some (mainly small) employers wanted to know where to look for basic information about their main responsibilities, others wanted information on specific issues such as financial support for making adjustments, clarifying the status of adjustments for VAT exemption, and clarifying what is 'reasonable'.

## Conclusion

Analysis shows that it is consistently the larger establishments, those in the voluntary or public sector, and those that already have experience of disabled staff who are most likely to: be aware of either aspect of the DDA; have made adjustments for disabled applicants, employees or customers; have a wider understanding of disability; and have more positive attitudes towards disabled staff.

The challenge is to encourage these trends to filter down into the smaller, often single-site establishments, in sectors which do not traditionally think of themselves as being able to employ disabled staff or cater for disabled customers. Avenues such as sectorial information targeting (in particular, combating common misconceptions relating to perceptions of what is covered by the DDA definition of disability, and what is entailed by 'reasonable adjustments') as well as encouraging more networking between small businesses and disability organisations, may help to speed up this process.

# 1 Introduction

This report presents the findings of research undertaken by the Institute for Employment Studies (IES) on behalf of the Department for Work and Pensions (DWP). The study explores how employers and goods, facilities and service providers are responding to their current duties under the Disability Discrimination Act (DDA) 1995, and to their duties under the DDA 2005.

## 1.1 Aims and objectives

The principal aim of the research is to develop and further the DWP's understanding of the way that establishments are responding to their obligations under the current provisions of the DDA 1995 and 2005. In addition, the research aims to ascertain the extent to which establishments prepared for the new duties that came into force in December 2006.

The study also aims to replicate, as far as possible, the previous large-scale study of employers and goods, facilities and service providers undertaken for DWP in 2003 (Roberts *et al.*, 2004), to enable analysis of how far attitudes, awareness and practices have changed over time.

The specific research objectives are to:

- determine the extent to which those with duties under the DDA Part 2 (employment and occupation provisions) and DDA Part 3 (access to goods, services, facilities and public functions) are improving their understanding of the needs of disabled people and then meeting those needs;
- explore awareness and understanding of those parts of the DDA and the changes in legislation introduced in 2005;
- examine how those with duties under DDA Parts 2 and 3 are responding to the requirements;
- examine which sources of advice on the DDA are used, and why these are preferred;

- explore attitudes towards disabled people and the DDA;
- establish what impact the DDA has had in driving changes to overcome barriers in employment and in accessing goods, facilities, services or public functions; and
- ascertain the extent to which reasonable adjustments are being made by organisations, and whether this is as standard or in response to individual need.

The research also examines the extent to which attitudes and behaviours have changed over time, as well as exploring how organisations were planning to respond to the new duties under Part 3 of the DDA, and what other plans they may have to improve access to employment and to goods, facilities or services.

## 1.2 Background to the research

The DDA<sup>1</sup> was passed in 1995 and came into force in December 1996. It was the first UK legislation specifically to prohibit discrimination against disabled people in employment, goods, facilities and service provision, and other areas of daily life. Under the DDA, a disabled person is generally defined as someone with '*a physical or mental impairment which has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities*'. Long-term is generally defined as lasting for 12 months or longer. The Act also covers people who were disabled in the past.

The Act introduced new laws aimed at ending discrimination against: disabled people in employment; access to goods, facilities and services; and other areas such as buying or renting property, education and transport.

Under the employment provisions (Part 2 of the Act), it is unlawful to treat a disabled employee less favourably than a non-disabled employee for a reason related to their disability, without justification. The Act also requires an employer to make 'reasonable adjustments' where the person concerned is at a substantial disadvantage compared with non-disabled people (failure to make such adjustments is counted as discrimination). Initially, businesses with fewer than 20 employees were exempt from the employment provisions, but this exemption was reduced to 15 employees in 1999 and removed altogether in October 2004. Service in the armed forces is the only remaining exception.

The provisions relating to access to goods, facilities and services (Part 3 of the Act) were implemented over time in a number of stages. Most recently, from October 2004, the DDA has required goods and service providers to take reasonable steps to address physical features that act as an obstacle for disabled people to access their services. These latest provisions of Part 3 mean that such goods, facilities and service providers may need to remove, alter or otherwise provide a reasonable means of

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<sup>1</sup> The Act can be found in full at: [www.opsi.gov.uk/acts/acts1995/1995050.htm](http://www.opsi.gov.uk/acts/acts1995/1995050.htm)

avoiding physical features of a building which make access to the goods, facilities or services impossible or unreasonably difficult for disabled people.

In 2005, a new DDA was passed by parliament, extending and amending the existing provisions. Among other things, this included:

- extending the DDA to cover the membership of private clubs with 25 or more members, in order to ensure that prospective members are not excluded from private clubs on the basis of their disability;
- extending protection to include people with HIV, cancer and multiple sclerosis, effectively from the point of diagnosis; and
- ensuring that discrimination law covers all the activities of the public sector.

Various studies have been undertaken on awareness of, and responses to, the DDA (1995), most recently a survey of employers and goods, facilities and service providers (Roberts *et al.*, 2004) and a survey of small employers' awareness and responses to the October 2004 duties (Kelly *et al.*, 2005). Research on the public sector's awareness and responses to the DDA, in particular, duties on promoting equality for disabled people, has also recently been conducted (Roberts *et al.*, 2006). The general picture that emerges from these recent studies (especially when compared with the findings of earlier studies undertaken shortly after the implementation of the Act) is one of increasing awareness of the legislation over time, with more positive attitudes towards employing disabled staff gradually becoming more widespread, although these remain a long way from being universal.

## 1.3 Methodology

The study incorporated quantitative and qualitative research in order to both measure and explain attitudes and responses to the DDA. Here we outline the research design and methodological approach.

### 1.3.1 Quantitative method

The quantitative survey was conducted by Ipsos-MORI in May 2006. Interviews were undertaken by telephone using Computer-Assisted Telephone Interviewing (CATI). In total, 2,001 interviews were conducted, lasting 20 minutes on average.

#### *Identifying the most appropriate respondent*

As in the previous 2003 study, interviews were conducted at workplace level with the person responsible for recruitment and/or management of personnel **at that site**. This approach allowed the research to focus on establishment-level practice rather than on organisation-level policy.

The early stages of the survey interview focused on questions relating to employment. Following these questions, respondents were asked about whether their

establishment's customers or clients included members of the public, or were restricted to other businesses only. Those that **only** dealt with other businesses (comprising 16 per cent of the total sample) were excluded from the subsequent questions on goods, facilities and service provision (as the provisions of Part 3 of the DDA apply only to goods, facilities and services provided to members of the public). This resulted in a sample size of 1,697 establishments who responded in relation to Part 3 of the Act.

In establishments that dealt with the public, the respondent was then asked whether he/she was the most appropriate person to answer questions about this. Those who said they were not an appropriate person were asked if they could nominate an alternative contact at their workplace who could answer the questions instead. Just 28 respondents did so. This is in line with the 2003 research where a similarly low number of respondents (17) were substituted.

Table 1.1 shows the job title of those interviewed in the quantitative survey. Almost one-third (30 per cent) either owned or were directors of their business, while around half (53 per cent) were general or other line managers. This category includes responses such as assistant manager, branch manager, operations manager, team leader and other managerial and supervisory roles. Just five per cent of respondents worked specifically in human resources (HR) or personnel, with the vast majority of these being in medium-sized or large establishments.

**Table 1.1 Respondent profile, by job title**

Job title	%
Owner/Director	30
General/line manager	53
HR/personnel	5
Other	12
<i>N</i>	2,001

### *Sampling and weighting strategy*

The sample was drawn from the Experian Business Database (formerly known as the BT Business Database). This was the same sample source used in 2003. The sample was stratified by country, establishment size, and broad industrial sector (defined by Standard Industrial Classification – SIC – categories). Workplaces were sampled within strata in order to over-represent larger establishments, as a simple random sample would not deliver a sufficiently large sample size at this level for robust analysis. Similarly, at sector level, the sample was designed to over-represent the SIC grouping of Public Administration, Defence and Compulsory Social Security. This was to ensure there were sufficient cases to enable robust analysis of responses to questions relating to the DDA's extension to public functions.

It should be noted that, unlike the earlier 2003 study, the 2006 research covered Great Britain rather than the whole of the UK, and also unlike 2003, did not over-sample establishments in Scotland and Wales (although these were still included). This was agreed for two main reasons: first, there is no variation by country in terms of coverage, application or enforcement of the DDA; and second, previous research (including the 2003 analysis) showed few if any significant differences by country.

As well as workplace size, employers were asked whether their establishment was part of a larger organisation. The sample was split fairly evenly, with 51 per cent being one of a number of workplaces belonging to a larger multi-site organisation, and 49 per cent being a single independent workplace.

For analysis purposes, the data has been weighted back to match the profile of the Inter Departmental Business Register (IDBR) which is the most comprehensive count of workplaces in the UK.<sup>2</sup> Table 1.2 and Table 1.3 show the achieved and weighted sample profiles by country, workplace size and SIC.

**Table 1.2 Sample profile, by workplace size and country**

Country and workplace size		Achieved (N)	Achieved (%)	Weighted (%)
England:	3 to 6 employees	616	31	40
	7 to 14 employees	475	24	23
	15 to 99 employees	475	24	21
	100+ employees	174	9	3
Scotland:	3 to 6 employees	54	3	4
	7 to 14 employees	55	3	2
	15 to 99 employees	50	2	2
	100+ employees	14	1	*
Wales:	3 to 6 employees	32	2	2
	7 to 14 employees	19	1	1
	15 to 99 employees	29	1	1
	100+ employees	9	*	*
GB (totals):	3 to 6 employees	702	35	46
	7 to 14 employees	549	27	27
	15 to 99 employees	554	28	24
	100+ employees	196	10	4
Total		2,001	100	100

<sup>2</sup> Clearly, one option would have been to use the IDBR as the sample frame for the present study. However, it was decided to replicate, as far as possible, for comparison purposes, the methodology of the 2003 survey and, for this reason, the same sample frame was used as in that earlier study.

**Table 1.3 Sample profile, by Standard Industrial Classification (SIC)**

<b>Standard Industrial Classification (SIC)</b>	<b>Achieved (N)</b>	<b>Achieved (%)</b>	<b>Weighted (%)</b>
Agriculture, Hunting and Forestry; Fishing; Mining and Quarrying; Electricity, Gas and Water Supply	38	2	2
Manufacturing	160	8	9
Construction	89	4	6
Wholesale and Retail Trade; Repairs	438	22	24
Hotels and Restaurants	157	8	9
Transport, Storage and Communication	90	4	4
Financial Intermediation	69	3	3
Real Estate, Renting and Other Business Activities	293	15	19
Public Administration, Defence and Compulsory Social Security	131	7	2
Education	116	6	5
Health and Social Work	257	13	9
Other Community, Social and Personal Services	163	8	8
<b>Total</b>	<b>2,001</b>	<b>100</b>	<b>100</b>

### *Analysis of changes over time*

When comparing results between 2003 and 2006, it should be noted that the sample design is not identical between the two surveys. Establishments in certain sectors (for example, primary and secondary education, and the emergency services) were excluded from the 2003 survey because at that time the DDA legislation did not apply to those organisations in the same way as to the others. In 2006 there were no such exclusions and these types of organisation were included within the sample frame. For example, since 2003 the DDA's employment provisions have been extended to cover previously exempt occupations such as prison officers, etc.

This means that differences in the samples between 2003 and 2006 need to be taken into account when comparing results over time. For example, Table 1.4 shows the distribution of interviews by sector across the two surveys. It is evident that the 2006 survey contained a higher proportion of interviews with establishments in the public sector. This is important when comparing the results because it is known that there are systematic differences between the public and private sectors which are relevant to the analysis; in particular, public sector establishments are more likely than those in the private sector to be aware of each element of the DDA, to have employed disabled people, and to have made adjustments etc.

**Table 1.4 Profile by sector, 2003 and 2006, before and after exclusions and re-weighting**

<b>Sector</b>	<b>2003 %</b>	<b>2006 all %</b>	<b>2006 re-weighted %</b>
Private	82	71	84
Public	9	23	10
Voluntary	5	6	5
Don't know	4	1	1
Total	2,022	2,001	1,804

A two-stage approach was adopted when analysing changes over time. Firstly, we excluded a random sample of establishments in the public administration and education sectors in order to bring the 2006 population in line with that covered in 2003. Secondly, we applied weights by sizeband within sector, in line with the 2003 profile. Further technical details are included within a separate Technical Report.

#### *Data analysis*

The analysis presented in this report encompasses both bivariate and multivariate techniques. Bivariate or cross-tabular analysis examines two-way associations between a pair of variables, one of which may be seen as a 'dependent' variable (such as the likelihood of an establishment having employed a disabled person or making an adjustment), and the other of which may be seen as an 'independent' variable (such as workplace size or sector). Underlying the analysis are hypotheses which might explain any statistically significant variations between the dependent and independent variables. Thus, we might hypothesise, for example, that a larger workplace would be more likely to employ a disabled person or make an adjustment.

However, as many of these independent characteristics themselves are inter-related, multivariate analysis is used to identify those that have independent associations. Thus, for example, we might find through bivariate analysis that both size and sector are associated with the likelihood of making an adjustment for a disabled employee. In particular, we might anticipate that larger establishments and those in the public sector are more likely to make adjustments. Given, however, that public sector establishments also tend to be larger than private sector establishments, it is not possible from bivariate analysis to ascertain whether we are observing a size effect, a sectoral effect, or both. To disentangle whether being in the public sector has an impact on propensity to make adjustments, which is not simply due to the larger size of public sector establishments, requires multivariate analysis.

In this study, the multivariate technique used is logistic regression, which compares the likelihood (or odds) that such characteristics distinguish one group from another, estimates the statistical significance of these differences, and at the same time controls for other characteristics which are included in the analysis model. In this way, logistic regression can identify the 'key drivers' of a range of outcomes embodied in dependent variables such as the likelihood of being aware of the DDA,

the likelihood of employing a disabled person, and the likelihood of making an adjustment etc. Technical details on the methods used for logistic regression are provided in Appendix B.

### 1.3.2 Qualitative method

The qualitative research consisted of 50 establishment-level case studies. The key aim of this aspect of the project was to provide more insight into the patterns observed in the quantitative data and, in particular, to understand the processes by which establishments make decisions about how to implement the legislation, and to identify and explore the factors which influence those decisions. It is important to note that in establishments which were part of a multi-site organisation, it was the establishment that was the focus of the case study, rather than the organisation as a whole.

#### *Sample profile*

The case studies covered four main types of establishment which are subject to provisions of the DDA: employers, service providers, public bodies, and private members' clubs. Table 1.5 shows the distribution of the case study establishments by type and country. A broad spread was achieved across England, Scotland and Wales and, within England, by region.

**Table 1.5 Case study distribution: establishment type, by country**

Category	Total	England	Scotland	Wales
Private clubs	15	13	1	1
Small employers (3-14 employees)	5	1	3	1
Medium employers (15-99)	10	6	2	2
Large employers (100+)	10	5	2	3
Public bodies	10	6	2	2
Total	50	31	10	9

The sample for the case studies was drawn from the Experian Business database, the same source used for the quantitative survey. However, the sample for the qualitative research was drawn separately to ensure there was no duplication between establishments taking part in the survey and in the case studies. Private members' clubs cannot be identified solely by SIC classification and therefore, the private clubs sample was supplemented by using an Internet search engine, and association lists. All private clubs were screened to ensure they applied specific membership criteria.

Case studies were selected to include a broad spread across industrial sector, including manufacturing, wholesale/retail, transport, hospitality, and business services. This meant that the sample covered both establishments which were only employers (eg a factory, a shop-fitting company, a logistics company), and employers

which were also service providers (eg a hotel, a clothing store, a shopping centre, a museum, a local authority).

**Table 1.6 Case study distribution: establishment size, by status**

Category	Employers only	Employers and goods and services providers
Small employers (3-14 employees)	1	4
Medium employers (15-99)	2	8
Large employers (100+)	2	8
Public bodies	0	10
Private clubs	0	15
Total	5	45

The case studies also covered workplaces that were single-site operations and those that were part of a larger organisation.

**Table 1.7 Case study distribution: establishment size, by whether part of a larger organisation**

Category	Single site	Part of larger organisation
Small employers (3-14 employees)	3	2
Medium employers (15-99)	6	4
Large employers (100+)	3	7
Public bodies	0	10
Private clubs	14	1
Total	26	24

### *Qualitative fieldwork*

The case studies were conducted at the same time as the quantitative survey, and the vast majority of the interviews were conducted face-to-face<sup>3</sup>, lasting approximately one hour, on average.

In some establishments, a fuller picture was obtained through conducting interviews with more than one representative. Table 1.8 provides a breakdown of the interview strategy according to size and type of establishment. Further details on the qualitative methodology (including the recruitment method) are contained in the Technical Report.

<sup>3</sup> A small number were conducted by telephone where necessary; for example, due to staff holiday or absence at the time of the initial visit, and in establishments where more than one interview was carried out.

**Table 1.8 Overview of interviewing approach, by establishment size and type**

Target number of interviews	Responsible for	Who
One interview (small organisations and private clubs)	Employment and provision of services/facilities	eg HR manager/director/ personnel manager/owner or proprietor in small organisations
Two interviews (medium sized organisations)	Employment  Provision of services/facilities (if applicable – see recruitment questionnaire) OR if not applicable Managing any department	eg HR manager/director/ personnel manager Customer services manager  OR Departmental/line manager
Three interviews (large organisations and public bodies)	Employment and provision of services/facilities  Overview of employment and provision of services/facilities OR Specialised knowledge of recruitment and retention issues  Managing any department	eg HR manager/director/ personnel manager  Head office representative  OR Customer services manager or disability equality specialist or occupational health manager Departmental/line manager

## 1.4 Overview of the report structure

The remainder of this report is structured as follows:

- Chapter 2 explores awareness and understanding of the DDA Part 2 and disability issues more generally, including employers' attitudes towards recruiting and employing disabled staff.
- Chapter 3 describes establishments' responses to the DDA Part 2, including adjustments made to recruitment procedures and whether information on disability is collected.
- Chapter 4 examines establishments' responses to the DDA for existing employees, including the experience of making workplace adjustments and the perceived costs and benefits of these.
- Chapter 5 focuses on advice and information needs relating to Part 2 of the DDA.
- Chapter 6 shifts the focus to the provision of goods, facilities, services and public functions (covered by Part 3 of the DDA). We explore awareness and understanding of this aspect of the DDA.

- Chapter 7 explores the extent and types of adjustments made for disabled customers, clients or other service-users, including establishments' experiences of making adjustments, and their perceived costs and benefits.
- Chapter 8 investigates establishments' advice and information needs in relation to Part 3 of the DDA.
- Chapter 9 examines the extension of the DDA to include public functions from December 2006, and investigates public bodies' awareness, attitudes and responses to this.
- Chapter 10 covers the extension of the DDA to private members' clubs. We examine their awareness of, and responses to, the extension of the DDA Part 3 to members-only services.
- The Conclusion summarises the key findings and identifies policy implications in terms of: identifying ongoing issues faced by employers and goods, facilities and service providers in responding to the DDA; developing good practice; meeting information needs; and the best ways of raising awareness and understanding of the DDA.

Comparison with the 2003 findings is made throughout the report, where appropriate. Appendix A contains the relevant comparison tables showing change over time.

### *Presentation of the data*

Throughout this report, figures quoted in the charts and tables are weighted percentages unless specified otherwise. The unweighted base size (N) from which the percentage is derived is indicated on each chart or table. Base sizes may vary as not all questions are asked of all respondents.

Where an asterisk (\*) appears in a chart or table this indicates a percentage of less than 0.5 per cent but more than zero. Where percentages do not sum to 100, this can be due to various reasons including the exclusion of 'don't know' or 'other' responses, multiple responses, or computer rounding.



## 2 The Disability Discrimination Act Part 2: Awareness, understanding and attitudes

This chapter examines employers' awareness and understanding of the employment and recruitment provisions of the Disability Discrimination Act (DDA) Part 2, which first came into force in December 1996. The main provisions of this part of the Act are:

- it is unlawful for employers covered by the Act to discriminate against employees or job applicants on the grounds of disability;
- employers may need to make 'reasonable adjustments' to their recruitment arrangements and/or premises to ensure that disabled people are not substantially disadvantaged because of their disability, compared with others.

Initially, small employers<sup>4</sup> were exempt from the Act, as were certain occupations such as police officers, fire fighters, prison officers, and the Armed Services. The size exemption and most of the occupation exemptions (except service in the Armed Forces) were removed in October 2004.

### 2.1 Awareness of the Disability Discrimination Act Part 2 (employment provisions)

This section measures awareness of the DDA in relation to employment duties (both in terms of being able to spontaneously name the DDA and having heard of it at all). By combining these two measures, we can assess overall awareness of this part of the Act.

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<sup>4</sup> The exemption applied to all employers with fewer than 20 staff between December 1996 and December 1998, and continued to apply to those with fewer than 15 staff until October 2004.

## 2.2 Spontaneous and prompted awareness of the Disability Discrimination Act Part 2

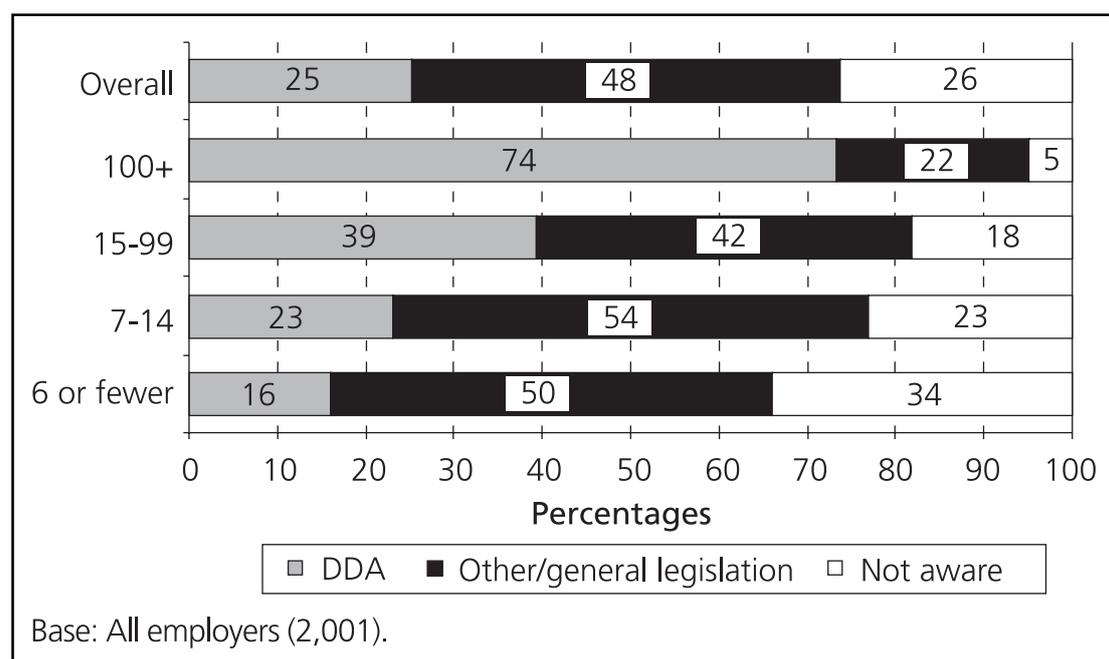
A two-stage approach was adopted to ask about awareness of the DDA Part 2:

- First, all employers were asked whether they personally were aware of any laws giving rights to employees and job applicants with long-term health problems or disabilities. If so, they were asked the name of this legislation. If they correctly identified the DDA, this denoted 'spontaneous' awareness of the DDA in what follows.
- Second, employers who did *not* spontaneously refer to the DDA were given a brief description of it in relation to disabled employees and job applicants, and asked whether they had heard of this part of the Act prior to the survey. This denoted 'prompted' awareness of the Act.

### *Spontaneous awareness*

A quarter of employers (25 per cent) spontaneously cited the DDA, while just over a further quarter (26 per cent) claimed to be **unaware** of any such legislation (Figure 2.1). The remainder claimed to be aware of some form of legislation, but were unaware of its specific name, with some referring to an incorrect or generic name such as 'The Disability at Work Act' or, more broadly, 'Equal Opportunities'. Comparing **spontaneous** awareness of the DDA Part 2 in 2003 and 2006 reveals that it has more than doubled, although from a very low base of just ten per cent.<sup>5</sup>

**Figure 2.1 Are you aware of any laws giving rights to employees and job applicants with long-term health problems or disabilities?**



<sup>5</sup> See Appendix A for data tables using the re-weighted 2006 data.

Looking across employers as a whole, those in the larger workplaces (employing 100+ staff) were more than four times more likely to spontaneously name the DDA than those in the smallest (employing six or fewer staff). Indeed, Figure 2.1 shows there was a substantial gulf between the largest establishments and the rest, in terms of spontaneous awareness.

This is likely to be due to a combination of several factors. First, the managers interviewed in the largest establishments were often more specialised than those in the smaller ones. In particular, respondents in the largest establishments were more likely to have a specialist human resources (HR) background and therefore to be more familiar with the legislation.

Second, larger establishments were likely to have other characteristics associated with high awareness. In particular, they were more likely to have ever knowingly employed a disabled person, or to be in the public sector (Table 2.1); both characteristics which were associated with higher than average levels of spontaneous awareness.

**Table 2.1 Spontaneous awareness of the DDA Part 2, by sector and employment of disabled staff**

	Sector %			Whether employed disabled staff %	
	Private	Public	Voluntary	Yes	No
Aware of DDA	22	33	36	34	17
Aware of legislation but don't know/incorrect name	49	44	51	45	50
Not aware of legislation	28	22	12	20	31
Don't know	*	*	0	*	*
<i>Base N (unweighted)</i>	<i>1,289</i>	<i>572</i>	<i>114</i>	<i>1,055</i>	<i>889</i>

Looking at the survey results by more detailed industry sector (SIC) reveals that establishments in public administration, education, banking and finance, and health and social work were the most likely to be **spontaneously** aware of the DDA's employment provisions.

### *Prompted awareness*

Turning to prompted awareness, almost three-quarters (73 per cent) of those who did not spontaneously mention the Act did, however, say that they had heard of the employment provisions of the DDA when specifically prompted.

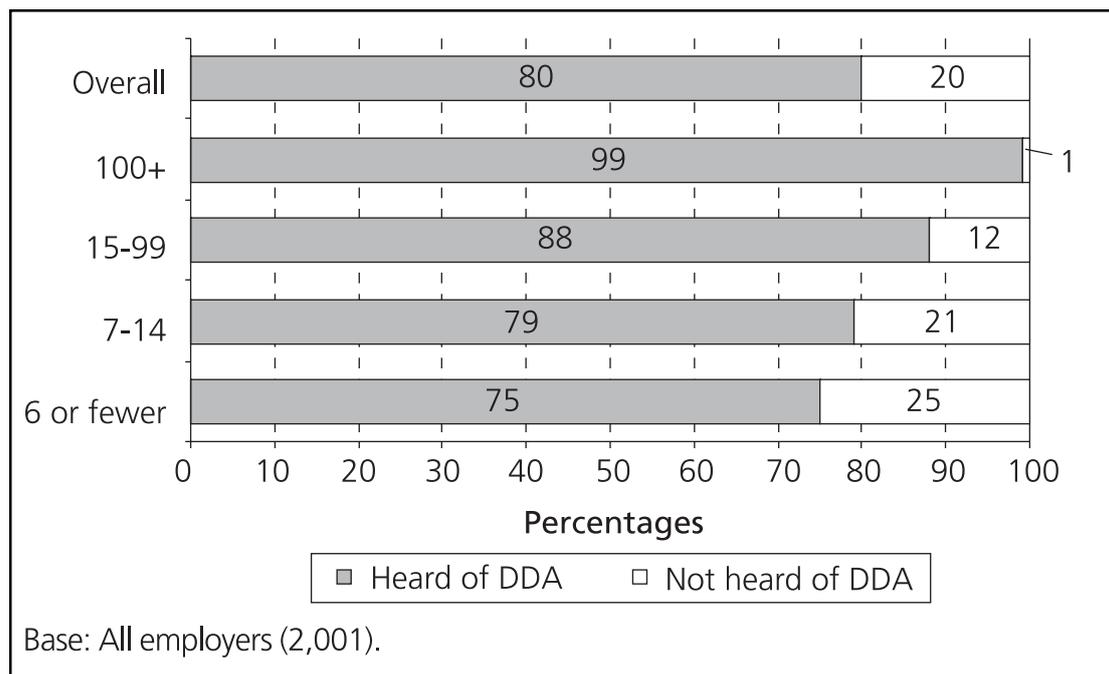
As we found when looking into spontaneous awareness, prompted awareness increases with size of establishment, and there are similar associations between awareness, sector and the establishment's history of employing a disabled member of staff.

### 2.2.1 Overall awareness of the DDA Part 2

An overall measure of awareness was constructed by looking at the proportion of establishments which were spontaneously aware of the DDA, or who said they had heard of it when prompted. Combining spontaneous and prompted awareness in this way finds that in total, four-fifths of establishments had heard of the DDA in relation to employment (80 per cent). The proportion of establishments having heard of this aspect of the DDA has increased significantly between 2003 and 2006.<sup>6</sup>

Once again, there is a strong relationship between size and awareness. Figure 2.2 reveals that almost **all** establishments with 100+ staff had heard of the DDA (99 per cent) declining to three-quarters of establishments employing six or fewer staff (75 per cent). A few small and medium-sized case study establishments were not aware of Part 2 but were aware of the DDA Part 3 because of their role as service providers.

**Figure 2.2 Overall awareness of the DDA (employment provisions), by establishment size**



Similar to the pattern found for spontaneous awareness, establishments in the voluntary and public sectors were more likely than those in the private sector to have heard of the DDA at all, as were those which had employed disabled staff (Table 2.2). Indeed, some establishments justified their low awareness of the DDA because they had never employed any disabled people or encountered any disabled job applicants:

<sup>6</sup> See Appendix A.

*'I don't know of any laws for employing disabled people. If I took someone on [a disabled person] I would need to know about the Act. I don't employ any disabled people. I would just have to look at what we have to do. If something came up, we would have to deal with it.'*

(Small, private sector)

**Table 2.2 Overall awareness of the DDA (employment provisions), by sector and employment of disabled staff**

	Sector %			Whether employed disabled staff %	
	Private	Public	Voluntary	Yes	No
Heard of DDA	78	83	90	86	74
Not heard of DDA	22	17	10	14	26
Base N (unweighted)	1,289	572	114	1,055	889

The case studies revealed that most employers were aware of the 'spirit' of the DDA and the intent to combat disability discrimination, even if they had not heard of the Act itself. This suggests that even though the survey might show that an establishment was 'not aware' of the DDA, the Act, or the spirit of the Act, might still be having some impact on the attitudes of establishments towards the employment of disabled people. In one example of this, neither interviewees in a medium-sized establishment had heard of the DDA but they did not see this as a problem because they openly recruited disabled people:

*'We might not be aware of it [the DDA] but we abide by its principles.'*

(Medium, private sector)

Case studies in medium-sized and large establishments, and public bodies, usually involved two or more interviews with different people. These generally showed similar levels of awareness between individuals, although, in a minority of cases, some differences were noted. In one case, the business manager of a community centre had a thorough understanding of the DDA, while the line manager interviewed had not heard of the Act. In another case, the director of a consultancy firm was not aware of the DDA, but the person responsible for HR issues was. Lack of awareness among line managers was raised as a particular issue:

*'It can be a slight concern that line managers are not always aware of the full context for why we are doing certain things with some staff. We're doing some disability awareness-raising and training among all managers and staff as part of the new policy re-vamp.'*

(Medium, voluntary sector)

The analysis by industry sector (SIC) showed that health and social work, public administration, and education were all industries in which almost every establishment surveyed had heard of the employment provisions of the DDA. Awareness was lowest in manufacturing and wholesale/retail (73 per cent in each case).

The case studies suggested that awareness might also be linked to perceptions of the DDA's perceived **relevance** to the establishment in question. Some employers who were not aware of the DDA, on prompting, claimed that the DDA was not relevant to their industry and occupations. These views were most common among case studies in the hotels and catering, and manufacturing industries. In manufacturing, interviewees considered the work to be too 'physical' for disabled people. In hotels and catering, a combination of factors was cited including the physical nature of the work and the public-facing nature of the business. These interviewees did not think that it was important for them to know about the DDA:

*'I've heard of the DDA, and I know a bit about it but it probably doesn't apply here, I don't see a problem. I know if we do anything, we have to bear in mind access but we have very little spare cash to do much. If it's no effort to do it we would but the company has to make a profit.'*

(Medium, private sector)

A key issue is as much differences in the **nature** of awareness between sizes and types of employers, as differences in awareness levels. For example, awareness among the largest employers tended to be spontaneous, implying greater familiarity with the legislation, whereas, smaller establishments were more likely to require prompting, suggesting that even though a majority had heard of the DDA, their knowledge of it was fairly limited.

As factors such as size, sector, industry and a history of having employed disabled staff are all inter-related, regression analysis was used to formulate a model which could predict overall awareness of the DDA Part 2. The results highlighted the following characteristics as having positive relationships with overall awareness:

- establishments which were part of a larger organisation;
- establishments in professional and business industries, and also those in public and social facing industries;<sup>7</sup>
- establishments who employ or have employed any disabled employees within the past ten years;
- establishments with more than six employees (up to 100+ employees).

In summary, these results show that where previous analysis has demonstrated greater levels of awareness amongst public sector establishments, these differences are largely accounted for by other factors such as size, having employed disabled staff, and operating in particular industries.<sup>8</sup>

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<sup>7</sup> See Appendix B for explanation of industry categories.

<sup>8</sup> Correlation tests were conducted to confirm that each of the variables included in the regression model were in fact measuring different things. These results are described in greater detail in the technical report, in Appendix B.

In order to examine the relationship between awareness of the different provisions of the DDA (Parts 2 and 3), another model was generated which included overall awareness of DDA service provision (therefore losing some cases in the model). This showed that, in establishments covered by both aspects, overall awareness of DDA service provision was a significant predictor of overall awareness of the DDA employment provision (increasing the 'odds' of being aware by almost seven to one).

## 2.3 Knowledge and understanding of the Disability Discrimination Act Part 2

This section considers employers' detailed knowledge of the main employment provisions of the DDA and how far they understood these; in particular, the duty to make 'reasonable adjustments' for employees. Employers' perceptions of disability are also explored in light of the DDA definition.

### 2.3.1 Knowledge of the main provisions of the legislation

While the survey was able to provide a broad picture of levels of awareness, in the sense of whether respondents had heard of the DDA and its employment provisions, the case studies explored more fully the extent to which respondents had detailed knowledge of those provisions.

Interviewees in large establishments were not only spontaneously aware of the DDA but also had a good understanding of the main provisions of the Act. The DDA was summarised in the following terms:

*'It is unlawful to discriminate on grounds of disability and that we are required to make reasonable adjustments.'*

(Large, private sector)

*'I understand the DDA to include the duty to not discriminate and to create an inclusive, equal opportunities environment for existing and potential employees. It gives rights to employees.'*

(Large, public sector)

Understanding of the DDA in large establishments was demonstrated not only in their responses to direct questions, but also in a number of other ways: in terms of interviewees mentioning the DDA spontaneously; in the existence of policies and practice which specifically referred to the DDA; through the introduction of practices regarding recruitment of disabled people; and through adjustments including staff training to raise awareness of disability issues. In medium-sized and small establishments, levels of understanding among the interviewees varied greatly; however, few had a thorough understanding of the law.

Some interviewees would like to have a better understanding of the DDA. In one example, a personnel manager who had a good level of general understanding of the Act, felt she knew enough to do her job but would also like more information. Other interviewees in large establishments or in ones which were part of a larger organisation often felt they could draw on levels of internal expertise within their organisation if necessary, such as more senior members of staff or employment law specialists (discussed further in Chapter 5).

### 2.3.2 Understanding of 'reasonable adjustment'

This section looks at levels of awareness of the term 'reasonable adjustment' as used in the DDA, and explores interviewees' understanding of this. Once again, this analysis is reliant on evidence from the case studies.

Employers who were aware of the DDA had generally heard of the term 'reasonable adjustment'. These employers, mainly in the public sector and in large, private establishments, showed the most thorough knowledge of the term 'reasonable adjustment' and they often used it spontaneously:

*'The legislation places an obligation on us to consider the needs of the disabled person, and make reasonable adjustments in terms of recruitment and employment as we need to.'*

(Large, private sector)

*'We are aware of the DDA and understand the duties that it is unlawful to discriminate on grounds of disability and that we are required to make reasonable adjustments. The duties are relatively clear.'*

(Large, public sector)

Understanding of 'reasonable adjustments' covered recruitment and employment practices (and where relevant, goods, facilities and services provision). Interviewees in large public and private sector establishments who were, as noted previously, more likely to have an understanding of the term, were also more likely to have **made** reasonable adjustments both at the recruitment and employment stages. Factors that were generally taken into account when assessing 'reasonableness' included business needs, costs, and cost effectiveness as well as the needs of the employee:

*'The employer should do as much as they can to help but they must also keep an eye on their operational requirements.'*

(Medium, private sector)

*'The term reasonable adjustments means what is practical, what's realistic and what is cost effective, meaning that the benefits outweigh the costs over time, say five to six years.'*

(Large, private sector)

*'Reasonable adjustments is that you have to be seen to have made the adjustments which were deemed necessary.'*

(Medium, voluntary sector)

Interviewees who were not so familiar with the Act lacked an understanding of the term. These employers, particularly in medium-sized and small establishments, thought that it meant a general intention to treat their employees reasonably and fairly. Some thought that a 'reasonable' adjustment would be one that entailed compromise. The managing director of a manufacturing company who was not aware of the DDA thought the term reasonable adjustment would mean:

*'Something that both parties can agree on. Something that employers will fork money out for even when they complain about doing it.'*

(Medium, private sector)

Reasonable adjustment was often discussed in relation to costs, which informed how the boundary between 'reasonable' and 'unreasonable' expenditure was interpreted:

*'Reasonable adjustments is about making adjustments to the workplace and what the cost limit is for an employer. If something costs £20K is it correct to do it. It's a judgement call.'*

(Large, private sector)

*'The legislation is clear but if we are ever unsure we always err on the side of caution and try to make adjustments wherever we can. As a large employer we know we could never get away with saying we couldn't make reasonable adjustments. Making reasonable adjustments is okay because we are a large organisation with a lot of money to spend but it might be more difficult for a small employer (one with not as much money) to define what reasonable adjustments are.'*

(Large, private sector)

Employers who were most familiar with the term were also the interviewees most likely to query the interpretation of reasonableness within the Act. Many large private employers considered they had a corporate social responsibility towards disabled people, while public bodies had a social remit. However, they also felt that there had to be a balance and that in some cases, the level of what was considered to be reasonable was unduly high for small establishments that were part of larger organisations. They argued that size and budget needed to be taken into account at the establishment level, rather than the overall organisation. As a member of the senior management team in a large private, multi-site organisation stated:

*'I don't like that term and I have a particular bug bear because it's always judged in terms of the size of the organisation and its total resources available. What I can reasonably provide in a small branch is actually very different to what I can reasonably provide in central London, but when I get to court it's the same.'*

(Large, private sector)

Another issue for large organisations in particular, was the perceived 'elasticity' of what might be expected of them, in terms of the types and scale of adjustments that could be viewed as reasonable, and the question of where to 'draw the line'.

*'We have made a wider range of adjustments for disabled people but even in this large organisation there is a limit.'*

(Large, private sector)

In light of these issues, many interviewees reported a need for more clear-cut guidance on reasonable adjustments (discussed in Chapter 5). Some reported having difficulties interpreting what was reasonable, even when they had a good understanding of the DDA. As one employer told us:

*'I don't find the term very useful. I don't understand it. There's no definition. I could say what is reasonable but it might not be. It is open to interpretation and how organisations interpret it varies which doesn't help. An employer may think something is reasonable but this might be different from what employees think.'*

(Large, public body)

### **2.3.3 Understanding of 'disability'**

#### *How the DDA defines disability*

As well as measuring awareness of the DDA, the research also sought to find out what employers understood by 'disability'. This was important to assess how far individuals' definitions correspond with the DDA's, and whether perceptions of disability are changing over time. The Act in general defines disability as:

*'A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.'*

Disability Discrimination Act (DDA) 1995, Part 1, S1 (1)

Normal 'day-to-day activities' are not specifically defined, but the Act says that they must affect one of the following capacities:

- mobility (moving from place to place);
- manual dexterity (eg use of the hands);
- physical co-ordination;
- continence;

- the ability to lift, carry or move everyday ordinary objects;
- speech, hearing or eyesight;
- memory, ability to concentrate, learn or understand; and
- perception of the risk of physical danger.

In addition, the Act can also cover people with severe disfigurement, people with progressive conditions, people who have functional limitations without medication and people who have had a disability in the past.

The DDA (2005) amended the definition of disability, removing the requirement that a mental illness should be 'clinically well-recognised'. Also from 2005, people with Human Immunodeficiency Virus (HIV), cancer and multiple sclerosis are deemed to be covered by the DDA, effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities.

### *General perceptions of disability*

In order to assess employers' understanding of disability in relation to the DDA, a list of conditions or impairments which may all qualify as disabilities under the Act was read out. Employers were asked whether they would consider someone with each condition to be disabled.

The 2003 findings showed that disability was associated more with 'visual' and 'physical' impairments than with 'hidden' or 'psychological' ones. Figure 2.3 reveals that it continues to be the more 'obvious' impairments, such as those affecting mobility or dexterity, and visual or hearing impairments, that are the most widely acknowledged.

Despite this general pattern, there was some evidence that the full DDA definition was beginning to influence the perceptions of many employers. Indeed, employers who were aware of the DDA were generally aware of the DDA definition of disability and therefore did not solely think of visible impairments. These employers in large private and public, and some medium-sized establishments, used the broad definition of disability as specified in the Act and included such conditions as being diagnosed with cancer and diagnosed HIV positive:

*'We use a very wide definition of disability here. Disability is anything that causes a long-term detriment and is expected to last for a year or more. There are the obvious wheelchair users but the definition of disability is much wider.'*

(Large, private sector)

*'Disability is not necessarily things you can see.'*

(Medium, voluntary sector)

Where awareness of the DDA was low, mainly among small and some medium-sized employers, there was a considerable lack of understanding about how disability is defined. A narrower definition of disability was commonly adopted, which focused on physical and visible impairments, typically in terms of wheelchair users, and people with sensory impairments. It was often when discussing the DDA list of conditions that the 'less aware' employers realised they had been operating with a narrow definition. As one employer reflected:

*'I have an old-fashioned idea of disability and think of people with physical disabilities. I wasn't thinking about these other conditions as disabilities.'*

(Medium, private sector)

Some employers argued that whether a condition was a disability or not depended on its severity or whether the condition was drug controlled, considering that if it was, it did not count as a disability. This is not correct according to the DDA definition, even though many of the people covered in this way may not see themselves as disabled.

#### *Perceptions of specific conditions or impairments*

As in 2003, the 2006 survey found that facial or skin disfigurement was the least acknowledged condition at just ten per cent. There were a few exceptions where employers in certain sectors reported that they would find it difficult to recruit people with facial disfigurement (discussed in Section 2.4.1).

**Figure 2.3 Would you consider someone to be disabled ...?**

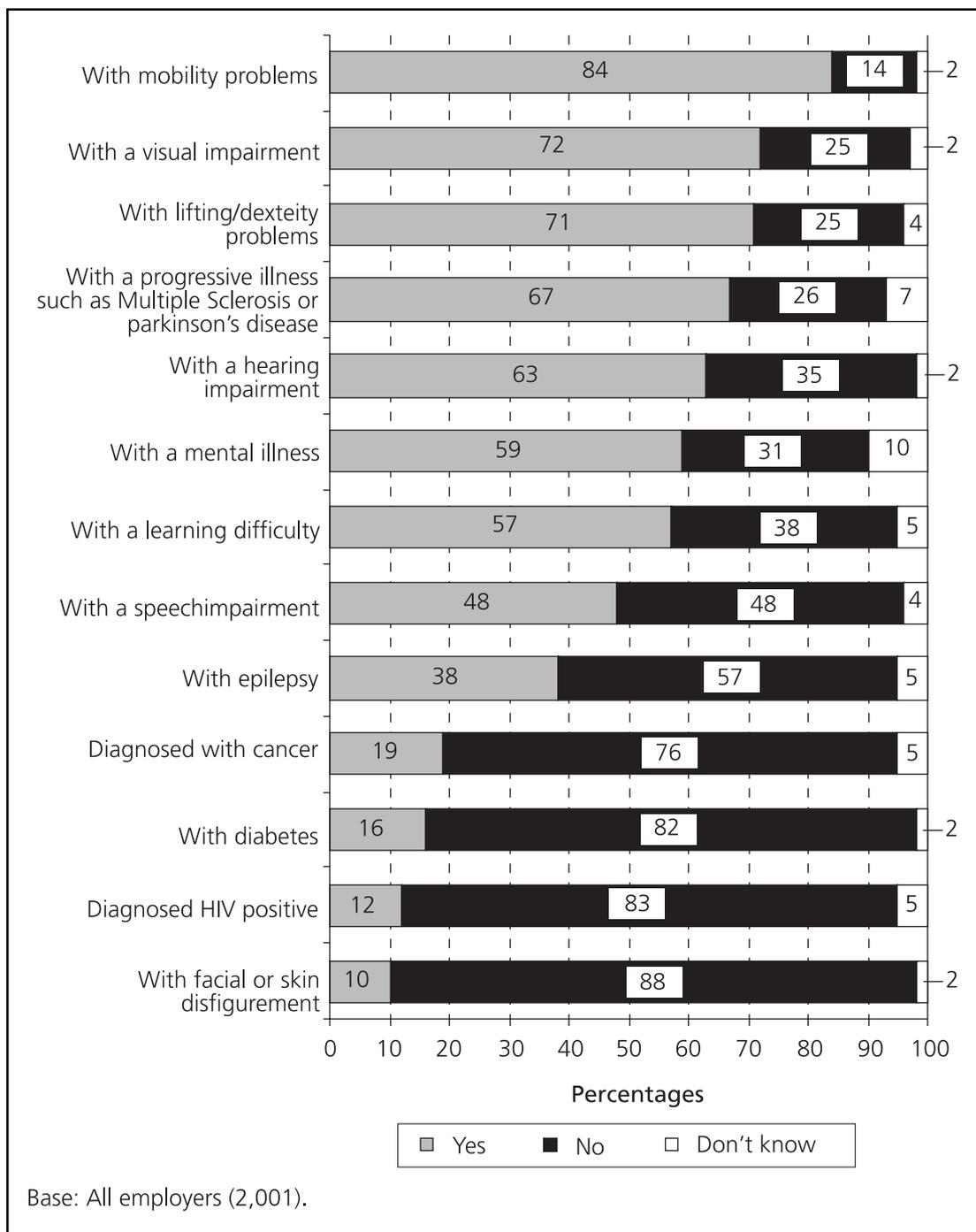


Figure 2.3 also shows that two common but generally ‘hidden’ conditions were among the least recognised as a disability – epilepsy and diabetes. Some employers were surprised to be told that these conditions are covered under the DDA. In a few cases, employers thought it was inappropriate to regard diabetes and epilepsy as disabilities, and did not think the employees they had with these conditions would consider themselves disabled. The attitude in these cases seemed to be that if the condition did not require any special treatment, then it was not a disability:

*'Diabetes might be a disability in the Act but we don't think of it as a disability because it's not a problem for work.'*

(Medium, private sector)

*'We have people with...epilepsy but we don't consider them to be disabled because it doesn't affect their day-to-day work.'*

(Large, private sector)

In fact, this illustrates a further lack of understanding of the DDA definition of disability, which defines disability in terms of practical impact on day-to-day activities. This illustrates some of the difficulty for employers in understanding both the definition of disability and what this might mean for them in terms of making adjustments. There are two key issues:

- Being defined as disabled is different to whether or not someone might need adjustments.
- Impairments and any related adjustments that might be required are not the same for everybody, and whereas one person with diabetes or epilepsy may not be affected day-to-day, another may. This means that it is crucial for employers to be flexible in their approach, to consult with individual members of staff about whether any adjustments are required, and not to make assumptions about what people can or cannot do on the basis of their condition.

In discussions regarding employees with diabetes, this issue became more evident when in some cases, employers who did not consider diabetes to be a disability, had actually made adjustments for diabetic employees.

Epilepsy was viewed differently according to the sector. Interviewees in manufacturing, and public facing sectors of hotels and catering, and retail were more likely to consider epilepsy a disability because of health and safety concerns about the potential dangers posed to the employee and others by having a seizure at work.

Figure 2.3 shows that just one in five employers would consider someone recently diagnosed with cancer to be disabled (19 per cent), while just one in eight would consider someone recently diagnosed HIV positive to be disabled (12 per cent). The DDA (2005) extended the definition of disability to include people with these conditions, from the point of diagnosis. Employers were often surprised that cancer and HIV were categorised as disabilities under the DDA, as these were viewed more as 'illnesses' which could be treated or controlled by drugs. Again, this is an incorrect interpretation according to the DDA.

Almost three-fifths (59 per cent) of establishments regarded mental illness as a disability. Mental illness is a problematic area for employers; although they considered it a disability, it is often a hidden condition and therefore depends on disclosure:

*'We find the definitions around disability the most difficult to understand, especially in the case of people with a mental illness. We have found some impairments are difficult to address because not many staff are forthcoming, and this is a particular problem with mental illnesses.'*

(Large, private sector)

Some establishments provided guidance to staff about mental illness to try to widen perceptions and encourage more people to come forward.

It is interesting that **none** of the conditions were universally acknowledged as a disability. Indeed, the qualitative research found that employers' definitions of 'disability' were in many cases highly subjective. Interviewees told us that although they understood the DDA definition of disability, it was often different to their own:

*'My understanding of DDA disabled does not always match up with my own personal view of disability but I do recognise that all the DDA list of impairments could potentially count under the DDA.'*

(Large, private sector)

Employers with 100+ staff and those in the voluntary sector were more likely to recognise the majority of the conditions listed as a disability. The scale of this difference was widest where overall acknowledgement was low (for example, acknowledgement of cancer as a disability ranged from 17 per cent in the smallest establishments to 49 per cent in the largest).

We might expect those with the greatest awareness (i.e. who spontaneously referred to the DDA when asked if they knew of any legislation relevant to the employment of disabled people), to show higher levels of acknowledgement for each of the conditions listed. Table 2.3 shows this to be the case, in particular for those that were generally the least well-recognised. For example, there is very little variation in the proportion who acknowledged mobility or dexterity problems to be a disability. In contrast, those with spontaneous awareness of the DDA were twice as likely to consider someone who has been recently diagnosed with cancer to be disabled, and three times more likely to consider someone diagnosed HIV positive, who has diabetes, or who has a facial/skin disfigurement as having a disability under the DDA.

**Table 2.3 Perceptions of 'disability', by awareness of the DDA Part 2**

Consider to be a disability?	Spontaneous%	Heard of at all%	Not heard of%
Mobility problems	84	84	86
Visual impairment	79	74	68
Lifting/dexterity problems	71	71	70
Progressive illness such as MS or Parkinson's disease	72	68	65
Hearing impairment	75	65	56
Mental illness	64	59	59
Learning difficulty	67	58	50
Speech impairment	63	50	43
Epilepsy	49	40	30
Diagnosed with cancer	28	20	12
Diabetes	30	18	6
Diagnosed HIV+	22	13	7
Facial or skin disfigurement	18	11	6
<i>Base N (unweighted)</i>	624	1,652	349

Comparing the survey results with 2003 finds little significant change; the only exceptions being mobility problems and speech impairments which are both more likely to be recognised as a disability in the most recent survey. It is also interesting to note that in 2006, more than double the proportion of employers recognised 'a progressive illness such as Multiple Sclerosis (MS) or Parkinson's Disease' to be a disability, compared with 2003 when the term included cancer instead of MS.<sup>9</sup>

In some ways, given that awareness has increased, we might have expected acknowledgement of some of the less well-recognised conditions or impairments to have also increased. The fact that they have not, even though more people know about the DDA, illustrates the subjectivity inherent within people's own definitions of what is or is not a disability.

## 2.4 Attitudes towards recruiting or employing disabled staff

This section explores general attitudes towards recruiting or employing disabled staff. Firstly, we examine employers' attitudes towards employing people with particular impairments (where possible), linked to the perceptions of what is or is not considered a disability outlined in Section 2.3. We then look into employers' views on the recruitment and retention of disabled staff more generally.

<sup>9</sup> See Appendix A.

### 2.4.1 Ease or difficulty of accommodating various disabilities or conditions

As in 2003, establishments were asked how easy or difficult they would find it to employ people with certain disabilities or conditions<sup>10</sup> that might be covered by the DDA. This was in order to explore employers' perceptions about employing people with specific disabilities. The intention was not to generate an exhaustive list, but rather a broad spectrum of the different types of condition covered by the DDA.

Figure 2.4 shows that employers had mixed views, depending on the disability. The majority felt that it would be easy to employ someone with severe facial scarring, dyslexia or epilepsy. However, only around half considered that employing someone with clinical depression, a severe stammer, or arthritis would be easy, and less than half thought it would be easy to employ someone with each of the other conditions listed. Employing someone with severely impaired vision or hearing, or with schizophrenia, was perceived to be the most difficult. Generally, the conditions perceived as most difficult to accommodate were the most likely to be considered as a disability (Section 2.2.3), although the two are not in exact parallel.

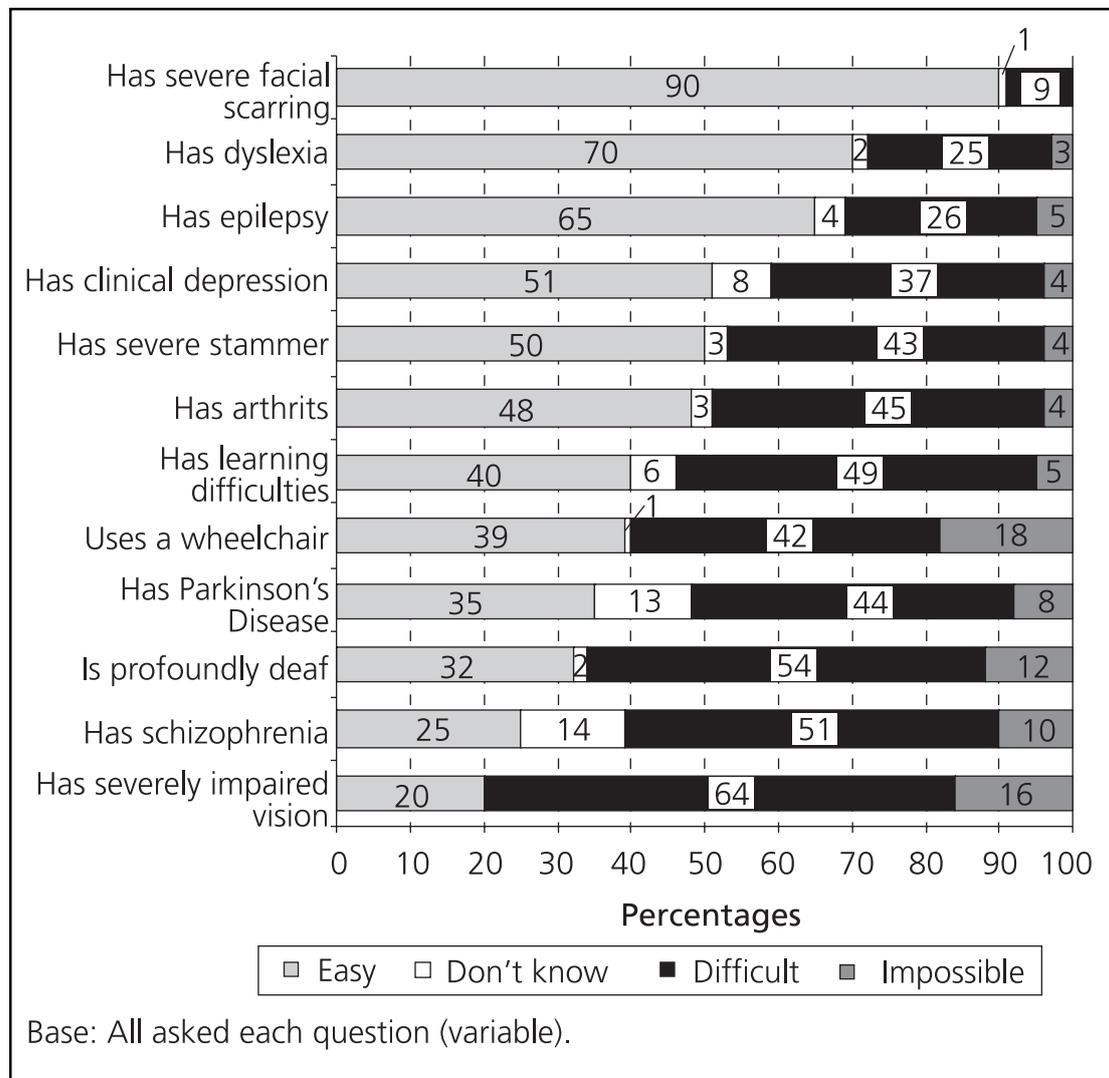
Employing someone with severe facial scarring was perceived to be the easiest to accommodate, perhaps because this was also the least likely to be recognised as a disability (Section 2.2.3). Notably, however, hotel and catering establishments were significantly more likely than average to feel that it would be difficult (28 per cent). This was often out of concern to 'protect' that person from comments by customers; for example, in one small hotel where the interviewee felt it would not be appropriate to employ someone with a facial disfigurement since '*customers can be cruel*'. A similar viewpoint emerged in some of the private clubs (discussed in Chapter 10).

Around two-thirds of establishments (65 per cent) perceived it would be easy to employ someone with epilepsy, while around one-third (31 per cent) felt it would be difficult. However, as many as half the establishments in construction perceived this to be difficult or impossible (51 per cent). Employers had concerns about people with epilepsy working at height, operating machinery, and driving, although the majority felt this could be accommodated if the condition was drug-controlled. There was also a concern that other staff would need to be aware of what to do in the case of a seizure.

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<sup>10</sup> In order to save time and keep this part of the interview a manageable length, employers were asked about four disabilities or conditions at random, from a longer list of 12.

**Figure 2.4 Ease or difficulty of employing people with various disabilities or impairments**



Around half the employers perceived it would be easy to employ someone with clinical depression (51 per cent), although a substantial minority felt it would be difficult or impossible (41 per cent). Smaller establishments generally viewed this as being more difficult, mainly due to the possibility of prolonged and/or irregular absences from work:

*'It's tricky, because we are all reliant on each other in such a small business.'*

(Small, voluntary sector)

However, in the same establishment, the experience of working with someone with this condition had meant they had learned a degree of flexibility:

*'He could be off for two weeks in a row but we'd accept it and work around it, as he sometimes has these bad spells. He's very open and honest with us about it so we know where we are with him.'*

(Small, voluntary sector)

Employers were almost evenly divided over how easy or difficult it would be to employ someone with a severe stammer (50 per cent felt it would be easy, while 47 per cent felt it would be difficult or impossible). By industry, there were clear differences according to the degree of verbal communication needed for the job, with manufacturing establishments significantly more likely than average to consider this would be easy (70 per cent), and a similar proportion in education considering it would be difficult or impossible (67 per cent).

Employers were similarly divided about the perceived ease or difficulty of employing someone with fluctuating arthritis which could at times severely limit physical capacity (48 per cent considered it would be easy, while 49 per cent considered it difficult or impossible). Hotels and restaurants were significantly more likely than average to view this as difficult to accommodate (66 per cent), while real estate, renting and other business services was the most likely sector to consider it easy (60 per cent). These differences appear linked to the physical and often shift-based nature of some hospitality jobs (which was perceived to make it more difficult to accommodate a fluctuating condition), compared with the desk-based nature of many jobs in business services. For instance, one small employer commented:

*'We can't employ disabled people in the pub trade. It's very physical work.'*

(Small, private sector)

Two-fifths (40 per cent) of employers felt it would be easy to employ someone with learning difficulties, while just over half felt that it would be difficult or impossible (54 per cent). Manufacturing employers were the most likely to consider this difficult (69 per cent), predominantly due to health and safety concerns. Some employers felt that preconceptions on the part of other staff and customers/clients had to be overcome in relation to staff with learning difficulties. However, one large employer commented that there were good opportunities in certain types of work:

*'Ours is often a particularly repetitive form of work and some people with learning disabilities adapt to that type of working well. We always take each case as it comes.'*

(Large, private sector)

Around two-fifths (39 per cent) felt it would be easy to employ someone who needs to use a wheelchair, while three-fifths (60 per cent) felt it would either be difficult or impossible. Education (82 per cent), public administration (73 per cent), and health/social work (53 per cent) were all sectors which were significantly more likely to regard this as easy, whereas, the hospitality and wholesale/retail sectors were more likely to regard it as difficult or impossible (84 per cent and 72 per cent respectively). This is somewhat surprising given that these sectors are likely to need to accommodate **customers** who use a wheelchair.

At almost one-fifth (18 per cent), the proportion of establishments reporting that it would be **impossible** to employ someone who needs to use a wheelchair was the highest of all the impairments and conditions listed. This was very much linked to limited physical accessibility, in particular in listed or old buildings; health and safety issues in certain working environments such as construction sites; and the physical nature of some job roles which, it was perceived, would exclude someone who needed to use a wheelchair.

Around one-third of establishments felt it would be easy to employ someone with a progressive illness such as Parkinson's disease (35 per cent), while just over half (52 per cent) felt it would be difficult or impossible. More than one in ten (13 per cent) were unsure. Looking at industry sectors, manufacturing and hotels/restaurants were significantly more likely than average to consider this would be problematic (74 per cent each). Some of the smaller establishments were concerned that progressive conditions would become more difficult to accommodate over time, particularly if it affected ability to do core aspects of the job, or led to prolonged or periodic absences from work:

*'We're a small, young business and people having time off can affect us. We can work around it if it's booked in advance. But it would affect progress at work and create backlogs if it was happening frequently.'*

(Medium, private sector)

Just under one-third (32 per cent) considered it would be easy to employ someone who is profoundly deaf (not helped by a hearing aid); this was felt to be difficult or impossible by two-thirds (66 per cent). The main reason was that it would be difficult for people to communicate with customers/clients, or other staff. There was often little consideration to the alternatives that might be possible, although one large establishment which ran a customer service call centre was aware of the assistive technologies available but claimed they were incompatible with their existing IT system, which it would cost too much to adapt (discussed further in Chapter 4). A medium-sized construction/manufacturing establishment felt that employing someone who was deaf would not be problematic as they already used lots of written and visual forms of communication due to the noisy work environment.

Only a quarter of establishments felt that it would be easy to employ someone with schizophrenia (25 per cent). Most felt it would be difficult or impossible (61 per cent), with the remainder unsure. Many felt that it would depend on the severity of the condition and whether it was drug-controlled. There was also a degree of concern about unpredictable or dangerous behaviour. One line manager in a manufacturing/construction company commented:

*'Other staff would be wary of them, and I'd have to keep an eye on them all the time. I'm not sure they'd be suited to this type of work.'*

(Medium, private sector)

Employers perceived that employing someone with severely impaired vision would be most difficult to accommodate. Just one in five (20 per cent) felt that employing a visually-impaired person would be easy, while four in five (80 per cent) felt that it would be difficult or impossible. Again, in the case studies few gave thought to assistive technologies.

For the majority of disabilities or conditions listed, a consistent pattern emerges, namely that the **perceived** ease of employing someone is higher:

- In larger establishments. The proportion reporting that it would be easy to employ someone generally increases with size of establishment. The scale of the difference is generally wider where the disability is viewed as more difficult to accommodate.
- In the voluntary sector, compared with either the public or the private sectors, and in the public sector compared with the private sector.
- In workplaces that have employed disabled staff within the past ten years, compared with those that have not.
- In workplaces which are aware of the DDA, in particular where there is spontaneous awareness, compared with those that have never heard of it.

Only a small number of the impairments or conditions did not fit this pattern. There was little variation in the characteristics of those who felt that employing someone with severe facial scarring would be easy, mainly because such a large majority felt that this would not be problematic. At the other end of the scale, there was also little significant variation in the characteristics of those who felt that employing someone with schizophrenia would be difficult or impossible. The fact that there is little variation between different types of employer suggests that views are based less on whether they think the person can do the type of work and more on perceptions surrounding the disability.

Comparing the results with 2003 finds that, generally speaking, employers are now more likely to regard people with many of the conditions listed as being easier to employ. None of the conditions are perceived as being **less** easy. Encouragingly, the proportions reporting that it would be 'impossible' to employ someone who needs to use a wheelchair, with severely impaired vision, or with schizophrenia have all declined significantly since 2003.<sup>11</sup>

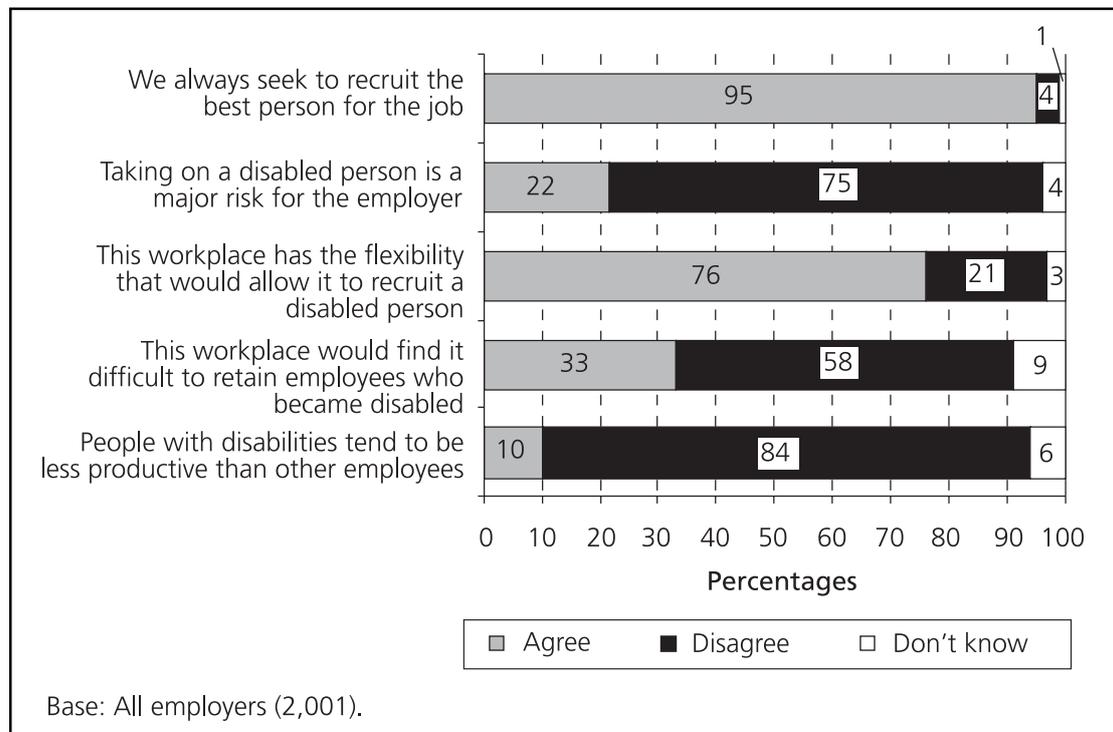
#### **2.4.2 Attitudes towards the employment of disabled staff**

As well as their views on employing people with specific impairments, employers were asked whether they agreed or disagreed with a series of attitudinal statements on employing disabled staff overall, both at their own workplace and more generally (Figure 2.5). The statements covered recruitment and retention as well as more general views on employing disabled people.

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<sup>11</sup> See Appendix A.

**Figure 2.5 Attitudes towards recruitment and retention of disabled employees**



Almost all workplaces (95 per cent) considered that they always sought to recruit the best person for the job, irrespective of whether they had a disability or not. There is no significant change compared with 2003, although this could be expected given the very high proportion who agreed with this statement then (94 per cent).<sup>12</sup> As in 2003, the vast majority of establishments (85 per cent) agreed strongly.

Despite the high proportion of employers claiming that they always sought to recruit the best person for the job, just over one-fifth agreed that taking on a disabled person was a major risk for the employer (22 per cent). Three-quarters disagreed (74 per cent). Compared with 2003, the proportion of establishments who regard taking on a disabled person as a major risk has declined considerably.<sup>13</sup>

Encouragingly, around three-quarters of employers (76 per cent) felt that their workplace had the flexibility to recruit or employ a disabled person, although a substantial minority did not (21 per cent). In 2003, there was a greater tendency to regard the workplace as being not flexible enough.<sup>14</sup> Establishments which had made or planned at least one type of adjustment were more likely to consider their organisation had the flexibility to employ a disabled person than those who had not made any changes (83 per cent compared with 61 per cent).

<sup>12</sup> See Appendix A.

<sup>13</sup> See Appendix A.

<sup>14</sup> The statement was reversed in 2003.

Although just one-fifth of establishments felt they lacked the flexibility to recruit or employ a disabled person, one-third felt that they would find it difficult to keep on employees who became disabled (33 per cent). Even so, this represents a significant decline on 2003.<sup>15</sup>

There was a strong overlap here with those who felt they lacked the flexibility to recruit or employ a disabled person. Almost two-thirds of those who considered their workplace was not sufficiently flexible perceived it would also be difficult to retain disabled staff (64 per cent), compared with just a quarter of workplaces which considered themselves flexible (24 per cent).

Only one in ten workplaces agreed that disabled people tended to be less productive than other employees (ten per cent), significantly lower than in 2003.<sup>16</sup> There was a strong association between the view that disabled staff were less productive than other employees, and perceptions of the business risk involved in taking on a disabled worker. Workplaces which regarded employing disabled staff as a major business risk were six times more likely than those who did not, to perceive disabled workers as less productive (29 per cent compared with five per cent).

Evidence from the case studies would suggest that this (minority) view was related to pre- and misconceptions about disability; for example, associating disabled staff as having physical impairments which would prevent them from doing many aspects of a certain job, or the perception that disabled staff would require more time off work.

In general, more positive attitudes towards the employment of disabled people were consistently found:

- in larger establishments;
- in the voluntary and public sectors, compared with the private sector;
- in establishments which were aware of Part 2 the DDA (in particular, those who were spontaneously aware of it, and therefore had most knowledge of the legislation);
- in establishments which had experience of employing a disabled person within the past ten years.

In contrast, the following types of establishment were consistently **less** likely to hold positive opinions, and more likely to hold negative ones (although it should be noted that the negative views were still in a minority):

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<sup>15</sup> See Appendix A.

<sup>16</sup> See Appendix A.

- Very small establishments with six or fewer staff. For example, very small establishments were more than twice as likely to consider employing a disabled person as a major risk, compared with the largest (26 per cent compared with 11 per cent) and to consider that they lacked the flexibility to recruit or employ a disabled person (23 per cent compared with nine per cent). The case studies revealed this was related to concerns about the ability of some disabled staff to multi-task, or the possibility that disabled employees would need more time off work which could be difficult to absorb in a small team.
- Establishments which were unaware of Part 2 of the DDA.
- Establishments which had no actual experience of employing a disabled person within the past ten years.

Interestingly, there were also some consistent and significant variations by industry. As we might expect, those industries such as education, public administration, or health/social work, which comprised mainly public or voluntary sector organisations, tended to express the most positive attitudes. Banking and finance establishments were also more likely than average to disagree that taking on a disabled person was a major risk or that they would find it difficult to retain an employee who became disabled, and to agree that they had the flexibility to recruit or employ a disabled person. This is related to the larger size profile of establishments in the finance industry, as well as to the types of job available there.

Establishments in hotels and restaurants, and construction were consistently the most likely to express negative opinions about employing disabled people. They were more likely than average to consider employing a disabled person as a 'major risk' or that it would be difficult to keep on an employee who became disabled, and to disagree that they had sufficient flexibility to recruit or employ a disabled person. As many as one in five hospitality establishments also felt that disabled staff were not as productive as other employees. This is, in part, linked to the fact that these types of establishment tend to be fairly small, as well as to concerns about whether disabled people would be able to deal with the physical nature of some of the jobs involved, and the need for multi-tasking.

## 2.5 The Disability Discrimination Act Part 2 in policy

In this section we draw from the case study evidence to look at establishments' policies towards disabled job applicants and employees, the relationship between these and other HR policies on equal opportunities and diversity, and the link between such policies and the DDA.

### 2.5.1 The extent and coverage of policies for disabled staff

Most large establishments and all public sector ones had formal, written policies in place regarding the recruitment, employment and retention of disabled staff. In most cases, disability was included in their wider equal opportunities policies, evident in the following extracts.

Company A aims to ensure no actual or potential employee or visitor receives more or less favourable treatment on the grounds of race, colour, ethnic or national origins, religion, marital status, gender, sexual orientation, disability or age

(Large, private sector)

Company B is committed to the principles of equal opportunity for all and the company specifically prohibits discrimination on any grounds. Discrimination at work on any of these grounds will be treated as a serious disciplinary matter. The company's policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, ethnic origin, sex, sexual orientation, marital or parental status, age, disability, trade union membership or non-membership, religion or belief

(Large, private sector)

Organisation C is committed to ensuring that prospective and present employees are afforded equal and fair treatment in relation to recruitment, selection, terms and conditions of employment, training and promotion. The organisation will actively work to combat discrimination and ensure that prospective or present employees, and those who wish to use its services, are not treated less favourably on the grounds of gender, marital status, employment status, responsibility for children or dependants, race, colour, religion, ethnic or national origin, age, disability, class, sexual orientation or are disadvantaged by the application of any other conditions or requirements which cannot be shown to be justified

(Large, public sector)

Some of the large establishments' policies specifically cited the DDA, as well as other relevant anti-discrimination legislation such as the Sex Discrimination Act(s) and Race Relations Act(s). In a few cases, these policies also cited relevant Codes of Practice and recommendations from the legislation.

The research found a considerable number of examples of large establishments which, in addition to including disabled people in their overall equal opportunities policy, had developed specific policies on recruitment, employment and retention of disabled staff.

These policies covered issues such as:

- the provisions of the DDA;
- definition of disability under the DDA;
- the legal obligation to make reasonable adjustments in recruitment, selection, employment, promotion, training and access to benefits;
- retaining staff who have become disabled during the course of their employment;

- examples of reasonable adjustments;
- the test of reasonableness.

Interestingly, the policies went beyond initial recruitment and selection procedures to also cover opportunities for progression and promotion, including access to training. These policy documents on disabled people provided information, guidance and clarification on the policies and procedures that were in place. In one case, a large retail centre had a detailed, separate section on disability within the overall equal opportunities policy contained in the staff handbook.

Company D recognises that it has clear obligations towards all its employees and the community at large to ensure that people with disabilities are afforded equal opportunities to enter employment and progress within the company. In addition to complying with the requirement of the Disability Discrimination Act 1995, the company will follow procedures designed to provide for fair consideration and selection of disabled applicants and to satisfy your training and career development needs. Should you become disabled in the course of your employment, reasonable steps will be taken to accommodate your disability by making adjustments to your existing employment or redeployment and, through appropriate retraining to enable you to remain in employment with the company wherever possible

(Large, private sector)

In another case study, a large multi-site retail company had developed a specific policy for disabled people called a 'Guiding Principle'.

Company E is committed to making certain that people with disabilities are supported and encouraged to apply for employment with the company and to achieve progress through the company. They will be treated so that they have equal opportunity, so far as is justifiable, to be selected, trained and promoted. Every reasonable effort will be made to enable disabled persons to be retained in the employment of the company

(Large, private sector)

Where medium-sized case study establishments had formal, written equal opportunities policies, these tended to include disabled people as a group rather than having a distinct policy on disability *per se*.

In October 2004, the small employer exemption was removed, meaning that employers of all sizes are now covered by the DDA. However, none of the small establishments in our case study sample had any specific written policies on the recruitment and employment of disabled people, although they had general equal opportunities statements.

One small employer (in the hotel and catering sector) thought it was not relevant for them to have a policy because they believed they would find it very difficult to employ a disabled person anyway. In contrast, a few interviewees in these small establishments were concerned that they did not have any written policies on the recruitment and employment of disabled people and stated they would like some advice on their legal responsibilities (discussed further in Chapter 5).

### **2.5.2 Influences on policies for disabled applicants and staff**

A number of large and public sector establishments reported the DDA to be a key driver in the introduction and development of such policies:

*'We have developed these policies because of the DDA. The DDA is everywhere anyway. It reinforces what should be happening and highlights these issues more.'*

(Large, private sector)

It was clear that, in such establishments, policies had been adjusted to take the DDA into account both initially when the Act came into force and more recently, to accommodate changes. In fact, in one case study, the interviewee said that their policy had originally cited specific sections of the DDA but the fact that the Act is so fast-moving meant this had been amended and now only the overall Act is mentioned.

One of the public bodies stated that the Disability Rights Commission (DRC) had been consulted in the development of their equal opportunities policies. Taking advice from employment law specialists in drafting policies appeared to be common practice in large, private organisations and public bodies (this is discussed in Chapter 5).

The case studies showed that policies in large establishments were fluid and adaptable. Large establishments tended to review their policies regularly, varying between every year to every two or three years, to take legislative changes into account. For example, at the time of the fieldwork in spring/summer 2006, some were reviewing their policies currently to take into account age discrimination legislation. As one interviewee stated:

*'We review our policies annually to take new legislation into account and also any events or experiences with staff and guests over the previous year. In the last review [January 2006] the policy was updated to take age discrimination into account and in terms of disability, the recent changes to the building meant some amendments to the policy were necessary.'*

(Large, private sector)



# 3 The Disability Discrimination Act Part 2 and recruitment practice

This chapter draws first on the case studies to look at establishments' recruitment processes and the extent to which applications from disabled people were actively encouraged. The rest of the chapter uses both the survey and the case study material to look at:

- the collection of health and disability monitoring information;
- how such information is used within establishments at the recruitment stage and beyond;
- the prevalence of adjustments made at the recruitment stage for disabled job applicants.

## 3.1 Recruitment processes

In this section we examine the recruitment methods used by establishments, as well as the extent to which they actively target disabled job applicants.

### 3.1.1 General methods of recruitment

Most large establishments used a range of standard recruitment procedures, including advertising in the local or national press, or in specialist newspapers or magazines.

Medium-sized and smaller establishments rarely had Human Resource (HR) departments (or even any dedicated HR staff), and tended to rely on less formal procedures such as word of mouth, informal networking or internal advertising. Other sources of recruitment included local recruitment agencies and Jobcentre Plus.

### 3.1.2 Targeting disabled job applicants

The majority of large and public sector case study employers took active steps towards encouraging applications, such as:

- Making use of the two-tick symbol in order to demonstrate a positive attitude towards employing disabled people. Several large, and almost all the public sector, establishments used this in their job advertising.
- Emphasising that they welcomed applications from disabled people as part of their job advertisements, often in the form of an explicit equal opportunities statement, mentioning disability.
- Highlighting membership of any relevant bodies, such as the Employers' Forum on Disability.
- Placing job advertisements in specialist press, such as 'Disability Now'.

Although less common, there were also a number of more innovative methods used to attract disabled applicants, mainly involving networking. Building partnerships with charities and disability organisations in order to attract more disabled applicants was viewed (at least in part) as a means of playing a more active role in the local community and hence, fulfilling wider aims of corporate social responsibility.

Such links were often facilitated by Jobcentre Plus or through local employer networks, and typically involved provision of training, mentoring, or work placements. Membership of local networks also meant that vacancies could easily be circulated to relevant disability organisations, without the employer needing to contact each organisation individually. Such organisations frequently offered support to disabled applicants throughout the application process.

As part of a wider corporate social responsibility remit, one large single-site establishment (who was a major local employer) worked with various disadvantaged groups in the community, including disabled people. They offered six-month courses at a local training centre to introduce people to the world of work, including work placements, from which they could progress into employment at the establishment. Two examples of disabled employees recruited and trained in this way were a receptionist and a fork lift driver.

Another employer was working with a mental health charity, which advertised vacancies and then supported disabled people through the application and induction processes.

Establishments who had recruited disabled people via these avenues also recognised wider benefits, such as being able to recruit skilled, loyal staff; reflecting the composition of the local community; offering personal development for other members of staff; and good publicity for the organisation.

In one establishment, an employee with severe learning difficulties was recruited through a mentoring scheme run by a disability charity. He had done really well at his job and had also provided personal development for the people that worked alongside him, by giving them an insight into this kind of disability.

Where no active steps were being taken to encourage applications from disabled people, this was sometimes justified in terms of not treating any applicants more favourably than others:

*'If they are the best person for the job then they will get the job whether they are disabled or not.'*

(Large, private sector)

In a few cases, it was reported that disabled applicants were definitely not encouraged, either because of health and safety reasons or because of the physically demanding nature of the work.

A few establishments made the point that the interests of current employees were prioritised over potential ones, which was likely to have implications for the recruitment of disabled people with particular conditions or impairments. One large, private sector employer observed that they had to ensure they had sufficient flexibility to make reasonable adjustments (usually a change in job) for any of their workers who might **become** disabled, and so they prioritised the needs of current staff over and above new or potential staff with disabilities.

## 3.2 Collection of health and disability monitoring information

This section explores the extent of, and procedures for, collecting information on disability and long-term health conditions from job applicants and the wider workforce; the issues that establishments grapple with when deciding whether to do so, what to ask, and how to follow it up; and their reasons for collecting the information.

### 3.2.1 Prevalence of collecting health and disability information

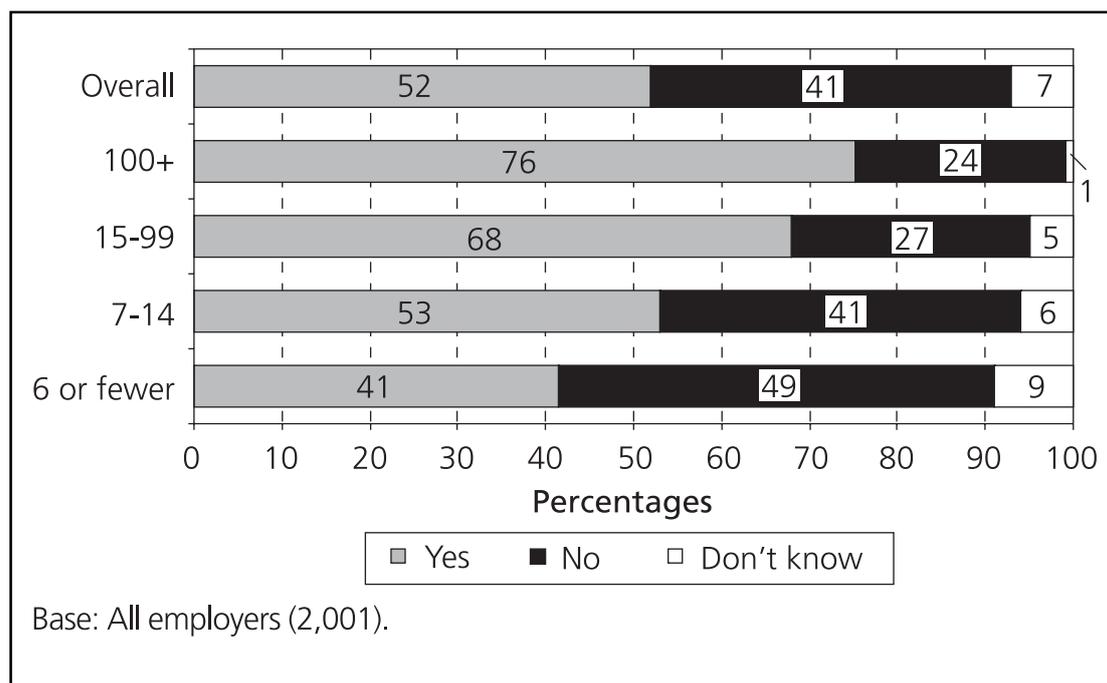
Figure 3.1 shows that while just over half the establishments in the survey asked job applicants to provide health or disability information (52 per cent), a substantial minority did not (41 per cent). The proportion collecting such information has declined marginally since 2003.<sup>17</sup> The majority of those who asked for this type of information said that they always did so, rather than just sometimes.

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<sup>17</sup> See Appendix A.

The likelihood of asking for health or disability information increased with size of establishment, from 41 per cent in those with six or fewer staff, to around three-quarters (76 per cent) of those employing 100 staff or more. This is to be expected given that larger establishments are more likely to have formal application procedures and a dedicated and/or more sophisticated HR function.

**Figure 3.1 Collection of health and disability information, by establishment size**



Larger employers (including those in the public sector) tended to use standard application forms with equal opportunities monitoring forms, which were separate or detachable from the rest of the application. There was often an additional question on the application form itself, about whether any adjustments would be required if the candidate was selected for interview. Smaller, single-site establishments were more likely to use CVs or informal methods such as networking, and this meant they were more reliant on applicants volunteering this type of information, rather than asking them about it specifically. There was a perception among some of the smaller establishments that routinely asking about disability was unnecessary, as:

*'People wouldn't apply for the job if they thought they couldn't do it, or part of it.'*

(Small, voluntary sector)

Almost two-thirds of establishments in the public and voluntary sectors collected health and disability information from job applicants (65 and 63 per cent respectively) compared to just under half of those in the private sector (47 per cent). While this sectoral pattern is partly linked to establishment size, the case studies also found that many of the public sector establishments collected equal opportunities data as a matter of course, of which disability was only one aspect. This was often related to monitoring applicant and workforce composition (discussed in Section 3.2.2).

Table 3.1 shows that establishments who were aware of the Disability Discrimination Act (DDA) (in particular, those with spontaneous awareness) and those who had ever employed disabled staff were also more likely to ask job applicants for this type of information.

**Table 3.1 Collection of information on health and disability from job applicants, by awareness of DDA Part 2 and whether ever employed disabled staff**

Whether asked for health and disability information	Awareness of DDA Part 2			Whether employed disabled staff	
	Spontaneous %	Heard of at all %	Not heard of %	Yes %	No %
Yes – always	56	47	37	53	37
Yes – sometimes	4	7	6	7	7
No – never	33	39	48	35	47
Don't know	6	7	9	5	8
<i>Base N (unweighted)</i>	624	1,652	349	1,055	889

There was some evidence from the case studies that establishments who were aware of the DDA (in particular, among large and public sector employers) had recently stepped up or adapted their collection of monitoring information to reflect this. For example, a small number of employers had changed their equal opportunities monitoring forms so that information on disability was collected in line with the broader DDA definition, including collecting information on specific conditions or impairments. However, a few others were still using out-of-date terminology such as asking whether the applicant was 'registered disabled'.

Within the past couple of years, a number of DDA-aware establishments had also instituted regular audits or surveys of their **existing** staff, in order to encourage people to declare any disabilities or long-term health problems, or update existing information on these.

One large public sector organisation had conducted a 'Personal Details Audit' around two years ago. They were planning to conduct a similar exercise this year in order to update the information. Despite being what they termed a 'nightmarish task' administratively, they felt it was worthwhile in order to update the information and fill in any gaps. One of the problems with their current data is that they only have a 'yes/no' record of disability, rather than a record of what that disability is. Without regular updating, they would also have no record of newly-included conditions under the DDA (2005):

*'People with cancer wouldn't be recorded as disabled under our records... the measurement is full of holes.'*

(Large, public sector)

Another establishment used staff survey results and a regular review process to update information. Every year there is a declaration exercise publicised via the staff newsletter, ostensibly to update contact details but also to ask about disability. This is an opportunity for staff to inform HR about any new conditions or changes in existing ones. However, it was acknowledged that a prompt follow-up process was integral to ensure this information was used appropriately:

*'If anything has changed we'll have a catch-up with them as we might need to review their support mechanisms... It's all about starting the conversations.'*

(Medium, private sector)

Collecting, storing and using information on health and disability was problematic for establishments. A number of those who collected and stored data on staff disability as part of equal opportunities monitoring, did not make any use of it. This was partly due to lack of resources to analyse the information or keep it up-to-date, or because of technical issues with their IT systems. Others expressed concern about the accuracy of the information, in terms of whether applicants/employees reported disability at all, or in line with the DDA definition.

This issue of collecting disability information and encouraging disclosure is important in terms of understanding how organisations were responding to their duties under the DDA Part 2. Interviewees who voiced doubt over the accuracy of their disability figures tended to be concerned that some staff were reluctant to self-declare, even though the information could be used to identify adjustments that might help them in their work:

*'There's a feeling that people think they will be discriminated against if they tick a box to say they are disabled.'*

(Large, public sector)

The more disability-conscious establishments (generally large and public sector) were gradually trying to address this reticence, via a combination of:

- regular audits;
- proactive HR procedures such as confidential one-to-one discussions with all staff who declared they had a disability;
- positive messages about disability within the organisation (including examples of possible adjustments); and
- disability awareness training for staff; in particular, those involved in recruitment and line managers, who were often the first point of call for staff to raise disability issues.

This was felt to create a more 'open' culture regarding disability issues in the workplace, which could help to overcome staff concerns about possible discrimination:

*'We're getting more and more self-declarations and we expect more to come forward as it becomes part of the culture. People talk to each other...once they see what is done for other people or what can be adapted...they will become more comfortable about coming forward.'*

(Medium, private sector)

*'We have, across the board, found that people have started volunteering more that they have a disability. I think people are feeling more confident and also the recruitment booklets tell them that we have the two-ticks symbol which helps.'*

(Large, public sector)

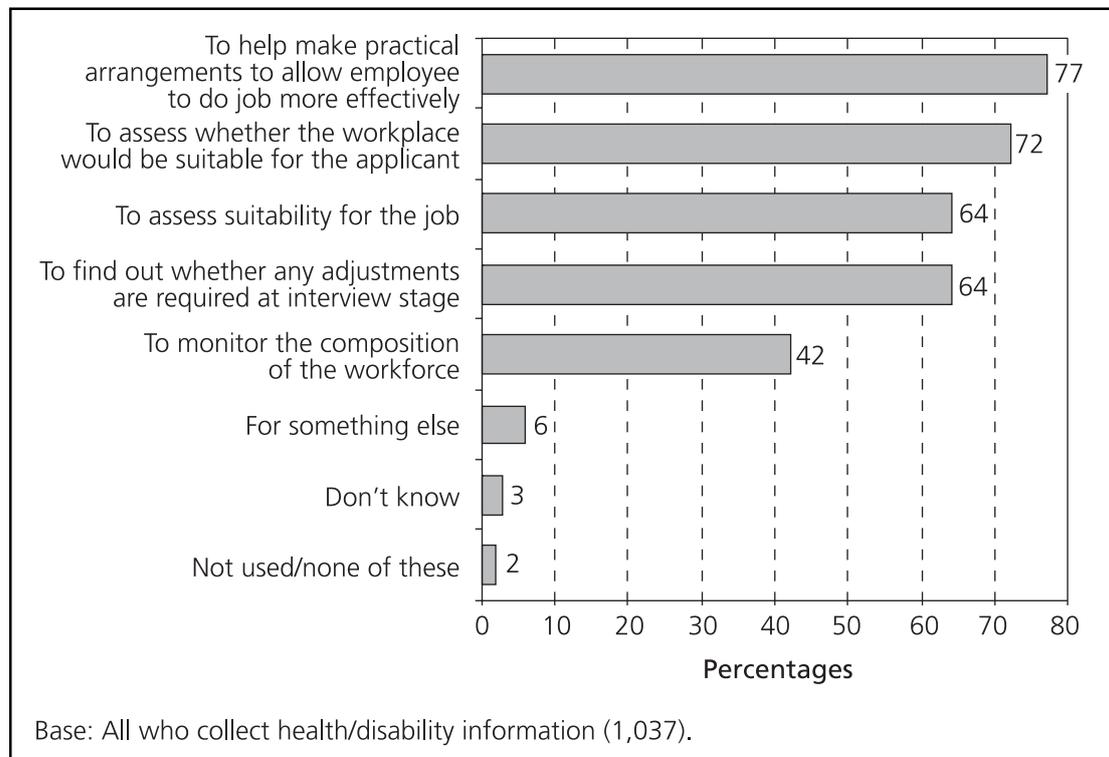
However, several establishments recognised there was a need for balance between encouraging staff to come forward if they had a disability, and pushing people to declare information they may be reluctant to disclose:

*'It's about respecting people's privacy – they may not want others to know they have a particular condition.'*

(Large, public sector)

### **3.2.2 Establishments' use of health and disability information**

When asked what health and disability information was used for, the most common response was to help make practical arrangements to allow the employee to do their job effectively (Figure 3.2). This was followed by assessing whether the workplace would be suitable for the applicant, whether any adjustments were required at the interview stage, and to assess general suitability for the job. Around two-fifths (42 per cent) used the information for monitoring the composition of their workforce: this was most common in establishments that had public functions (64 per cent).

**Figure 3.2 Use of health and disability monitoring information**

Large establishments were consistently more likely than smaller ones to cite adjustment-related reasons for collecting disability information (Table 3.2), either to make practical arrangements to enable the employee to do the job, or to check whether adjustments were required at interview. Conversely, small establishments were more likely to use this information to assess the applicants' suitability for the job. Smaller establishments were often more concerned about disability as a **barrier** to doing a particular job, partly because they felt they had less scope to make adjustments and partly because jobs in the smaller establishments were more likely to involve multiple tasks. Many of the smaller establishments required staff to '*do a bit of everything*' (small, private sector).

Establishments with spontaneous awareness of the DDA were also more likely to cite adjustment-related reasons for collecting health or disability information. In particular, they were more likely to use the information to check whether any adjustments were required at the interview stage (85 per cent compared to 74 per cent of those who were unaware), and less likely to use it to assess suitability for the job (57 per cent compared with 75 per cent).

**Table 3.2 Uses of health and disability information, by establishment size**

	Number of employees			
	6 or fewer %	7 to 14 %	15 to 99 %	100+ %
To help make practical arrangements to allow the employee to do the job effectively	75	76	80	85
To assess whether the workplace would be suitable for the applicant	72	75	70	70
To find out whether adjustments are required at interview	60	63	66	80
To assess suitability for the job	66	68	60	55
To monitor the composition of the workforce	37	47	43	52
Some other reason	4	7	7	11
Not used	2	2	3	1
Don't know	4	3	1	2
<i>Base N (unweighted)</i>	298	293	383	153

Base: all establishments who collect any information.

Among those who collected health and disability information, workplaces in manufacturing (77 per cent) and hotels and restaurants (78 per cent) were the most likely to say they used it to assess suitability for the job. However, only five per cent of establishments who collected health and disability information used it **solely** to inform decisions about applicants' suitability. There were one or two examples in the case studies of establishments where health declaration forms were used as part of the application process, due to the physically demanding nature of the job, or industry-specific health and safety regulations.

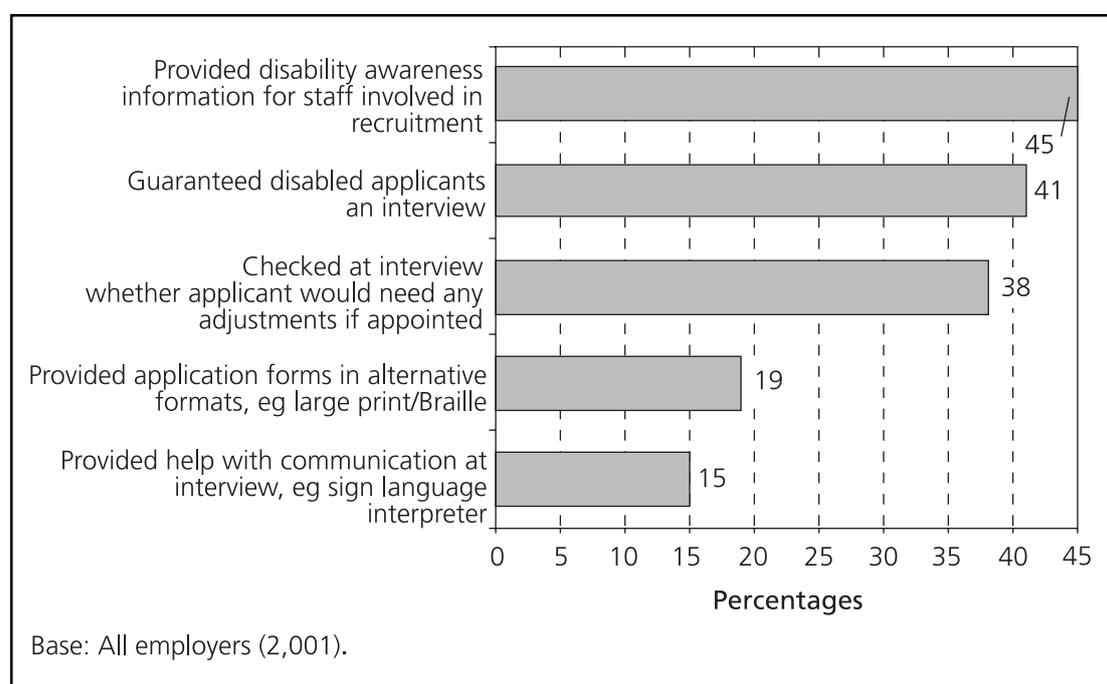
### 3.3 Adjustments at the recruitment stage

The DDA makes it illegal for employers to discriminate against disabled people '*in the arrangements they make for the purpose of determining to whom they should offer employment*'.<sup>18</sup> In light of this, the 2003 survey asked employers how easy or difficult it would be for them to implement a range of measures which could help disabled job applicants. In 2006, this question was changed to focus on the measures employers had actually taken.

<sup>18</sup> DDA (1995), Part 2, S4 (1).

Overall, more than two-thirds of establishments (70 per cent) had made at least one adjustment to accommodate disabled applicants at the recruitment stage. Providing disability awareness information for staff involved in recruitment was the most common (Figure 3.3), followed by guaranteeing an interview to disabled applicants, and checking what adaptations might be required should the applicant get the job. Fewer establishments had provided application forms in alternative formats or help with communication at interview, although this could be expected given that these are only relevant for certain types of impairment.

**Figure 3.3 Prevalence of adjustments at the recruitment stage**



Specific examples of adjustments made at the recruitment stage included:

- compulsory disability awareness training for **all** staff involved in recruitment;
- holding an interview in the local Jobcentre Plus office rather than the establishment premises, due to lack of wheelchair access;
- developing recruitment materials in audio and easy-read formats;
- offering vacancy bulletins, as well as application forms, in Braille and large print;
- holding a job interview for a cleaner in British Sign Language (BSL).

Although we are unable to make direct comparisons with 2003 because of the changed question, it is notable that the most common adjustments to be made are the ones that were considered the easiest in the previous survey.

Table 3.3 shows clearly that the likelihood of making each disability-related adjustment at the recruitment stage increases with size of establishment. Part of this is related to the fact that larger establishments are more likely than small ones to encounter disabled applicants, due to the simple fact that they provide more jobs,

and will therefore deal with a larger total volume of applicants than a small establishment, which may only have one or two vacancies per year. Larger establishments tended to have more developed HR functions and had consequently set up standard procedures for addressing disability issues at the recruitment stage, compared with smaller establishments which tended to adopt a more ad hoc approach.

Public and voluntary sector establishments were consistently more likely to have made any of the adjustments to their recruitment processes, than those in the private sector. Public sector establishments were particularly likely to guarantee interviews to disabled applicants who met all the core competencies for a position, in an effort to 'create a level playing field' (Large, public sector). Public sector establishments were also extremely proactive in terms of disability awareness training for staff involved in recruitment.

**Table 3.3 Adjustments at the recruitment stage, by establishment size**

	Number of employees			
	6 or fewer %	7 to 14 %	15 to 99 %	100+ %
Provided disability awareness information for staff involved in recruitment	34	46	62	80
Guaranteed disabled applicants an interview	34	44	48	50
Checked at interview whether an applicant would need adjustments if appointed	28	38	53	76
Provided application forms in alternative formats such as large print or Braille	15	18	25	42
Provided help with communication at interview, eg sign language interpreter	10	12	22	39
<i>Base N (unweighted)</i>	702	549	554	196

In one large public sector organisation, all staff involved in recruitment had to be approved under a 'recruitment accreditation system' which included a course on the recruitment process itself, and another specifically on equal opportunities within the recruitment process. Once they had passed these courses they were qualified to become an appointing officer. There was an ongoing audit process to ensure that they were continuing to adhere to equal opportunities policies and procedures.

In another, a guidebook and 'toolkit' were rolled out to managers across the organisation in light of the DDA.

Voluntary sector establishments in particular were the most likely to have checked whether any workplace adjustments would be required if the applicant was appointed (60 per cent compared with 46 per cent in the public sector and just 34 per cent in the private sector). They were also the most likely to have actually made workplace adjustments (Chapter 4).

Table 3.4 shows that establishments who were aware of the DDA, especially those who had referred to it without prompting, were more likely than those who were unaware to have made each of the adjustments to their recruitment and selection procedures.

**Table 3.4 Adjustments at the recruitment stage, by awareness of the DDA Part 2**

	Awareness of DDA Part 2		
	Spontaneous %	Heard of at all %	Not heard of %
Provided disability awareness information for staff involved in recruitment	70	51	23
Guaranteed disabled applicants an interview	46	43	31
Checked at interview whether an applicant would need adjustments if appointed	55	43	21
Provided application forms in alternative formats such as large print or Braille	31	21	11
Provided help with communication at interview, eg sign language interpreter	25	17	6
<i>Base N (unweighted)</i>	<i>624</i>	<i>1,652</i>	<i>349</i>

In order to unpick the relationships between size, sector, awareness and other factors on the making of recruitment adjustments, regression analysis was used. The following factors were all associated with an increased likelihood of having made an adjustment to recruitment procedures for disabled job applicants:

- establishments with more than six employees (up to 99 employees);
- establishments which were part of a larger organisation;
- establishments that employ or have employed any disabled staff within the past ten years;
- establishments that have made or planned adjustments for disabled staff;
- establishments which had made or planned at least one adjustment in relation to service provision.

The following factors, on the other hand, were associated with a **decreased** likelihood of an establishment having made a recruitment adjustment:

- establishments in the service industries;
- establishments which did not know whether they collected information about disability from job applicants;
- establishments unaware of the DDA service provision elements.

What is especially important to note is that, as with awareness, the association observed in the bivariate analysis between sector and recruitment adjustments, **is not** a significant factor in making successful predictions. While size, being part of a larger organisation, and being an employer of disabled workers are all also associated with public sector establishments, it is possible that it is these factors which explain the increased likelihood of public sector establishments to have made recruitment adjustments – as opposed to being in the public sector.



# 4 The Disability Discrimination Act Part 2 and employment practice

This chapter looks at the employment of disabled staff over the past ten years and currently, before moving on to discuss the prevalence of various types of employment-related adjustment. It then explores establishments' experiences of making these adjustments, including their motivations, and views on costs, barriers and benefits. Processes for, and responses to, employee requests for adjustments are also considered.

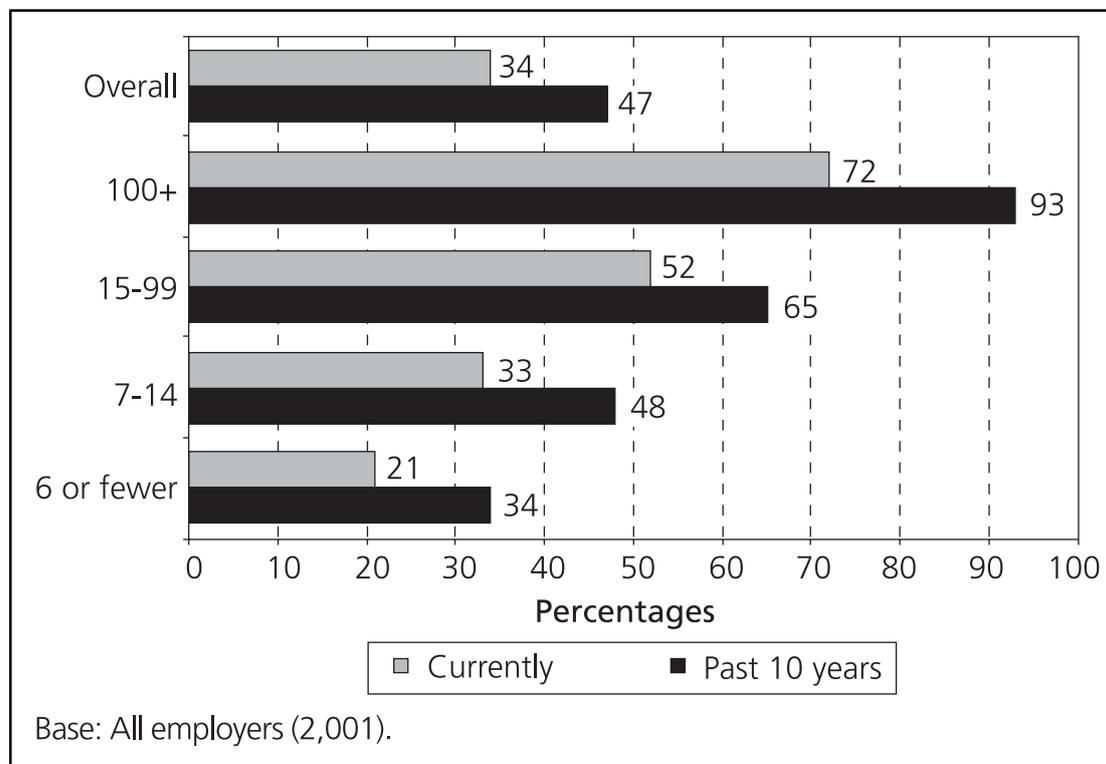
## 4.1 Past and current employment of disabled staff

As evidence shows that many people have a more limited conception of disability than the Disability Discrimination Act (DDA) definition, survey questions about employment were asked **after** the list of impairments was read out and respondents were told that under the DDA, each of these could be considered as a disability. This was in order to prompt them to consider a broader range of disabilities than they might have done otherwise, when reporting whether they had any disabled employees.

Figure 4.1 shows that almost half the workplaces surveyed had employed a disabled person at some point in the past ten years (47 per cent). The majority of these currently had disabled employees, averaging 2.66 per workplace. In total, around one-third (34 per cent) of all establishments currently had at least one disabled employee.

Perceptions of disability (discussed earlier in Section 2.3.3) often impacted on definitions of who was 'counted' as being disabled or not. As found previously, there was a tendency for people to associate disability with physical or visible impairments rather than conditions such as cancer or diabetes. Most establishments felt that many people with these conditions would not consider themselves to be disabled either.

**Figure 4.1 Employment of disabled people currently and within the past ten years, by establishment size**



As we might expect, the larger the establishment, the more likely it was to have employed disabled staff either currently or in the past. Indeed, almost all the largest establishments reported having employed disabled staff within the past ten years (93 per cent). This is partly a product of statistics, given that if all establishments recruited employees randomly from the working population, a larger establishment would have a greater chance of recruiting at least one employee from any minority group (such as a disabled person). However, as discussed in Section 3.2, large employers tended to be more systematic about collecting disability information from their employees. Reports of disabled staff from small and medium-sized establishments tended to be based more on respondent's individual experience of working with them.

Having employed a disabled person in the past or currently was also more common in:

- the voluntary and public sectors (66 per cent and 57 per cent respectively, compared with 43 per cent in the private sector);
- establishments with an awareness of the DDA, in particular, those with spontaneous awareness (63 per cent compared with just 31 per cent of those who were unaware of the legislation);
- public administration, education and health/social work (ranging between 59 and 62 per cent). Construction was the least likely industry to have employed disabled staff (28 per cent).

Again, these types of establishment were more likely to collect information on staff disability, as well as to have a wider perception of what disability could entail.

As workplace size, sector and awareness of the DDA are all inter-related, regression analysis was conducted to determine the key factors associated with likelihood of employing disabled staff, either currently or in the past ten years.

The factors which **increased** the likelihood of an establishment having employed disabled workers within the past ten years were:

- having more than six employees, and particularly establishments with 100+ workers, where the 'odds' of having employed disabled staff were increased to more than 17 to one (relative to establishments with six or fewer staff);
- establishments in the public and voluntary sectors (relative to the private sector); and
- establishments which were part of a larger organisation.

The following factors decreased the likelihood of an establishment having employed disabled workers:

- not being spontaneously aware of the DDA employment provisions; and
- not knowing whether the organisation collected information about disability from job applicants (relative to establishments which always collected this information).

The association between particular industries, and employment of disabled staff observed in the bivariate analysis is shown to be insignificant when other factors are taken into account. The regression model shows that other factors, such as being a large establishment and being in the public and voluntary sectors are more important than industry (although these characteristics are also overlapping) in predicting whether an establishment will have employed disabled workers.

When comparing trends in the proportion of establishments which have employed disabled staff, we should exercise caution because the definition of disability given to respondents prior to this question included a wider variety of conditions in 2006 than in 2003. Thus, while the proportion reporting having employed disabled staff has increased significantly, for both the past ten years and currently, this may be simply because the respondents were thinking of a wider range of disabilities when they answered the question.<sup>19</sup>

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<sup>19</sup> See Appendix A.

## 4.2 Prevalence of employment-related adjustments

The 2003 survey asked workplaces which had employed disabled staff whether they had made any adjustments. In 2006, this was also asked of workplaces which said they had not employed disabled people in the past, in order to detect whether any changes were being made that would assist potential disabled employees in future.

In total, 70 per cent of all establishments had made or planned at least one employment-related adjustment (Table 4.1). The vast majority (84 per cent) of workplaces which had employed disabled staff within the past ten years had made or were planning to make an adjustment. In addition, and although the duty to make workplace adjustments is not anticipatory (i.e. employers do not have to make any of these unless there is a direct need), over half the establishments which had **not** employed disabled people also said they had made or were planning an adjustment (56 per cent).

**Table 4.1 Prevalence of employment-related adjustments overall and by whether ever employed disabled staff**

	Overall %	Employed disabled staff %	Not employed disabled staff %
Made or planned any adjustment	70	84	56
Not made or planned an adjustment	30	14	44
<i>Base N (unweighted)</i>	<i>2,001</i>	<i>1,055</i>	<i>889</i>

Among workplaces that had employed disabled staff<sup>20</sup>, the most common adjustment made or planned was allowing flexible working times or varying hours specifically for disabled employees (56 per cent). Some establishments said it was their policy to offer flexible working to all staff, regardless of disability, wherever possible. More specific examples included:

- offering flexible working time (including shorter working hours, or a gradual return to work) for employees with long-term illnesses or recovering from operations or accidents, or allowing time to attend hospital appointments – this was often termed ‘disability adjustment leave’;
- ensuring that staff with arthritis have an opportunity to take regular breaks away from their desks;

<sup>20</sup> The rest of the analysis focuses on this group of establishments, rather than all establishments which had made adjustments. This is because a) focusing on those workplaces which have disabled staff is more comparable with the 2003 data; and b) otherwise we could not be sure that the observed differences across sub-groups such as size and sector, were not just attributable to the fact that certain workplaces (eg large, voluntary sector) are more likely to have employed any disabled staff.

- allowing fixed or regular meal breaks for diabetic employees; and
- allowing some staff more time to complete certain tasks.

The next most common adjustment was physically adapting the work environment such as making alterations to workstations, lighting or the premises (53 per cent). Specific examples included:

- changing the gradient of some steps for an employee who had a mobility problem;
- a series of adjustments made to enable a fork lift truck driver with mobility problems to do his job; for example, a special step made for him to get into the cab;
- automation of some processes to shift the work involved from manually operating machinery to programming and overseeing it instead, so that staff were *'using a switch rather than using an actual machine'* (medium-sized, private sector);
- voice recognition software, IT support and training for an employee who was blinded after brain surgery;
- screen magnifiers and adaptive headphones for staff in a call centre;
- ergonomic design of machinery such as adapted handles, in a small factory;
- ergonomically designed chairs for people with back problems.

Around half of workplaces where there had been disabled staff had introduced (or planned to introduce) flexible work organisation such as re-arranging work duties (50 per cent), or provided disabled car parking (49 per cent). Examples of changes to work organisation included:

- changing jobs for someone with a visual impairment, so they did not have to drive – in the new job they could do less travelling and use public transport;
- retraining staff to work in other areas of the business if their disability prevented them from continuing in their previous line of work;
- transferring a caretaker to a less physical job following a heart attack; and
- adjusting duties for a retail employee with learning difficulties, so that she did the aspects of the work she was most comfortable with.

Fewer workplaces with a history of employing disabled staff had made or planned each of the other adjustments – perhaps because these are less universal options and more dependent on the nature of the workplace, job or disability in question. For example, providing appropriate physical assistance would not be relevant for many disabled people; likewise, working from home would not be possible in certain jobs, and many workplaces would not be large enough to be able to arrange staff transfers. Examples of these less common types of adjustments included:

- allowing a person with mental health problems to transfer to a quieter office, to reduce stress;
- allowing staff with mobility problems to avoid working in certain areas of a building where there were marble floors; and
- providing full-time personal assistance to someone with a progressive condition who is in a wheelchair.

The case studies revealed a range of other adjustments which were not specifically asked about in the survey. These included:

- New or revised training. A number of the larger establishments provided disability awareness training for staff, or made such training compulsory for all staff involved in recruitment. One establishment had made adjustments to the training and induction schedule for an employee with severe learning difficulties.
- Adjustment to pay and/or remuneration benefits. One establishment had given a disabled employee a car allowance, rather than a standard company car, to enable them to keep their own vehicle which had been modified for their disability.
- New health and safety procedures or equipment. There were several examples of adjustments to health and safety including evacuee chairs and equipping diabetic staff with medical 'bleepers' to be used in emergencies.
- Adjustments related to performance and well-being in the workplace. For example, one medium-sized establishment reported that disability issues were taken into account as part of their appraisal process:

*'Disability is part of the development review. It's not fair to expect disabled staff to produce something they can't because of their disability... We do our best to make allowances for whatever disability they have, if it affects things like their productivity.'*

(Medium, voluntary sector)

A small number of establishments also provided access to counselling or employee assistance services which could help staff deal with issues like stress. The aim of such policies was to prevent health problems from progressing to the point where they became a disability.

The likelihood of making each type of adjustment increased with size of establishment, with those employing 100 or more staff significantly more likely than the rest to have made or planned each (Table 4.2).

This is partly to be expected given that over the past ten years, large establishments were likely to have employed **more** disabled people – with a wider range of impairments, requiring a wider range of adjustments – than small ones. Previous evidence also showed that the largest employers were most likely to collect health and disability information from applicants, and to use this to identify any potential workplace adjustments that might be required.

**Table 4.2 Adjustments made and planned, by establishment size**

	Number of employees			
	6 or fewer %	7 to 14 %	15 to 99 %	100+ %
Transferred people or jobs	16	24	33	54
Adapted work environment	39	47	66	83
Flexible work organisation	40	47	58	74
Flexible working time or varying hours	49	54	61	74
Appropriate physical assistance	17	22	28	45
Disabled parking	38	46	57	75
Working from home	16	14	17	34
<i>Base N (unweighted)</i>	<i>241</i>	<i>266</i>	<i>365</i>	<i>183</i>

Base: all those who have employed disabled staff within the past ten years (1,055).

Evidence from the case studies also suggested that the larger establishments (or those which were part of a much larger organisation) had more sophisticated means of assessing need for adjustments than small and medium-sized ones. They also tended to have more scope to respond to that need, for example, through a dedicated HR officer or internal occupational health department.

In one large private establishment, staff were encouraged to approach their line manager first if they felt they needed an adjustment. The line manager would then refer them on for advice from the organisation's occupational health provider. If they needed a fairly standard adjustment, they might receive further technical support from occupational health. If a more specialised modification was required, the establishment could contact the organisation's dedicated disability adviser for extra support.

These mechanisms were in place partly to assess the most appropriate adjustment for the employee, and partly to judge what constituted a 'reasonable' request:

*'Take an easy request, say for a different chair for someone with chronic back pain. Do they need a £650 chair or a £100 chair? And how do you make that decision? We have done a lot of work with our occupational health providers to get them to dovetail how those decisions are going to be arrived at.'*

(Large, private sector)

On a smaller scale, in a medium manufacturing establishment, an occupational nurse was contracted to visit every couple of months in order to provide similar advice on decisions about adjustments for employees.

Smaller establishments were more likely to face constraints on their ability to make certain types of adjustment in terms of cost, but also the flexibility they had to adapt work duties:

*'As a small business we don't have the capacity to put people on restricted duties. All the staff have to move around and work on different machines.'*

(Medium, private sector)

In line with previous sectoral findings, employment adjustments were most common in the voluntary sector, and more common in the public than in the private sector. This is partly related to establishment size, as the public and voluntary sectors have a higher proportion of large workplaces than the private sector. However, the case studies also found that there was a historical 'ethos' of making adjustments in the public or voluntary sectors. This was partly driven by the service remit of public and voluntary sector organisations which dealt with a broad range of the community and often provided specialist services to disabled people. Some respondents (generally those in Human Resource (HR) or other senior positions) felt there was an onus on public sector organisations to 'set an example' to the rest in terms of making adjustments for disabled staff. For example, in one local authority there was a drive to become a more inclusive employer and represent the community more:

*'About three-quarters of our employees are also residents and what benefits employees also benefits local people.'*

(Large, public sector)

Table 4.3 shows that the likelihood of having made any type of adjustment was also significantly higher in workplaces who were aware of the DDA than in those who were not; in particular, where there was a spontaneous knowledge of the legislation. Section 4.3 looks in more detail at the role of the DDA in terms of reasons for making adjustments.

**Table 4.3 Whether any adjustments made or planned for disabled staff, by awareness of the DDA Part 2**

	Awareness of DDA Part 2		
	Spontaneous %	Heard of at all %	Not heard of %
Made or planned any adjustment	92	86	71
Not made or planned any adjustment	8	14	29
<i>Base N (unweighted)</i>	436	939	112

As we have seen from the bivariate analysis, size, sector and awareness of the employment provisions of the DDA are all associated with making adjustments for employees. In order to determine to what extent these factors can predict whether or not an establishment will have made an adjustment for their employees,

regression analysis was used. The resulting model found that there were only three factors which were significant in making successful predictions.

Those factors which **increased** the odds of establishments who had employed disabled staff having made or planned an employment-related adjustment were:

- establishments with 15 to 99 employees (relative to those with six or fewer); and
- establishments who had also made or planned any adjustments related to service provision.

The odds of having made or planned an employment-related adjustment were **decreased** where an establishment had not received (or were unaware whether they had received) a request for an employment-related adjustment (relative to establishments which had received at least one request).

The results indicate a link between making service and employment-related adjustments, re-emphasising the connection between awareness of both aspects of the DDA. Furthermore, the association observed in the bivariate analysis between sector and making adjustments, is no longer apparent when other factors are taken into consideration. As with awareness, size, as opposed to sector, is the overriding factor. The third significant factor also suggests that while having received requests to make adjustments does not necessarily increase the likelihood of an establishment actually making one, **not** having received any requests significantly **decreases** the likelihood of having done so. This may just be due to the different inter-relationships between types of disabilities that employees have and the types of job they do, which may not require adjustments to be made in some establishments, but may in others.

The question on adjustments has changed slightly from 2003 and therefore, we should bear this in mind when comparing change over time. The 2003 question asked which adjustments were **already in place** or were planned, whereas, the 2006 question asked which adjustments had been **made** or were **definitely** planned. The proportion reporting that adjustments have been made is in line with the proportion who reported adjustments to be in place in 2003.

However, compared with 2003, more establishments reported that changes have been made regarding more flexible work organisation, transferring people or jobs to other premises or parts of the building, and providing appropriate physical assistance. Fewer now report offering disabled car parking spaces, although this could be related to unseen differences in the sample characteristics between the surveys (for example, there could be more inner-city establishments in the 2006 sample, which may be less likely to offer any car parking at all). The difference may also be related to the changed question wording, as we could expect disabled car parking spaces to be already in place at many establishments, rather than having to be made.<sup>21</sup>

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<sup>21</sup> See Appendix A.

### 4.3 Experience of making employment-related adjustments

In this section we focus on establishments' experiences of making workplace adjustments, including what, if any, problems they have encountered, and views on cost. We then explore the reasons why adjustments were made, including the role of the DDA.

#### 4.3.1 Ease or difficulty of making adjustments

The majority (69 per cent) of establishments that had made or planned any employment adjustments (including those with no disabled staff) had not experienced any problems in doing so, although around a quarter had (26 per cent).

Small and medium establishments were more likely than large ones to have had no problems (Table 4.4), as were those in the private sector compared with the public and voluntary sectors. This may be because they had simply made fewer (or more straightforward) adjustments.

**Table 4.4 Whether encountered any difficulties making adjustments, by establishment size**

	Number of employees			
	6 or fewer %	7 to 14 %	15 to 99 %	100+ %
No difficulties	72	68	67	50
Planning constraints	7	6	6	8
Cost	5	5	8	15
Lack of space	3	3	2	4
Building not accessible	2	3	3	3
Health and Safety issues	1	2	3	5
Premises are rented	2	-	1	1
Not suitable for our type of work	1	2	1	1
Other	4	6	7	11
Don't know	5	8	4	6
<i>Base N (unweighted)</i>	<i>434</i>	<i>370</i>	<i>470</i>	<i>185</i>

Base: all those who have made or planned adjustments (1,459)

There were several reasons why many establishments did not encounter any difficulties:

- Many changes were relatively straightforward for establishments to make, such as a change to working hours or arrangements:

*'They are often fairly minor things but they are important to the person that is affected by that disability.'*

(Large, public sector)

*'It doesn't take much to buy a new chair or to move someone to a different floor – it doesn't have to be expensive.'*

(Large, public sector)

*'It's more a case of management time and jiggling things around because the adjustments are usually around transferring people to other jobs and flexible working.'*

(Large, private sector)

- Some changes had been made as part of a general refurbishment, or when moving to a new premises. There was some evidence that accessibility issues were starting to influence organisations' decisions about new premises, where they were already relocating. As newer buildings became available many felt that accessibility would become less problematic. One medium establishment had recently moved to a newly-designed premises, wholly because they needed to accommodate one of their directors, who had a progressive illness and mobility problems.
- Having effective systems in place to monitor the need for adjustments, and to assess requirements, was also important. A key aspect of this was felt to be access to timely advice, either internally or through external channels such as specialist consultants or disability organisations. This is discussed in more detail in Chapter 5.
- Access to financial support for adjustments, such as via Access to Work, was instrumental in easing the process of making changes, not just in terms of cost, but in terms of advice on which types of adjustment to make. This was especially the case when establishments did not have internal specialists, or the resources to pay for external advice, particularly small and medium-sized organisations.

#### **4.3.2 Experiences of, and views on, the cost of adjustments**

While cost was important, it was not an overriding concern. As highlighted previously, most adjustments did not incur **any** direct costs as they related more to working time and duties:

*'It might sometimes be labour intensive but you need to take a long-term view, it's about investing in individuals.'*

(Large, public sector)

Other examples of adjustments with zero costs included relatively straightforward changes such as:

- allowing someone to wear trainers for work rather than the uniform footwear, to help alleviate pain from arthritis;
- giving diabetic staff a set meal break;

- allowing time off work to attend counselling sessions for an employee with mental health problems;
- allowing an employee undergoing cancer treatment to work from home.

In some establishments, costs were not even collated, although in others (generally part of a larger organisation, or in the public sector), a separate budget was ring-fenced for adjustments. Where cost was incurred, the issue was rather one of cost-effectiveness than cost per se; for example, establishments were usually willing to pay more for adjustments related to retaining highly skilled staff, or for changes that had wider workforce benefits:

*'It comes down to what is cost effective. Changes we might need to make might benefit everyone, and then we might consider spending more if it was going to be for the benefit of all staff, like buying some ergonomic chairs.'*

Small, voluntary sector

Some examples of the range of adjustments and related costs include:

- £150 for some specially-made steel toe-capped boots for a maintenance worker with mobility problems;
- around £360 per year on taxi services to enable two staff with progressive illnesses to travel to work more easily (part paid for by Access to Work);
- around £320 per year on parking fees to pay for a car parking space for one employee who was unable to travel to work on the bus due to the risk of infection during chemotherapy;
- £600 for an ergonomic chair for someone with chronic back pain;
- around £1,000 for voice recognition software for a visually-impaired employee;
- £15,000 to install a lift for a senior director who was a key member of a medium-sized professional services company. The cost was seen to be far outweighed by the employee's value to the business;
- several thousand pounds to redesign a fork lift truck for a driver with uncontrolled epilepsy;
- £25,000 to install automatic doors for a wheelchair user (part-funded by Access to Work).

### **4.3.3 Ways of making adjustments easier**

Having a flexible attitude and treating each case individually was seen as key to making the most appropriate adjustments, as easily as possible:

*'It's about talking to an individual to understand their individual requirements.'*

(Large, public sector)

Good communication from the start was viewed as integral to ensuring that adjustments were right for the employee and the business, which placed a lot of emphasis on the role of line managers in larger organisations. A small number of establishments expressed concern about how line managers at supervisory rather than managerial level might approach issues around disability (discussed in more detail later in this section).

As discussed above and in Chapter 3, awareness training or other measures to raise the profile of disability issues within the organisation was felt to contribute towards a culture of making adjustments the 'norm' rather than the exception. This in turn helped to make the process of making adjustments easier, especially when they affected other staff. Establishments emphasised that it was important not to make disabled employees feel as if they were being 'singled out':

*'It's treating others how you might want to be treated rather than making it out to be special or different, because I think that's when problems start to arise, either perceived or otherwise.'*

(Large, public sector)

Some establishments made certain flexible working policies universal to avoid appearing to give disabled staff 'special treatment'.

#### **4.3.4 Experience of specific problems**

The main difficulties were planning constraints and cost. Even so, these were only mentioned by less than one in ten establishments which had made adjustments. Less common problems included lack of physical accessibility, shortage of space, and health and safety issues.

It is not possible to analyse the ease or difficulty of making each type of adjustment individually in this survey, but we know from previous research (Dewson *et al.*, 2005) that employers generally find changes to the work environment and working hours easier to make than redesigning work duties or providing physical assistance. Those who had experienced problems were more likely than average to have made these types of adjustment, although still in the minority.

Workplaces with 100+ staff and those in the public and voluntary sectors were more likely than average to feel that the cost of making adjustments was an issue. Cost was of particular concern in the education sector, cited by a quarter of workplaces that had made or were planning to make adjustments (24 per cent).

One of the difficulties raised by some establishments (particularly large and public sector ones), was that cost was a more 'elastic' concept for them, in relation to what could be considered 'reasonable' or not. Public sector organisations in particular felt that cost could be a barrier:

*'We probably go further than most in terms of what is reasonable. We push the boundary, cost-wise; our normal response would be that we would have to do it, but occasionally you can think, where do you draw the line? All organisations have economic constraints and financial pressures can stop us from going any further.'*

(Large, public sector)

The same issue was raised in a large, multi-site private sector organisation, and reflects the discussion about reasonable adjustments in Section 2.3.2.

There were no meaningful differences across different types of organisation for other difficulties such as planning constraints or health and safety concerns. Some of the case study establishments had faced these problems, some of which had acted as barriers to making adjustments in the first place, and others which had been overcome. Examples included the following:

- Planning constraints. This was a particular problem for small establishments based in listed buildings. One small voluntary sector establishment had already made several adjustments to accessibility for members of the public. However, the part of the building which housed the office remained accessible only via two sets of steep steps. This was not an issue currently as they had no employees with mobility problems, but the interviewee was concerned about potential problems should they take on any new recruits who did.
- Technical difficulties. One large employer had faced a number of technical problems combining adjustments with their standard IT system, partly because this was outsourced:

*'It's not difficult to get the package or system for the disability but the subsequent follow-up support is difficult to organise as it doesn't fit the standard model. We therefore have to make one off arrangements which is difficult, time consuming and expensive.'*

(Large, private sector)

- Lack of awareness or resentment among other staff. This arose in a very small number of the case study establishments, generally where staff felt that others were receiving 'special treatment' (in relation to a disability that might often be a hidden condition). The onus was on line managers to address this, adding impetus to the need for more extensive training for them and other staff on disability awareness:

*'There can be issues like people saying "why does so-and-so always get the 12 o'clock meal break?" or "why does so-and-so never have to work on Floor 2?" It's down to the team leader to put them to rest in the first instance.'*

(Medium, voluntary sector)

### 4.3.5 Overall reflections on making adjustments

When asked to reflect on their overall experience of making adjustments, the vast majority of establishments felt that they were easy to make (72 per cent), with just one in ten regarding them as difficult (ten per cent). There was no significant change compared with 2003.<sup>22</sup>

Table 4.5 shows that, although the largest workplaces were less likely than others to regard making adjustments as 'very easy', they were no more or less likely to consider them difficult.

**Table 4.5 Whether making the adjustments was easy or difficult, overall, by establishment size**

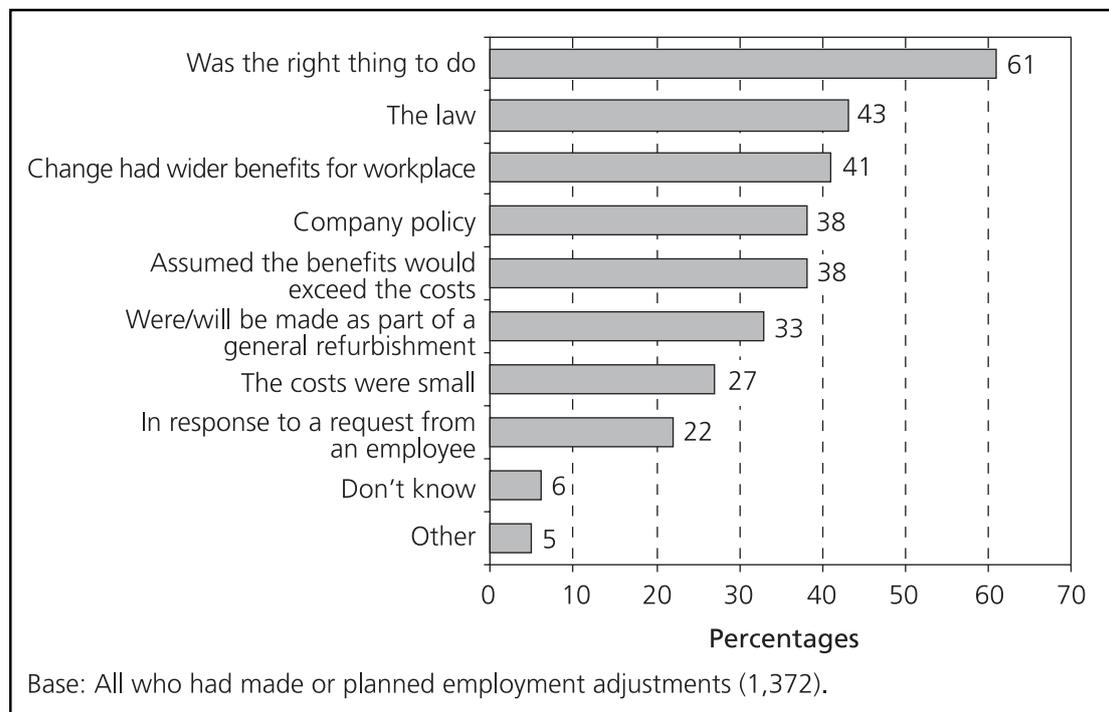
	Number of employees			
	6 or fewer %	7 to 14 %	15 to 99 %	100+ %
Very easy	29	34	28	18
Quite easy	41	38	50	50
Neither easy nor difficult	10	12	10	19
Quite difficult	8	8	10	8
Very difficult	2	2	1	1
Don't know	10	6	3	4
<i>Base N (unweighted)</i>	389	343	450	183

Base: All those who have made adjustments.

### 4.3.6 Reasons for making employment-related adjustments

Employers tended to provide several reasons for making employment-related adjustments. Figure 4.2 shows that reasons ranged in priority from the altruistic (that it was simply '*the right thing to do*' for the employee) to the more pragmatic ('*the costs were small*'). Almost two-thirds of establishments provided multiple reasons (63 per cent), illustrating the complexity of pinpointing the main drivers. Around two-fifths reported they had made adjustments due to legislation or because of company policy (43 per cent and 38 per cent respectively) – there is a high degree of overlap here given that company policy tends to be formulated around legal requirements (see Section 2.5).

<sup>22</sup> See Appendix A.

**Figure 4.2 Reasons for making workplace adjustments**

Large establishments with 100+ staff were the most likely to cite each of the reasons listed, except that the adjustments were made as part of a general refurbishment, which was equally common across all workplaces (Table 4.6). This could be expected given that larger establishments are likely to have made a greater **volume** of adjustments (as they have more disabled staff). Compared with smaller establishments, large ones were particularly likely to have made an adjustment in response to an employee request (discussed in more detail in Section 4.3.8).

Public sector establishments were more likely to cite the legislation as a reason for making adjustments than those in the private **or** voluntary sectors (55 per cent compared with 39 per cent each). This is particularly interesting because voluntary sector workplaces were more likely than those in the public sector to both be aware of the DDA and to have made adjustments. It would seem that, relatively speaking, voluntary sector establishments tend to make adjustments for more 'altruistic' reasons while those in the public sector appear more heavily influenced by awareness of the legislation, in comparison to other reasons.

**Table 4.6 Reasons for making adjustments, by establishment size**

	Number of employees			
	6 or fewer %	7 to 14 %	15 to 99 %	100+ %
Right thing to do for the employee	54	58	68	85
The law required us to	36	43	49	65
The change had wider benefits for staff	35	46	42	57
We assumed the benefits would exceed the costs	30	42	42	59
Company policy required us to make the changes	29	38	45	62
Adjustments made as part of general refurbishment	28	35	36	37
The costs were small	25	27	27	34
In response to an employee request	16	21	25	57
Other	7	5	4	3
Don't know	8	8	2	1
<i>Base N (unweighted)</i>	<i>434</i>	<i>370</i>	<i>470</i>	<i>185</i>

As we might expect, workplaces that were spontaneously aware of the DDA were more likely to cite legislation as a reason for making adjustments (56 per cent compared with 33 per cent in establishments that had not heard of the DDA). It is nonetheless notable that one-third of establishments who had not heard of the DDA, but who had still made adjustments for disabled employees, did so because of legislation. The case studies showed that, even where establishments were not expressly aware of the DDA itself, they acted in the spirit rather than the name of the law. Examples included a small shop, where the manager had re-jigged work duties for an employee with learning difficulties, and a medium-sized voluntary sector organisation where a line manager allocated specific duties to staff with mental health problems because she knew they were more comfortable dealing with routine tasks. Neither was specifically aware of the DDA.

Some adjustments were also related to health and safety requirements rather than to the DDA legislation per se. For example, one small voluntary sector establishment had equipped its deaf cleaner with a vibrating pager alert which was linked to the fire alarm system, as she was frequently on her own in the building.

Motivations were often in combination with each other and underpinned by the DDA or general awareness of equal opportunities legislation. Specific examples included:

- 'Doing the right thing' for disabled staff. In general, there was an acceptance that employers had a duty to their employees and an obligation to consider the needs of disabled staff, as well as those of the business:

*'If they become an employee then we have a duty to them. So it's the Act and the commitment we've made to take someone on.'*

(Medium, public sector)

- Improved staff retention and reduced staff absence. This was particularly the case where staff were experts in their field, highly skilled, or were long-standing employees:

*'You can keep a good employee and everyone knows you've been a good employer.'*

(Large, private sector)

*'Long-term, the implications [of making adjustments] are positive. Individuals have a lot to give whether they are disabled or not. Once our staff have worked for us for a while, their understanding of the organisation and their breadth of knowledge are irreplaceable.'*

(Large, public sector)

- Maximising productivity and staff performance. Some adjustments had been made to ensure that staff were able to perform as effectively as possible in the workplace. In a medium-sized manufacturing establishment, a regular visit from a BSL sign language interpreter was arranged so that three deaf employees could be included in staff consultation with management. Their line manager noted that since this had started, she had noticed:

*'A distinct improvement in their experiences at work and their involvement in the consultation and planning process.'*

(Medium, private sector)

In another example, one reason given for subsidising staff with progressive illnesses to travel to and from work by taxi was so that:

*'They can function better at work because they're not really tired by the time they get here.'*

(Medium, voluntary sector)

- Building a reputation as a positive employer. This was felt to help in attracting applicants from a more diverse pool, and with a genuine interest in working for the organisation:

*'One of the key things that we find when we are interviewing people and ask them why they want to work for us, they say it is because of our good practices and reputation.'*

(Large, public sector)

- Corporate social responsibility and good publicity. One large private employer observed that reasons for making adjustments could be complex, and gave an illustration of a case in which a very complicated and expensive work modification had been made for a single disabled employee:

*'[We are] a large company, therefore, our onus under the DDA in terms of our size and what is reasonable are much greater than any other employer – why did we go the extra mile? Because our duties under the DDA are substantial. But it was also because the trade union was involved and we also obtained a wonderful amount of PR out of that case. It's a bit of everything, it's a good HR practice, it's a good bit of PR, it's a bit social responsibility.'*

(Large, private sector)

- Benefits related to customers or clients. The logistic regression showed that having made a service-related adjustment was a key predictor of having made an employment one, and some organisations recognised that changes made for one could have spin-off benefits for the other:

*'The adjustments have been of benefit in that we have now been able to employ disabled people. Customers benefit from the changes too; it means elderly people can come up and see us.'*

(Medium, public sector)

Overall, while the role of the DDA legislation was acknowledged, it tended not to be the main or only reason. Rather it was the interplay of the legislation with other factors that drove adjustments to be made. The role of employee requests was also important in some workplaces. The impact of the DDA is discussed in more detail in the following section, while employee requests are discussed in Section 4.3.8.

#### **4.3.7 The impact of legislation on making employment-related adjustments**

All establishments which had made or planned any adjustments were asked whether they would have done so without the legislation.<sup>23</sup> Three-fifths said they would still have made all their adjustments (60 per cent) while one-fifth said they would have only made some of them (20 per cent). Just 12 per cent said they would not have made any adjustments at all.

Table 4.7 shows that the likelihood of making all the adjustments without the legislation increases with size, ranging from just over half in the smallest workplaces (55 per cent) to around two-thirds in the largest (67 per cent). Some large establishments had already been making employment-related adjustments before the introduction of the DDA. Although the legislation had added impetus to this, they felt they would have made most changes for disabled employees regardless:

*'We don't need the DDA, we would do things anyway. We go that step further. If someone can't do a job we try to accommodate this...'*

(Large, private sector)

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<sup>23</sup> It is important to recognise that the answers to this question are hypothetical and therefore, although they are reflective, they will not be wholly accurate of what somebody actually would have done.

*'We are making adjustments anyway – it makes good business sense. It's not about the Act, it's for the person and for the business. We wouldn't make a job for a disabled person but it's different if they work for you already.'*

(Medium, private sector)

Very small establishments employing six or fewer staff were significantly more likely to claim they would not have made any adjustments at all if the legislation had not been in place, although they remain in the minority (16 per cent).

**Table 4.7 Whether adjustments would have been made without the legislation, by size**

	Number of employees			
	6 or fewer %	7 to 14 %	15 to 99 %	100+ %
Yes – all of them	55	60	64	67
Yes – some of them	21	18	20	24
No	16	10	9	5
Don't know	8	11	7	4
<i>Base N (unweighted)</i>	434	370	470	185

Voluntary sector establishments were more likely than those in either the public or the private sectors to consider that they would have made all the adjustments regardless of legislation (77 per cent compared with 59 per cent in private sector and 57 per cent in public sector organisations). This is in line with previous findings which showed that in voluntary sector establishments, although still important, the legislation was relatively **less** important as a motivating factor, compared with more altruistic reasons.

Almost one-fifth (18 per cent) of workplaces which had not employed disabled staff said they would not have made any adjustments without the legislation. This is interesting because the DDA is not anticipatory. There are various reasons why these establishments may have thought they needed to make changes. These include: a misconception that they had to make adjustments regardless of whether or not they had any disabled staff; they did not consider some staff who required adjustments to be disabled when they answered the previous question on employment; or they were referring to legislation **other than** the DDA (such as health and safety regulations).

In some establishments, the legislation was used by senior managers (including HR departments) to convince some line managers of the need to make adjustments. This applied across sectors, and supports the finding expressed earlier of the need for better training for line managers on disability issues and awareness:

*'From the HR point of view yes, as it's part of best practice. But the team leaders can sometimes question things and when they do we can use the legislation as a kind of "stick" to say why we have to do things.'*

(Medium, voluntary sector)

*'As HR advisers we can fall back on the DDA legislation and use that as an argument, but it is the opposite of where we want to be...we would rather that everyone buys into equal opportunities.'*

(Large, public sector)

One of the issues that arose with line managers was the 'fear factor' around how to deal with disabled people and concern about getting the legislation 'wrong' and treating someone unfairly or being penalised. Training was underway to address this in some case study establishments, particularly in the public sector.

#### **4.3.8 Employee requests for adjustments**

In total, over one-third of workplaces which had employed disabled staff said they had received a request for a disability-related adjustment (36 per cent).

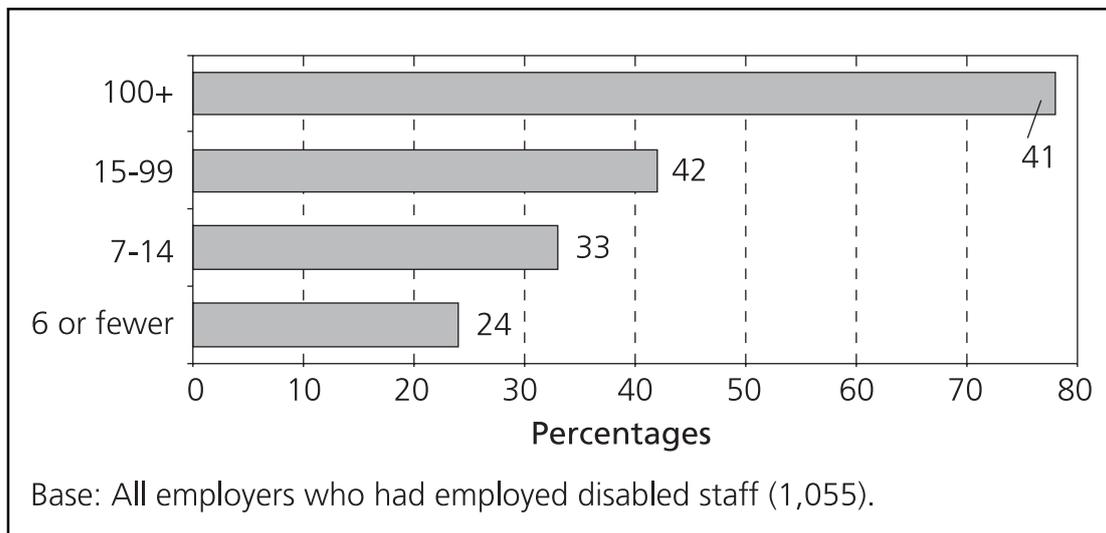
Figure 4.3 shows that, even though the analysis focused **only** on those establishments which had employed disabled staff, the largest establishments were still over three times more likely to have received an employee request for an adjustment, compared with the smallest (78 per cent compared with 24 per cent). This is related at least partly to the fact that larger establishments are likely to have employed **more** disabled people than smaller ones. However, we also know that large establishments tended to be more active collecting disability information and highlighting their openness to making adjustments, which may encourage more staff to raise issues. Employee requests were also more common in the voluntary and public sectors, than in the private sector, although this was partly related to workplace size.

The majority of employers claimed to have met most, if not all, of the requests that had been received from disabled staff. However, some drew a distinction between adjustments for existing staff and those for potential recruits:

*'We make so many adjustments for current staff and it's easier to make adjustments for people that you know can do the job and fit in with the environment – to ask people to do more for new employees, like make adjustments to employ them, is difficult unless they are the best person for the job.'*

(Large, private sector)

**Figure 4.3 Proportion of establishments which have received an employee request for an adjustment, by establishment size**



Generally speaking, the procedures for requesting or identifying adjustments were more formalised among larger establishments (both public and private) and the most common examples given were of approaches made via line managers or HR departments. By contrast, in medium-sized and smaller establishments, the adjustment procedures tended to be more ad hoc and implemented in response to individual employees on a case by case basis.

In the case of one large public establishment, a fairly 'top down' sign-off procedure was in place which involved a line manager approaching the group manager, who would then go to the head office for advice:

*'We would tend to go for advice to our head office regarding adjustments. If it was a fairly simple, low budget item we would pay for it out of our local budget but if it was a major thing like the electronic doors we would go through our accommodation unit and service provider and they would go and get quotes for us.'*

(Large, public sector)

Some specific examples of procedures from larger organisations illustrated a generally positive approach.

In one establishment there was a centralised occupational health unit with a designated member of staff whose full-time job was to look into adjustments for staff on grounds of disability or health and safety.

Continued

Some decisions were referred to HR for the final say on whether they were 'reasonable' or not.

All employees would initially approach their line manager about any adjustments needed but they could also go to the confidential staff care service. Adjustment need could also come up in the appraisal. All requests for adjustments had so far been met:

*'I don't think that we would ever turn anyone down because of cost because we want to keep our employees on. People appreciate that we make the effort'*

(Large, public sector)

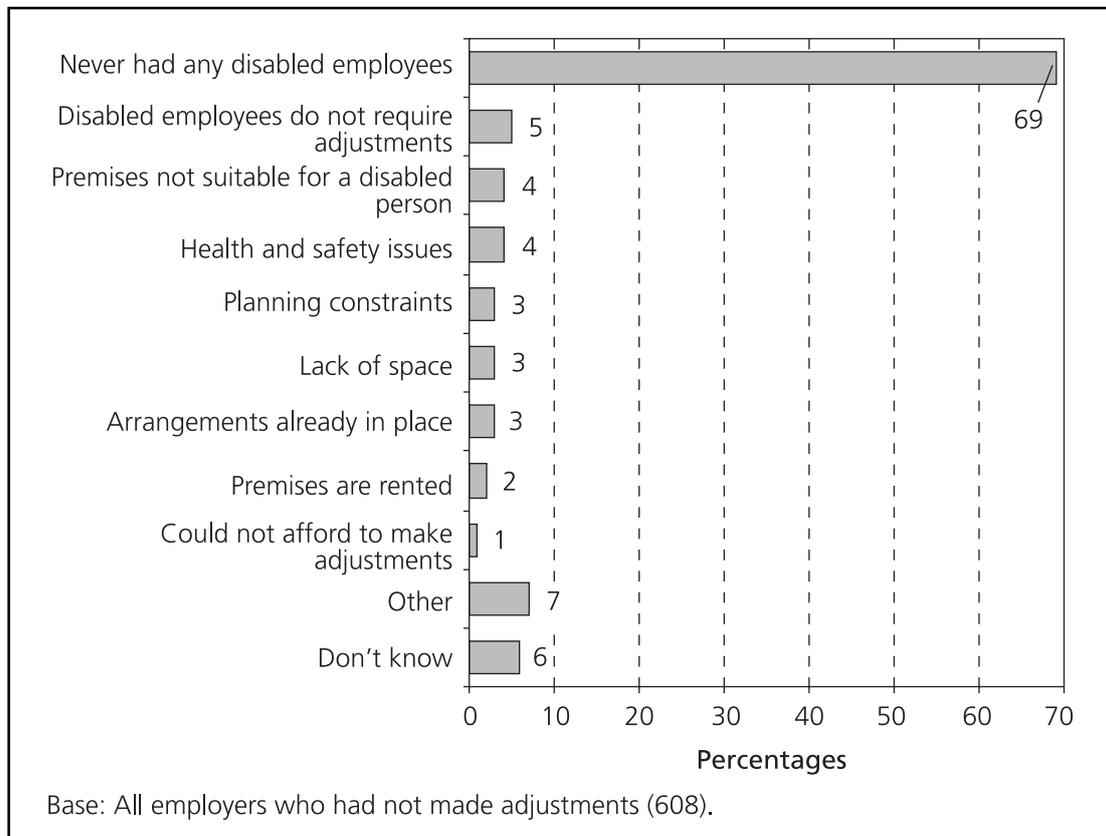
Making adjustments for individuals was seen as part of an ongoing process of supporting them in their jobs. For example, one large public sector establishment would look at adjustments to the physical environment in conjunction with staff sickness absence levels. If people continued to need a lot of sick leave then the adjustments might not be working effectively, and the person might need extra or different support.

In multi-site establishments, local branches tended to have a degree of discretion but there were usually limits on this, related to cost, before the request would need to be referred elsewhere. One of the benefits of this approach was felt to be consistency. For example, a line manager felt that it was necessary to *'be consistent and go through the right channels'* (medium, public sector).

#### **4.3.9 Reasons why no workplace adjustments had been made**

In total, almost one-third of workplaces (30 per cent) said they had not made or planned any adjustments to enable them to employ or retain disabled staff. When asked why, the vast majority attributed this to the fact that they had never had any disabled employees (69 per cent). As in the previous survey, this included a small proportion who previously said that they had employed disabled people within the past ten years. This discrepancy is likely to be because they were prompted with the DDA definition of disability before answering that question. We know from this and other research that many people have a more 'narrow' perception of disability than that defined by the DDA, and they may have reverted to their original perception by the time they answered the later questions on adjustments.

Other reasons for not making adjustments were all mentioned in very small numbers (Figure 4.4) and centred around lack of perceived need and practical issues such as health and safety, planning constraints, and shortage of space.

**Figure 4.4 Reasons why no workplace adjustments had been made**

# 5 The Disability Discrimination Act Part 2: Advice and information

This chapter considers the extent to which advice, information and support on issues around recruiting and employing disabled people had been sought by establishments. It looks at the reasons why they had sought advice, and the range of sources they consulted. It also considers whether establishments felt that they needed more information and advice, and their views on how this might best be provided.

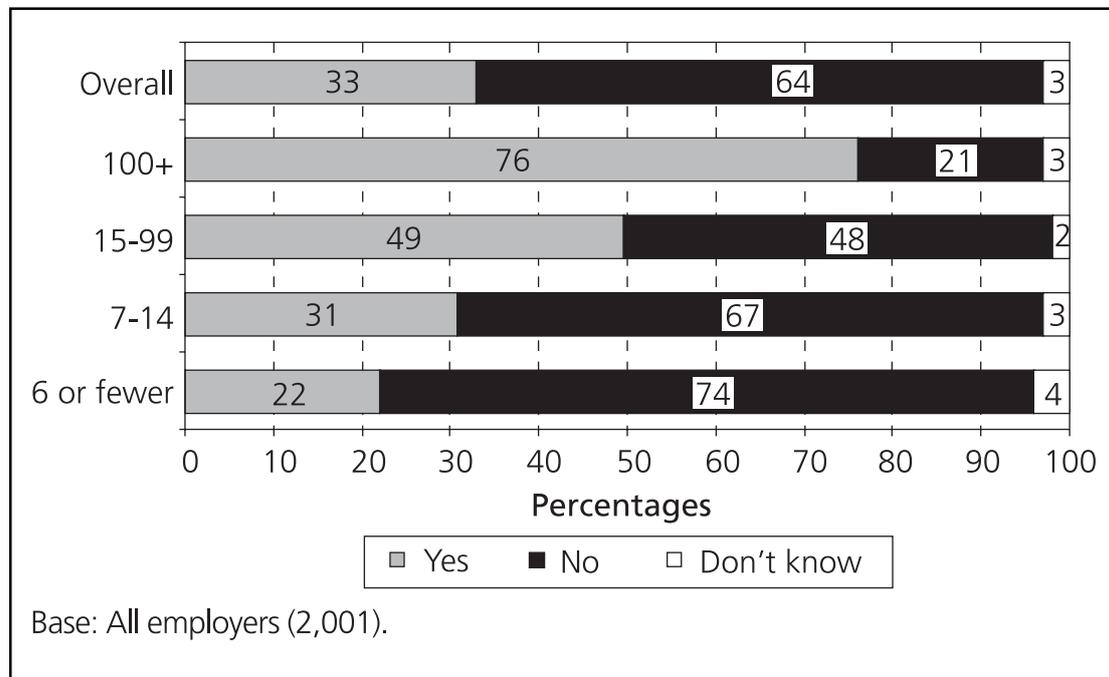
## 5.1 Seeking advice

One-third of all workplaces had sought advice on the employment of disabled people (33 per cent), significantly higher than in 2003.<sup>24</sup> The likelihood of seeking advice increased markedly with size of establishment, rising from around one-fifth of those employing six or fewer staff (22 per cent) to around three-quarters of those employing 100 or more (76 per cent). Linked to this, it was also higher in establishments which were part of a multi-site organisation, than in those which were not (41 per cent, compared with 25 per cent).

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<sup>24</sup> See Appendix A.

**Figure 5.1 Whether sought advice on employing disabled people, by establishment size**



The likelihood of having sought advice on employing disabled people was also higher:

- in workplaces which had employed disabled staff compared with those which had not (48 per cent compared with just 20 per cent);
- related to this, in the voluntary sector than in either the private or public sectors (58 per cent compared with 28 per cent and 42 per cent respectively);
- likewise, in industries which were most likely to have employed disabled people (such as public administration, health/social work, education); and
- in workplaces which were aware of the Disability Discrimination Act (DDA) employment provisions (55 per cent) compared with those which had not heard of the legislation (17 per cent).

It is not possible to ascertain from the bivariate analysis whether seeking advice was motivated by the DDA, or whether establishments found out about the DDA via the advice they received. However, the multivariate analysis seems to suggest the former, rather than the latter.

The model found there were a great number of significant factors at play. The likelihood of an establishment having sought advice was increased in:

- establishments with more than 14 employees;
- establishments in the voluntary sector;
- establishments which were part of a larger organisation;
- establishments who employ or have employed any disabled staff within the past ten years;
- establishments which had made or planned at least one employment-related adjustment; and
- establishments which had made adjustments at the recruitment stage for disabled applicants.

A further two factors **decreased** the odds of an establishment having sought advice:

- establishments which were not spontaneously aware of the DDA employment provisions; and
- establishments which were not aware of the DDA service provision elements.

While the characteristics associated with advice-seeking could apply to a range of different types of establishments, the significant factors in combination suggest that it is those establishments most involved in employing disabled staff and in making adjustments (of any type) that are also most likely to seek advice. Conversely, it is a lack of a clear awareness of the DDA (both in terms of employment and service provisions) that predicts which establishments have not sought advice.

## 5.2 Sources of advice and information

The most common sources of advice on employing disabled people were internal ones. One in five workplaces who had sought advice went to their head office (21 per cent) while one in eight consulted other colleagues at their workplace (12 per cent). The most common external sources were specialist consultants, specific disability associations or charities, and local authorities.

As might be expected there were clear differences between the sources used by single-site establishments and those that were part of a larger organisation (Table 5.1). Generally speaking, multi-site establishments were more likely to use internal sources (in particular their head office), whereas single-site workplaces were more likely to seek advice from external sources such as disability associations, local authorities, or Jobcentres.

**Table 5.1 Sources of advice and information used, overall and by whether part of a larger organisation**

<b>Source</b>	<b>Overall %</b>	<b>Single site %</b>	<b>Multi-site %</b>
Head office	21	1	33
Other colleagues at this workplace	12	8	14
Specialist consultants	12	12	11
Specific association/charity dealing with disability	11	17	8
Council/local authority	8	13	5
Jobcentre	6	8	5
Solicitor/legal adviser	6	7	6
Trade/employer association	4	7	2
Internal HR	4	2	6
Internet	4	4	4
Department for Work and Pensions	3	3	2
Disability Rights Commission	2	3	1
Occupational health specialist	2	1	3
Health and safety	2	2	2
Trade union	1	1	1
Other	6	9	4
Don't know	7	7	7
<i>Base N (unweighted)</i>	<i>773</i>	<i>240</i>	<i>532</i>

Compared with other sectors, voluntary organisations were twice as likely to have used specific disability associations or charities (26 per cent) and ten times more likely to have sought advice from the Disability Rights Commission (11 per cent). They were also more likely to have used multiple sources. A quarter (26 per cent) had sought advice from three or more sources compared with just one in ten workplaces overall (nine per cent).

### 5.3 Usefulness of advice and further information/support needs

Large and public sector organisations largely felt that they had access to good advice, information and support about the employment aspects of the DDA, while those in small and medium-sized establishments felt less well-informed. Having discussed disability and employment in-depth during the interviews for this research, they often said that they would like more information as a result of these issues having been raised. Often, the larger establishments had access to internal specialists within a wider organisation, or had 'bought in' external expertise via employment lawyers or disability consultants, which small and medium-sized establishments could not afford to access on their own.

One large establishment felt that the duties were relatively clear, although they had, in the past, needed further clarification around definitions of disability, particularly mental illness. They had sought advice on this as part of the training that had been provided by external consultants.

They felt that there was a lot of general advice and support available from their HR consultants and from their employment lawyers. In the past the establishment had sought advice on general issues, but had not needed to seek **specific** advice on disability. They also saw Acas as a useful (and free) source of advice. This establishment did not feel that any additional advice was needed.

A medium-sized establishment had never sought any advice or information on employing disabled people, as no issues had arisen for them in the past. Now that the subject had been brought to his attention, the director felt that a short document, perhaps in the form of an email, highlighting their key responsibilities under the DDA would be very useful.

Several areas were identified where advice and information could be improved:

- Some interviewees said they would like to receive regular updates on changes to the legislation in order to keep better up to date with new developments. Short email updates were suggested as a useful way of receiving this type of information, periodically.
- Some also raised specific issues where they would like further advice, for example, the legal position if an employee did not disclose a disability, but there was subsequently a problem arising from it. An example was given of an employee with epilepsy who had been working in an area with strobe lighting, and how much an establishment should probe their employees for information on impairments or health conditions. Another establishment wanted clearer guidelines on how the legislation might apply in specific situations, for example, regarding issues around making people redundant, or the position of staff on temporary contracts.
- Some felt that the employment provisions of the DDA were not publicised enough, and that it would be useful to know where to go for additional advice.
- Reflecting concerns about cost (and possibly misconceptions about the nature of most workplace adjustments), the extent and sources of financial support available for making adjustments was also raised, particularly by small and medium-sized establishments.

There was a common view that there was too much complex regulation of small businesses, and hence, too much information to wade through:

*'There's lots of sheets of paper, lots of recommendations, but none of it gets to the point and none of it is clear-cut.'*

(Medium-sized establishment, voluntary sector)

In light of this, interviewees felt that information or updates on the DDA should be regular, but the amount sent each time should be in small, easily-digestible amounts, and written in an accessible style rather than using overly legalistic terminology.

As well as email updates, leaflets, monthly newsletters, an annual reminder, and DDA features on government websites used by businesses, such as the HMRC, were mentioned as potentially useful means of widening employers' awareness and understanding of the DDA.

# 6 The Disability Discrimination Act Part 3: Awareness and understanding

## 6.1 Introduction

This chapter shifts the focus of the report to examine awareness of the Disability Discrimination Act (DDA) Part 3, which covers provision of goods, facilities and services to the public, whether paid or free of charge. The main provisions of this part of the DDA were introduced in three stages, as follows:

- Since December 1996, it is unlawful to treat a disabled person less favourably because of their disability.
- Since October 1999, providers are required to make reasonable adjustments to the way they deliver their goods or services, so that disabled people can access them.
- Since October 2004, all providers are required to make reasonable adjustments to the physical features of their premises to overcome physical barriers to access.

Unlike the provisions under Part 2, all these duties are anticipatory; that is, goods and service providers are expected to make adjustments regardless of whether or not they have had, or currently have, any disabled customers or clients.

In the survey, 84 per cent of establishments provided at least some goods and services to the public (N=1,697). The majority of these (76 per cent) provided goods and services to a mixture of the public and other businesses.

More than half of goods, facilities and service providers dealt with customers both on and off the establishment premises (57 per cent), with only five per cent dealing with customers entirely off-premises; for example, solely at clients' homes or through a telephone or Internet-based service. The remainder provided goods or services entirely on their own premises.

## 6.2 Awareness of the Disability Discrimination Act Part 3 (goods, facilities and service provision)

This section examines awareness of the DDA Part 3 on goods, facilities and service provision, distinguishing between 'spontaneous' and 'prompted' awareness of the legislation as in relation to the DDA Part 2.

### 6.2.1 Spontaneous and prompted awareness of the DDA Part 3

#### *Spontaneous awareness*

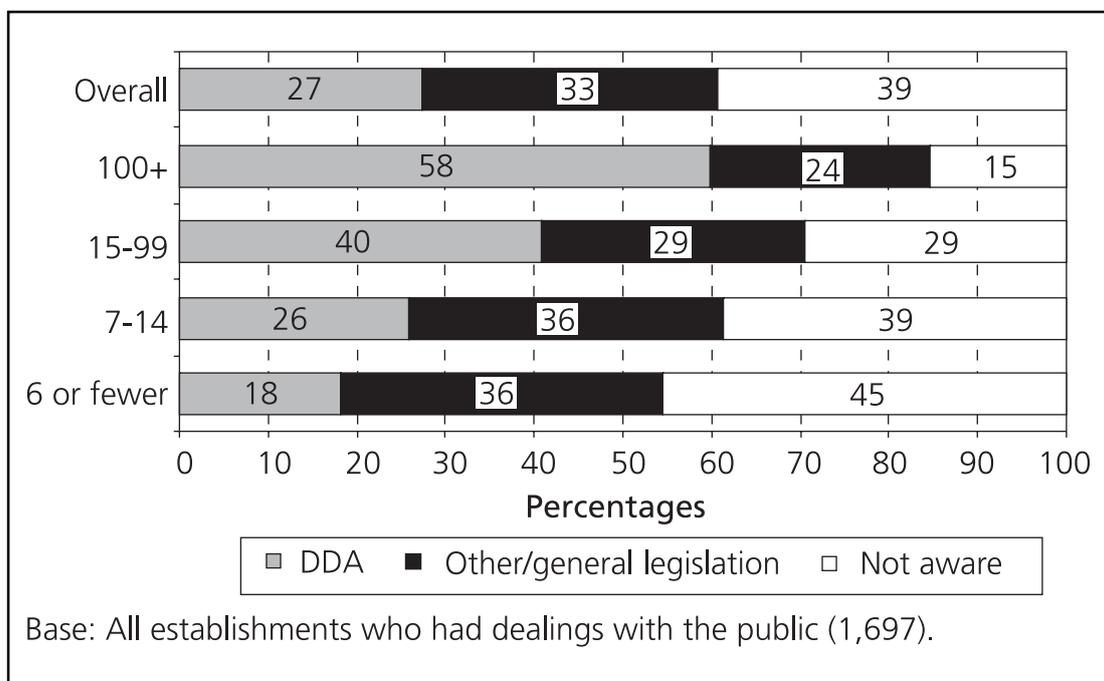
All goods and service providers were asked if they knew of any legislation giving rights to disabled customers, clients or other members of the public they dealt with; if so, they were asked to name this legislation. Just over a quarter (27 per cent) were spontaneously aware of the DDA. Overall, around three-fifths of establishments were aware of some form of legislation protecting the rights of disabled customers or clients (61 per cent), leaving a substantial minority who were not (39 per cent).

Figure 6.1 shows that spontaneous awareness increased markedly with the size of the establishment, rising from around one-fifth among the smallest (18 per cent) to almost three-fifths in the largest (58 per cent).

Similar patterns were found for spontaneous awareness of the DDA Part 3 as for the DDA Part 2, namely that awareness was also higher:

- in the voluntary and public sectors than in the private sector (41 per cent and 35 per cent, compared with 22 per cent);
- among establishments which had employed disabled staff within the past ten years (35 per cent); and
- in establishments that were part of a multi-site organisation (33 per cent) compared with those that were single-site (19 per cent).

**Figure 6.1 Awareness of laws giving rights to clients/customers/ the public with long-term health problems or disabilities, overall and by workplace size**



Around three-fifths (61 per cent) of those who spontaneously referred to the DDA in relation to goods and service provision were also spontaneously aware of it in relation to employment.

Establishments which only dealt with customers off-premises were significantly more likely to be **unaware** of legislation covering the rights of disabled customers or clients, than those who dealt with customers on their own premises (Table 6.1).

**Table 6.1 Awareness of legislation covering disabled customers/ clients, by type of customer interaction**

	Customer interaction		
	All off-site %	All on-site %	Both on and off-site %
Aware of any legislation	43	63	60
Not aware of any legislation	57	37	40
<i>Base N (unweighted)</i>	82	632	983

Compared with 2003, spontaneous awareness of the DDA’s goods, facilities and service provisions has increased substantially from a very low base of just five per cent.<sup>25</sup> In fact, spontaneous awareness of the goods and services legislation is now

<sup>25</sup> See Appendix A for data tables showing the re-weighted 2006 figures.

on a par with spontaneous awareness of the employment provisions, and has increased at a faster rate over the past three years. This may be linked to the fact that duties under Part 3 are anticipatory rather than responsive, and to the duty regarding physical accessibility, which was introduced in October 2004 and which the case studies found has added greater impetus to establishments' awareness (see Section 6.3.2).<sup>26</sup>

### *Prompted awareness*

When prompted specifically, a further half (54 per cent) of those who could not name the DDA spontaneously reported to have heard of it. Again, we find a similar pattern of awareness increasing with establishment size, and tending to be higher in the voluntary sector, establishments which had employed disabled staff, and establishments which were also aware of the DDA Part 2.

### **6.2.2 Overall awareness of the DDA Part 3**

In total, two-thirds of establishments had some level of awareness of the DDA in regards to goods and service provision (66 per cent). The proportion having heard of this aspect of the DDA has doubled since 2003.<sup>27</sup> Although general awareness (combining spontaneous and prompted knowledge) remains lower than that of the DDA's employment provisions, it is increasing at a faster rate.

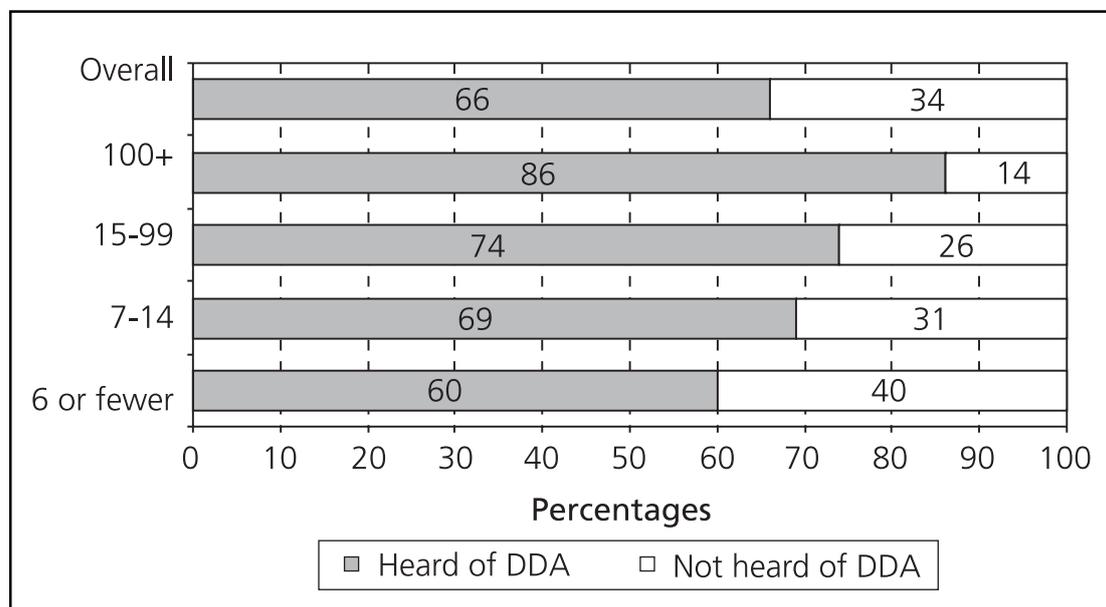
The pattern of awareness of the DDA Part 3 was very similar to that of the DDA Part 2. Awareness increased with establishment size (Figure 6.2), ranging from 60 per cent among the smallest establishments to 86 per cent in the largest. This 'awareness gap' between the smallest and the largest establishments is in line with that found for awareness of the DDA's employment provisions (26 percentage points, compared with 24 percentage points).

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<sup>26</sup> See Appendix A.

<sup>27</sup> See Appendix A.

**Figure 6.2 Overall awareness of the DDA Part 3, by establishment size**



Establishments which were part of a larger organisation were more likely than single-site establishments to have heard of the DDA in relation to service provision (71 per cent compared with 61 per cent). Some interviewees in establishments that were part of a larger organisation were concerned that, although they themselves were aware of the DDA, many branch-level staff (the people dealing directly with customers or service users) were not. In one public body, the interviewee herself understood the duties of the DDA but in her role as a trainer, she had found that many staff had not considered the implications of the Act for how they treated disabled clients. This interviewee was currently running staff disability awareness training:

*'Not all staff are aware of the DDA. We find it very slow and sometimes frustrating to raise awareness as we are competing against a lot of different priorities. Everything is driven by targets which makes the job of raising awareness quite challenging.'*

Large, public sector

Establishments aware of the employment provisions of the DDA were also more likely to know of its service provisions (75 per cent compared to just 29 per cent of those who were unaware of the employment legislation). This was supported in the case studies which found strong linkages between awareness of both aspects of the Act. There were some exceptions to this and in a couple of cases, interviewees were only aware of Part 3, or had a better understanding of it. This was often explained by the type of service they provided and the fact that they had no experience of employing disabled people.

An example was provided by the respondents in a large private establishment operating in an educational setting. The HR and customer service managers were aware and fully understanding of the provisions under Part 3 but had less understanding of the employment provisions. In this case, it seemed their work with local schools, including local special needs schools, meant they were very proactive with regard to access issues, but because they had never employed any disabled staff they were less knowledgeable about the employment side.

Interviewees in public bodies saw little distinction between the different parts of the Act. Equality principles were argued to apply across employment and service provision. As one interviewee put it:

*'The laws for customers are similar to those for employees. We must ensure we make reasonable adjustments for customers and employees.'*

(Large, public sector)

*'The law ensures that everybody has equal access to services, and is not discriminated against because they have disabilities.'*

(Large, public sector)

In addition, there was some evidence to suggest that the legislation had a small 'ripple effect' across establishments, including those that have little or no dealings with the general public. Consequently, some case study interviewees from establishments which mainly or solely provided services to other businesses were also aware of the DDA Part 3 (although not necessarily by name), and certainly aware of its spirit. This was sometimes reported to be related to the introduction of the physical adjustment provisions in 2004 (see Section 6.3.2), which seems to have increased levels of awareness of the laws protecting disabled customers and clients across the board.

One of the medium-sized manufacturing firms involved in the study had no direct contact with the general public. The managing director and senior works manager became aware of Part 3 because of the nature of their work, which includes manufacturing shop fittings such as automatic doors, windows and fire exit doors. Due to this work in improving access in retail outlets, they became aware of the DDA Part 3 and its requirements, particularly with regard to new-builds.

The works manager stated: *'If you're an existing shop I don't think you need to do anything...but if it's a new build all the door entrances have to be a certain width to allow for wheelchair access'*.

Continued

In a similar case, again a medium-sized manufacturing business, the manager was aware of some laws covering disabled customers because of their work which included manufacturing hand-rails for ramps, but he had not heard of the DDA itself.

In another medium-sized company producing house wares and dealing mainly with other businesses, the sales director became aware of the law covering disabled customers through their clients in the retail sector. He was unsure of its name but knew there were laws covering access for customers.

Other factors associated with awareness of the DDA's service provisions included sector (public and voluntary), having a public function, and industry. Those in public administration, education, health and social work, and 'other community, social and personal services' were all more likely than average to know of the DDA legislation in relation to provision of goods and services.

As there were a number of factors associated with overall awareness of the DDA's service provisions, regression analysis was used to 'unpick' the relationship between them. The model showed that only three factors were significant in making successful predictions of overall awareness (all of which had a positive effect):

- Establishments who were aware of the DDA employment provisions.
- Those who employ or have employed disabled workers in the past ten years.
- Those in a combined industry category comprising of 'public administration, defence and compulsory social security' (most of which are also in the public sector), education, health and social work, and 'other community, social and personal service activities'.

This is noteworthy because, as with other models on awareness and making adjustments described in this report, sector is not a significant factor in predicting awareness, despite the fact that the factors which **are** significant are also all associated with establishments in the public sector. Importantly, this tells us that greater levels of awareness of DDA service provision are explained by the employment of disabled workers, overall awareness of the DDA employment provision, and industry.

### 6.3 Knowledge and understanding of the Disability Discrimination Act Part 3

Drawing on insights from the case study research, this section explores actual understanding of the DDA Part 3, rather than just awareness. It examines understanding about the concept of 'reasonable adjustments' in relation to goods and service provision. It also looks at awareness and understanding of the October 2004 provisions on physical adjustments.

### 6.3.1 Understanding of what is meant by 'reasonable adjustments'

Nearly all the case study interviewees who were aware of the DDA Part 3 were also aware of the term 'reasonable adjustments'. However, levels of understanding of the term varied greatly. Some interviewees had merely heard of it, while others had a thorough working knowledge. Again, interviewees in the large private and public establishments reported higher levels of awareness than those in medium-sized and small establishments. Examples of the different levels of understanding are illustrated below:

*'Reasonable is considered in terms of four factors: the difficulty of making the adjustment, the expense of making the adjustment, the value of making the adjustment, e.g. how many customers will it reach/support, and can it be done another way instead, e.g. can the service be accessed online or by 'phone?'*

(Large, public sector)

*'We will do whatever is reasonably acceptable...it's the spirit of the law rather than the letter of the law. As long as we are working towards something and including it within the planning process, that is reasonable.'*

(Medium-sized, private sector)

*'It's things like if people don't have a PIN number because of their disability, we can still ask them to sign for something instead rather than not serving them.'*

(Small, voluntary sector)

Discussions about the term uncovered similar arguments to those made with regard to employment (discussed in Chapter 2). The term was often seen to be complex and some interviewees who had an understanding of it reported finding it vague or subjective:

*'Reasonable is deliberately subjective...it's got such a broad gamut that it gets a lot of organisations off the hook when they are doing nothing.'*

(Medium, private sector)

In the case of someone who was aware of the DDA, but not the detail of it, they understood the term to mean an obligation:

*'To make your services and physical buildings accessible within reasonable limits.'*

(Large, public sector)

### 6.3.2 Awareness of, and responses to, October 2004 duties

The introduction of the final provisions of DDA Part 3 in October 2004 seemed to have had a considerable impact on levels of awareness of the DDA across the case studies, possibly because these duties have the greatest impact on the provision of goods and services to disabled people. The case studies found a considerable number of examples of service providers who became aware of the DDA Part 3 either in anticipation of the requirement to remove or alter physical barriers, or following its introduction.

The manager of a small pub and hotel became aware of the DDA as a whole due to the introduction of the 2004 provisions. She was originally informed of the duties by the brewery that owns the premises. She could not remember exactly when this was but thought it was sometime in 2005. The brewery arranged for a wheelchair user to visit and report on the facilities. She had not been aware of the DDA previous to this, and before the interview she was not aware of any laws covering the employment of disabled people, nor had any experience of employing disabled people.

The personnel manager in a public body was aware of the laws covering customers. She admitted to not being entirely familiar with Part 3 but she specifically mentioned knowing about the reasonable adjustment duties.

Incorporation of the 2004 duties at this establishment led to improvements being made to physical accessibility, including changing the height of reception desks and the installation of ramps.

## 6.4 The Disability Discrimination Act Part 3 in policy

This section again draws on the case studies to explore the extent and development of organisational policies regarding the DDA Part 3. In particular, it looks at how policies have been formulated, with regard to input from disabled customers and clients.

### 6.4.1 Extent and content of policies

Few establishments had specific policies regarding the provision of goods, facilities and services to disabled people. Establishments were more likely to have policies on employment than on service provision.

Large establishments and public bodies were more likely to have such policies. One local authority had three different policy documents, each of which referred to their duties and obligations under the DDA: an Equalities Strategy (and a dedicated disability team); a policy on accessibility for all the council's services (no matter what the disability); and a 'charter' for services which covered all aspects of their services. These were currently being updated, which happens every three years.

There were some examples of policies regarding the issue of access more generally. Such policies included Action Plans and Statements. In one case, a large private establishment had an Action Plan which outlined the establishment's plans regarding access issues. Another large private establishment drew up an Action Plan following the commissioning of an access audit of its services for disabled customers. One medium-sized establishment provided an accessibility statement for conferences and other events which they organised.

The DDA was specifically mentioned in some of these policy documents. However, in a few cases these policies may have been slightly out of date and made no mention of the DDA 2005 and its amendments.

There were some examples of other more general policies and documents relevant to the provision of goods, facilities and services to disabled people. Some were general documents which were wide ranging and covered all aspects of goods, facilities and service provision, not particularly for disabled people. In the case of public bodies, these policies were often placed within the wider equalities context and covered both services and employment.

Some public bodies had specific documents, rather than policies. One had an internal technical manual which contained all the information on how staff should behave towards 'customers with special needs', available in large print and minicom services. Another had guidance on how to provide information to disabled customers in the Personnel Handbook and in their Customer Charter.

In a number of cases, reviews to policies and practices made over the past few years had been due to the introduction of the 2004 duties regarding removing or avoiding physical barriers. The 2004 duties appeared to have added greater momentum to what some organisations were already doing:

*'We have developed and reviewed our Equal Opportunities Policy and separate Disability Policy to take into account the DDA. The DDA changes coming into play in 2004 meant our policies were reviewed that year. We had to make some physical changes to the structure of the building but we had a lot in place anyway.'*

(Large, public sector)

In terms of updating policies for disabled customers, there seemed to be no common procedure. In one case, policies were currently being reviewed to look at the implications of the 2004 changes. This establishment also carried out impact assessments on their policies, and had found a lot of crossover between health and safety and the DDA in terms of new policy development.

There were also a few examples of establishments that involved wider groups in the development of policies. In one case, a public body had a disability steering group which was involved in policy-making and in another case, a large private establishment had a disability forum made up of customers which offered advice and guidance on disability issues.

There was little evidence of specific policies for disabled customers in small and medium-sized establishments. One medium-sized establishment had an equal opportunities policy for its clients and customers but since their clients were other businesses, this did not cover members of the general public. Another medium-sized establishment in the financial services sector had strict codes and guidelines and also ethical standards for customer service in general but nothing in particular relating to disabled people. There were a few examples of other relevant documents including one medium-sized establishment which had an Access Statement, similar to those found in some of the large establishments, detailing a number of action points resulting from an access audit. This Access Statement referred directly to the DDA Part 3. This audit was carried out in 2002, in anticipation of the 2004 duties.



# 7 The Disability Discrimination Act Part 3 and provision of goods, facilities and services

In this chapter we examine how far establishments are making adjustments to the ways they deliver goods and services to members of the public, including changes to physical accessibility. Establishments' experiences of making adjustments are explored in relation to the reasons for making adjustments, and the associated costs, barriers and benefits of doing so. Reasons why no adjustments were made (in a small minority of establishments) are also explored.

## 7.1 Perceived prevalence of disabled customers, clients or service users

This section draws on case study evidence, as this was not an issue covered by the survey. Most of the larger organisations reported having a very high turnover of customers. As a result, they felt that it was difficult to accurately monitor the proportions of their customers who were disabled.

However, a small number of large establishments did collect disability information about their customer base. One large multi-site organisation reported that the customer relations team kept records on the number of customers with 'special needs' and the subsequent specialist interventions or adjustments which were then required, including, for example, correspondence in Braille. Another large establishment distributed a customer questionnaire on a regular basis but did not ask about disability. The respondent reflected that including a question about disability might provide useful information about customer needs:

*'It would be interesting to know how many of our customers have disabilities for marketing purposes – if we can find out what proportion have disabilities we could maybe cater for them.'*

Large, private sector

A large public body did not have any reliable information on the proportion of their clients with a disability, or linked to individual customer needs.

However, they had just implemented a new customer service relationship management system which recorded service delivery needs, including whether clients were disabled and what adjustments they might require. This information was shared across departments so that the individual would not have to repeat their needs every time they contacted the organisation.

None of the small or medium-sized establishments in the case studies monitored the incidence of disability amongst their customers.

In the absence of formal monitoring, some of the establishments gave estimates of the proportions of their customers they felt were disabled. These estimates were as low as five per cent, and as high as virtually all customers, although the latter was in an establishment which provided services for people with mental health problems, some of whom also had other impairments including mobility problems, visual and auditory impairments, progressive conditions and learning difficulties.

A medium-sized private organisation estimated that around ten per cent of customers would be disabled under the DDA definition. Of those they were aware of, impairments were generally age-related and included wheelchair users, people with cancer, and visual impairments. They also had clients with mental impairments.

A small establishment was very familiar with their regular customers, and hence, was aware that some had disabilities. These included a wheelchair user and customers with mobility problems, customers with learning difficulties, and one customer with a speech impairment. The interviewee commented: *'It's important I know about customers' needs in case anything happens, in case of emergencies'*

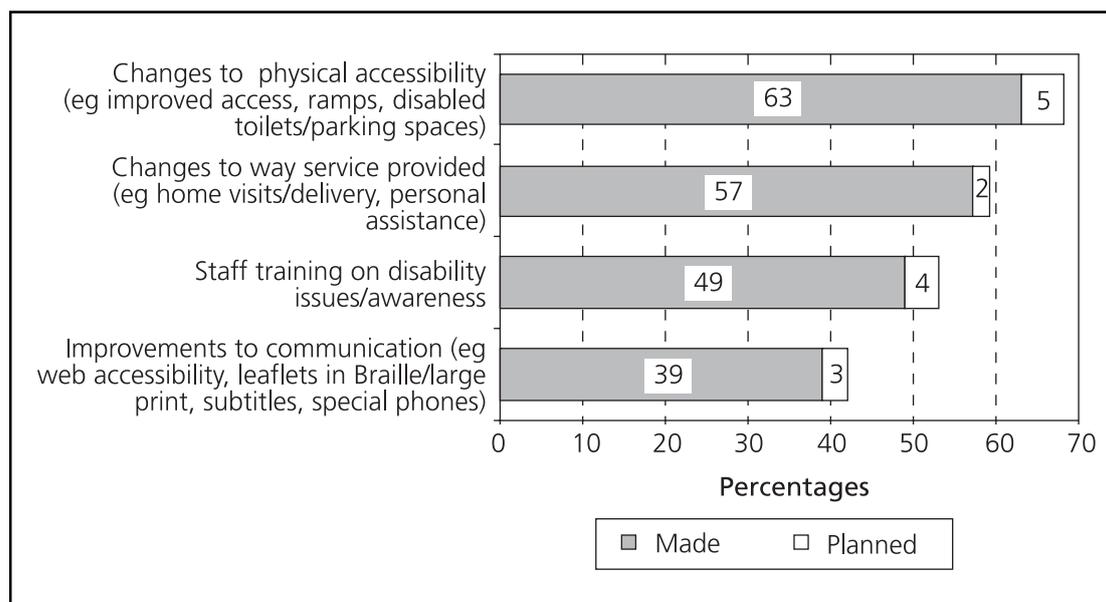
(Small, private sector)

## 7.2 Prevalence of adjustments to provision of goods, facilities, services or public functions

All goods, facilities and service providers were asked if they had made or were definitely planning to make any adjustments to the provision of goods, services or public functions. The vast majority (87 per cent) had made or were planning at least one type of adjustment.

Figure 7.1 shows that the most common types of changes made or planned for disabled customers and clients were changes to physical accessibility (68 per cent) and changes to the way services were provided (59 per cent).

**Figure 7.1 Has your workplace made or planned any of the following changes to help disabled customers/clients/the public?**



Examples of changes to the physical accessibility or physical features of buildings included having made adjustments as part of general refurbishments, and specific adaptations such as installing disabled toilets, providing optimum door widths, adjusting the height and style of door handles and using different types of glass for customers with impaired vision.

A small voluntary sector establishment had made a number of adjustments over the previous few years in response to an access audit carried out by a disability organisation. These included: installation of induction loops; redecoration to make the layout of the building clearer for visually impaired clients; upgrading of accessible toilets; and widening of a door for wheelchair users.

Continued

In one of the large private sector establishments, a major refurbishment of the premises, with disabled customers in mind, had taken place in January 2005. It cost between £5 million and £8 million, and included complete wheelchair accessibility throughout the building, wider lifts, a mezzanine level with a lift, and three bespoke bedrooms for wheelchair users.

A hearing loop was installed in reception, and Braille and voice activation mechanisms were installed in the lifts. A louder fire alarm, and pillows that vibrate on activation of the fire alarm, were also provided.

Staff were trained in how to use the new facilities and how to make customers aware of them.

Just over half the establishments had conducted (or definitely planned to conduct) staff training on disability issues (53 per cent). One public body employed a member of staff with particular experience of working with disabled people and groups with special needs and this had enabled them to extend their services to a more diverse range of customers.

A large establishment had arranged training for all staff in disability awareness through a specialist training organisation. The training, which was delivered by two disabled people, was considered to have been very useful. Almost all staff had undertaken the training, and it was now included as part of induction training for all new staff.

Fewer establishments had made or planned improvements to communication, such as improved website accessibility or providing leaflets in Braille or large print (42 per cent). However, this is to be expected as not all establishments used these forms of communication in the first place. Examples included:

- Installing induction loops for customers with hearing impairments. A small establishment providing technological services had made adjustments, such as providing portable induction loops for people with hearing impairments. The company owned four of these, which was a high number compared to their competitors, but they felt that this gave them a market advantage.
- Providing communication materials available in a range of formats including large print and Braille. One establishment had in the past provided BSL signers for deaf customers.
- Adjustments to websites to assist disabled people. For example, one organisation had completely redesigned its website to make it more accessible, and another had adjustable font sizes on its website.

A public body had made a number of adjustments relating to communications. They offered a 'one-stop shop' style communications service which offered an accessible library and information service. The service produced and delivered a free talking newspaper and magazine service on tape four times a week to local residents.

It also had an extensive transcription service, converting a wide variety of print information such as birthday cards, financial and utilities statements, leaflets and company literature into large print, Braille and onto audio cassette. They could also translate English into British Sign Language (BSL). They provided tactile maps and plans to help make local venues, exhibitions and displays more accessible for visually impaired people.

A medium-sized not-for-profit company had looked into providing Braille signage in the public areas of the building, but in the end it was dismissed as being too expensive. Instead they provided personal assistance for any blind service-users. They had discussed inviting a blind person to come into the building to assess its usability, or even blindfolding a member of staff for half a day to see how they experienced the building from that perspective.

There were several characteristics in common for establishments who had made or had definite plans to make adjustments for their disabled customers and clients. The likelihood of having made (or planned) each type of adjustment generally increased with the size of the establishment (Table 7.1). Very small establishments employing six or fewer staff were particularly less likely than average to have done any staff training on disability issues (42 per cent compared with 53 per cent overall) or to have introduced improvements to communication (32 per cent compared with 42 per cent overall).

Establishments in the public and voluntary sectors were consistently more likely than those in the private sector to have made or planned adjustments. Notably, voluntary sector establishments were significantly more likely than both the public **and** private sectors to have made adjustments to service delivery, for example, through home visits or offering personal assistance (74 per cent compared with 61 per cent and 57 per cent respectively). This is linked in part to the nature of many voluntary sector organisations which operate in the fields of health and social care.

**Table 7.1 Adjustments to provision of goods and services, by establishment size**

	Number of employees			
	6 or fewer %	7 to 14 %	15 to 99 %	100+ %
Changes to physical accessibility	57	71	85	89
Improvements to communication	32	42	59	82
Staff training on disability issues/awareness	42	56	71	88
Changes to way the service can be provided	57	58	62	67
Other changes	3	3	4	6
<i>Base N (unweighted)</i>	608	471	458	160

A public body from the case studies felt that the public sector was often better than the private sector at making adjustments and adaptations for disabled customers and service users because they needed to ensure accessible services to everyone as a right: *'It's about giving everyone a fair crack at the whip in terms of access to services. Everyone pays council tax so everyone should have access to council services'*.

Establishments who were aware of the DDA Part 3, in particular those who referred to it spontaneously, were also more likely to have made each type of adjustment than those who had not heard of the legislation (Table 7.2).

**Table 7.2 Adjustments to provision of goods and services, by awareness of the DDA Part 3**

	Awareness of DDA Part 3		
	Spontaneous %	Heard of at all %	Not heard of %
Changes to physical accessibility	83	75	55
Improvements to communication	64	48	31
Staff training on disability issues/awareness	79	64	32
Changes to way the service can be provided	73	65	49
Other changes	6	4	–
<i>Base N (unweighted)</i>	538	1,184	513

The way in which establishments mostly dealt with their customers and clients had a mixed effect on the likelihood of having made or planned different types of adjustments. Those who dealt with their customers entirely on the premises were significantly more likely to have made or planned adjustments related to physical accessibility, as might be expected (76 per cent compared with 68 per cent overall). However, those who dealt with customers entirely off-premises were significantly

**less** likely than average to have made or planned improvements to communication (27 per cent) or changes to the way services are delivered (44 per cent), when we might have expected them to have made relatively more of these types of adjustment. It appears that making adjustments for disabled customers and clients is not directly related to the ways in which establishments interact with these individuals, and that this is mitigated by a variety of other factors including establishment size, sector, and awareness of disability issues as represented by the presence of disabled employees and levels of awareness of the DDA.

Making multiple types of adjustment was most common:

- in large establishments (2.5 types on average, compared to 1.6 types made by establishments with six or fewer employees);
- in voluntary and public sector establishments, compared with the private sector (2.8 and 2.6 types on average compared with 1.5);
- in establishments with public functions (3.2 types on average); and
- in those who were spontaneously aware of the DDA goods and services legislation made (who averaged 3.0 types of adjustment).

As factors such as establishment size, sector, and awareness of the DDA are all inter-related, regression analysis was conducted to unpick their various effects. The model which resulted showed that **all** of the variables which were shown to be associated with making or planning adjustments in the bivariate analysis were also significant in making successful predictions. Among these, the characteristics which had the highest (positive) odds of predicting the likelihood of having made or planned an adjustment were:

- establishments which dealt with customers either only on-site, or in a mix of on- and off-site; and
- establishments in the voluntary sector.

This can be explained by the fact that voluntary sector establishments are likely to deal with a greater number and/or variety of disabled people than others (for example, this sector includes many health and social care establishments). Also, establishments that deal with their customers or clients at least partly on-site, will have needed to comply with the 2004 provisions on avoiding or removing physical barriers to access, and are therefore more likely to have needed to make adjustments.

Comparing the pattern of service-related adjustments made in 2006 with that found in 2003<sup>28</sup> finds significant increases across the board, for all types of adjustment. In particular, the proportion making improvements to communication has more than doubled, although from quite a low base.

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<sup>28</sup> See Chapter 4 on employment-related adjustments for a discussion of the revisions made to this question. Re-weighted 2006 data is presented in the Appendices.

## 7.3 Experience of making adjustments to provision of goods, facilities and services

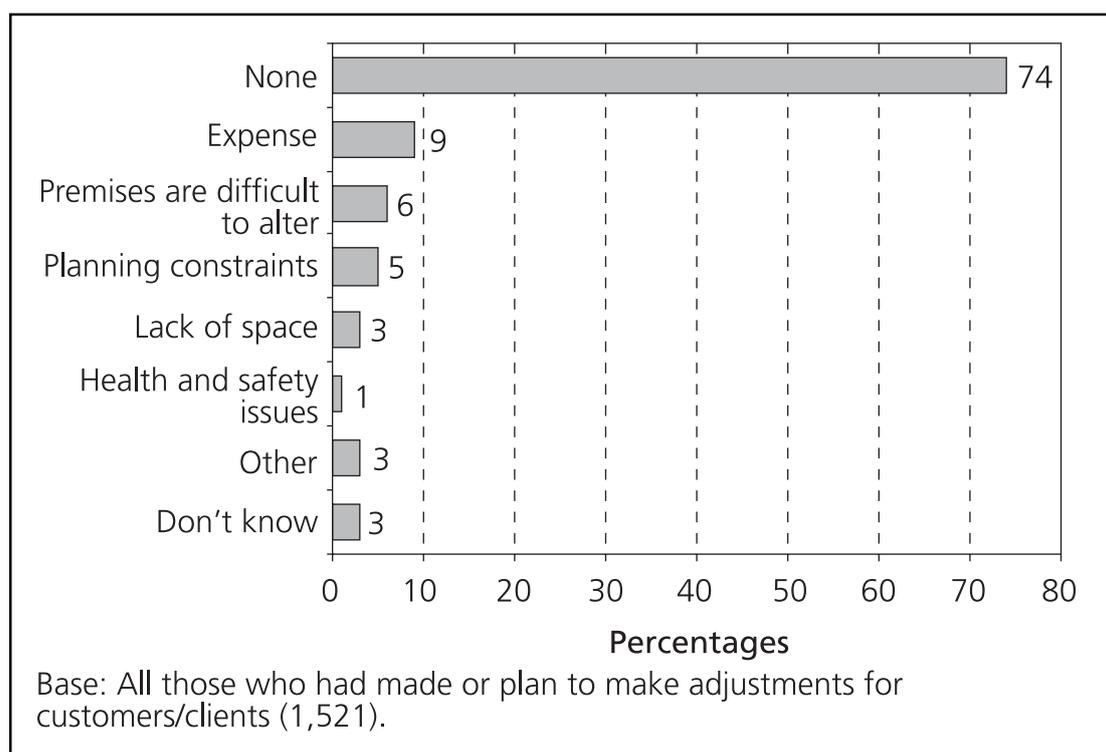
This section examines establishments' experience of making adjustments to goods, facilities and service provision. It reviews the perceived ease or difficulty of making adjustments, specific problems encountered, and the reasons for making changes, in particular the role of the DDA.

### 7.3.1 Ease or difficulty of making adjustments

All establishments who had made or planned to make adjustments were asked whether they had experienced any difficulties or problems in doing so. In total, around three-quarters had not faced any difficulties at all (74 per cent), while just less than a quarter had (23 per cent).

Ironically, the types of establishments most likely to have **not** encountered difficulties were the same types who were least likely to have made adjustments in the first place. These included small establishments (with six or fewer employees), those in the private sector, and those who were unaware of the DDA goods and services legislation. In contrast, two-fifths of the largest establishments had faced problems (40 per cent), as had a similar proportion of those in the voluntary sector (45 per cent).

**Figure 7.2** What, if any, difficulties has your workplace encountered in making/planning adjustments?



One possible explanation for this relationship is that as the number and frequency of adjustments increases, so does the likelihood of encountering difficulties. As we found with employment-related adjustments (Chapter 4), those who had made or planned a variety of different types of adjustments were more likely to have faced problems. This is borne out by comparing the average sum of different types of adjustments made or planned by type of difficulty encountered: establishments who stated experiencing any/each type of difficulty had, on average, made or planned a greater number/variety of adjustments than those who had not encountered difficulties.

Evidence from the qualitative case studies supports this; the kinds of adjustments made by small establishments, or those who were unaware of the DDA, were usually relatively minor and straightforward. This was partly influenced by their awareness of the DDA, and/or their perception of what was 'reasonable' for them at that time. Hence, small establishments, and those that were unaware of the DDA, were unlikely to have made any adjustments which were particularly challenging, and this in turn meant they rarely ran into unforeseen difficulties. This is in contrast to more extensive and complex adjustments which were often reported by large establishments and public bodies. Whilst most of these adjustments and adaptations had gone ahead with few difficulties encountered, their complexity clearly meant that the capacity for problems to arise was greater.

Some establishments felt that there had been few problems in making adjustments as they had been carefully planned, or because ways had been found to make them cost effective. They also often commented that they viewed such adjustments as having been essential to their business, in terms of meeting client needs.

A small conferencing establishment had passed on the costs of making adjustments and adaptations to their corporate clients. For example, purchasing induction loops involved an initial outlay of around £300 each, but they were able to recoup the costs in the charges to their customers, so the loops paid for themselves over a period of time. In addition, the establishment saw the provision of induction loops as a fundamental requirement of their work.

A medium-sized private company reported that all of the adjustments made for disabled customers and clients had been well planned. The changes to physical accessibility were put in place as a result of the renovation of the new offices. The interviewee also commented that, as a matter of course, the establishment provided services in whatever way the client would want; this was the nature of their business.

### **7.3.2 Experience of specific problems, including cost**

In terms of the difficulties encountered, the expense of making adjustments was the most common complaint. Around one in ten establishments who had made or were planning adjustments stated this as a difficulty (nine per cent) – amounting to one-third of all the difficulties encountered.

Cost was particularly likely to be raised as a difficulty:

- in large establishments employing 100 or more staff, who were over twice as likely to report this as problematic compared with the smallest workplaces (16 per cent compared with seven per cent);
- in the voluntary sector, where it was cited by almost a quarter of establishments who had made changes (23 per cent); and
- among education establishments, with one-third of all those who had made adjustments citing cost as a difficulty (33 per cent).

This was similar to the findings among establishments who had made employment-related adjustments (Section 4.3.4). It is also notable that these are all types of establishment which had made a greater range of adjustments, going ahead with changes **despite** finding the expense difficult.

Cost issues had led some of the smaller case study establishments to avoid making any adjustments at all, or had meant they needed to postpone planned changes. For example, in one establishment there had been plans to replace a lift which was old and unsuitable for some types of wheelchairs. However, these plans were currently on hold because of costs, as replacing the lift would have meant major structural building work.

Larger organisations usually had access to more substantial funds for adjustments, but as a result, some felt that what would be deemed 'reasonable' for them to do, in terms of making adjustments, was still extremely costly. They often tried to find ways of making such work as cost effective as possible. For example, one large establishment undertook a major refurbishment of its premises which incorporated changes for disabled customers into the overall budget. Consultants had advised them to incorporate changes which would benefit disabled customers, but these adjustment costs were subsumed within the costs of the refurbishment project as a whole. Another large establishment was planning to cover the costs of making further adjustments through seeking lottery funding. One case study interviewee reflected that, compared to the costs of adjustments made, the impact in terms of increased numbers of disabled people accessing services had been fairly limited.

The human resources manager in a public body reflected that as a public sector organisation they had to be aware of Best Value requirements. As the vast majority of the customers were seen only once, it was often less costly to arrange a home visit than to make a permanent adjustment to a building. Where the numbers were larger, then they would consider something more permanent, for example, installing induction loops.

Therefore, the notion of 'reasonableness' was interpreted within a framework of the number of customers likely to be affected.

Practical issues such as premises being difficult to alter, planning constraints, and lack of space were the other main difficulties encountered, although these were all cited by one in 20 establishments or less.

Tight planning restrictions had an impact on whether changes could be made to some premises, or influenced which types of adjustments were made in others. For example, one large private establishment reported that when they set up their business 15 years ago there were areas of their building that could not be changed at all. In another establishment, there was the problem of allowing access for disabled visitors in a listed building with a spiral staircase and a very old lift unsuitable for wheelchair users. The establishment was planning to overcome this difficulty by installing a video link to the part of the building that was inaccessible to wheelchair users.

Looking at difficulties encountered by types of adjustments (made or planned) it becomes apparent that many of those who had not made changes to physical accessibility (but had made other types of adjustment) had been constrained by premises that were difficult to alter. This was an issue for 34 per cent of those who had not made or planned a change to physical accessibility, compared to 21 per cent of those who had made this kind of adjustment.

### 7.3.3 Overall reflections on making adjustments

As with adjustments related to employment, the vast majority of establishments who had made adjustments for customers or clients found them very or quite easy on the whole (79 per cent). This was more likely amongst those in the private sector (where 84 per cent found adjustments easy) (Table 7.3).

Interestingly, there was no significant difference by whether the establishment was part of a larger organisation or not, although we might have expected multi-site establishments to have found changes easier to introduce due to factors such as more advice or support from head office, or greater resources.

**Table 7.3 Ease or difficulty of making adjustments to goods, facilities and service provision, by sector**

	Private %	Public %	Voluntary %
Very easy	40	32	26
Quite easy	44	40	42
Neither easy nor difficult	7	9	14
Quite difficult	5	9	7
Very difficult	2	2	3
Don't know	3	8	8
<i>Base N (unweighted)</i>	853	512	102

### 7.3.4 Reasons for making adjustments

The reasons for making adjustments to the provision of goods, facilities or services reveal an interesting combination of altruism, legislative force, and wider benefits. From a list of possible reasons (to which respondents could choose as many as applied to their own situation), the most frequent responses were:

- 'it was the right thing to do for disabled people' (72 per cent)
- 'the law required us to make the change' (47 per cent), and
- 'the benefits outweighed the costs' (46 per cent).

Around one-fifth of establishments reported they had made adjustments in response to a customer request (18 per cent). Establishments in the voluntary sector were twice as likely as those in the public or private sectors to have made changes in response to customer or client demand (34 per cent compared with 17 per cent each); we might expect this given that many will operate in the fields of health or social services and deal with a higher proportion of disabled people.

A number of establishments indicated that it was a **combination** of 'doing the right thing', business benefits, and legislation which together resulted in action being taken, often tied up with a need to keep up with the competition. A small establishment reflected that:

*'Legislation forces the issue. Having these things is welcomed in itself but there's a sense that disabled people have a right to be catered for, so not having them is seen as a negative thing...it becomes a case of keeping up with the Joneses.'*

(Small, private sector)

Similarly, an establishment which had fitted an induction loop throughout the premises reported this to be mainly, but not wholly, driven by the DDA:

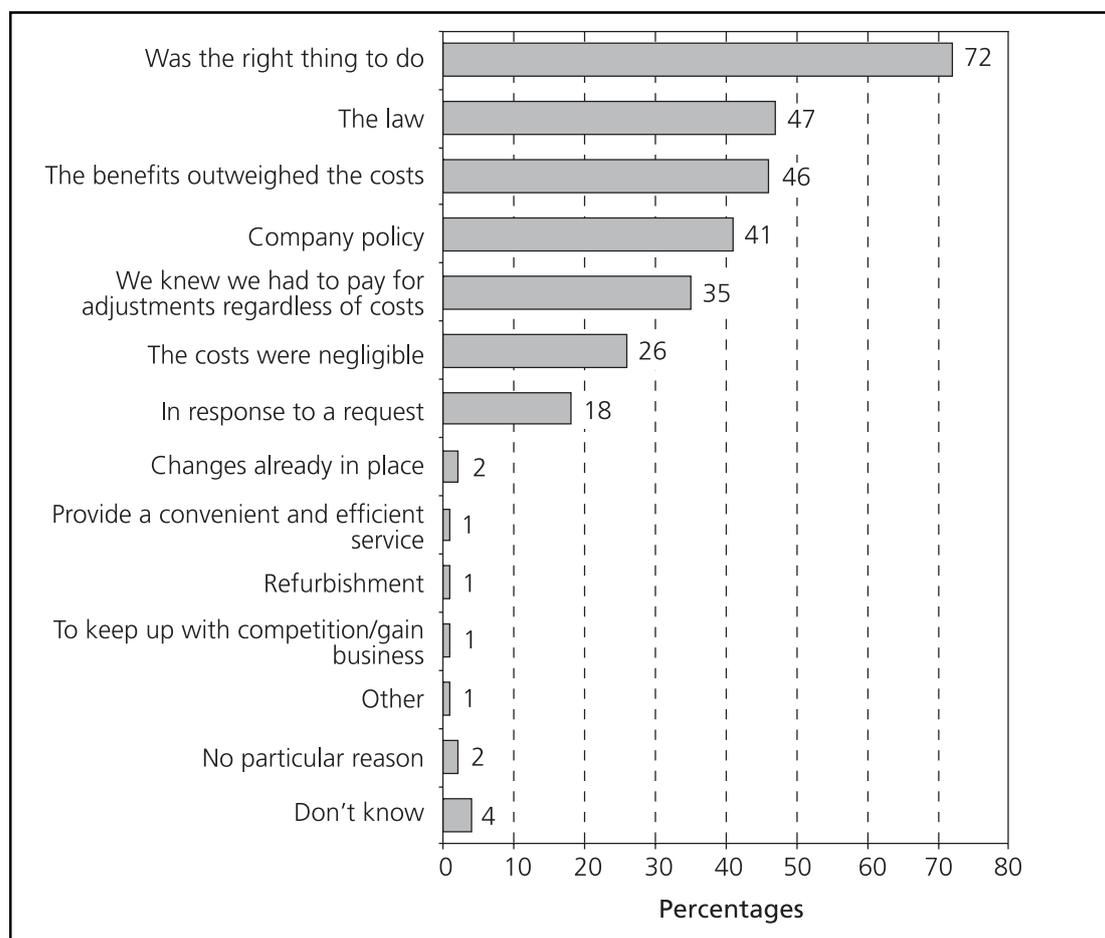
*'Seventy per cent driven by the legislation...it made it more urgent than it otherwise would have been.'*

(Medium, voluntary sector)

Some interviewees indicated that they were motivated to make adjustments for disabled customers by the business case:

*'The reason for making the adjustments is because of good business practice – the disabled pound is worth a lot of money to us.'*

(Large, private sector)

**Figure 7.3 Reasons for making service-related adjustments**

There were sometimes felt to be wider benefits to making adjustments for disabled people. For example, one public body pointed out that some adjustments could benefit other groups of customers; for example, providing rooms with space for wheelchair users could also be used for people with prams, *'so it benefits all the customers, not just the disabled ones'* (large, public sector).

Voluntary sector establishments in particular tended to cite their inclusive ethos as a motivating factor for making adjustments. Hence, a small community-based establishment justified the costs of such work as being essential to its aims:

*'I need to justify them [adjustments] and put a good case forward. I can decide on things up to around £500 but the trustees decide on major works. Being a church makes it easier in some ways as we are community based and have to serve everyone.'*

(Small, voluntary sector)

The likelihood of mentioning each reason increased with the size of the establishment. Medium-sized and large establishments were significantly more likely than smaller ones to mention multiple reasons; in fact, around two-thirds of establishments employing 100 or more staff provided four or more reasons (64 per cent) compared with just about one-third of those employing six or fewer (32 per cent). This is related to the greater number and variety of adjustments that the larger establishments had made.

Interestingly, large and public sector establishments were more likely than others to feel that they had to make changes regardless of the cost (49 per cent and 44 per cent respectively). This is, in fact, an incorrect assumption given that this does not tally with the notion of a 'reasonable' adjustment; however, it is in line with the issue raised earlier about the perceived 'elasticity' of what reasonable could mean for large and public sector establishments.

There were also some interesting differences according to how establishments interact with their customers or clients (Table 7.4). Those dealing with customers entirely off-premises were more likely to report making changes in response to an employee request (33 per cent). These types of establishment were also the least likely to be aware of the DDA Part 3 or to have made any adjustments, suggesting that they tended to be less proactive and more reactive when it came to making changes. They were also most likely to report that changes were made because the costs were negligible (40 per cent), suggesting that the adjustments that they did make tended to be fairly simple and/or inexpensive.

**Table 7.4 Reasons for making adjustments to goods and service provision, by customer interaction**

	Customer interaction		
	All off-site %	All on-site %	Both on and off-site %
It was the right thing to do for disabled customers	62	74	72
The law required us to make the change	36	52	45
The benefits outweighed the cost	47	48	44
Company or organisational policy required us to make the change	28	42	41
We knew we had to pay regardless of the cost	16	39	34
The costs were negligible	40	24	26
In response to a customer request	33	13	19
Changes are already in place	–	2	2
Provide a good service to everyone	–	1	1
As part of a refurbishment	–	1	1
No particular reason	8	1	2
Don't know	7	4	3
<i>Base N (unweighted)</i>	56	586	879

In comparison, establishments dealing with customers entirely on-site were more likely to report that the law required them to make changes (52 per cent) and that they knew they had to make these changes regardless of cost (39 per cent). These establishments were far more likely to have made changes to physical accessibility than others, suggesting that the duty to overcome physical barriers to access (introduced in October 2004) had made a particular impact on them.

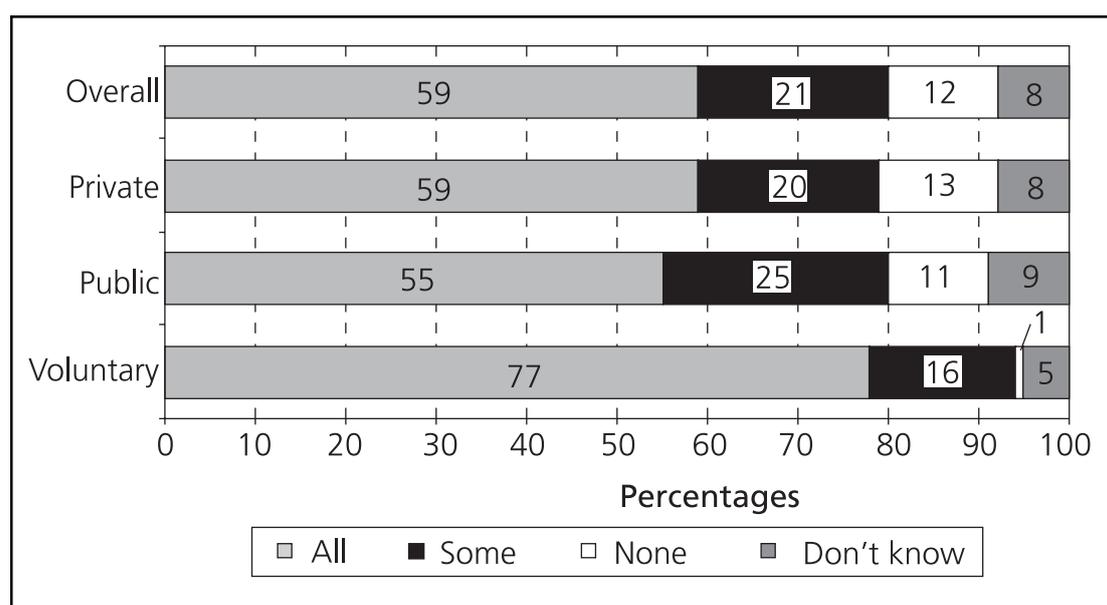
Establishments who had experienced problems making adjustments were significantly more likely than those who had not to report that changes were made due to the legislation (55 per cent compared with 44 per cent in establishments which had not experienced problems) or in response to a customer request (26 per cent compared with 15 per cent). This suggests that both the legislation and customer demands are influencing changes to be made even though a minority of establishments have found them difficult.

A number of the case study establishments had consulted with customers and/or specialist organisations to find out more about disabled customers' needs. Such activities included general consultations, for example a large establishment carried out a customer survey and more specific activities; another large establishment consulted with specialist organisations working with particular disabled groups. The purpose of this was to learn more about the needs of disabled customers and how best to respond. Several establishments had hired specialist consultants to advise on building refurbishments to benefit disabled customers.

### 7.3.5 The impact of the legislation on making adjustments

Reflecting the prominence of altruistic reasons for making adjustments, the vast majority of establishments stated that they would have made all (59 per cent) or some (21 per cent) of their adjustments without the DDA legislation (80 per cent in total). Only just over one-tenth of establishments reported they would not have made any adjustments without the DDA (12 per cent).

**Figure 7.4 Whether the adjustments would be made without the legislation, overall and by sector**



Medium-sized establishments were most likely to say they would have made changes **without** the DDA (84 per cent). In contrast, large establishments were significantly more likely than average to say they would have made only **some** of

their adjustments (30 per cent). The same applies to public sector establishments compared to ones in the private or voluntary sectors (Figure 7.4). The fact that large and public sector establishments were more likely than average to say they would only have made some of their adjustments without the DDA perhaps reflects the scale of adjustments required of them (both in terms of cost and volume).

Amongst the case study establishments, some respondents (from all types of establishment) agreed that the DDA had an impact on driving changes, particularly in relation to improving the physical accessibility of buildings. Others claimed to be motivated more by their ethos of customer service rather than the DDA. They felt they would have made whatever adjustments were necessary for their disabled customers and clients, regardless of the legislation.

A public sector establishment which took part in the case studies reported that their main drive for making adjustments was to make themselves accessible to all of their customers. They said that the DDA requirements had made it easier to enforce changes, but it also reinforced the need to ensure that all possible adjustments were made:

*'Before DDA came along we were already improving our services and because of the legislation we have been able to go to management and say, "look this needs to be done now". It gave us that extra push'.*

They felt that some of the changes, for example, additional car parking spaces and adaptations to some other areas, would probably not have been made without the DDA legislation. Decisions to make adjustments were based primarily on budgets and cost, with priority given to adapt the areas of buildings which required public access. An audit had been carried out looking at accessibility in all the organisations' buildings. It identified that three to four million pounds worth of adjustments would be required to make all the buildings fully accessible and meet health and safety requirements.

### 7.3.6 Reasons why no adjustments had been made

Only around one in ten establishments in the survey had not made or planned any adjustments at all for disabled customers or clients (11 per cent). Their reasons for not making adjustments were mainly in regards to a lack of **perceived** need. Two-fifths of these establishments felt that they dealt with too few disabled customers/clients to make the changes cost effective (40 per cent), just over one-fifth felt they were simply not required (22 per cent), while a further one-fifth felt that the necessary facilities or services were already in place, i.e. goods or services were already accessible (20 per cent). Around one in 20 had not made any adjustments because they delivered services in clients' homes (six per cent).

There were some key differences according to awareness of the DDA Part 3. Encouragingly, those who had heard of the DDA in relation to goods and service provision were more likely to report that the necessary changes were already in place or that the service was already accessible (31 per cent compared with just 12 per cent of those who were unaware).

In contrast, those who were **unaware** of the legislation were far more likely to claim that they dealt with too few disabled customers or clients for adjustments to be cost-effective (47 per cent compared with 30 per cent of establishments who were aware). Many small and medium-sized establishments had not felt there was a strong enough business case for making physical adjustments, in particular considering the costs involved compared with the number of customers that adjustments would benefit:

*'We could go putting in lifts, hoists etc. and costing £50K plus but after four years and if no-one came to avail themselves of the services... We could put out information into Braille but it would be a rare event that anyone asked for it and the cost would be difficult to justify.'*

(Medium, private sector)

*'No-one will spend money unless they have to. If we had a lot of customers with disabilities we would have to spend the money. There's no financial help to make these adjustments. The government is bringing out all this new legislation but they are not helping employers to change things. If government was to help, we would do a lot more. We could spend thousands and not get one extra customer in.'*

(Small, private sector)



# 8 The Disability Discrimination Act Part 3: Information and advice

This section explores the qualitative evidence to consider the extent to which advice, information and support on providing goods and services to disabled people had been sought by the case study establishments. It looks at the reasons why they had sought advice, and the range of sources they had consulted. It also considers whether establishments felt that they needed more information and advice, and their views on how this might best be provided.

## 8.1 Incidence and distribution of seeking advice

In the case studies, seeking advice and information around the Disability Discrimination Act (DDA) and disability with respect to service provision was less common than had been the case for the provisions around employment. However, the incidence by establishment type remained similar, with large organisations and public bodies having sought advice most frequently, medium establishments having sought advice less often than this, and the majority of small establishments having sought advice rarely, or not at all.

Where establishments had not sought information and advice on disability and service provision, interviewees said this was because there had never been issues that had arisen or that they had been unable to deal with on their own.

## 8.2 Sources of advice

The range of sources of advice consulted on providing services for disabled customers appeared to be slightly narrower than was the case for advice on employment and disability (discussed in Chapter 5). However, it should be noted that where sources of advice had been consulted on employment, establishments had often learned about disability issues in general, and it seems likely that this would in turn have affected their service provision.

Public bodies usually reported that their key sources of advice were other departments within their organisation; for example, internal legal departments, head office, and human resources. They would usually receive information, training and updates as a result of internal information sharing processes, and in the first instance would refer any queries they had to these departments. As a result, most public bodies felt that their obligations were very clear and that there were no gaps in information they received. Several reported that their internal specialists consulted outside the organisation and were, hence, able to provide detailed information, updates, and responses to queries and issues without the interviewees themselves needing to seek advice externally.

One of the public bodies had refurbished their customer service centre the previous year. Prior to this, they approached the organisation's disability advice officer and she advised on what they should provide for disabled customers. The disability advice officer is in contact with other external organisations including the RNIB and a regional disability organisation, and was therefore in a position to pass on relevant information from these external bodies within the organisation.

Having a dedicated function or staff member to communicate with external groups and organisations, and disseminate within the establishment, was viewed to be very important. However, one public body felt that keeping up-to-date with the legislation, when combined with a reduction in staff numbers, created a lot of internal pressure. Their experience was that dedicated staff were needed to deal with disability and diversity across the establishment, but that in practical terms this was not always possible.

One public body reported that they had only sought advice regarding employees, although they clearly had a high level of awareness of the DDA with regard to service provision. They had a close relationship with external disability organisations, who also contributed to a disability sub-group within the organisation. They had found in the past that having external representatives on the sub-group committee made it easier to effect changes within the establishment. They, as an establishment, provide customers with an information pack which includes a booklet about the DDA.

A large establishment had advice from consultants during a refurbishment in 2005, regarding changes to comply with the DDA, and to benefit disabled customers. They also have an annual visit from health and safety auditors, who make recommendations.

Aside from this they have not approached any other organisation for advice or support.

Not all interviewees in the large case study establishments had sought advice and information on disability and service provision. Those who had usually referred to internal sources including human resources, health and safety departments, and in one case, a retail liaison department which provided leaflets to the retail units, for example, about the 2004 provisions of the DDA. One large organisation had sought advice from an external health and safety consultant.

Many of the small and medium-sized establishments had not specifically sought advice or information on disability and service provision. Sources of advice used by the small and medium-sized establishments tended to be more ad hoc, and were often at least partly dependent on the establishment's nature of business, coming through suppliers or key customers.

One medium-sized establishment involved in designing shop fronts, layouts and fittings first became aware of the DDA through working for a particular client (a major supermarket chain). As a result of this, the establishment developed a fact sheet on recommended accessibility specifications for door widths etc., and the necessary design features are incorporated in the plans after discussion with the client. Generally, their clients are aware of the DDA but sometimes some of the smaller ones are not: *'We pick up on it if they don't. It's in our interests as we'd be liable if it was a new job and didn't conform to the DDA spec – we'd need to come back and change it. We tell them especially with the fire exits – both the main entrance and the fire exits must be DDA'*.

There is also an industry body which sends out regular information and updates on building control regulations and various types of physical adjustments. They use the Internet for additional information, as required. As a result, the managing director of the establishment felt well-informed about the DDA legislation on the service provision side, even though the company did not deal with members of the public directly.

One small establishment got much of its advice and information about service provision from its main supplier; they have provided advice, guidance and organised an accessibility audit. The establishment had also received DDA leaflets from the council, but had not followed these up: *'I just read what applies to me .I don't employ anybody with disabilities. I know the toilets are okay, the seat is the right height, the sink is the right height, the doors are wide enough'*.

This establishment had also had some information from a salesman who was providing services to get establishments ready for new legislation. He offered to do an assessment and put together plans and costs for adjustments. The interviewee felt that they had already got all the support they needed from their key supplier and was sceptical about the services that the salesman could provide: *'Private companies; they come in, jump on the bandwagon and make money out of it'*.

Other interviewees had found information by chance or as a result of personal circumstances. For example, one of the interviewees at a medium-sized establishment had a partner who is blind, so they were aware of much of the technology available to assist people with this particular disability. Even so, the interviewee said he would not know where to get information put into Braille. He guessed that the RNIB might be able to do this, although he assumed the process would be very expensive. Another interviewee had received all the information she had on these issues as a result of listening to a Radio 4 programme on disability.

This evidence therefore indicates that it was rare for most small and medium-sized establishments to have **proactively** sought advice and information on disability, legislation and service provision. However, there were two examples where this had been the case. One interviewee from a small establishment had attended seminars on access issues run by a regional disability group, and had also received advice from their architects. Between these two sources, it was felt that the establishment generally had sufficient information. Another small establishment would like to have an access audit and had approached the local authority about this, but had found it difficult to get them to come in.

### 8.3 Usefulness of advice and further information/support needs

Most of the sources of advice which had been consulted were found to have been useful, although some establishments felt that they did not have enough information in general, and others wanted information and advice on particular issues which were pertinent to their business. There was little pattern between type of establishments and the kinds of additional information requested.

The way that the legislation is communicated was an issue for some establishments. In one public body, the customer services manager felt that the DDA legislation was not always in plain English, which could be off-putting and intimidating. This interviewee pointed out that his establishment had people in-house that will '*sort all the complicated stuff out*' and then it could be circulated. However, many organisations would not have this resource and it was felt that DDA information generally should be produced using more user-friendly terms that a non-specialist could understand.

Information on financial considerations was raised by interviewees in several different types of establishments. The key issues related to the following:

- The availability of financial assistance to help make adjustments for customers or clients (including ways of incentivising establishments to make changes).

The head of technical services in a public body felt that more should be done financially to encourage employers to prioritise making adjustments. The design of the building is currently a barrier for people with a disability. Because of the difficulty and cost of making adjustments and the relatively low demand for public access, 'able bodied or otherwise', this is not currently a priority for the establishment.

*'So we would do more if we had more financial help for things like that, but because we don't get much help we have to do other things that take priority.'*

He mentioned that if the Government wants public bodies to prioritise disability access they should offer more financial assistance:

*'A system similar to that on energy consumption/reduction where they perhaps contribute to the establishment with matched funding. That would help. Another thing would be to offer some monetary relief to organisations making adjustments.'*

Another not-for-profit organisation would like to know more about financial support for making adjustments and said that financial support would encourage them to do more than they were at present.

- Clarifying the status of some adjustments for VAT-exemption. One small establishment felt that there was generally sufficient information, but that there was a gap regarding VAT-exemptions.

*'Some adjustments are VAT-exempt and some aren't...it depends how you purchase them...I think it's unclear and it needs to be tidied up.'*

(Small, private sector)

- Clarifying what is 'reasonable' (an issue which also arose in relation to establishments' understanding of the DDA). The business manager at a medium-sized establishment felt the question of what is reasonable or not is too blurred, and would like a firmer steer from the Government.

*'As an employer I'd like to know where is the line drawn between what's acceptable and what's a legal requirement. If we met every single aspect of the DDA we'd probably go out of business. I'd like to know what are the minimum requirements? And how is the Government going to support organisations to meet them?'*

Amongst large organisations which already were aware of the DDA, or felt they had enough general information, queries tended to be more specific. For example, one had a network operated by franchises and the interviewee reported that it was unclear whether the responsibility to make adjustments lay with the parent establishment or the franchises. They felt that they needed clearer advice on this issue.

Small and medium-sized organisations were more likely to have general information needs rather than specific gaps in their knowledge. A number had never sought any advice on these issues as nothing had arisen to make them do so. However, as a result of talking about disability and service provision in this research, they now felt it could be useful to have some information about their key responsibilities. Similarly, a small establishment said that they were confident that their buildings were fully accessible, but they would now be interested in knowing more about the other aspects of the legislation.

## 9 The extension of the Disability Discrimination Act Part 3 to public functions

In this chapter we explore awareness and understanding of, and responses to, the extension of the Disability Discrimination Act (DDA) Part 3 to cover public functions. This extension came into effect in December 2006 and means that the majority of functions carried out by public bodies are covered by the DDA.

It is important to note that many activities undertaken by public bodies were already covered by the DDA Part 3 when providing a service to the public (for example, a library or a local authority swimming pool, or a leaflet containing tax or benefit information). Public bodies were also already covered by the DDA Part 2 in their capacity as employers. The extension applied to certain functions of public bodies that were previously not covered by the service legislation, such as assessing a benefit claim or issuing a licence. It means that when undertaking public functions, public bodies must not treat disabled people less favourably because of their disability. They also have to make reasonable adjustments for disabled people; for example, making arrangements for a British Sign Language (BSL) interpreter to explain to a deaf person their rights, or providing a tax-return form in large-print so that a visually-impaired person could use it.

The DDA 2005 introduced other new provisions for public bodies, such as a duty to promote equality of opportunity for disabled people. These duties are specifically covered in other DWP research (Roberts *et al.*, 2006) and were beyond the scope of this particular project.

All public sector organisations dealing with the public were asked whether they carried out any public functions. Functions were defined as *'things that only the Government or public sector have responsibility for, which cannot be provided privately. Examples include things like issuing licences or permits, making assessments such as benefit claims or planning applications, and other functions of central and local government such as policing or prisons'*. Additional guidance was provided if requested. Seven per cent of all establishments (32 per cent of establishments in the public sector) reported that they had a public function (N=143).

## 9.1 Awareness of the extension to public functions

Establishments which reported having a public function were asked whether they were aware of legislation extending service provision duties to public functions not covered by the DDA at the time of the research. Just over one-third of establishments with public functions (36 per cent) were aware of this extension.

Large establishments (with 100+ employees) were more likely to be aware of the new legislation (62 per cent compared to 36 per cent overall), whereas medium-sized establishments (15-99 employees) were significantly less likely to be aware (70 per cent compared to 61 per cent overall). Establishments in health and social work were also more likely than average to be aware of the new legislation (51 per cent compared to 36 per cent overall), a difference likely to be explained by the regulatory nature of the work in this industry.

However, caution should be taken when interpreting these findings as the case studies showed that, among the few interviewees who thought they had heard of the extension to public functions, they were in fact thinking about the Disability Equality Duty which, for disabled people, came into effect on 6 December 2006.

In some case studies, interviewees thought that someone else in the organisation might know about the extension but this was only conjecture. Suggested sources of knowledge varied. In one case, an interviewee thought staff who dealt directly with the service users would know about it. In another, the equality adviser thought another department would know and that they were waiting for advice on it from their lead body.

## 9.2 Expected impact of the new provisions

Of the establishments who were aware of the extension of the DDA Part 3 to public functions, most thought this would have only a minor effect on their organisation (52 per cent). Only 14 per cent thought the legislation would have a major effect, while one-fifth expected no effect at all (21 per cent). The small number of establishments that had public functions and were aware of this extension, does not allow any further analysis by sub-group.

Some of the reasons given for thinking the legislation would have a major effect related to issues such as the time required to plan for the changes and consult with disabled people about them; the large scale of the services affected; and the need for building renovation to improve accessibility. The amount of staff training required to put the new legislation into practice was also mentioned.

Among those that said the extension would have only a minor effect, the overwhelming reason was that the organisation had already made or was making adjustments for disabled people across the board, and the extension to public functions would only add impetus to this, or encourage them to review what they were already doing and possibly make some minor additional adjustments:

*'I don't feel this extension would be a problem for the Council as the DDA is already applied to everything we do.'*

(Large, public sector)

*'I anticipate no problems with the introduction of these new provisions. As a local authority we would not have a leg to stand on if we weren't doing this already. Equality is built into the DDA 1995.'*

(Large, public sector)

*'We can't see how this would affect our organisation or require change in the delivery of services as current practice for all groups already aims to be non-discriminatory.'*

(Large, public sector)



# 10 Private clubs: Awareness of, and responses to, the Disability Discrimination Act Parts 2 and 3

This chapter is based on the findings from qualitative interviews in 15 private clubs in England, Wales and Scotland. One interview was conducted in each private club with an employee who held a senior position such as secretary, managing director, administrative secretary, guest relations manager, or house manager.

Part 2 of the Disability Discrimination Act (DDA) has always applied the same to private members' clubs (in their capacity as employers), as it does to other organisations. In addition, private members' clubs have always been covered by Part 3 of the DDA when providing services or facilities to the public. The extension which came into law in December 2006 covers membership and members-only services.

## 10.1 Background

This section looks at the size of the clubs in terms of employment and membership, facilities offered, and the membership criteria that were used.

### 10.1.1 Employment size

The clubs included both those with a national membership and those which had a more local or regional focus. They ranged in size from those employing a very small number of core staff (for example, one full-time member of staff and several part-time staff), to those which employed over 100.

### **10.1.2 Facilities provided**

The facilities these clubs typically offered included social and conference rooms, bars, restaurants, hospitality and banqueting, and some had accommodation for members. Some of the clubs also provided activities specifically concerned with the nature of the club; for example, clubs associated with a particular sport, trade or pastime provided relevant events for members and their guests.

A number of the clubs operated as registered charities, and several had a strong benevolent focus. Membership was often based on the payment of an annual fee which ranged from very modest amounts (one of the lowest was £7.50 a year) to those which were more substantial (eg several hundred pounds).

The majority of these clubs' facilities were available for members of the club only, although a few offered or hired out some of their facilities to the general public. A small number of clubs hired out their facilities to authorised corporate bodies.

## **10.2 Members**

### **10.2.1 Membership numbers and criteria**

The size of the clubs in terms of membership varied greatly, from just over 100 to more than 20,000. Several of the clubs had membership of 100 to 200, and two had membership of around 500.

The criteria for membership to the private clubs included in this research also varied, and included:

- people working a particular trade;
- people of a particular faith;
- people with a keen interest in a specific sport;
- having expertise in a particular learned field;
- young people living in the club's catchment area;
- people living in the community where the club was based;
- ex-service men and women.

The process of becoming a member ranged from being automatic or very informal; to being proposed and seconded by an existing member, and then being voted in by membership as a whole; or to being a member as a result of parentage.

### 10.2.2 Information on disability among members

Clubs rarely collected information on, or kept formal records of, disability or health conditions amongst their members, but were usually able to cite examples of members who had impairments. Again, the types of impairments cited were usually the most visually obvious, or profound impairments. For example, one club which provided services for young people had 150 members, some of whom were known to have a disability, including a wheelchair user, a member with a hearing impairment, and several members with learning difficulties. Clubs felt that they would not know about some of the more hidden impairments amongst their members, unless they chose to disclose them. A number of the interviewees said that they had a good relationship with their members, and knew many of them fairly well, so that they were aware of some members who had conditions such as diabetes or a heart condition.

Several of the clubs had many elderly members, and in these cases, interviewees often reported that a fairly high proportion of their members had impairments and health conditions which were usually age-related. For example, one club had 125 members, many of whom had age-related impairments, including dementia and mobility difficulties. Another club had 2,000 members, who joined after having been proposed and seconded by existing members. As members tended to stay in the club for life, some were now elderly and infirm, with mobility difficulties and other age-related health conditions. In one club, it was estimated that up to 50 per cent of members could have a condition covered by the DDA, although most clubs gave a lower figure than this.

One of the clubs had more than 27,000 members who are ex-service men and women. Although disability status of members is not formally recorded, it was estimated that at least 50 per cent would have some form of impairment as defined by the DDA, due to the fact that the membership is ex-service, and that they are largely aged over 65.

Another club had over 15,000 members who were also ex-military. Some of them had been wounded in service, so the club was used to dealing with disability issues amongst members:

*'Because we are an ex-servicemen club we already think a lot about disability and the issues that come up because of it.'*

### 10.3 Awareness of the Disability Discrimination Act

This section examines awareness of the DDA Parts 2 and 3, and the extension to services and facilities provided to private members.

### 10.3.1 Employees

These private clubs tended to be less aware of the DDA provisions around employment, and have less to say about them than the service provision aspects. However, there was a high correlation between no awareness of the DDA and employment, and no awareness of the DDA and service provision, with a number of private clubs not having heard of the DDA at all.

A small number of the private clubs were not aware of any laws covering the employment of disabled people, did not recognise the DDA when it was mentioned to them, and had not heard of the term 'reasonable adjustments'. In such cases, interviewees were usually keen to stress that they were aware of equal opportunities, and that they would be fair and impartial in terms of the way they interviewed and recruited.

One interviewee had heard of the DDA when it was mentioned to her, and had already referred to the 'Disability Awareness Act' in the interview. She had also heard of the term 'reasonable adjustment', and said it meant that:

*'You do an assessment and work out if what you have to do is reasonable for that person, so, for example, maybe a ramp is more a sensible and cost effective option than a stair lift.'*

(Private club)

Another interviewee had heard of the DDA when prompted about it. He felt that the main duties obligated employers:

*'To treat anyone with a disability with the same fairness and care as anyone fully fit and able. We would endeavour to help them and endeavour to work with their disability.'*

(Private club)

Another club was spontaneously aware of the DDA with regard to both employment and service provision. The interviewee described the new duties as:

*'To ensure not to discriminate, as much as the job can require.'*

He also spoke of a duty to educate his staff on the issues of disability. This interviewee also felt confident that he understood the term 'reasonable adjustment'.

### 10.3.2 Service provision

These private clubs tended to be slightly more aware of the service provision aspects of the DDA than of its employment provisions. Most of the clubs had heard of the DDA when prompted and usually knew that it referred to service provision to their members. Some had also heard about the new duties for private clubs regarding making reasonable adjustments for their members, although they did not always realise that these duties did not apply at the time the research was conducted.

Many were generally aware of the spirit rather than the detail of what the new provisions would mean for clubs and their members. One club was aware of the DDA but not of the newer duties and commented:

*'We are not as aware as we should be.'*

(Private club)

One interviewee had heard of the DDA when prompted, and although he was not aware of the specifics, he knew that there were duties around both service provision and employment, and that with regard to service provision they were required to do what is 'reasonable'.

*'I'm conscious that there are laws that say we must do this and must do that...It's a bit of a minefield...We have to treat people fairly as long as it's reasonable. You have to take whatever reasonable and practical steps are possible.'*

To these ends he had consulted with the DRC. He had also heard that there were new duties for private clubs coming into force.

Another club was very aware of the things which might need to be done in the future, and had a general understanding that they have to make things more accessible for their employees and members.

This attitude was as a result of both awareness of current legislation, wanting to be proactive, and striving to provide good services for members. They also receive advice and information from their members.

*'Especially in a club like this where people come from all walks of life; for example, there is an ex-civil service member who tells us that we need a policy for this, a policy for that...'*

He was aware that there are new provisions under the DDA which affect private clubs. The club view was that they had always done their best to accommodate disabled staff and members. Regarding the duty to make reasonable adjustments, he felt that in a nutshell, this meant that:

*'If you can provide access and cater for people with disabilities then you ought to do this, but there is the issue of what is reasonable to consider...Is there a financial limit on what is reasonable? We have a fairly clear conscience that we're aware of the issues and will do our level best to make facilities available for everyone.'*

One club was spontaneously aware of the DDA and aware of the new duties for private clubs, but found it difficult to differentiate between their obligations as an employer and their duties as a service provider and private club. They saw these obligations as the same, especially considering that access issues relate to staff, members and the public.

In contrast, another club was not aware of any legislation covering the provision of goods, facilities and services to disabled people, and she had never heard of the DDA, or the new duties affecting private clubs. This club had not taken any steps to remove or alter barriers to physical access to the club.

Lack of awareness of both the name and the detail of the DDA, particularly the new provisions affecting private clubs, did not always mean that these issues were not being addressed. One club which had not heard of the DDA provisions affecting private clubs felt that they had been complying with, and going well beyond that which was required by legislation for years, as a result of the focus and mission of the club.

Several of the clubs had provided training for some of their staff to raise their awareness of disability issues, and this was usually said to be as a direct result of legislation. This training tended to be focused on staff in clubs with high proportions of disabled members, often with age-related health conditions.

## 10.4 Policies and practices

This section examines the extent and nature of club policies on employment and provision of services and facilities, both to members and to the public more generally, where applicable. It also looks at the relationship between policy and practice.

### 10.4.1 Employees

Many clubs did not have any written policies on recruitment and employment, and hence, there were few explicit policies on recruiting and employing disabled people. Where disability was mentioned this tended to be generally subsumed within an equal opportunities policy.

*'Our policy is that everyone is given an interview and at no time would we discriminate.'*

(Private club)

However, the absence of policies did not necessarily preclude changes in practice, possibly as a result of a gradual sea change in attitudes which may well have been brought about as the spirit of the DDA legislation, if not the explicit details, gradually filters into people's awareness. On whether things had changed, one interviewee commented:

*'It's difficult to say whether our actions regarding recruiting and employing disabled people have changed for the club as a whole. My actions have changed in the last ten years, certainly.'*

(Private club)

Recruitment was often fairly informal; most of the clubs had no discrete HR function, and so recruitment was often done by the person interviewed for this research, possibly assisted by another member of staff, depending on the role being recruited to. Disability was not considered to be a major issue with regard to recruiting and employing disabled people; usually as clubs felt that they had very little direct experience of this, although it became clear that in many cases they were talking in terms of a fairly narrow definition of disability (discussed in more detail in Section 10.5). Interviewees often spoke of having no particular policy on recruiting and employing disabled people, but that they would always seek to employ the best person for the job.

#### **10.4.2 Service provision**

As was the case generally, there was little reported with regard to specific policies, either general or disability-specific, for the provision of services to members or (where applicable) to the general public. Where policies existed, usually in the form of a general equal opportunities policy, they tended to make little or no distinction between their service provision for members and service provision for the general public where this was also provided. In fact, in terms of policies, there was seldom much explicit differentiation between the legislation for employment and service provision, although this may have been because specific knowledge of the legislation was generally quite low. For example, one club mentioned that although they had an equal opportunities policy in place, it was due to be updated in the near future to take into account changes in the legislation on age discrimination and the DDA. This interviewee had only a vague recollection of exactly what the DDA changes were, but thought that it applied to service provision aspects.

Only one club had a separate policy on disability regarding service provision, and this was produced in 2005. Whilst it also covered employment aspects it had largely been developed with respect to members and service provision. The policy was developed after an access survey of the building had been carried out which highlighted the need for a disability policy. The policy was drawn up by the interviewee, and focused on providing access to the club for disabled people, and although a fairly narrow definition of disability was used, the sentiment behind the policy was that it could be applied more widely should the need arise.

In contrast to this, one of the smaller clubs had no formal employment or service provision policies, but had a book of club rules which mainly contained guidelines on membership criteria and rules and regulations by which members must abide. Although none of these were specifically disability-exclusive, they were not specifically inclusive either.

## 10.5 Perceptions of disability

There was a range of perceptions of disability indicated by those interviewed in the private clubs that took part in this research. Many first adopted a fairly narrow view, typically including only wheelchair users, people with mobility difficulties, and those with obvious sensory impairments. Often this was due to relatively limited experience of dealing with disabled people, or because they were either not aware of the DDA, or if they had heard of it, they were not aware of the range of conditions included within its definition of disability. For example, in one case, a private club that had a large number of members who were wheelchair users tended to focus their discussions almost exclusively on this type of disability as a result of their experiences.

Some of these private clubs had a very small number of core staff and they often required each staff member to take on a wide variety of roles, multi-tasking between them as necessary. The interviewees in these clubs usually reported that they had little experience of employing disabled people, or that they would find it difficult to employ disabled people as the work was not 'suitable'. This often seemed to be rooted in their perceptions of disabled people as those with mobility difficulties, rather than a wider definition of disability. Those interviewed rarely spontaneously cited conditions such as diabetes, dyslexia, cancer or diagnosed with HIV as being disabilities, until they were prompted with a showcard covering the range of conditions covered by the DDA. Once they had seen this, many said that they had employed people with one or more of the conditions listed. Several of those interviewed seemed to find it difficult to view cancer or conditions such as diabetes as disabilities – they preferred to view these as illnesses which were treatable in many cases:

*'There are probably people with other health issues but I wouldn't necessarily class them as disabled – health issues like diabetes.'*

(Private club)

Another interviewee did not consider cancer or HIV to be a disability. She felt that a disability was:

*'...something that physically prevents you from doing a job.'*

(Private club)

Some of the interviewees persisted throughout the discussion in referring to a narrower range of disabilities, and required careful prompting about employees who they had previously mentioned with disabilities covered by the DDA which lay outside their more usual mindset. For example, an interviewee at one private club said they had little or no experience of employing disabled people, but had on their staff a barman with diabetes. The interviewee did not consider him to be disabled, and nor did she feel they had made any adjustments for him, they were just being 'flexible'.

## 10.6 Recruitment and employment of disabled people

In this section we review the recruitment processes used by private clubs and their experience and attitudes towards disabled job applicants. We then proceed to look at the employment of disabled people.

### 10.6.1 Recruitment

The exact methods used to recruit depended on the role, but typical channels were advertising in local papers and in Jobcentre Plus, use of agencies, and word of mouth. Applicants were sometimes asked to fill in an application form or to send in a CV. Some clubs simply invited them in for an informal interview; this was especially the case for hospitality roles, including bar staff and restaurant staff. In the larger clubs there were also roles for administrative staff and management staff, and the recruitment process for these roles was typically more formal, involving for example, a detailed CV and more than one interview, and in one case when recruiting a club secretary, a medical examination to ensure that the applicant was physically fit and healthy enough to work in the role in the foreseeable future.

Few clubs asked prospective employees about their health in an application form or during the recruitment process as a matter of course. More usually, clubs said that a disability or health condition would be picked up at interview stage if it was visible or if the individual chose to disclose it, but they felt that individuals had a right to keep such information to themselves, in which case the club as their employer would not know they had a disability. There were exceptions to this though, and a small number of private clubs did have a health questionnaire which applicants were asked to complete at the application stage, although this was generally fairly basic. One club which was part of a larger organisation with a strong benevolent focus, and which recruited through its head office, used a health questionnaire which was looked at only if the applicant was successful at interview. At this stage it was examined to see if anything needed to be done to assist the successful applicant in their job. Another club routinely asked applicants if they needed any assistance at interview.

There were no examples of clubs taking active steps to recruit disabled people, but many said that they would always try to recruit fairly:

*'We would go out of our way to accommodate people, but it depends on the individual and the job they are applying for.'*

(Private club)

Many interviewees said that they had never come across any disabled applicants for their posts, and had not considered implementing any changes to their recruitment policies or practices because there had never been any need. Recruitment in these smaller clubs was usually reported to be infrequent and fairly informal anyway, and this also seemed to have contributed to their relative lack of awareness of disability legislation.

There were no examples of reasonable adjustments that had been made at the recruitment stage, and this was because the clubs said that the need simply had not arisen. Many felt that they simply would not get disabled people applying for jobs – this seemed to be rooted in an ingrained, narrow definition of disability, with people immediately picturing a wheelchair user or a disabled person with obvious mobility difficulties, when asked to think about disabled people in general. For example, when asked generally about employing disabled people, one club said:

*'It would be difficult to employ a disabled person behind the bar. They would need to lift the kegs and carry trays of glasses, it's quite physical work. We would consider disabled people of course, but it depends what kinds of work they are after.'*

(Private club)

### 10.6.2 Who would it be difficult to employ?

It was wheelchair users and people with other mobility difficulties who tended to be cited first in response to whether clubs would find it difficult to employ disabled people. However, this was usually qualified with a reference to what the particular job or role would entail.

*'In hospitality...it does depend on the job and the customer – you need to have someone who can serve probably. But if they want a job in admin or accounts when they don't have to move around much then fine.'*

(Private club)

Conditions including speech impairments and facial disfigurements were also cited by some clubs as being potentially problematic. For example, one felt it might not be suitable to have someone with a facial disfigurement in a public-facing role. Some expressed a need to 'protect' people with particular conditions, for example, learning difficulties or a facial disfigurement from possible abuse from members and customers, especially in a bar where alcohol was served. This view had also emerged in interviews with other hospitality establishments.

One club had recruited a woman who had a disability connected with her arm, and this was clearly visible when she attended her interview. As a result, at the interview there was a discussion about whether she would be able to do all of the tasks involved in the job she had applied for, which was an administrative support role. At the same club, a man who had seen a Jobcentre Plus advertisement for a role including portering and bar work attended an interview and explained that he had dyslexia. This was then discussed in terms of his ability to do the various tasks required of him, one of which included taking notes as needed, for example, telephone messages, and passing the information on to other staff. The employer was satisfied that he would be able to perform the job satisfactorily, and so the man was recruited. He received six months employment allowance once he was in post, although the club were not aware of this when he was taken on. In addition, he received some in-work support from his Jobcentre Plus adviser.

An interviewee at one of the clubs felt that it would be difficult to employ someone with mental health issues or learning difficulties, partly driven by concerns about dangerous or unpredictable behaviour. 'Health and safety' tended to be used as justification of why someone with a particular disability would not be appropriate for particular jobs. For example, regarding people with mental health problems, one interviewee commented that *'there's a health and safety issue with glass, knives ...'*, while another argued that:

*'If you have someone with a mobility problem then it's hard to have them working in a restaurant because of health and safety issues.'*

(Private club)

There was also a fear that people with certain conditions, for example, cancer, might be off sick for long periods, which could cause problems for the club and amongst other staff who would have to compensate. The smaller clubs in particular reported that they were less able to be flexible about employing people who were not able to fulfil a number of roles, as staff were often recruited to do a number of different jobs, at least one of which usually required good mobility and/or dexterity:

*'As we're a small employer we need people to be able to turn their hand to anything.'*

(Private club)

The need for each member of staff to multi-task was also mentioned specifically as a potential barrier to employing people with mobility difficulties, and/or sensory impairments:

*'A hearing impairment...it's such a small office that everyone has to answer the 'phone and therefore it would cause a problem...The problem with our employment is that everyone ends up doing a bit of everything – therefore, if they can't do everything in their particular environment, you know, do everything in the office, then it puts too much stress, too much work on other people.'*

(Private club)

In another club, attitudes towards employing disabled people were generally positive; most of the work was office-based and involved administrative or clerical work, which was perceived to be easier to accommodate various forms of disability than a more physically active job. Employing someone with mobility problems was not felt to be a problem as they had made several adjustments for members and public access (eg a ramp) that could also benefit a mobility-impaired member of staff; although since their lift only reached the first floor, staff with mobility difficulties requiring use of a lift would need to be based on the ground or first floor. However, a visual impairment was felt to be more difficult to accommodate, as most of the jobs were regarded as requiring good eyesight. Little thought was given to what assistive technologies might be available.

### 10.6.3 Employment

When asked whether they had any employees with disabilities, most of the clubs initially reported either that they did not have any disabled staff, or cited only those who fell within a narrow definition, typically obvious physical disabilities, and visual and auditory impairments:

*'People in wheelchairs are the obvious ones, that's what you think of.'*

(Private club)

Many of the clubs were fairly small employers, and as a result of this combined with a low turnover, they said they had little experience of employing people with the kinds of conditions that they would spontaneously class as being a disability. Having not had any direct experience of employing disabled people – at least those who were visibly disabled – had, in turn, meant that a number of clubs had not been proactive in keeping abreast of the legislation.

More occasionally, the more DDA aware clubs mentioned employees with a wider range of conditions, for example, bad backs and late-onset diabetes. One such club also made a distinction between recruiting someone with a particular condition and making adjustments for someone who developed a condition when they were in post, with the feeling that they would do more to retain a valued member of staff who had proved themselves in the job and to whom they, as an employer, felt some loyalty, than to recruit someone new:

*'As an employer we've always tried to be fair and generous to staff. Especially as many of our staff have been here a long time.'*

(Private club)

On the whole, the clubs did not collect data on disability amongst their employees. One club had concerns that doing so would be perceived as discriminatory. Nonetheless, many of the clubs reported that some of their employees had disabilities that they were aware of. The types of conditions reported amongst the clubs' staff included diabetes, dyslexia, kidney failure, clinical depression, mental illness, learning difficulties, epilepsy, and cancer. These staff were employed in a variety of roles including cleaning staff, administrative and support staff, bar and restaurant staff, and a librarian. Many interviewees said that there were probably other staff who had conditions on the list, but that they were not aware of them.

## 10.7 Adjustments and adaptations

This section explores adjustments made for staff, members and the public more generally, where applicable. When it came to discussing adjustments and adaptations in relation to all of these groups, adjustments to the physical environment, for example modifications to enable wheelchair access, were invariably focused on in the first instance. Often, only with prompting were clubs able to cite other adaptations or adjustments which were not concerned with the physical environment; for example, changes to working practices, or rotas and hours worked for employees who were defined as disabled under the DDA.

### 10.7.1 Adjustments for employees

Clubs were generally very keen to retain staff who had become ill or disabled in post, particularly as a number of the clubs had a low turnover of staff and some long-serving trusted employees.

In light of this, the most common adjustments for employees were adaptations to working routines, particularly to enable employees time off to attend hospital treatment for conditions such as diabetes, or cancer, or for longer periods of time off. Many of the interviewees did not class these as adjustments but simply viewed them as 'being flexible':

*'We are a flexible company, this goes both ways. There is understanding and respect.'*

(Private club)

Some of the interviewees mentioned in passing that they had a member of staff with a disability, for example, a hearing impairment, but that no adjustments had been needed as a result. For others small adjustments had been made; for example, a special telephone was purchased for an employee with a hearing impairment.

There were other examples where clubs had, as employers, provided simple aids to enable some of their employees to work more effectively; for example, providing a lectern for a man with a back condition so that he was able to work standing up rather than having to sit at a desk.

Some employees had been redeployed within the club after they had developed a condition or disability once in post, to enable them to continue working there, or had been let off particular duties which had become difficult for them, swapping these tasks with others who could do them instead. One organisation had also redeployed both voluntary and paid staff when they became unable to perform particular tasks.

One of the clubs had an employee with severe arthritis, who in winter was unable to drive the bus to fetch members, as her arms became very stiff. During the winter she does in-house care, and the rest of the team take over her driving duties between them. The club provides taxis for members not picked up by the buses as a result. Another employee had cancer and required nine weeks of treatment. During this time their workload was rearranged to allow her to attend appointments as necessary.

The small number of clubs which had a very inclusive focus for their members, and were very aware of disability legislation, also tended to be the most proactive and forward thinking around the kinds of adjustments they had or could make, and the range of disabilities and conditions they could accommodate within their workforce. For example, an interviewee from such a club said that they were already set up to accommodate most people and situations, so they had never been asked for an adjustment that they had not been able to make.

### 10.7.2 Adjustments for members and the public

#### *Adjustments for members*

It was clear from the interviews that these private clubs tried to do all they could to attend to the needs of their members in order to attract and keep them. Adjustments for members, in order to attract and keep them, generally appeared to be seen as a higher priority than making adjustments to enable disabled people to be recruited. Most of these clubs had a limited membership remit, either due to geographical location, or the focus of the club, or both. Some of the clubs had many elderly and infirm members, often because they had been members for many years, and hence, were longstanding and loyal 'customers'. As time had passed they had developed mobility difficulties or other health conditions, and hence, they were often cited with regard to adjustments which had been made.

Attracting and retaining members, and the membership subscriptions on which clubs depended financially, was the core business of most of these private clubs. Therefore, it was this, together with a desire to 'do the right thing' which appeared to be the driving force behind many of the adjustments. Legislation rarely appeared to be the key factor; however, the gradual sea change in attitude since the DDA was first introduced in 1995 has undoubtedly influenced some interviewees' aspirations of the kinds of adjustments and adaptations that could be made, together with perceptions of what is reasonable.

It seems likely that adaptations which would not have been considered ten years ago are now much higher on the agenda for many private clubs, even those with seemingly few financial resources, and little spontaneous awareness of the DDA legislation. Amongst the DDA-aware, it was generally felt that the existence of the DDA legislation as a whole had had an influence on perceptions and on practice:

*'The DDA has made people more aware of disability issues. Without it we wouldn't be attempting to make the building accessible. The DDA is the extra spur.'*

(Private club)

Interviewees invariably focused on physical adjustments and adaptations which had been made, or might need to be made in the future. There was far less discussion around other kinds of adjustments or adaptations. There were a number of examples of physical adaptations to buildings to assist and enable members with mobility difficulties to access the clubs. The most extensive adaptations had been made as part of more general refurbishments, which had often incorporated modifications to make clubhouses fully accessible. There were also examples of recently built premises which had been designed to be fully accessible, in light of the 2004 duties on removing, altering or otherwise avoiding physical features which made access difficult.

A recently built clubhouse had been designed to meet the requirements of the 1995 DDA legislation in terms of physical accessibility, as the building had been funded through the Lottery. Special facilities included a lift to the bar, wheelchair access to the office, accessible toilets, and a ramp to the stage area where award ceremonies take place. There are plans to improve the shower facilities available to disabled members. There were also specialist outside facilities, and three disabled parking spaces. All of these facilities were provided primarily for the benefit of disabled members, and this club did not report having any disabled employees.

Many of these clubs were housed in old buildings with several floors, steps up to the entrance and between the floors, and with no lifts. A number of the clubs were in listed buildings. All of these things presented considerable difficulties in terms of making adjustments to the physical environment to allow wheelchair access and to assist those with other mobility difficulties. In three cases, where the club buildings were grade one or two listed, cost was cited as a significant constraint to making major changes, although two of these three clubs had plans drawn up for major alterations to the buildings which would comply with their listed status but would involve installing lifts and accessible toilets. These potential adaptations were estimated to be extremely costly, in the region of hundreds of thousands of pounds. However, there were also considerations around the practicality of what could actually be done:

*'We're conscious we need to do something, but we're not sure exactly how and where. We've received planning permission for a small extension, and if it goes ahead we'll have our own lift and toilet, so we're looking into the costs and practicality of that. We've looked at the alternatives, of modifying the existing facilities, but we would lose all the hanging space for coats in the ladies toilets, so it comes down to what is reasonable.'*

(Private club)

Strategic reviews and disability access audits had been undertaken in a number of these clubs. One had been carried out ten years ago, and this had resulted in adjustments to the club's entrance hall to make it wheelchair accessible, and training for the porter in how to assist disabled customers. Other clubs reported that they have had audits and checks more recently.

In 2000, a strategic review had taken place in a club housed in a grade one listed building. The purpose of the review was to highlight any areas which needed addressing, and it was found that the club's disabled access would need to be considered. As a result, plans were drawn up on how access might be improved by installing a lift and making other adjustments to the building, including providing some accommodation for members with mobility difficulties. The club secretary then invited the DRC to visit and advise the club on whether they were doing enough to comply with the legislation on disability

Continued

and access. The club was reassured by this visit, as they were told by the DRC that considering the listed status of the building, and the restrictions on the kinds of adaptations they would be able to make, the club was currently complying with legislation, and being proactive in looking at how the situation could be improved in the future.

*'I wanted to sound them out about what we were doing and what we had planned. We talked through all sorts of things. This was about a year ago. They felt we were doing all the right things. I was most encouraged by that.'*

Discussion around the plans which were drawn up as a result of the strategic review is continuing, particularly with regard to funding, as the work would be extremely costly. In the meantime, access for wheelchair users remained problematic:

*'People in wheelchairs just don't come here. It's very difficult.'*

As a result of an audit in a grade two listed building, a portable ramp was purchased to enable wheelchair access at the main entrance. In addition, an induction loop was installed in the main lecture theatre. They are currently planning to convert some of the toilets to provide disabled access. Other planned adjustments include more induction loops, and moving the reception area to allow access from the street without the use of the portable ramp which is difficult to move and store. There have been some tensions between wishing to comply with legislation, and the limitations of the premises:

*'We had a disability audit which pointed out lots of changes we might make. But there is a conflict between what we would need to do under the DDA and being a listed building.'*

The size of the club, and the resources available as a result clearly affected the range of adjustments which could be made. Larger clubs with more members and greater financial resources usually had the scope to make more comprehensive adjustments than small clubs with a very limited membership. One of the clubs had more than 100 staff and around 15,000 members. Many adjustments had been made to their building to accommodate disabled members including a new stair lift for the entrance to the building, refurbished accessible rooms and bathrooms, and a hearing loop. In contrast to this, one of the clubs employed only one full-time member of staff, and its membership fees were very low. Where adjustments had been made, they had been done very cheaply. For example, a concrete ramp had been installed several years ago, with the help of some of the members who had built it, providing their skills and time for a minimal cost.

Not all clubs had made physical adjustments. For example, one club which was refurbished within the last four years had not included adjustments to enable wheelchair access. The interviewee felt that these kinds of adjustments would not have been practical.

*'It's not floor level, so it would be lots of work to make changes, the main one would probably be that we'd need to put in a lift. Building-wise it would be near impossible to change because we're spread over three floors.'*

(Private club)

Cost was often cited as being a barrier to making physical adaptations. This was particularly the case for clubs housed in listed buildings. One club cited its charitable status as a reason for their tight budget.

One of the clubs provided social events for their members but hired out venues for this purpose, rather than providing the venue themselves. As such, they felt that it was not their responsibility to ensure that the venues were fully accessible, but the owner of the hired venue. Nonetheless, there was some checking of the venues prior to booking to ensure that they would be suitable for the members event.

There were few examples given of adjustments to procedures, practices and methods of communication. However, one club reported that a customer who had wished to hire one of the club's function rooms had a severe speech impairment, and preferred to deal with the club over email. As a result, they had made all necessary arrangements by email rather than in person or by telephone, which was the usual club procedure. Another club was reviewing its website with a view to making it more accessible for people with visual impairments and another had provided club documents in large print on request. One of the clubs had provided modified telephones with large digits, and large print menus were available in the restaurants. In another, the menu had details for people with special dietary requirements. Many of these adjustments had been made as a result of a particular need or request.

A club with a focus on providing services for elderly and disabled people had made a wide range of adjustments to anticipate and accommodate their needs. In addition to the building being fully accessible, they provide talking books and newspapers on tape, and they were currently arranging to get the club literature in large print and Braille.

They were also putting together a members' forum, and in the meantime they have an 'open door' policy; members can go and see the centre manager or any member of staff to raise requests and issues. The centre manager said:

*'Legislation keeps us on top of who is responsible for what, but it doesn't change what we do, it just reinforces it.'*

A small number of the clubs had provided disability training for their staff. This was usually in clubs with a focus on providing services to members who often had disabilities or health conditions, for example, a club providing services to elderly members. Amongst the clubs with a more general membership remit, there had rarely been any disability training for staff.

### *Adjustments for the public*

On the whole, clubs concentrated on providing services for their members and rarely provided services for the general public. However, there were a few exceptions to this. They commonly involved hiring out function rooms to the public or the community, and adjustments or adaptations with regard to this were not mentioned. Occasionally, clubs had provided special events involving non-members, for which adjustments had sometimes been made, although these tended to be fairly ad hoc.

A club with a specialist sporting focus, in addition to providing services for its members, was involved in providing events for disabled people, including a twice-yearly event for young people with visual impairments. As a result of this they had received a small grant from a disability charity which had assisted with the costs of making some adaptations to improve disabled access alongside the renovations of one of their clubhouses. Another event had involved providing activities for people with a wide range of disabilities, including mobility difficulties. In order to accommodate this, they had enlisted extra help. The interviewee had formerly been in the armed forces, and had arranged for some of his ex-colleagues to help and provide any necessary support and assistance to the disabled people attending the event.

## 10.8 Costs and benefits of making the adjustments and adaptations

This section examines the costs of making adjustments for both employees and members, and views on the advantages of doing so. As was the case for the interviews as a whole, the focus of the discussion around the costs of adjustments was mainly with regard to physical modifications to the buildings and premises.

### **10.8.1 Employees**

In general, major adaptations and adjustments had not been made specifically for employees, and hence, the costs of adjustments made for staff were mainly felt to have been very minor. The exceptions to this were when staff had to have time off work as a result of having long-term illnesses or conditions such as cancer. This was felt to have had a cost both to the club and to the other members of staff who had to cover for them while they were absent from work. One club with a small number of staff had taken steps to retain them wherever possible if they became ill in post, but in the past this had caused practical and financial difficulties. As a result, they had taken steps to minimise the impact of this situation in the future if it occurred again.

*'We keep the staff we have a lot of time for, which keeps down our turnover. The downside is that we need temporary staff to cover permanent staff when they are off sick, which can be a financial issue. But now we have an insurance scheme which arose from the staff who needed time off when they had cancer, so now our staff get full pay for 12 months if they are seriously ill.'*

(Private club)

Another of the clubs had a staff benevolent fund which assisted with making any adjustments necessary for staff. An example was where a member of staff with dyslexia was sent on a course to help him work with the condition and to do his job effectively. Benefits to making these kinds of adjustments and arrangements for staff were spoken of in terms of staff welfare and motivation.

One private club which had made a number of adjustments, with variable costs, for employees and members spoke of the benefits of making adjustments for employees:

*'The costs of putting things in is quite high, but the benefits are great for enabling people to work.'*

She gave an example of providing mini cabs for members in the winter when one of the bus driver's arthritis prevented her from driving in the height of winter as she got very stiff:

*'It looked expensive but the organisation believes that what you put in is what you get back. It's a good message to show how we work and look after our staff.'*

Of the impact on the organisation, she referred to situations where some of the team had had to take on particular duties when another member was not able to carry them out, and she said:

*'At first, other staff can be ignorant but if you make them understand it's about working as a team, the impact can be very positive.'*

### **10.8.2 Service provision**

There were more extensive discussions around the costs of making adjustments for members, compared to those on the costs of making adjustments for staff. These mainly centred around the significant costs of making adaptations to buildings to allow wheelchair access.

Major adjustments, for example, those made as part of a general refurbishment were not usually costed separately. The total costs of refurbishments ran into many thousands of pounds; one club gave a figure of around £750,000, although this included substantial amounts of work not directly concerned with adjustments for disability.

One club had spent £20,000 on making toilets accessible for wheelchair users, but this was part of a general refurbishment. The other costs of adjustments which had been made were felt to have been minimal, and mainly as a result of administration time which was not quantified. These other adjustments included providing large print documents, and improving the buttons in the lift.

A club which had major renovations to one of its clubhouses estimated that this alone had cost £250,000, and this included making the premises fully accessible. They had received a small contribution of around £3,000 from a disability organisation with whom they had worked in the past. They had since drawn up further plans to provide disabled access at their main clubhouse, and planned to make these alongside other general improvements.

The total cost of all adjustments, overall, was estimated to be in the region of £500,000. The costs of staff time in planning and making adjustments was not taken into account. They also use their members' expertise and advice, and members give their time voluntarily for this purpose.

One club had been able to make a number of adjustments despite being fairly small and having limited funds. They had received a grant of £2,500 from the council to help to pay for a stair lift. The club paid for two accessible toilets, and for the ramp at the side entrance. The interviewee said that it was always difficult to find money to do any kind of work on the club:

*'As a non-profit making organisation there is not much money about, all our funds come from membership fees and bar takings.'*

Their membership fees are £7.50 per member per year. In terms of the cost of putting in the ramp, he said:

*'I don't think the ramp cost very much. We try to do some of the work ourselves, some of the committee members do it, to try to keep the costs down.'*

Clubs occasionally mentioned that they had received assistance with costs of making physical adjustments, for example, from the Lottery, Nuffield Trust, or specialist disability organisations. One organisation had a number of sponsors which had given them money in the past, and they also held fundraisers in order to pay for the adaptations which had been needed.

The cost of making physical adjustments was particularly high when buildings were listed (as several were) and adaptations had to be in keeping with the original building. In a number of cases these adjustments had not yet been made due to lack of funds and/or the time taken to plan complex work of this nature.

The costs of other kinds of adjustments and adaptations, for example, to methods of communication, were usually seen to be minimal and were viewed as worthwhile making. The costs of management time in planning and arranging adjustments of all types were acknowledged by some of the clubs when prompted in the interviews. However, these costs were never quantified in practice, and none of the interviewees were able to provide any estimates of these cost aspects.

The benefits of making the adjustments were usually cited in terms of enabling members to continue to access the club and use its facilities, and to provide a good service. Clubs generally saw this as their duty, and as a result felt that the adjustments had been both necessary and worthwhile.

*'They keep the members happy.'*

(Private club)

In some cases, clubs had made adjustments to enable longstanding members to continue to visit the club after they had become elderly and/or disabled, and some people had become members who would not otherwise have been able to as a result of the adjustments having been made. For clubs where many of the members are over the age of 65, the adaptations and adjustments were felt to have been particularly beneficial in allowing access to the greatest number of members. For large clubs, even costly adaptations were felt to have been commercially beneficial as a result of economies of scale. These economies of scale were less apparent in smaller clubs, many of which struggled to find the necessary funds to make physical adjustments to their premises.

Where the clubs were not commercially driven, cost was not a major deciding factor in whether to make adjustments. One club viewed them as a 'moral imperative'. Nonetheless, there was usually a tension between the desire to provide a high quality service, and the money which was available to do this.

A club with a strong benevolent function was fully accessible and had made a range of other adjustments to cater for its range of members. However, the interviewee admitted:

*'I am massively overspending at present, that goes for the organisation as a whole, and on this site...Our costs are considerable to be able to provide this level of service. And we are not a business.'*

Of the benefits she said:

*'It's about watching the members who come in depressed, seeing them being empowered and gaining a quality of life.'*

## 10.9 Advice, information and support

The clubs tended to be more focused on the provision of services and accessibility for their members, than with the employment aspects of the legislation. These are discussed in turn below.

### 10.9.1 Employees

Most of the clubs had not sought specific advice on recruiting or employing disabled people. They usually gave the reason that they had never had any disabled staff and had rarely, if ever, had any disabled applicants. Similarly, most clubs reported that they did not feel they needed information or advice on this area, as it was not currently an issue for them.

A small number of clubs had sought advice on employees and disability from employment law firms. For example, one had sought advice from an employment law agency when an employee was off sick for an extended period due to stress, but aside from this had not needed to seek advice on employment or service provision. Another club retained a firm of employment law advisers, who could be contacted by managers whenever there was anything they were unsure of. This firm also provided the club with information and updates as necessary.

One club was part of a larger organisation which provided information on employment and disability legislation. Information from the organisation's training department was cascaded down the organisation. Information was also supplied through the independent trainer who provided all of the training on disability for the organisation.

### **10.9.2 Service provision**

A few clubs had not sought any external advice or support around the provision of services for disabled members. They usually reported that there had not been a need to do this as yet. However, many clubs had looked externally for information on legislation, disability or access issues for their members, and overall, a wide range of sources of information had been consulted. These included:

- the Internet;
- local business groups and networks;
- local authorities;
- the DRC;
- Disability Access Audit;
- external consultants and health and safety advisers;
- building consultants, regarding making premises accessible to members;
- law firms.

Not all clubs with a main source of information and advice had felt the need to consult more widely on these issues, for example, one club had company lawyers who sent out information about legislation, or to whom they could go for advice. However, disability had not yet been an issue for the club, and so they had not sought additional information through these routes at the time of the interview. Another club reported that its main source of advice was a mentoring service provided through a high street bank, which provided expert advice on compliance with health and safety legislation, and disability was picked up within this. The club was able to contact the mentor for advice whenever an issue arose. They also received guidance from a specialised disability organisation which provided events related to the club's main focus.

As noted earlier in this chapter, several of the clubs had strategic reviews, or disability access audits, which had provided them with a wealth of information about legislation and the extent to which they were complying. A small number of the clubs had contact with the DRC, either through a visit to the club, or when a representative from the club had attended a DRC consultation. This was usually prompted by the 2004 duties on physical accessibility or, more recently, the extension of the DDA to private members' facilities.

A few of the clubs were part of larger organisations, or were members of umbrella groups, which sent them periodic information and updates. One such club got advice and information from head office of an umbrella organisation which looked after a large number of clubs. The interviewee attended regular meetings at head office, where he would be made aware of any relevant legislation. As a result he felt he had enough support, particularly as there had been no issues around disability to date. However, he said he would look on the Internet if he needed any additional information.

Some of the clubs had consulted informally with their disabled members, and in this way had received useful advice and information, together with ideas about how things could be improved in the future.

One of the interviewees initially said that they had not actively sought advice externally, as disability had not arisen as an issue. However, the club often talked to members with particular knowledge or personal experience of disability; for example, they had consulted disabled members about what would be suitable for potential renovations. They had also worked with a charitable organisation and had consulted with them regarding the renovations which were done for one of their clubhouses two years ago. They had also consulted, from time to time, with the organisations they worked with to put on particular events.

A number of the private clubs felt that they needed more information and advice on legislation. A few felt that more information on what was meant by the term 'reasonable' would be useful. Some clubs wanted more information about what they could do to assist members with particular disabilities, for example, visual or hearing impairments. It was suggested that the DWP could send businesses and clubs a letter or booklet with basic information and signposting to sources of further information.

One interviewee who had not previously sought any external advice or information was concerned about their lack of awareness around the new legislation covering private clubs.

Continued

*'I would expect the DWP to contact us about the changes to the legislation, the way that the courts contact you about changes to licensing laws...it would be helpful to have more communication about it from DWP. I'm surprised I haven't seen this mentioned in the [trade] press like the ban on smoking or the change to 24-hour licensing.'*

She felt that different media should be used to raise businesses' awareness about the legislation, such as the Internet, articles in trade magazines, or through television or radio advertising. She was particularly concerned that they might be forced to make lots of expensive alterations if just one disabled client/member made a complaint, and wanted more information or support such as a disability access assessment to review what, if any, changes they might need to make.

As a result of learning about the new legislation during the interview, the interviewee said that she might add something on dealing with disabled customers to the Staff Handbook, which all staff receive as part of their induction.

# 11 Conclusions

This study has set out to answer a number of specific research objectives. These were to:

- explore awareness and understanding of the Disability Discrimination Act (DDA) and the changes in legislation introduced in 2005;
- examine how those with duties under DDA Parts 2 and 3 are responding to the requirements;
- ascertain the extent to which reasonable adjustments are being made by organisations, and whether this is as standard or in response to individual need;
- determine the extent to which those with duties under the DDA Part 2 and DDA Part 3 are improving their understanding of the needs of disabled people and then meeting those needs;
- examine which sources of advice on the DDA are used, and why these are preferred;
- explore attitudes towards disabled people and the DDA; and
- establish what impact the DDA has had in driving changes to overcome barriers in employment and in accessing goods, services or public functions.

In this concluding section to the report, we seek to address each of these objectives by drawing together the key findings of the research and drawing out their implications for policies and practices regarding disability and business.

## 11.1 Awareness and understanding of the Disability Discrimination Act

### 11.1.1 Awareness

The research shows increasing awareness and, to a lesser extent, understanding, of the DDA's employment and service provisions among establishment-level employers and goods, facilities and service providers. Awareness of both the DDA Part 2 and

the DDA Part 3 has increased substantially and significantly since the most recent comparable study in 2003.

In particular, there has been a rapid growth in the proportion of establishments who spontaneously referred to the DDA when prompted about legislation to protect the rights of disabled employees/job applicants, and customers/clients (although establishments with this level of awareness are still in the minority). The results consistently show that those with spontaneous awareness (i.e. the most familiar with the Act) – who tend to be large establishments, or in the public or voluntary sectors – are ‘leading the way’ in terms of good practice and positive attitudes.

The challenge for policy is to facilitate this more among the small and medium-sized establishments, especially those in the private sector. Their awareness of both elements of the DDA continues to ‘lag behind’, and although there has been a significant increase (in particular regarding Part 3 of the DDA, driven by the October 2004 duties on physical features), there remains a substantial gap in terms of awareness, knowledge, and understanding, particularly among the very small establishments.

Evidence suggests that several factors are at work which may gradually expand awareness among the smaller establishments. These include:

- a high level of senior and HR buy-in to the DDA, in large multi-site establishments, which has led some to extend disability awareness training to branch-level and line managers, and all shop-floor staff;
- the ongoing development of good HR/management practice which may filter through to smaller establishments; and
- awareness raising via ‘external influencers’ such as architects, disability consultants etc. (particularly current since the October 2004 duties to remove, alter or avoid physical barriers to access came into force).

One of the more interesting findings which emerged from the case studies was that of a ‘supply chain’ effect regarding knowledge of the goods and service provisions. Those companies whose core business was linked to providing physical adjustments (shop fitters, conference organisers, etc.) were taking an active role in ‘reminding’ their business clients about this aspect of the DDA – again in light of the October 2004 duty on physical features.

However, a more targeted way of ‘activating’ awareness among small single-site establishments in particular might be to **work via the sources they are most familiar with, such as employer associations, local Jobcentre Plus offices, or local authorities.**

Employers wanted information that was targeted and relevant to them, hence, another possibility would be to **target small employers in particular industrial sectors (through trade bodies or employer associations).** This may help to address some of the evident sectoral differences apparent, in terms of misconceptions

about how 'relevant' the DDA was in certain industries because of the lack of disabled applicants or customers that respondents encountered. For example, publicity could be aimed at countering some of the views that disabled people are a health and safety risk in manufacturing, or a 'soft target' for drunken customers in the hospitality sector and therefore need to be 'sheltered'. This type of approach, combating myths with facts, has been used as part of the age discrimination awareness campaign.

**Awareness of the 2005 changes was relatively low, and all these changes will require (further) publicising.**

### 11.1.2 Understanding of the DDA

Although the case studies revealed that some (mainly large public and voluntary sector) establishments had a good understanding of the DDA, many of the smaller ones in particular had no or little knowledge of its specific content. Two particular sticking points, that it would be useful to target in terms of offering further information or advice to establishments, are the definition of 'disability' and the meaning of the term 'reasonable adjustments'.

The findings showed that it was still the more physical and 'visible' impairments that were considered as a disability, and conditions which could be drug-controlled or 'treated' in some other way which were the least recognised (aside from facial scarring). **Further publicity addressing these perceptions, perhaps which specifically includes being diagnosed HIV positive or with cancer, would help to raise people's awareness that these are covered by the DDA.** It will be more difficult to change individuals' own views of 'disability'; the case studies showed that, even where people were very knowledgeable about the DDA, they admitted their own view of disability was different.

The concept of 'reasonable adjustment' was problematic for some interviewees (as it had been in 2003). Initially, they often claimed that they were confused by the term's 'vagueness', although on prompting, most of those who knew about the DDA could offer a fairly accurate assessment of what 'reasonable adjustment' broadly meant in practice. Employers still appeared to want a more clear cut definition; interestingly, this applied more to large establishments than small ones, partly because some wanted to put 'limits' on what they felt could be a very elastic concept. Small establishments often had specific queries about what would be considered 'reasonable' or not for them, and there was a gap in terms of providing immediate and specific information and advice for this group, who lacked the internal resources of an HR or occupational health expert to fall back on.

## 11.2 Making reasonable adjustments

In terms of the recruitment requirements of the DDA, a similar pattern to awareness emerged, with large public and voluntary sector organisations the most likely to either collect information on health or disability from job applicants, and to use it within the recruitment process itself.

Establishments who collected health and disability information tended to have updated it to incorporate the DDA definition. Lack of a consistent definition of disability was an issue for some employers, who had workforce composition targets set and assessed using one (non-DDA) definition of disability but who collected information from their staff in the DDA format. **It would be useful if workforce composition targets could be set and assessed using a consistent definition of disability, in line with the DDA, so that some of these discrepancies could be removed.** This might also help to clarify the DDA-definition of disability as the standard one for measuring employment of disabled people.

Some case study establishments had extended their data collection to existing staff rather than just to recruits, and were using this to try to raise awareness of disability as an issue and encourage higher levels of disclosure, so that more could be done to help disabled workers if they needed it. The possibility arises that publicity could be directed more at disabled employees themselves, to inform them about the DDA legislation, so that they could feel more comfortable about approaching their employer should the need arise.

Overall, organisations' responses to the recruitment element of Part 2 of the DDA were variable and **more emphasis on the duty to make reasonable adjustments at this stage should perhaps be made, in terms of publicity.** With many organisations actively seeking to increase the proportion of disabled staff within their workforce, **it might also be worth publicising the 'success stories' of some of the brokerage-type recruitment methods described in the report** (e.g. through disability networks or charities).

Patterns in the likelihood of having made a reasonable adjustment were consistent across both parts of the DDA; namely, those types of establishment who were more likely to make an adjustment in relation to the employment provisions were also more likely to do so in relation to the service element, and vice versa. Those who were aware of the DDA (either aspect) were more likely than those who were not, to have made an adjustment.

The vast majority of establishments who had made an adjustment (employment or service-related) did not experience any difficulties in doing so. This is in line with 2003, but **it is important to re-emphasise this in publicity, in particular, to small establishments who were often suspicious of cost implications.** Cost was not a major barrier overall, with only a very small minority of establishments citing this as a problem. **The role of Access to Work in assisting with costs was crucial in some establishments (including large ones) and this should be given a higher profile among small employers.**

Planning constraints were another difficulty experienced in making adjustments, and the case studies revealed several examples of establishments that had faced problems in either the scope or the cost of what they could do (in particular regarding the 2004 duties to remove, alter or avoid physical features that could prevent disabled access). It may be that the balance between planning restrictions and the DDA needs to be explored in order to allow for greater flexibility in what changes establishments can or cannot make to cater for disabled customers or staff. Alternatively, it may have been the case that some restrictions were 'perceived' rather than actual as there is already some flexibility within the Listed Building Legislation which some goods, facilities and service providers have used successfully. **In either case, this is an area that requires further clarification among employers, if only to dispel 'myths' about planning restrictions as an 'excuse' for not making adjustments.**

Establishments that had made adjustments for customers or employees cited a range of benefits including: doing the right thing for the customer/employee; broadening the customer base; attracting new customers; providing a more community-based service; retaining and attracting skilled and experienced employees; good publicity/reputation as a 'good' employer; and maintaining or improving performance at work. **All** of these factors could be included in publicity rather than emphasis on just the 'business' benefits (although these are of course important) as the findings showed that some employers were motivated by more altruistic reasons.

### 11.3 Identifying, understanding and meeting the needs of disabled people

There was only limited evidence that employers and service providers were actively seeking to identify, understand and meet the needs of disabled people. Again, it tended to be the large and public or voluntary sector ones who were doing so. Only a small number of the case study employers had set up consultation groups with disabled staff (for example, to feed into policy development) or conducted specific research or consultation with their customers or clients. However, this does suggest a movement towards a more proactive approach among some establishments.

Some establishments felt they would like to be able to collect and use information about their customer base, or consult with disabled people about their services, but were unsure of where to start. Cost was also a prohibitive factor. **This is an area where networking among disability organisations might be encouraged as a 'first step' towards more extensive consultation by goods, facilities and service providers.**

There was also evidence that some of the more well-informed establishments were building consideration of the DDA into their planning processes as a matter of course (for example, through phased refurbishment programmes taking into account the needs of disabled customers). Some, in particular those with a more

community-based ethos, were actively trying to incorporate disability awareness into the culture of the organisation, evidenced through regular consultation and ongoing disability Action Plans that were under regular review.

#### 11.4 Information, advice and support

Specific information gaps such as awareness of the DDA definition of disability, and ways of targeting certain employers, have already been highlighted. **Another, more specific, information gap was about the VAT status of certain adjustments, which it was felt could be clarified (and would help surmount cost barriers).**

Generally speaking, **establishments also wanted more information on financial assistance for adjustments, and which adjustments were possible/appropriate in particular cases, in particular on what is 'reasonable' and whether what they were doing was acceptable.** This implies moving beyond providing general information, towards offering tailored support. While many establishments had used disability access consultants or had audits undertaken, many small single-site establishments in particular, either did not know enough about the DDA to instigate this, or could not afford it. **This is another area (like recruitment and consultation) where networking among small employers and between small employers and disability organisations, could be a useful way of filling the gap.**

#### 11.5 Attitudes towards disabled people and the Disability Discrimination Act

Encouragingly, employers' views of how easy or difficult it would be to employ people with a range of different impairments have shifted somewhat, away from dismissing this as 'impossible'. However, when employers considered how easy or difficult it would be to employ people with particular impairments, they rarely considered the adjustments that might be available, but focused more on the job role and whether they felt the person would be able to do it, regardless of any adjustment. **Making employers and goods, facilities and service providers more aware of the range of what constitutes an adjustment, away from the physical or technological, and towards things like flexible working time or work organisation, or changing how a service could be offered, may encourage more of them to broaden their perceptions both of disability and what they can do to cater for disabled people.**

Employers' views of 'risk' associated with taking on a disabled person (that disabled people are not as productive, and that they would find it difficult to keep on an employee who became disabled) have all become more positive since 2003. **Sectoral differences outlined in the report reinforce the need for sector-based targeting of positive awareness initiatives.** This is also another area where the 'myths versus facts' approach could be utilised.

The evidence points to a 'learning effect' in that those with experiences of disabled employees tend to have more positive attitudes and to have adopted more positive practices. One issue to consider is how to widen the employment of disabled people 'beyond the usual suspects' so that this learning effect can be expanded. **One possibility is by getting more 'fresh' employers, who have no previous history of taking on disabled workers, involved in Jobcentre Plus employment or placement programmes. Another way might be to encourage more 'good practice' employers to come forward to publicise the benefits and combat the negative perceptions about things like cost, health and safety, etc.**

## 11.6 The impact of the Disability Discrimination Act

Although the majority of respondents who have made adjustments claimed they would have made all of them without the legislation, awareness of either element of the DDA emerged as a significant factor in the likelihood of having made any adjustment (related to recruitment, employment, or the provision of goods, facilities and services). This suggests that it did have an overt influence (although it was not the only main driver).

There did appear to be a trend towards some establishments trying to build a culture of greater disability awareness. This was often already present at senior management level or within or the HR department, and driven partly by the DDA. The next step was to cascade awareness down through the organisation, to line managers in particular, but also to the ground-level staff themselves. This was not only in terms of how they interacted with disabled customers, but in terms of developing sufficient trust in the organisations' **response** to disability issues, to enable them to come forward with any disabilities or health problems they might have themselves.



# Appendix A

## 2003 and 2006 comparisons

The following tables present changes over time between the 2003 and the 2006 surveys for key indicators on awareness and understanding of, and responses to, the Disability Discrimination Act (DDA) Parts 2 and 3.

As discussed previously in Chapter 1 of the main report, the 2006 data have been re-weighted to reflect changes in the sample profile between the two surveys. For this reason, the percentages for 2006 shown here may differ slightly from those reported in the main text. Statistically significant differences (at the 95 per cent confidence level) are highlighted with a double asterisk (\*\*).

### Chapter 2 Awareness, understanding and attitudes (Disability Discrimination Act Part 2)

**Table A.1 Spontaneous awareness of the DDA Part 2, 2003 and 2006**

	2003 %	2006 %
Aware of DDA Part 2	10	24**
Aware of legislation but don't know/incorrect name	53	49
Not aware of legislation	37	27**
Don't know	*	*
<i>Base N (unweighted)</i>	2,022	1,804

**Table A.2 Overall awareness of the DDA Part 2, 2003 and 2006**

	2003 %	2006 %
Aware of DDA Part 2	62	79**
Not aware of DDA Part 2	38	21**
<i>Base N (unweighted)</i>	2,022	1,804

**Table A.3 Perceptions of disability, 2003 and 2006**

	2003 %	2006 %
Mobility problems	76	84**
Visual impairment (not corrected by glasses)	69	72
Lifting/dexterity problems	69	71
Progressive illness such as MS or Parkinson's disease (2006 only)	n/a	68
Progressive illness such as cancer or Parkinson's disease (2003 only)	33	n/a
Hearing impairment (which affects ability to take part in everyday speech)	63	62
Mental illness	62	59
Learning difficulty (used to be called a mental handicap)	57	56
Speech impairment (which affects ability to take part in spoken conversation)	41	48**
Epilepsy	n/a	37
Diagnosed with cancer	n/a	18
Diabetes	n/a	14
Diagnosed HIV positive	n/a	12
Facial or skin disfigurement	8	9
<i>Base N (unweighted)</i>	2,022	1,804

Ease or difficulty of employing people with various disabilities or impairments, 2003 and 2006

**Table A.4 Someone who needs to use a wheelchair**

	2003 %	2006 %
Easy	31	36**
Difficult	39	44**
Impossible	29	19**
Don't know	1	1
<i>Base N (unweighted)</i>	2,022	595

**Table A.5** Someone who has arthritis

	2003 %	2006 %
Easy	42	47**
Difficult	48	46
Impossible	9	5**
Don't know	2	3
<i>Base N (unweighted)</i>	2,022	596

**Table A.6** Someone who has severe facial scarring

	2003 %	2006 %
Easy	90	90
Difficult	9	9
Impossible	1	*
Don't know	1	1
<i>Base N (unweighted)</i>	2,022	592

**Table A.7** Someone who is profoundly deaf

	2003 %	2006 %
Easy	24	31**
Difficult	62	55**
Impossible	13	13
Don't know	2	2
<i>Base N (unweighted)</i>	2,022	568

**Table A.8** Someone with severely impaired vision

	2003 %	2006 %
Easy	8	17**
Difficult	62	64
Impossible	30	18**
Don't know	1	1
<i>Base N (unweighted)</i>	2,022	591

**Table A.9** Someone who has dyslexia

	2003 %	2006 %
Easy	n/a	70
Difficult	n/a	25
Impossible	n/a	3
Don't know	n/a	2
<i>Base N (unweighted)</i>	2,022	578

**Table A.10** Someone who has learning difficulties

	2003 %	2006 %
Easy	38	40
Difficult	51	50
Impossible	8	6
Don't know	3	5
<i>Base N (unweighted)</i>	2,022	559

**Table A.11** Someone who has clinical depression

	2003 %	2006 %
Easy	47	50
Difficult	44	36**
Impossible	4	5
Don't know	4	8
<i>Base N (unweighted)</i>	2,022	591

**Table A.12** Someone who has Schizophrenia

	2003 %	2006 %
Easy	26	25
Difficult	50	50
Impossible	10	10
Don't know	9	14
<i>Base N (unweighted)</i>	2,022	579

**Table A.13** Someone who has a severe stammer

	2003 %	2006 %
Easy	52	51
Difficult	43	43
Impossible	3	4
Don't know	2	2
<i>Base N (unweighted)</i>	2,022	587

**Table A.14** Someone with Parkinson's disease

	2003 %	2006 %
Easy	29	34**
Difficult	53	45**
Impossible	8	9
Don't know	10	12
<i>Base N (unweighted)</i>	2,022	596

**Table A.15** Someone with epilepsy

	2003 %	2006 %
Easy	52	65**
Difficult	36	26**
Impossible	9	5
Don't know	4	4
<i>Base N (unweighted)</i>	2,022	1,804

## Attitudes towards the employment of disabled staff, 2003 and 2006

**Table A.16** 'We always seek to recruit the best person for the job regardless of whether they have a disability or not'

	2003 %	2006 %
Strongly agree	81	85**
Slightly agree	13	10**
Slightly disagree	2	2
Strongly disagree	3	2
Don't know	1	1
Refused	–	*
<i>Base N (unweighted)</i>	2,022	1,804

**Table A.17** 'Taking on a disabled person is a major risk for the employer'

	2003 %	2006 %
Strongly agree	13	8**
Slightly agree	20	14**
Slightly disagree	29	27
Strongly disagree	36	46**
Don't know	4	4
Refused	–	*
<i>Base N (unweighted)</i>	2,022	1,804

**Table A.18** 'This workplace would find it difficult to keep on employees who became disabled'

	2003 %	2006 %
Strongly agree	20	13**
Slightly agree	28	21**
Slightly disagree	21	25**
Strongly disagree	26	32**
Don't know	6	9
Refused	*	*
<i>Base N (unweighted)</i>	2,022	1,804

**Table A.19** 'People with disabilities tend to be less productive than other employees'

	2003 %	2006 %
Strongly agree	6	3**
Slightly agree	12	8**
Slightly disagree	26	23**
Strongly disagree	51	60**
Don't know	5	6
Refused	–	*
<i>Base N (unweighted)</i>	2,022	1,804

### Chapter 3 The Disability Discrimination Act Part 2 and recruitment practice

**Table A.20** Collection of information on health and disability, 2003 and 2006

	2003 %	2006 %
Yes – always	51	43**
Yes – sometimes	3	7**
No – never	42	43
Don't know	4	6
<i>Base N (unweighted)</i>	2,022	1,804

### Chapter 4 The Disability Discrimination Act Part 2 and Employment Practice

**Table A.21** Employment of disabled staff, 2003 and 2006

	2003 %	2006 %
Within past ten years	37	46**
Currently	24	32**
<i>Base N (unweighted)</i>	2,022	1,804

**Table A.22 Adjustments made/in place, 2003 and 2006**

	2003 % already in place	2006 % made
Flexible working time	55	51
Adapted work environment	42	45
Flexible work organisation	35	43**
Car parking spaces for disabled employees	56	43**
Transferring people or jobs	15	20**
Providing appropriate physical assistance	12	18**
Allowing working from home	12	13
<i>Base N (unweighted)</i>	835	919

**Table A.23 Overall ease or difficulty of making adjustments**

	2003 %	2006 %
Very easy	33	30
Quite easy	39	43
Neither easy nor difficult	14	10
Quite difficult	11	8
Very difficult	3	2
Don't know	–	7
<i>Base N (unweighted)</i>	273	919

## Chapter 5 The Disability Discrimination Act Part 2: Advice and information

**Table A.24 Propensity to seek advice about employing disabled people**

	2003 %	2006 %
Yes – sought advice	20	31**
No – not sought advice	79	66**
Don't know	1	3
<i>Base N (unweighted)</i>	2,022	1,804

Chapter 6 Awareness and understanding of the Disability Discrimination Act Part 3

**Table A.25 Spontaneous awareness of the DDA Part 3, 2003 and 2006**

	2003 %	2006 %
Aware of DDA Part 3	5	25**
Aware of legislation but don't know/incorrect name	25	35**
Not aware of legislation	70	39**
Don't know	–	1
<i>Base N (unweighted)</i>	1,623	1,509

**Table A.26 Overall awareness of the DDA Part 3, 2003 and 2006**

	2003 %	2006 %
Aware of DDA Part 3	33	65**
Not aware of DDA Part 3	67	35**
<i>Base N (unweighted)</i>	1,623	1,509

Chapter 7 The Disability Discrimination Act Part 3 and provision of goods, facilities and services

**Table A.27 Adjustments made/in place, 2003 and 2006**

	2003 % already in place	2006 % made
Changes to physical accessibility	47	61**
Improvements to communication	14	36**
Staff training on disability issues/awareness	25	47**
Changes to the way the service can be provided	35	57**
<i>Base N (unweighted)</i>	1,623	1,502



# Appendix B

## Technical report on regression methodology

### Introduction

The main report looks at the ways in which establishments have responded to the Disability Discrimination Act (DDA), both in regards to their roles as employers and service providers. The survey of establishments (N=2,001) revealed a large amount of information in regards to the recruitment and employment of disabled people, attitudes and awareness of disability issues and the DDA, and adjustments made in regards to service provision. The analysis of this data focused mainly on bivariate relationships (such as the relationship between establishment size and awareness of the DDA). However, a number of regression analyses were also used in order to go beyond the observed data, by formulating a model to predict the outcomes of particular variables. Where bivariate analysis can identify, for example, that awareness of the DDA varies with the size and sector of an establishment, only regression models can predict the extent to which the size of establishment will predict awareness.

Furthermore, regression analysis makes it possible to identify where variables themselves might be related. For example, if awareness of DDA varies with size of establishment, but also with sector, bivariate analysis cannot disentangle the two relationships. Given that many public sector organisations are likely to be large in size (even at establishment level), regression analysis can produce collinearity diagnostics, which can be used to identify if there is a problem of multi-collinearity present in the model which needs to be addressed.

Regression was used to formulate models on the following measures:

- Overall awareness of DDA employment provisions.
- Whether any adjustments had been made at recruitment stage for disabled applicants.
- Whether an establishment employs disabled people (currently or in the past ten years).
- Whether or not any employment related adjustments had been made or planned.
- Whether establishments had sought advice on any aspect of employing disabled people.
- Overall awareness of DDA service provisions.
- Whether or not any service provisions related adjustments had been made or planned.

A further point to note is that where models were run on aspects of the DDA **and** service provision, this (by nature of the survey routing and screening) excluded 380 cases. In some of the models, depending on the use of certain independent variables, a few additional cases were lost where responses were missing or 'don't know'. The technical report will detail the number of cases included in each of the fitted models.

For the purposes of the logistic regression modelling, 'industry' (SIC) was recoded to contain a condensed selection of categories which was more reflective of the substantive differences between industries in regards to disability. This took into consideration the relationship between industry and other variables in the analysis, especially in regards to how these industries interact with disabled workers and customers. 'Primary Industries', 'Manufacturing', and 'Construction' were merged under the new category 'Primary industries'. 'Wholesale and Retail trades, Repairs' and 'Hotels and Restaurants' were merged to become 'Service Industries'. The categories of 'Transport, Storage and Communication', 'Financial Intermediation', and 'Real Estate, Renting and Business Activities' were merged to become 'Professional & Business'. Finally, the following categories: 'Public Administration, Defence & Compulsory Social Security', 'Education', 'Health & Social Work' and 'Other community, Social and Personal service activities' were joined into the last recoded category named 'Public and social facing industries'. This recode took into consideration the relationship between industry and other variables in the analysis, especially in regards to how these industries interact with disabled workers and customers.

## Logistic regression

The technique used to predict outcomes of a dependant variable with two values (1 and 0) is called **binary logistic regression**. The dependent variable being predicted will have positive (1=aware) and null (0=not aware) values. The statistical model is estimated with a range of independent variables on the odds<sup>29</sup> of the respondent being, for example, aware.

In the models presented in the following sections, one category of each independent variable is chosen as the reference category (thus, in the case of size of establishment, the reference category is fewer than six employees, in the case of having/had disabled employees the reference category is not having/had disabled employees etc.). The co-efficient [Exp(B)] for the reference category is set to 1.0 and the co-efficients for other values of the variable are interpreted relative to this reference category. A co-efficient greater than 1.0 means that the value of the variable in question increases the odds of the establishment being aware compared with the reference category; a co-efficient of less than 1.0 means that the odds are reduced compared with the reference category.

Each regression model uses a variety of tests and indicators to measure how well the model 'fits' the data, or in other words, how reliable the model is in predicting the observed outcome:

- The **classification table** shows to what extent the model correctly predicts what is observed in the data, and this is measured by the percentage of cases correctly predicted overall.
- The **model summary** in SPSS produces two statistics which assess how well the model fits the data. Both are pseudo R<sup>2</sup> values which aim to explain how much of the variation in the dependant variable is explained by the variation in the independent variables. There is no agreement as to which of these values is the right one to use<sup>30</sup>, and so both are referenced. In each, values closer to 1 are desirable.

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<sup>29</sup> Odds in this context are another way of representing probabilities, so if the probability of the respondent being aware is ten per cent, the odds are nine to one or 0.11.

<sup>30</sup> Both the Cox and Snell statistic and the Nagelkerke statistic have problems. The former has a maximum which is generally under 1, and which therefore tends to lead to reduced values closer to 0, which may wrongly suggest the model is not a good fit to the data. The latter aims to correct the Cox and Snell statistic by taking the value of 1. However, this value also tends to be low, therefore resulting in wrongly suggesting the model is not a good fit to the data. As a result of this conflict, the statistics are reported, but are not used to analyse how well the model fits the data. Instead, to indicate model fit, the result from the classification table is reported.

- **Hosmer and Lemeshow** Goodness of Fit test is another statistic which attempts to measure how well the model fits the data. For this statistic, a value greater than 0.05 is desirable.<sup>31</sup>
- **Collinearity diagnostics** are also examined in order to ensure that there is not a problem of severe<sup>32</sup> multi-collinearity (as described above). These include:
  - the correlation co-efficients (this needs to be less than 0.8 between each of the independent variables used in the model);
  - tolerance values (less than 0.1 indicates a problem of severe multi-collinearity);
  - VIF values (greater than 10 indicates a problem of severe multi-collinearity).

For each of the models run and reported on in this report, the collinearity diagnostics showed that there were no severe problems of multi-collinearity. Owing to the large number of correlation co-efficients and other collinearity statistics generated by the models, these will not be detailed in the report.

Throughout this report, significance thresholds of less than 0.05 have been used. In the tables below, significance values which have met this threshold have been highlighted with a double asterisk (\*\*).

## Spontaneous awareness of Disability Discrimination Act employment provision

For reference purposes, the Cox and Snell statistic is 0.262 and the Nagelkerke statistic is 0.385. However, as explained earlier, these values are only 'approximately' accurate; therefore, they cannot be used to identify how much of the variation in spontaneous awareness is explained by the independent variables.

The Hosmer and Lemeshow Test had a significance value of 0.160, therefore, not rejecting the null hypothesis, suggesting that the model is a good fit to the data.

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<sup>31</sup> The null hypothesis for the Hosmer and Lemeshow test is that the data has been generated by the fit by the model. If the null hypothesis is rejected this implies that the model is not a good fit. The null hypothesis is rejected (at the 0.05 significance level) if the significance value is less than 0.05. Therefore, insignificant results indicate the model is a good fit. However, this test is not that reliable and should not be relied upon for the final choice of a model as it is hard to get insignificant results (failing to reject the null).

<sup>32</sup> Severe multi-collinearity is generally defined as the correlation co-efficient between two variables being greater than 0.8 (Carter Hill *et al.*, 2001: 190). Or by looking at collinearity statistics produced by linear regression in SPSS and looking for tolerance levels less than 0.1 or VIF values greater than ten (Field A, 2000: 201). This is what has been used to test for severe multi-collinearity in this appendix.

**Table B.1 Spontaneous awareness of DDA employment provisions (a)**

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.000**	(1.0)
	7-14	.030**	1.372
	15-99	.000**	2.497
	100+	.000**	8.539
Industry recode	Primary industries	.000**	(1.0)
	Service industries	.774	.945
	Professional and business	.000**	1.954
	Public and social facing industries	.000**	2.555
Sector	Private	.729	(1.0)
	Public	.804	1.036
	Voluntary	.427	1.222
Disabled employees	Yes	.000**	1.602
Part of larger organisation	Yes	.001**	1.516

## Accuracy of the model

Table B.2 shows that the model correctly predicts 76.6 per cent of what is observed in the data; in other words the model correctly classifies 76.6 per cent of establishments in terms of spontaneous awareness of the employment provisions of the DDA.

**Table B.2 Classification table for spontaneous awareness DDA employment provisions (a)**

Observed	Predicted		Correct (%)
	Spontaneously aware	Not spontaneously aware	
Spontaneously aware	119	370	24.3
Not spontaneously aware	78	1,347	94.5
Overall per cent			76.6

An additional model was made to take into account awareness of the DDA service provisions. Because not all of the survey respondents answered these questions (as this section of the questionnaire was only asked of establishments which provided services to the public) the model size is slightly smaller, with 1,621 cases.

For reference, the Cox & Snell statistic was 0.125, and the Nagelkerke statistic was 0.184. The Hosmer and Lemeshow Test had a significance value of 0.13, therefore failing to reject the null hypothesis and passing the goodness-of-fit test, suggesting that the model is a good fit to the data. As described above however, this value cannot be used alone to accept or reject the model.

**Table B.3 Spontaneous awareness of DDA employment provisions (b)**

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.000**	(1.0)
	7-14	.044**	1.426
	15-99	.000**	2.250
	100+	.000**	8.046
Industry recode	Primary industries	.000**	(1.0)
	Service industries	.543	.848
	Professional and business	.088	1.565
	Public and social facing industries	.021**	1.885
Sector	Private	.936	(1.0)
	Public	.810	1.042
	Voluntary	.849	.944
Disabled employees	Yes	.023**	1.402
Part of larger organisation	Yes	.314	1.166
Spontaneously aware of DDA service provisions	Yes	.000**	8.867
Customer interaction	Entirely off-site	.963	(1.0)
	Entirely on-site	.783	.908
	Both on and off site	.813	.925

### Accuracy of the model

Table B.4 shows that the model above predicts correctly 82.4 per cent of what is observed in the data; the model correctly classifies 82.4 per cent of establishments (whose customers included members of the public) in terms of spontaneous awareness of the employment provisions of the DDA.

**Table B.4 Classification table for spontaneous awareness of DDA employment provisions (b)**

Observed	Predicted		Correct (%)
	Not aware	Aware	
Not aware	1,075	110	90.7
Aware	172	242	58.5
Overall per cent			82.4

### Overall awareness of Disability Discrimination Act employment provision

As with spontaneous awareness, overall awareness was looked at in two separate models in order to examine the impact of awareness of the service provision elements separately (allowing for the reduction in sample size for this analysis).

In the first model (which included the whole sample but did not look at awareness of the service provisions, N = 1,918), the Cox and Snell statistic is 0.067 and the Nagelkerke statistic is 0.106. The Hosmer and Lemeshow Test did not reject the null hypothesis, with a significance value of 0.114.

**Table B.5 Overall awareness of DDA employment provision (a)**

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.001**	(1.0)
	7-14	.287**	1.160
	15-99	.000**	1.831
	100+	.013**	10.577
Industry recode	Primary industries	.000**	(1.0)
	Service industries	.834	.966
	Professional and business	.079**	1.362
	Public and social facing industries	.000**	2.341
Sector	Private	.539	(1.0)
	Public	.469	.893
	Voluntary	.472	1.306
Disabled employees	Yes	.000**	1.813
Part of larger organisation	Yes	.001**	1.505

### Accuracy of the model

Table B.6 shows that the model above predicts correctly 80.0 per cent of what is observed in the data, in terms of whether or not establishments were aware (overall) of the employment provisions of the DDA.

**Table B.6 Classification table for overall awareness of DDA employment provisions (a)**

Observed	Predicted		Correct (%)
	Not aware	Aware	
Not aware	0	383	0.0
Aware	0	1,530	100.0
Overall per cent			<b>80.0</b>

The second model looking at overall awareness of the DDA employment provisions, included awareness of the DDA service provisions as an independent variable, thereby excluding respondents which did not respond to this section of the questionnaire (as the nature of their business did not involve dealing with members of the public, N = 1,621).

The Cox & Snell statistic had a value of 0.174, and the Nagelkerke statistic had a value of 0.276. The Hosmer and Lemeshow Test did reject the null hypothesis, as it had a significance value of 0.033.

**Table B.7 Overall awareness of DDA employment provisions (b)**

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.004**	(1.0)
	7-14	.210	1.234
	15-99	.001**	1.973
	100+	.058	10.516
Industry recode	Primary industries	.018**	(1.0)
	Service industries	.781	1.065
	Professional and business	.155	1.391
	Public and social facing industries	.012**	1.970
Sector	Private	.979	(1.0)
	Public	.841	.965
	Voluntary	.935	.968
Disabled employees	Yes	.002**	1.606
Part of larger organisation	Yes	.096	1.282
Aware (overall) of DDA service provisions	Yes	.000*	6.540
Customer interaction	Entirely off-site	.013**	(1.0)
	Entirely on-site	.008**	.397
	Both on and off site	.078	.561

### Accuracy of the model

Table B.8 shows that the model above predicts correctly 80.8 per cent of what is observed in the data; the model correctly classifies 80.8 per cent of establishments (whose customers included members of the public) in terms of overall awareness of the employment provisions of the DDA.

**Table B.8 Classification table for overall awareness of DDA employment provisions (b)**

Observed	Predicted		Correct (%)
	Not aware	Aware	
Not aware	79	237	25.0
Aware	70	1,214	94.6
Overall per cent			80.8

### Adjustments at recruitment stage

This model includes variables which applied to only the second part of the questionnaire, and therefore does not include the entire sample. As these variables proved to be significant predictors of having made a recruitment related adjustment, this model was chosen to be the best fit, despite the lowered sample size (N=1,621).

The Cox & Snell statistic for this model had a value of 0.257, while the Nagelkerke statistic had a value of 0.366. The Hosmer and Lemeshow Test for goodness of fit, was negative with a significance value which did reject the null hypothesis (0.016).

**Table B.9 Recruitment stage adjustments**

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.001**	(1.0)
	7-14	.003**	1.591
	15-99	.001**	1.897
	100+	.089	3.467
Sector	Private	.382	(1.0)
	Public	.174	1.262
	Voluntary	.963	.983
Industry recode	Primary industries	.001**	(1.0)
	Service industries	.024**	.623
	Professional and business	.346	.813
	Public and social facing industries	.175	1.407
Part of larger organisation	Yes	.000**	1.931
Disabled employees	Yes	.024**	1.381
Aware of laws giving rights to disabled workers	Yes – DDA	.313	(1.0)
	Yes – other	.576	1.285
	Yes – don’t know name	.790	.948
	No	.196	.754
Aware of laws giving rights to disabled customers and clients	Yes – DDA	.051	(1.0)
	Yes – other	.986	.991
	Yes – don’t know name	.131	.731
	No	.008**	.588
Collects information about disability from job applicants	Always	.000**	(1.0)
	Sometimes	.721	1.105
	Never	.000**	.378
Made any service provision related adjustments	Yes	.000**	1.846
Made any employment related adjustments	Yes	.000**	2.998

### Accuracy of the model

Table B.10 shows that the model above predicts correctly 78.4 per cent of what is observed in the data; the model correctly classifies 78.4 per cent of establishments in terms of whether or not they had made any adjustments to the recruitment procedures for disabled applicants.

**Table B.10 Classification table for recruitment stage adjustments**

Observed	Predicted		Correct (%)
	Not made adjustments	Made adjustments	
Not made adjustments	229	240	48.8
Made adjustments	106	1,024	90.6
Overall per cent			78.4

### Employment of disabled staff

The Cox & Snell statistic for this model (N = 1,918) is 0.137, and the Nagelkerke statistic has a value of 0.183. The Hosmer and Lemeshow Test for goodness of fit was positive, with a value of 0.141, which does not reject the null hypothesis.

**Table B.11 Employment of disabled workers in the past ten years**

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.000**	(1.0)
	7-14	.000**	1.662
	15-99	.000**	2.960
	100+	.000**	17.832
Sector	Private	.000**	(1.0)
	Public	.039**	1.302
	Voluntary	.000**	2.705
Industry recode	Primary industries	.583	(1.0)
	Service industries	.204	.827
	Professional and business	.264	.841
	Public and social facing industries	.257	.839
Part of larger organisation	Yes	.000**	1.541
Aware of laws giving rights to disabled workers	Yes – DDA	.001**	(1.0)
	Yes – other	.034**	.547
	Yes – don't know name	.002**	.672
	No	.000**	.548
Collects information from job applicants about disabilities	Yes – always	.020**	(1.0)
	Yes – sometimes	.818	.956
	No – never	.076	.820
	Don't know	.004**	.551

### Accuracy of the model

Table B.12 shows that the model above predicts correctly 66.3 per cent of what is observed in the data; the model correctly classifies 66.3 per cent of establishments in terms of whether or not they have employed any workers with a disability in the past ten years.

**Table B.12 Classification table for employment of disabled workers in the past ten years**

Observed	Predicted		Correct (%)
	No disabled workers	Disabled workers	
No disabled workers	718	265	73.0
Disabled workers	379	551	59.2
Overall per cent			66.3

### Employment related adjustments

As the likelihood of making adjustments is strongly mitigated by the presence of disabled employees, the model was run based only on establishments which have employed disabled staff in the past ten years). It had the following R squared values: Cox & Snell statistic of 0.124, and Nagelkerke statistic of 0.200. The Hosmer and Lemeshow Test was positive, with a significance level of 0.492 which suggests a good fit to the data. The number of cases in this model was 629.

**Table B.13 Employment related adjustments**

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.021**	(1.0)
	7-14	.291	.751
	15-99	.039**	1.943
	100+	.351	2.650
Industry recode	Primary industries	.456	(1.0)
	Service industries	.179	.587
	Professional and business	.326	.663
	Public and social facing industries	.747	.864
Sector	Private	.254	(1.0)
	Public	.641	1.144
	Voluntary	.100	3.351
Part of larger organisation	Yes	.624	1.138
Aware of laws giving rights to disabled workers	Yes – DDA	.929	(1.0)
	Yes – other	.836	.866
	Yes – don't know name	.504	.803
	No	.607	.824
Collects information from job applicants about disabilities	Yes – always	.690	(1.0)
	Yes – sometimes	.828	1.116
	No – never	.301	.768
	Don't know	.515	.731

Continued

**Table B.13 Continued**

Independent variables		Sig.	Exp (B)
Aware of laws giving rights to disabled customers/clients	Yes – DDA	.162	(1.0)
	Yes – other	.106	.388
	Yes – don't know name	.551	1.229
	No	.529	.806
Made any service related adjustments	Yes	.000**	4.714
Ever received a request from an employee for an adjustment related to a disability or long-term health problem	Yes	.004**	(1.0)
	No	.014**	.346
	Don't know	.001**	.120

## Accuracy of the model

Table B.14 shows that the model above predicts correctly 82.9 per cent of what is observed in the data; the model correctly classifies 82.9 per cent of establishments in terms of whether or not an establishment (which has employed disabled workers in the past ten years) will have made an employment related adjustment.

**Table B.14 Classification table for employment related adjustments**

Observed	Predicted		Correct (%)
	Not made adjustments	Made adjustments	
Not made adjustments	24	90	21.1
Made adjustments	13	474	97.4
Overall per cent			82.9

## Advice seeking (in relation to the employment of disabled people)

The Cox & Snell statistic had a value of 0.264, and the Nagelkerke statistic had a value of 0.366. The Hosmer and Lemeshow Test was positive, indicating goodness of fit by not rejecting the null hypothesis (significance = 0.785). As this model includes variables which did not apply to all respondents, the sample size is slightly reduced (N=1,621).

**Table B.15 Advice seeking**

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.000**	(1.0)
	7-14	.245	1.203
	15-99	.001**	1.727
	100+	.000**	3.937
Sector	Private	.063	(1.0)
	Public	.753	1.048
	Voluntary	.022**	1.895
Industry recode	Primary industries	.025**	(1.0)
	Service industries	.162	.724
	Professional and business	.404	1.217
	Public and social facing industries	.844	.953
Aware of laws giving rights to disabled workers	Yes – DDA	.000**	(1.0)
	Yes – other	.060	.511
	Yes – don't know name	.010**	.658
	No	.000**	.400
Disabled employees	Yes	.000**	1.903
Part of larger organisation	Yes	.029**	1.357
Aware of laws giving rights to disabled customers/clients	Yes – DDA	.000**	(1.0)
	Yes – other	.215	.610
	Yes – don't know name	.679	1.075
	No	.001**	.567
Made any recruitment related adjustments	Yes	.000**	2.759
Made any employment related adjustments	Yes	.000**	3.088
Made any service related adjustments	Yes	.873	1.043
Collects information from job applicants about disabilities	Yes – always	.334	(1.0)
	Yes – sometimes	.564	1.160
	No – never	.524	.917
	Don't know	.107	.648

## Accuracy of the model

Table B.16 shows that the model above predicts correctly 76.7 per cent of what is observed in the data; the model correctly classifies 76.7 per cent of establishments in terms of whether or not they had sought advice on any aspect of employing disabled people.

**Table B.16** Classification table for advice seeking

Observed	Predicted		Correct (%)
	Not sought advice	Sought advice	
Not sought advice	913	147	86.2
Sought advice	226	313	58.0
Overall per cent			76.7

### Spontaneous awareness of Disability Discrimination Act service provision

The Cox & Snell statistic for this model had a value of 0.231, and the Nagelkerke statistic had a value of 0.336. The Hosmer and Lemeshow Test for goodness of fit was positive, as the significance value did not reject the null hypothesis (significance = .083).

**Table B.17** Spontaneous awareness of DDA service provision

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.059	(1.0)
	7-14	.246	.670
	15-99	.541	.810
	100+	.852	1.065
Sector	Private	.049**	(1.0)
	Public	.017	.528
	Voluntary	.088	.616
Disabled employees	Yes	.058	1.310
Spontaneously aware of DDA employment provisions	Yes	.000**	9.547
Part of larger organisation	Yes	.004**	1.513

### Accuracy of the model

Table B.18 shows that the model above predicts correctly 81.2 per cent of what is observed in the data; the model correctly classifies 81.2 per cent of establishments in terms of whether or not the respondent in the establishment was spontaneously aware of the DDA goods and services provisions.

**Table B.18** Classification table for spontaneous awareness of DDA service provision

Observed	Predicted		Correct (%)
	Not aware	Aware	
Not aware	1,045	122	89.6
Aware	178	254	58.8
Overall per cent			81.2

### Overall awareness of Disability Discrimination Act service provision

The Cox & Snell statistic for this model (N = 1,621) had a value of 0.166, and the Nagelkerk statistic had a value of 0.231. The Hosmer and Lemeshow test was positive in that the significance value (0.062) failed to reject the null hypothesis.

**Table B.19** Overall awareness of DDA service provision

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.292	(1.0)
	7-14	.097	1.272
	15-99	.345	1.166
	100+	.236	1.644
Industry recode	Primary industries	.002**	(1.0)
	Service industries	.237	1.247
	Professional and business	.177	1.307
	Public and social facing industries	.000**	2.188
Sector	Private	.479	(1.0)
	Public	.835	1.031
	Voluntary	.225	1.488
Disabled employees	Yes	.003**	1.452
Part of larger organisation	Yes	.077	1.251
Aware (overall) of DDA employment provisions	Yes	.000**	6.268

### Accuracy of the model

Table B.20 shows that the model above predicts correctly 75.1 per cent of what is observed in the data; the model correctly classifies 75.1 per cent of establishments in terms of whether or not the respondent in the establishment was aware of the goods and services provisions within the DDA. This includes both spontaneous and prompted awareness.

**Table B.20** Classification table for overall awareness of DDA service provisions

Observed	Predicted		Correct (%)
	Not aware	Aware	
Not aware	220	309	41.6
Aware	89	981	91.7
Overall per cent			75.1

### Adjustments for customers and clients

The Cox & Snell statistic for this model (N = 1,621) had a value of 0.105, and the Nagelkerke statistic had a value of 0.198. The Hosmer and Lemeshow Test for goodness of fit was positive, as it failed to reject the null hypothesis (significance= 0.259).

**Table B.21** Adjustments for customers and clients

Independent variables		Sig.	Exp (B)
Size	Fewer than 6 employees	.015**	(1.0)
	7-14	.664	1.087
	15-99	.002**	2.322
	100+	.210	2.844
Sector	Private	.003**	(1.0)
	Public	.017**	1.700
	Voluntary	.012**	4.379
Disabled employees	Yes	.003**	1.705
Part of larger organisation	Yes	.001**	1.746
Customer interaction	Entirely off site	.000**	(1.0)
	Entirely on site	.000**	5.178
	Both on and off site	.000**	3.429
Aware (overall) of employment provisions of DDA	Yes	.025**	1.524
Aware (overall) of service provisions of DDA	Yes	.000**	2.210

### Accuracy of the model

Table B.22 shows that the model above predicts correctly 87.2 per cent of what is observed in the data; the model correctly classifies 87.2 per cent of establishments in terms of whether or not they had made any adjustments in how they provide goods and services to their customers and clients.

**Table B.22** Classification tables for adjustments for customers and clients

<b>Observed</b>	<b>Predicted</b>		<b>Correct (%)</b>
	<b>Not made adjustments</b>	<b>Made adjustments</b>	
Not made adjustments	8	194	3.9
Made adjustments	11	1,387	99.2
Overall per cent			87.2



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