

Research report

# Organisations' responses to the Disability Discrimination Act

2009 study

by Sara Dewson, Ceri Williams, Jane Aston,  
Emanuela Carta, Rebecca Willison and Rose Martin



Office for Disability Issues  
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**DWP**

Department for  
Work and Pensions

Department for Work and Pensions

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Sara Dewson, Ceri Williams, Jane Aston, Emanuela Carta, Rebecca Willison and Rose Martin

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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# Abbreviations

ACAS	Advisory Conciliation and Arbitration Service
BSL	British Sign Language
CATI	Computer-Assisted Telephone Interviewing
CIPD	Chartered Institute of Personnel and Development
CIU	Club and Institute Union
DDA	Disability Discrimination Act
Defra	Department for Environment, Food and Rural Affairs
DRC	Disability Rights Commission
DWP	Department for Work and Pensions
EHRC	Equality and Human Rights Commission
GB	Great Britain
HR	Human Resources
IDBR	Inter Departmental Business Register
IES	Institute for Employment Studies
JAWS	Job Access with Speech
NDDP	New Deal for Disabled People
ODI	Office for Disability Issues
SIC	Standard Industrial Classification
UK	United Kingdom



# Summary

This research explores how organisations are responding to the provisions of the Disability Discrimination Act (DDA) 1995 and 2005. Part 2 of the DDA covers the employment and recruitment of disabled people, and the treatment of disabled elected members by locally electable authorities. Part 3 of the DDA covers the provision of goods, facilities, services and premises to members of the public, public functions provided by public bodies, and larger private members' clubs.

## Method

The research utilises quantitative and qualitative methods, and builds on similar studies carried out in 2003<sup>1</sup> and 2006.<sup>2</sup>

The quantitative survey was based on 2,000 telephone interviews with organisations with at least three employees, and was conducted at establishment level in Great Britain (GB). The survey methodology replicated the 2006 study as far as possible, and for analysis purposes the survey data were weighted to be representative by country, establishment size and Standard Industrial Classification (SIC).

The qualitative study consisted of 97 in-depth interviews, mostly at establishment level, covering the five DDA duty groups included in this research: employers; locally electable authorities; goods and service providers; public bodies; and larger private clubs. The key purpose of the qualitative interviews with locally electable authorities was to explore their interactions with their members, with public bodies to explore their provision of public functions, and with private clubs to explore their interactions with club members.

## Awareness and understanding of the DDA Part 2

One-fifth of employers (20 per cent) were able to spontaneously name the DDA and a further 49 per cent were aware of some legislation related to employment but were unable to name it. Just under one-third (30 per cent) did not know of any such legislation. Awareness was greatest in large establishments, establishments that were part of a larger organisation, and establishments that had employed a disabled person in the last ten years. Employers interviewed in the qualitative research were often aware of the spirit of the DDA even though some were unable to name it. Overall awareness of Part 2 of the DDA has fallen slightly but significantly: in 2009, 76 per cent of establishments were aware of the DDA either spontaneously or when prompted, compared to 80 per cent in 2006.

The survey found that just under one-third of locally electable authorities knew of the DDA (32 per cent), and a further 19 per cent knew that disability legislation existed. The qualitative research with locally electable authorities found a fairly high awareness of disability legislation, but few respondents were aware that there were specific duties for disabled elected members. In some cases, it was thought that disabled elected members were already covered by the DDA provisions for employees.

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<sup>1</sup> Robert, S. et al. (2004). *Disability in the Workplace: Employers and Service Providers Responses to the DDA in 2003 and Preparation for the 2004 Changes*. DWP Research Report No. 202.

<sup>2</sup> Simm, C. et al. (2007). *Organisations' responses to the Disability Discrimination Act*. DWP Research Report No. 410.

### Recruiting disabled people

Just under half of the surveyed employers collected health and disability information as part of the recruitment process (46 per cent), with larger establishments being the most likely to do this. A few employers in the qualitative research did not ask about health conditions, but asked applicants to indicate if they needed any additional support to attend an interview.

The survey found that the most common change in practice to accommodate disabled applicants was providing disability awareness information for staff involved in recruitment, followed by checking at interview whether an applicant would need adjustments, if appointed to the job. Making an adjustment to enable applicants to apply or to attend interviews was less common. The employers interviewed in the qualitative research reported that there had been little demand for adjustments to be made at the recruitment stage.

### Employing disabled people, and making employment-related adjustments

Thirty per cent of surveyed employers were currently employing a disabled person, and 42 per cent had employed a disabled person in the last ten years.

Sixty-one per cent of employers surveyed had made an employment-related adjustment for a disabled employee in the past, or planned to do so. There has been a statistically significant fall since the last survey (the figure was 70 per cent in 2006). Flexible working time or working arrangements were the most commonly reported employment-related adjustments (53 and 50 per cent respectively). Almost half had adapted the work environment, or had provided accessible parking.

Reasons cited by employers for making employment-related adjustments were that it was the 'right thing to do', and to enable them to retain valued existing employees. The proportion of employers making these sorts of adjustments in response to a request from an employee has increased over time: in 2009, 30 per cent of employers making employment-related adjustments had done so following such a request, compared to 22 per cent in 2006.

The qualitative interviews revealed that, in a few cases, employment-related adjustments had been made for new employees, but in most cases they had been made for existing employees, in response to specific needs.

### Locally electable authorities, and making adjustments

None of the locally electable authorities in the qualitative research formally monitored the numbers of disabled elected members, but respondents often knew the members fairly well, and knew of some of their health conditions or impairments. Numbers of disabled elected members reported were fairly low, and some authorities reported that they had no disabled elected members.

The survey found that many locally electable authorities had made adjustments, but the qualitative research revealed that many of the adaptations to premises had been made to benefit employees and service users, although they could also potentially benefit elected members. Some adjustments for disabled elected members were reported in the qualitative interviews: they included improving lighting, installing induction loops, and purchasing special equipment, including desks and a portable lift.

## Impact of the DDA Part 2

A few employers in the qualitative research thought that their recruitment practices with regard to disabled people had improved over time. They attributed this to the DDA, and experience of having made adjustments in the past.

Some employers cited the existence of the DDA as a driver for making employment-related adjustments (43 per cent) but this was rarely the only reason given. The proportions reporting that they would have made all of their adjustments without the legislation has increased since the 2006 survey. Where no employment-related adjustments had been made, this was usually because the respondent reported that there had been no demand for them, or that the necessary arrangements and adjustments were already in place.

The qualitative research found that the main reason for making adjustments for disabled elected members was that they had been requested by members, although the DDA (usually the employment and service provision duties) was sometimes also mentioned as a motivating factor.

## Awareness and understanding of the DDA Part 3

Spontaneous awareness of Part 3 of the DDA among goods and service providers has declined slightly, but significantly, since the 2006 survey, although a similar level of general awareness of disability legislation has been retained (59 per cent knew that legislation existed, but only 19 per cent could spontaneously name the DDA). Awareness was greatest in larger establishments, and in public and voluntary sector establishments.

Among public bodies, knowledge of the DDA was high: respondents were aware of the employment and goods and service provision duties, but few knew of, or understood, the DDA public functions duties. Understanding of what constituted public functions, and the ways in which they were distinct from services provided by public bodies, was very low in the quantitative and the qualitative research. Public bodies treated all of their public-facing activities as services, regardless of whether these would be classed as services or public functions by law.

Among private clubs, there was a general appreciation that legislation existed (or probably existed) to protect the rights of disabled people, but few clubs knew more than this.

## Making service-related adjustments for customers, clients and service users

Eighty per cent of all goods and service providers surveyed had made at least one service-related adjustment or planned to do so. This proportion has fallen significantly since the 2006 survey, when 87 per cent of goods and service providers reported making, or planning to make, at least one service-related adjustment. The most commonly reported adjustment in 2009 (by 59 per cent of goods and service providers) was a change to the physical accessibility of their service, including adaptations to premises, such as ramps, accessible toilets, and providing accessible parking spaces. Larger service providers were more likely than small and medium-sized service providers to have made these changes. The qualitative research found that many of these adaptations to premises had taken place as part of a general refurbishment or renovation.

Thirty-four per cent of goods and service providers surveyed had made adjustments to communication methods, and 45 per cent had made changes to the way services were provided. The qualitative research found examples of smaller establishments making informal changes to the

ways services were provided, to accommodate their disabled customers' individual needs. The main reasons for making service-related adjustments were that it was the 'right thing to do', that it made good business sense, in order to comply with legislation, and as a result of corporate social responsibility.

Public bodies had made a wide range of adjustments for their customers, clients and service users. Most of the buildings were fully accessible for people with mobility restrictions and wheelchair users. Other adjustments reported included the provision of hearing loops, and providing information in large print. A few had signage in Braille. A number of public bodies were able to change the ways in which their services were provided, depending on the nature of those services. Buildings being listed or rented, which limited the changes that could be made, were the main reason why adaptations could not be made.

Many private clubs had made adjustments for their members, including physical adaptations to premises when there was a need or request for these, despite knowing little about the legislation.

### Impact of the DDA Part 3

Sixty-six per cent of service providers (including public bodies) in the survey said that they would have made all of the adjustments without the legislation, and a further 17 per cent would have made some, so legislation was rarely the only reason for making adjustments. However, the qualitative research revealed that for some large private and public sector establishments, the DDA had helped to drive forward action in this area, particularly regarding making the more costly adaptations to premises.

Where adjustments had not been made by service providers, this was usually because establishments reported that too few disabled customers used their services to warrant any adjustments, or facilities and arrangements were already in place. The cost of adjustments was rarely reported to have been a barrier.

Private clubs usually saw the adjustments they had made as being common sense and worthwhile, in order to serve their members. The legislation appeared to have had little impact on their activities in this area although there had been a few cases where the DDA had been at least part of the impetus for taking action.

### Awareness of the Equality Act 2010

The quantitative survey found that fewer than three in ten employers were aware of the then forthcoming Equality Act (29 per cent), although awareness was higher in large establishments and in the voluntary and public sectors. Few employers interviewed in the qualitative research expected the forthcoming legislation to have any impact on their establishment. Just over half of the local authorities surveyed had heard of the Equality Act (55 per cent).

Just under three in ten goods and service providers in the quantitative survey were aware of the Equality Act (28 per cent), and awareness was higher than this in the voluntary and public sectors, and lower in the private sector. Awareness of the forthcoming Equality Act was higher among public bodies; almost half of the survey respondents knew of the Act (44 per cent), and some of those interviewed were aware of its likely contents.

There was very little awareness of the Equality Act among private clubs.

Some of the public sector establishments interviewed had already started to take action in anticipation of the Act. However, most said that they expected to receive more information about the Equality Act nearer to the time of its introduction, and they would consider the implications for their organisation at that point.

## Impact of the recession

Most employers thought that the recession would not impact on their ability to recruit disabled people, although many had been affected by the recession. To date, the recession had not impacted on employers' ability to make adjustments, but some thought that it might do so in the future.

A number of local authorities had experienced budget cuts and most anticipated cuts in the future. Some said that their provision for disabled elected members would not change, but others reported that the budget for making adjustments had already been affected.

Some goods and service providers had been badly affected by the recession, but many thought that this would not affect their services to disabled customers. A small number of service providers said that the recession might alter what they considered to be 'reasonable' in relation to making adjustments in the future. Public bodies expressed similar views.

The recession had impacted on private clubs to a varying extent. For some, it meant that there were fewer funds available, and a few were less able to make planned or potential adaptations to their premises, than they might otherwise have made. Other clubs, however, had experienced increases in their membership as their services were perceived as relatively good value.

## Advice and information

The majority of employers surveyed had not sought any advice on the employment of disabled people (69 per cent). Just over one-quarter had asked for advice (28 per cent). The likelihood of seeking advice increased markedly with the size of establishment.

Most locally electable authorities had sought advice on disability issues, although few had sought specific advice on providing services to their disabled elected members. Some were unsure where they could go for information about their duties under the DDA for disabled elected members, and requested that it be made available to them in a reader-friendly format.

Larger goods and service providers, and those in the voluntary and public sectors, were most likely to have sought advice on the DDA, and on making adjustments. Small and medium-sized service providers, and those in the private sector, had rarely sought advice on these issues. A few said that they would like to be sent information and clear guidelines on disability legislation, for future reference.

Private clubs were more likely to have received information on disability issues and relevant legislation, than to have actively sought it. Sending updates by post, through the Club and Institute Union (CIU), and other governing bodies, was seen to be the best way of supplying clubs with the information they needed.



# 1 Introduction

The Office for Disability Issues (ODI) commissioned the Institute for Employment Studies (IES), in partnership with Ipsos MORI, to undertake the follow-up research to the 2003<sup>3</sup> and 2006<sup>4</sup> surveys to see how organisations have responded to the Disability Discrimination Act (DDA). The earlier research explored how employers, goods and service providers, and public bodies had responded to their duties under the DDA 1995, and the additional changes made in the DDA 2005. Some of the changes made by the DDA 2005 had not been fully implemented at the time of the 2006 research and this new project has explored more fully all of the changes introduced by the 2005 legislation, and particularly the extension of anti-discrimination provisions to cover: public bodies exercising their functions; larger private clubs; and locally electable authorities in their dealings with their disabled elected members. The research has also explored whether and how the current economic downturn has impacted on organisations' willingness and ability to comply with the legislation.

## 1.1 Research objectives

The overall aim of the research is to gain a deeper understanding of the way in which organisations have responded to their obligations under the DDA. The research pays particular attention to the changes introduced by the DDA 2005, most notably the extension of the legislation to include public bodies (in areas not already covered by the existing goods and services provisions), larger private clubs and locally electable authorities (with regard to discrimination against disabled elected members). The research also covers organisational responses to the DDA 1995 to get a complete picture.

The scope of this 2009 study has remained broadly similar to the research carried out in 2006 and the data collected has replicated as far as possible the data collected in 2006, in order to permit analysis of changes over time. At the time of the 2006 research, it was too early to assess the full impact of the 2005 changes and this current study has paid particular attention to these changes.

This research was carried out in the autumn of 2009 and coincided with the economic downturn. The research, therefore, also examined the effect that this may have had on organisations' responses to the DDA and in their dealings with disabled customers/clients, employees and disabled elected members.

With this background, therefore, the more detailed research objectives were:

- to reveal the extent to which those with duties under the Act fully understand those duties and the legislative changes that have occurred over time;
- to examine how those with duties are responding to the requirements of the legislation;
- to determine the extent to which those with duties under Parts 2 (employment and recruitment provisions) and 3 (provisions covering other areas including access to goods, facilities and services, functions of public authorities, private clubs) of the DDA are improving their understanding of their duties towards disabled people and then meeting those requirements;

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<sup>3</sup> Robert, S. et al. (2004). *Disability in the workplace: Employers' and service providers' responses to the Disability Discrimination Act in 2003 and preparation for the 2004 changes*. DWP Research Report No. 202.

<sup>4</sup> Simm, C. et al. (2007). *Organisations' responses to the Disability Discrimination Act*. DWP Research Report No. 410.

- to ascertain the extent to which reasonable adjustments are being made by organisations, and whether this is standard practice, in response to a specific request, or in response to legislation;
- to examine what factors influence whether or not organisations make adjustments;
- to establish what impact the DDA has in leading to changes to overcome disabled people's experiences of barriers in employment and service/function provision;
- to explore awareness of the Equality Act and its potential impact;
- to examine which sources of advice on the DDA are used by those with duties under Parts 2 and 3 of the Act and why these are the preferred sources; and, in anticipation of the forthcoming Equality Act, whether the same sources of advice are used for guidance on all equality strands;
- to explore broader attitudes towards disabled people and the DDA of those with duties under Parts 2 and 3 of the Act;
- to examine the impact of the current economic downturn on how organisations are responding to the provisions of the DDA and more generally in their attitudes and approaches towards disabled customers/clients and employees.

### 1.2 Background to the DDA

The DDA 1995 came into force on 2 December 1996 and introduced new laws and measures, which aimed to end the discrimination faced by many disabled people in relation to: employment; access to goods, facilities and services; the management, selling or renting of land or property; and the duties of trade organisations to their members and applicants. It was significantly extended in 2005.

As part of the protection offered by the Act, employers are prohibited from discriminating against disabled people for a reason related to their disability, and they have to make 'reasonable adjustments' to their employment arrangements and/or premises so that disabled people are not placed at a substantial disadvantage compared to other people. Duties for employers to make reasonable adjustments are not anticipatory. Employers are required to make reasonable adjustments only in respect of an actual disabled employee or disabled job applicant. Since 1 October 2004, the employment provisions of the DDA have applied to all employment and related situations (for example, partnerships, barristers and advocates, office holders) except service in the Armed Forces.

The first duties for providers of goods and services came into force on 2 December 1996, and further duties have been introduced in stages. Service providers are required not to treat disabled people less favourably than other people for a reason related to their disability by: refusing to serve them; providing a service on worse terms; or providing the service at a lower standard. They are also required to make reasonable adjustments to the way they provide their services so that disabled people can use them, which could include changing a policy, practice or procedure, providing an auxiliary aid or service to make the service easier for a disabled person to use, or overcoming physical barriers to access by providing a service by reasonable alternative means. Service providers are also required to take reasonable steps to remove, alter or provide a reasonable means of avoiding physical features of a building which make access to their services impossible or unreasonably difficult for disabled people. Examples of relevant physical features are steps, parking areas, toilets, other facilities (such as reception desks or counters), lifts and escalators. The duty of reasonable adjustments for service providers is anticipatory; they are required to make reasonable adjustments in respect of disabled customers and clients who may use their services.

In April 2005, the DDA 2005 gained Royal Assent. The DDA 2005 amended/extended provisions in the DDA 1995, including:

- making sure that private clubs with 25 or more members do not discriminate against disabled people who are members, associates, guests, prospective members or prospective guests of the club for a reason related to their disability;
- extending protection to people who have HIV, cancer and multiple sclerosis from the point of diagnosis;
- covering the execution of functions by public bodies;
- prohibiting disability discrimination by locally electable authorities (local councils in Great Britain (GB), including parish and community councils and the Greater London Authority) against their disabled elected members (i.e. local councillors) in the course of the conduct by members of their official business.

This research covers most of the provisions in the DDA 2005 for which the Department for Work and Pensions (DWP) has lead responsibility, although it does not cover the provisions concerning disability-related adjustments to rented property (which are being monitored through separate research). This research also does not monitor provisions for which other government departments have responsibility, for example the Department for Transport in respect of the provisions relating to the use of land-based transport vehicles.

Broadly speaking the DDA 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. 'Long-term' is usually defined as 12 months or more. An impairment is taken to affect normal day-to-day activities if it affects one or more of a range of specified 'capacities' which includes mobility, manual dexterity, speech, hearing, eyesight, memory or the ability to concentrate, learn or understand. As well as people who are currently disabled, the Act also protects those who have been disabled in the past, and since December 2005 has extended coverage to people who have HIV, cancer and multiple sclerosis so that they are now protected from the point of diagnosis.

## 1.3 Methodology

The study has drawn on both quantitative and qualitative research methods in order to measure and explain attitudes and responses to the DDA, namely:

- a quantitative survey of 2,000 establishments;
- in-depth qualitative interviews with a further 97 establishments.

### 1.3.1 Quantitative survey of establishments

The quantitative survey of establishments was conducted by Ipsos MORI between October and December 2009 using Computer-Assisted Telephone Interviewing (CATI). In all, 2,000 interviews were conducted across England, Scotland and Wales, lasting approximately 20 minutes.

#### *Identifying the most appropriate respondent*

As in the previous 2003 and 2006 surveys, interviews were conducted at a workplace, or branch, 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 first part of the survey focused on questions relating to employment and included all 2,000 establishments. This was followed by questions to determine whether establishments dealt with customers and service users directly, or whether their activities were restricted only to other businesses. Those establishments which dealt only with other businesses and not members of the public were excluded from the subsequent questions in the survey on goods, facilities and service provision. This resulted in a sample size of 1,609 establishments that responded in relation to Part 3 of the Act.

As with the two previous surveys, in establishments that dealt with the public, respondents were asked whether they were the most appropriate person to discuss service provision. Respondents who were not the most appropriate person were then asked if they could identify an alternative person; 89 respondents reported that they were not the most appropriate person and 52 identified an alternative colleague.

Table 1.1 shows the job title of participants in the quantitative survey: almost half of respondents (48 per cent) were the general manager or line managers at the establishment; approximately one-third (32 per cent) of respondents were owners or directors; eight per cent of respondents worked specifically in Human Resources (HR); and the remaining 13 per cent of respondents had ‘other’ job titles. The distribution of respondents by job title in 2009 is very similar to the 2006 sample.

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

Job title	Weighted %	Unweighted %
Owner/director	35	32
General/line manager	47	48
HR/personnel	4	8
Other	14	13
<i>Base N</i>	2,000	2,000

*Sampling and weighting strategy*

As in the previous 2003 and 2006 surveys, the sample was drawn from the Experian Business Database (formerly known as the BT Business Database). The sample was stratified by country, establishment size and broad industrial sector defined by the Standard Industrial Classification (SIC). Workplaces were sampled within strata and large establishments (100+ employees) were over-represented; this was because a simple random sample would not provide a sufficiently large sample size for robust analysis.

In 2003, the research covered the whole of the United Kingdom (UK), and establishments in Scotland and Wales were oversampled. These two elements of the survey changed in 2006, when the survey covered only Great Britain (GB), and Scotland and Wales were not over-sampled, although they were still included. These changes were introduced for two main reasons: firstly, there is no variation by country in terms of coverage, application or enforcement of the DDA; and secondly, previous research (including the 2003 survey) showed no differences by country. Although the current study focuses on workplace procedures, the size of the organisations was accounted for by asking establishments whether they were part of a multi-site or single-site organisation. Just over half of the sample (54 per cent of establishments) were single-site organisations; the remainder (46 per cent) were part of larger multi-site organisations, which was just slightly lower than in 2006 (51 per cent of establishments were part of larger multi-site organisations).

For analysis purposes, the survey data have 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. Although the IDBR could have been a possible sample frame for this study, it was decided to replicate, as close as possible, the methodology used in 2006. Tables 1.2 and 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 %
<b>England</b>			
3-6 employees	750	38	40
7-14 employees	415	21	23
15-99 employees	398	20	21
100+ employees	173	9	3
<b>Scotland</b>			
3-6 employees	70	4	2
7-14 employees	43	2	1
15-99 employees	41	2	1
100+ employees	18	1	*
<b>Wales</b>			
3-6 employees	40	2	4
7-14 employees	22	1	2
15-99 employees	21	1	2
100+ employees	9	1	*
<b>Total</b>	<b>2,000</b>	<b>100</b>	<b>100</b>
<b>GB (overall)</b>			
3-6 employees	860	43	46
7-14 employees	480	24	27
15-99 employees	460	23	24
100+ employees	200	10	4
<b>Total</b>	<b>2,000</b>	<b>100</b>	<b>100</b>

Note: Asterisks (\*) indicate a percentage of less than 0.5 but more than zero.

**Table 1.3 Sample profile, by SIC**

<b>SIC</b>	<b>Achieved N</b>	<b>Achieved %</b>	<b>Weighted %</b>
Agriculture and related; mining and quarrying; utilities	38	2	2
Construction	111	6	7
Manufacturing	98	5	8
Wholesale and retail trade; repairs	263	13	23
Hotels and restaurants	128	6	10
Transport, storage and communication	99	5	4
Financial intermediation	282	14	3
Real estate, renting and business activities	200	10	19
Public administration, defence and compulsory Social Security	53	3	2
Education	122	6	4
Health and social work	323	16	9
Other community, social and personal service activities	258	13	8
Missing	25	1	1
<b>Total</b>	<b>2,000</b>	<b>100</b>	<b>100</b>

In analysing changes over time, the focus in the current report has been on a comparison with the 2006 survey. As noted in the report of the 2006 survey, there were significant changes in the sampling approach between 2003 and 2006, with the latter including establishments in some sectors which had been deliberately excluded from the 2003 survey. When the 2003 and 2006 surveys were compared, in the earlier report, therefore, the 2006 sample was adjusted through a complex two-stage reweighting procedure in to make it more comparable to the 2003 sample and allow some comparisons over time to be made. In addition, however, and even after reweighting, the interpretation of observed changes between the 2003 and 2006 results was made more complex by changes in the definition of disability under the DDA, which had taken place between the two periods. In light of these important differences between the 2003 sample on the one hand, and the 2006 and 2009 samples on the other, it was decided to focus on comparisons between 2006 and 2009 (which would not require further data weighting, given the similarity of the sampling methodology), rather than to reweight both 2006 and 2009 samples to allow comparability with the narrower sampling base used in 2003.

*Data analysis*

The survey data were analysed using both bivariate and multivariate techniques. The bivariate analysis explores a two-way association between two variables, so for example, if we consider whether establishments have employed a disabled person by the size of establishments or sector, the bivariate analysis tells us how the employment of a disabled person differs across size bands or sector. However, if larger establishments in the public sector are more likely to employ a disabled person, bivariate analysis does not tell us whether this is more related to the size or to the sector, as public sector establishments tend also to be larger than those in the private sector.

Thus, multivariate analysis has been used to disentangle the effect of several variables (explanatory or independent variables) and the strength of their relationships on one given outcome (the dependent variable). In this study, the multivariate technique used was logistic regression, which estimates the effect and strength of a range of independent variables on the likelihood

of a dependent variable. For example, logistic regression has been used to explain how size of establishments, industrial sector, and awareness of the DDA affect the likelihood of employing a disabled person or the likelihood of making employment-related adjustments. Multivariate analysis can identify the 'key drivers' of a range of outcomes, and disentangle the single effects of each independent variable. Technical details on the methods used for logistic regression are provided in Appendix B.

The quantitative survey has largely replicated the previous surveys in 2003 and 2006, to enable analysis of how far attitudes, awareness and practices have changed over time, and particularly now that all the provisions in the DDA 2005 legislation have been implemented. We have used the same survey design as in 2006, to ensure that changes which are observed are real changes and not a result of changes to the methodology.

As with the two previous studies, the quantitative survey of establishments has been accompanied by a significant qualitative element. While the quantitative survey has covered the larger sub-populations of employers and service providers and, to a lesser extent, public bodies (including local authorities) with a particular focus on public functions, many of the issues to be covered by the qualitative research were complex in nature, and some were potentially sensitive, and thus were particularly suited to further in-depth exploration.

### **1.3.2 Qualitative research**

The qualitative research examined the knowledge, attitudes and policies, experiences and practices of establishments in more detail, to augment the quantitative findings. The qualitative research has involved research, (mostly) at an establishment level, with respondents in five main DDA duty groups.

Ninety-seven in-depth interviews were carried out with establishments in the following main duty groups:

- 21 employers;
- 23 locally electable authorities, with a particular focus on their interactions with their elected members;
- 21 service providers;
- 14 public bodies, with a particular focus on public functions;
- 18 larger private clubs, with a particular focus on the services and facilities they provide to members, prospective members and associate members.

In some establishments that were part of larger organisations, the vast majority of employment and recruitment policy and practice, or goods and service provision, was determined at organisational level and we were referred to HR or customer service managers with an organisational remit in these instances.

#### *Drawing the sample*

The employer, service provider and public bodies' samples were all drawn by Ipsos MORI from the Experian Business Database, at the same time as the sample was drawn for the quantitative survey. The private clubs sample was compiled using leads from the Club and Institute Union (CIU) website, and more detailed web searches within the required geographical areas, together with the sample from Ipsos MORI which included some private clubs. The whole sample was then screened in detail at the recruitment stage to ensure that all of the clubs that took part in the research would be subject to the DDA duties for private clubs.

The locally electable authorities' sample was drawn by Ipsos MORI and supplemented using websites including [www.Tagish.co.uk](http://www.Tagish.co.uk), which lists councils in England and Wales; and [www.oultwood.com/localgov/countries/scotland.php](http://www.oultwood.com/localgov/countries/scotland.php) and <http://scotlandinter.net/communitywebs.htm> in Scotland. The third tier local authority sample (of parish, town and community councils) was compiled from the sources above together with comprehensive lists of all third tier local authorities in the fieldwork areas, which were obtained by the ODI from the Department for Environment, Food and Rural Affairs (Defra), and passed to the research team at IES.

### *Achieved sample by duty group*

This section outlines some characteristics of the establishments that took part in the qualitative research, and the roles of the respondents interviewed. These are presented separately for each main duty group. Some of the interviews provided information about an additional duty group, and this is indicated where relevant.

### *Employers*

Interviews were carried out with 21 employers, the key characteristics of which are shown in Table 1.4.

**Table 1.4 Qualitative interviews with employers: sample characteristics**

Size		Sector		Country	
Large (100+ employees)	7	Private	15	England	12
Medium (15-99)	5	Public	4	Wales	4
Small (3-14)	9	Voluntary	2	Scotland	5
<b>Total</b>	<b>21</b>		<b>21</b>		<b>21</b>

Employer respondents were general managers or proprietors in small and medium-sized establishments (with three to 14 employees and 15-99 employees respectively), and HR managers in larger establishments (with 100 or more employees).<sup>5</sup>

An additional 15 respondents from other duty groups were able to provide information on employment, and these are shown in Table 1.5.

**Table 1.5 Additional information from employers (in other duty groups)**

Size		Sector		Country	
Large (100+ employees)	5	Private	6	England	11
Medium (15-99)	4	Public	8	Wales	3
Small (3-14)	6	Voluntary	1	Scotland	1
<b>Total</b>	<b>15</b>		<b>15</b>		<b>15</b>

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<sup>5</sup> These size definitions are used throughout the report in relation to the in-depth interviews.

### *Locally electable authorities*

The key purpose of the interviews with locally electable authorities was to explore their interactions with their locally elected members. The research included interviews with 23 authorities, ranging from large metropolitan authorities and county councils to small parish and community councils. Their responsibilities covered the local authority duties commensurate with their level of government. The number of members in these locally electable authorities ranged from ten to 78. The key characteristics of the authorities included in the research are shown in Table 1.6.

**Table 1.6 Qualitative interviews with locally electable authorities: sample characteristics**

<b>Type of local authority</b>	
Metropolitan and unitary authorities, county, borough and district councils	12
Town and parish councils (England)	4
Town and community councils (Wales and Scotland)	7
<b>Total</b>	<b>23</b>
<b>Country</b>	
England	12
Wales	6
Scotland	5
<b>Total</b>	<b>23</b>

The respondents included a range of people who were responsible for the interests of locally elected members. In large authorities the respondent was usually based in the Democratic Services Department, although a small number were equalities staff. In smaller authorities the respondent was usually the Clerk to the Council, or the Council Chair.

### *Service providers*

The research comprised main interviews with 21 service providers, the key characteristics of which are shown in Table 1.7.

**Table 1.7 Qualitative interviews with service providers: sample characteristics**

<b>Sector</b>		<b>Country</b>	
Private	17	England	12
Public	3	Wales	4
Voluntary	1	Scotland	5
<b>Total</b>	<b>21</b>		<b>21</b>

In small and medium-sized establishments interviews were usually carried out with the general manager, area manager or owner. In larger organisations, particularly in the public sector, interviewees were usually HR or equality specialists.

An additional 15 respondents in other duty groups were also able to provide information on service provision (shown in Table 1.8).

**Table 1.8 Additional information from service providers (in other duty groups)**

<b>Sector</b>		<b>Country</b>	
Private	10	England	9
Public	4	Wales	5
Voluntary	1	Scotland	1
<b>Total</b>	<b>15</b>		<b>15</b>

*Public bodies*

Interviews were carried out for the key purpose of exploring public functions with 14 public bodies. They varied greatly in size, from an establishment with fewer than 20 staff, to much larger establishments and organisations employing hundreds of staff, to organisations with thousands of staff. The public bodies carried out a wide range of activities and services. Their key characteristics are shown in Table 1.9.

**Table 1.9 Qualitative interviews with public bodies: sample characteristics**

<b>Sector</b>	
Health	2
Government department or agency	5
Prison service	1
Judicial, courts and tribunals	4
Other	2
<b>Total</b>	<b>14</b>
<b>Country</b>	
England	8
Wales	3
Scotland	3
<b>Total</b>	<b>14</b>

The roles of the staff interviewed varied depending on the nature of the public body and its purpose. Every effort was made by the research team to interview staff most likely to know about public functions with respect to providing these for disabled customers and clients. The internal arrangements of public bodies, and the ways in which they planned and implemented their functions and services, necessitated some of the interviews to be carried out at organisational level, and some at establishment level. Respondents included HR managers, general managers, service managers, equalities managers, and staff involved in disability and policy issues.

A further 11 interviews with organisations in other duty groups provided additional information on public bodies and public functions (shown in Table 1.10).

**Table 1.10 Additional information about public bodies (in other duty groups)**

<b>Sector</b>	
Local authorities	10
Service provider	1
<b>Total</b>	<b>11</b>
<b>Country</b>	
England	6
Wales	2
Scotland	3
<b>Total</b>	<b>11</b>

*Private clubs*

The research comprised in-depth qualitative interviews with 18 private clubs. The clubs varied in size, from those with just over 100 members, to those with more than 1,000 members. The key characteristics of the clubs are shown in Table 1.11.

**Table 1.11 Qualitative interviews with private clubs**

<b>Sector</b>	
Social and drinking clubs	6
Private dining clubs	2
Sports clubs	5
Political society	1
Local society	1
Religious societies	2
Other (a special interest club)	1
<b>Total</b>	<b>18</b>
<b>Country</b>	
England	12
Wales	3
Scotland	3
<b>Total</b>	<b>18</b>

Interviews were with the general managers of the club, although their exact titles varied, depending on the club itself and the way it was organised. Respondents' job roles included club chairs, club secretaries, chief executives, presidents and other managers.

### *Conducting the interviews*

Five separate discussion guides were designed for use in the field, one for each main duty group. All 97 interviews were conducted by the IES research team. Most of the interviews were conducted face-to-face, although it was necessary to conduct a proportion by telephone.<sup>6</sup> The interviews were digitally recorded and transcribed in full. In addition to the transcripts, a summary of key points for each interview was produced to provide an overview of data elicited as fieldwork progressed.

### *Analysis*

All the qualitative interviews were transcribed and analysed using Atlas.ti software. A coding frame was developed iteratively, using categories from the discussion guides, additional themes which arose from a review of the emerging data, and the key issues to be covered in the report.

The qualitative data have been used throughout the report to augment the findings from the quantitative survey. It has been used to provide detailed examples of establishments' attitudes, practices and experiences to illustrate the points made by the survey data and to explain particular findings. Many direct quotes and case study examples have been included to give the report an added dimension.

## 1.4 Overview of the report structure

Chapter 2 looks at awareness and understanding of Part 2 of the DDA. It explores attitudes towards disability generally, and specifically looks at employers' attitudes towards the recruitment of disabled people.

Chapter 3 covers the recruitment process in more detail including the collection and use of health and disability monitoring information, and the prevalence of adjustments at the recruitment stage.

Chapter 4 examines employment practice and includes an in-depth exploration of employment-related adjustments, the reasons for making them and the ease or difficulty of doing so.

Chapter 5 discusses the DDA in relation to locally electable authorities and disabled elected members. The chapter covers knowledge and awareness of the legislation and the incidence of adjustments.

Chapter 6 focuses on awareness and understanding of Part 3 of the DDA as it relates to goods and service provision.

Chapter 7 explores the adjustments that goods and service providers have made to assist disabled customers and clients.

Chapter 8 is dedicated to public bodies and discusses their duties in relation to public functions. It discusses awareness of the legislation and the experience of making adjustments.

Chapter 9 explores the DDA duties related to private clubs. It covers perceptions of disability, awareness of the legislation and adjustments.

Chapter 10 assesses awareness of the forthcoming Equality Act for all duty groups.

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<sup>6</sup> Seventy-nine interviews were face-to-face, and 18 were carried out by telephone. Telephone interviews were carried out in order to secure interviews following a face-to-face appointment not being kept by the respondent, and as a result of bad weather conditions which prevented travel to pre-booked appointments during the fieldwork period.

Chapter 11 looks at the impact of the recession on the employment of disabled people and the provision of goods and services to disabled customers and clients. It also explores how the recession has affected all duty groups more generally.

Chapter 12 concludes by identifying the types and sources of information and advice on the DDA for all duty groups.

Summaries are provided at the end of each chapter which provide an overview of all the key findings. Comparisons with the 2006 findings are made throughout the report, where appropriate, and if differences are statistically significant, the text is noted as such. Appendix A contains the relevant comparison tables showing changes over time. Appendix B gives full technical details of the multivariate analysis undertaken.

### **1.4.1 Presentation of the data**

Throughout the report, figures quoted in the charts and tables are weighted percentages unless otherwise specified. 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 DDA Part 2: awareness, understanding and attitudes

## 2.1 Introduction

This chapter looks at employers' awareness and understanding of the employment and recruitment provisions (Part 2) of the Disability Discrimination Act (DDA), which came into being in 1996 and were significantly extended in October 2004. The main provisions of the Act are that:

- it is unlawful for employers covered by the Act to discriminate against employees or job applicants on the ground of disability, or for a reason related to the person's disability;
- employers need to make 'reasonable adjustments' to their work/recruitment arrangements and/or premises to ensure that disabled people are not substantially disadvantaged because of their disability, compared with non-disabled people. Employers are required to make reasonable adjustments only in respect of an actual disabled employee or job applicant.

The chapter covers:

- employers' awareness of Part 2 of the DDA;
- their knowledge and understanding of Part 2 of the DDA;
- the ease or difficulty of accommodating various disabilities or conditions in the workplace;
- attitudes towards employing disabled staff;
- policies on recruiting and employing disabled people.

## 2.2 Awareness of the DDA Part 2

A two-staged approach was adopted to explore awareness of the employment provisions of the DDA in the 2009 survey:

- the first stage identified 'spontaneous awareness' of the legislation. All employers were asked whether they were personally aware of any laws giving rights to employees and job applicants with long-term health conditions or disabilities. If they reported that they were aware of legislation, and were able to name the DDA without specific prompting, they have been classified as having 'spontaneous awareness' of the Act.
- the second stage identified 'prompted awareness'. Employers who did not spontaneously recall the Act were told about the DDA and how it introduced rights to employees and job applicants with long-term health conditions or disabilities and were asked directly if they had heard of this part of the Act. Employers who reported that they had heard of the Act at this stage were classified as having 'prompted awareness' of the DDA.

### 2.2.1 Spontaneous and prompted awareness

Overall, one-fifth of employers (20 per cent) were able to spontaneously name the DDA when asked if they were aware of any laws giving rights to employees and job applicants with disabilities and long-term health conditions; almost half (49 per cent) were aware of some legislation related to

disability and employment, but were unable to name it spontaneously or correctly, and just under one-third (30 per cent) said that they did not know of any such legislation.

If we compare these results to the earlier 2006 survey, the proportion of employers who were spontaneously aware of the DDA has fallen slightly (from 25 per cent of all employers in 2006) while the proportion of employers who were unaware of any legislation has increased (from 26 per cent in 2006). These differences, albeit fairly small, are statistically significant and may indicate the beginning of a decline in awareness, or a levelling off of awareness over time. At the time of the earlier research, the 2005 DDA legislation was new and attracting publicity, and this may have influenced respondents – the legislation may have been more firmly lodged in their minds. The ‘Adjusting for Better Business Campaign’, to raise awareness of employers’ responsibilities towards disabled employees and customers, had also been running between December 2005 and May 2006. This campaign incorporated local radio and press advertising in regions throughout the UK, and national online advertising and PR activity, which may also have contributed to higher levels of awareness of the DDA in the earlier 2006 survey.

Looking at spontaneous awareness of the DDA in more detail (see Figure 2.1), it is clear from the most recent survey that employers in larger establishments (with more than 100 employees) were more likely to be spontaneously aware of the legislation than those in smaller establishments: 50 per cent of employers in large establishments were spontaneously aware of the DDA compared to just 14 per cent of those in small establishments with three to six employees.

There has been a large statistically significant fall in spontaneous awareness of the DDA, among larger establishments over time: 74 per cent of employers with 100 or more employees were spontaneously aware of the DDA in 2006 compared to 50 per cent of these establishments in 2009. The falls are not so marked among smaller establishments however: in 2006, 16 per cent of establishments with three to six employees were spontaneously aware of the DDA which is just two percentage points higher than in 2009.<sup>7</sup>

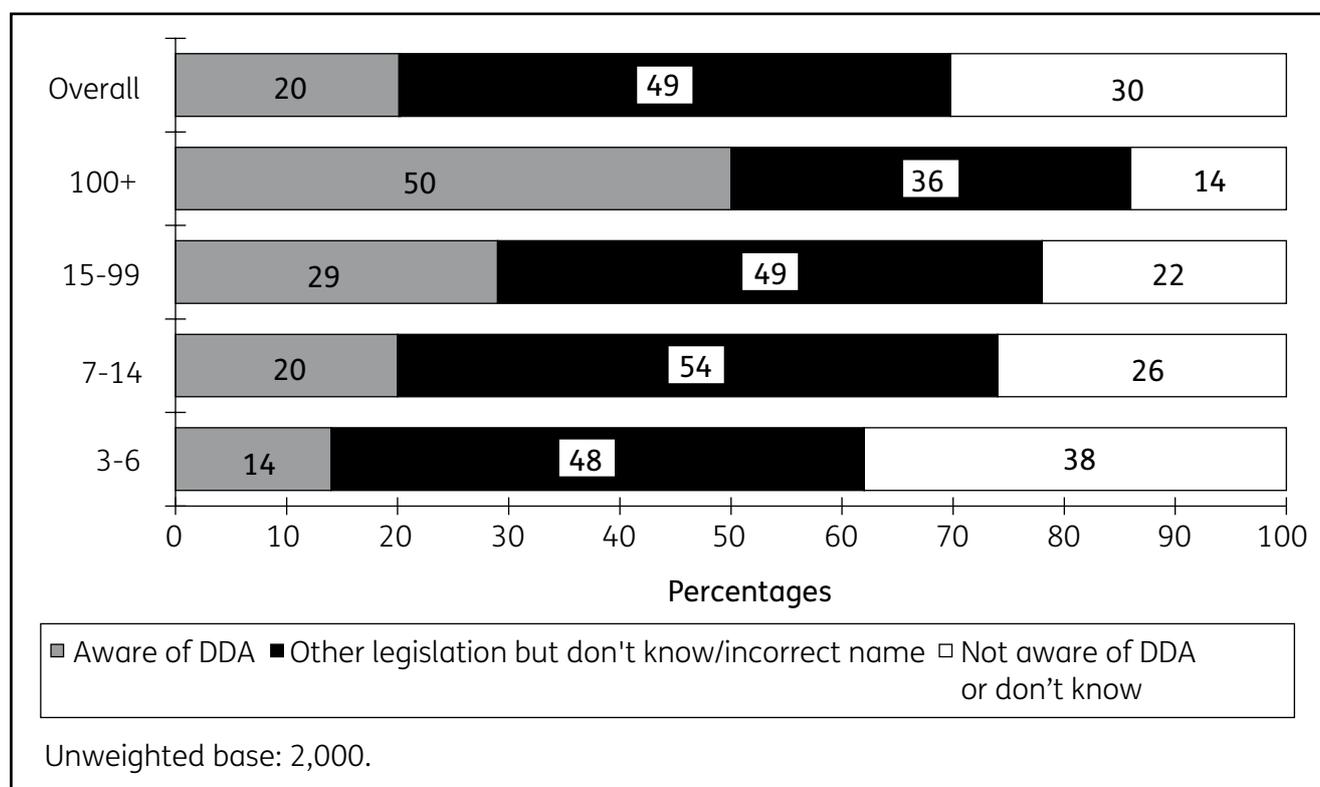
Looking at spontaneous awareness across sectors (Table 2.1), we observe that establishments in the voluntary sector were most likely to be spontaneously aware of the DDA (35 per cent), followed closely by those in the public sector (33 per cent). In contrast, just 17 per cent of establishments operating in the private sector were spontaneously aware of the legislation.

Perhaps not surprisingly, establishments that had employed disabled people in the past were also more likely to be spontaneously aware of the DDA (29 per cent) than establishments that had never employed disabled people (14 per cent).

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<sup>7</sup> This difference is not statistically significant.

**Figure 2.1 Awareness of any laws giving rights to employees and job applicants with long-term health conditions or disabilities**



**Table 2.1 Spontaneous awareness of the DDA (employment provisions), by sector and employment of disabled staff**

	Sector			Whether employed disabled staff	
	Private %	Public %	Voluntary %	Yes %	No %
Aware of DDA	17	33	35	29	14
Aware of legislation but don't know/incorrect name	50	49	47	51	49
Not aware of legislation	33	18	17	20	37
Don't know	*	0	1	*	*
<i>Unweighted base</i>	1,401	371	195	927	1,021

Turning to prompted awareness, 70 per cent of establishments that were unable to name the DDA spontaneously recognised the legislation after an explanation of Part 2 of the Act was provided to them. This figure is similar to that observed in 2006 when 73 per cent of establishments that had no spontaneous awareness of the legislation went on to name it when prompted.<sup>8</sup>

As with spontaneous awareness, large establishments with more than 100 employees and those operating in the public sector were more likely than average to recall the DDA after prompting.

<sup>8</sup> This difference is not statistically significant.

### 2.2.2 Overall awareness of the DDA Part 2

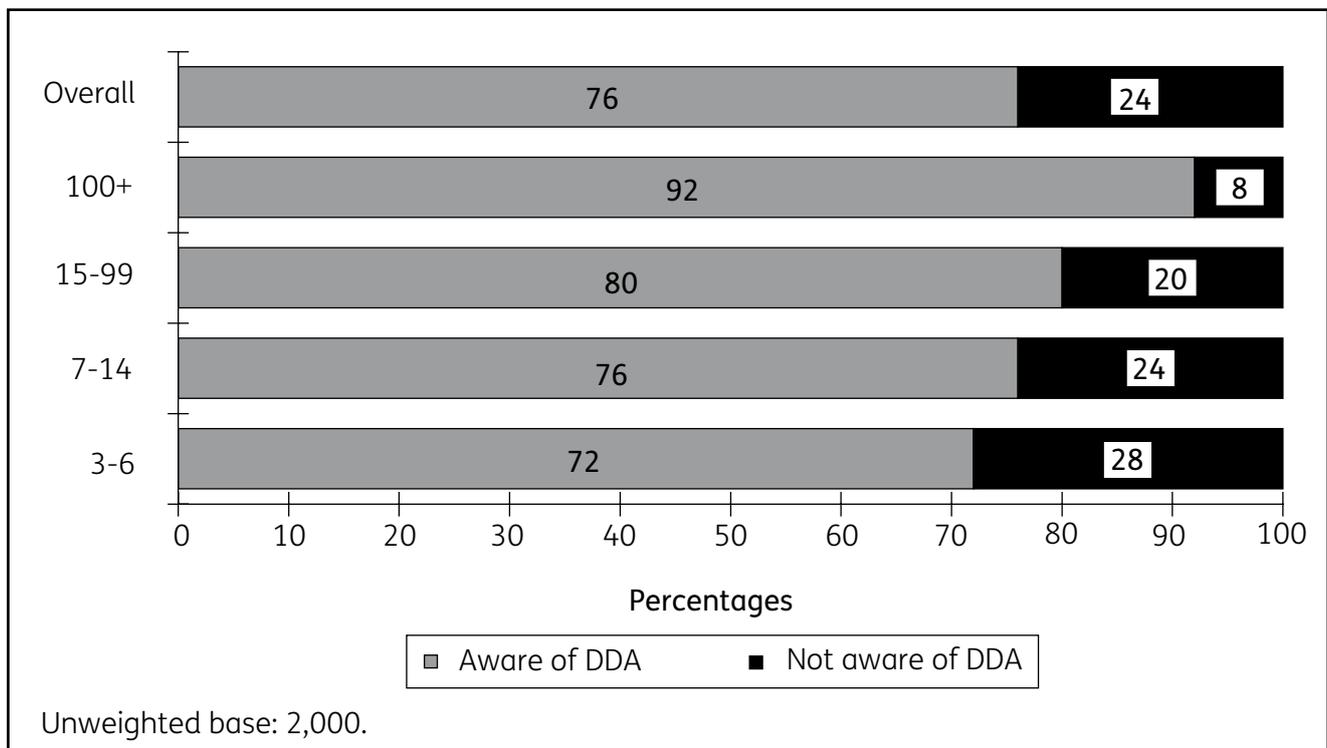
A measure of overall awareness of the DDA has been constructed by combining spontaneous and prompted awareness (Figure 2.2). When we do so, we find that just over three-quarters of all establishments (76 per cent) were aware of the legislation governing the rights of disabled employees and job applicants, which is lower than that observed in 2006 when overall awareness of Part 2 of the DDA stood at 80 per cent of all establishments.<sup>9</sup>

If we look at overall awareness of the employment provisions of the legislation by establishment size, we find much greater variation. In particular, nearly all establishments with 100 employees or more had heard of the DDA (92 per cent) compared to 72 per cent of establishments employing three to six staff.

Looking at overall awareness by sector (Table 2.2), establishments operating in the voluntary sector were much more likely to have heard of the DDA compared to those in the private sector (91 per cent compared to 73 per cent).

As with spontaneous awareness, overall awareness of Part 2 of the DDA was higher among those establishments that had employed a disabled person in the past (81 per cent) compared to those that had never employed disabled staff (72 per cent).

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



<sup>9</sup> This difference is statistically significant – see Appendix A.

**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 %
Aware of DDA	73	84	91	81	72
Not aware of DDA	27	16	9	19	28
<i>Unweighted base</i>	1,401	371	195	927	1,021

The in-depth qualitative interviews with employers confirmed the survey findings and found that most were aware of laws covering the employment of disabled people although many were not able to name the DDA specifically. Many employers appeared to have a clear understanding of the ‘spirit’ of the Act: that is, that they should not discriminate on the grounds of disability, and that they had to make reasonable adjustments if required:

*‘I can’t name the acts but I’m aware of our due diligence required and treating people fairly and openly. So if we are recruiting somebody that has a disability, if they have the required skills and focus to do the job, then they’d stand as good a chance as anybody else. So not to discriminate against them is something we’re very careful about, discriminating against people.’*

(Small, private sector establishment)

Importantly, employers who could name the DDA spontaneously usually had a good understanding of the main provisions of the Act with regard to employment. Human Resources (HR) specialists usually had a good knowledge of the DDA and appreciated that it was a complex piece of legislation. General managers, however, tended to have a more limited awareness of its contents. Some employers commented more generally that they found the DDA long, complicated and difficult to navigate.

Small establishments taking part in the in-depth interviews tended not to be aware of the DDA and some linked this lack of awareness to a lack of experience of employing disabled people:

*‘We have never had an application from somebody with a disability, it’s never come into our working environment. So unfortunately, a bit naively, it’s something that we haven’t needed to look at or address.’*

(Small, private sector establishment)

As we have seen, spontaneous and overall awareness of Part 2 of the DDA varies according to a range of characteristics such as size of workplace, whether establishments were operating in the private, public or voluntary sectors, and their experience of employing disabled people in the past. When we take into account how these sorts of factors are interrelated (using multivariate analysis), it emerges that establishments with the highest likelihood of being spontaneously aware of the DDA Part 2 were those:

- with more than 15 employees;
- that were part of a larger multi-site organisation;
- operating in transport, communication, financial, real estate;

- operating in public and social facing industries;<sup>10</sup>
- which had employed a disabled person within the last ten years;
- that were spontaneously aware of Part 3 of the DDA (see Chapter 7).

The results are slightly different when we examine overall awareness of Part 2 of the DDA. In this case, establishments that had the highest likelihood of being aware overall of the DDA (i.e. either spontaneously or when prompted) were those:

- which were part of a larger multi-site organisation;
- operating in wholesale, retail trade, hospitality;
- operating in transport, communication, financial, real estate;
- operating in public and social facing industries;
- that were spontaneously aware of the DDA Part 2;
- which dealt with customers directly on-site.

### 2.3 Knowledge and understanding of the DDA Part 2

In addition to measuring awareness of the DDA, the research has also sought to explore what employers understand by the term ‘disability’. This is important in order to assess how far employers’ definitions correspond with the DDA’s. It is also instructive to look at whether perceptions of disability are changing over time.

#### 2.3.1 DDA definition of disability

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))

Physical impairment covers a number of conditions that affect the body, such as arthritis, hearing or sight impairment, diabetes, asthma and epilepsy, conditions such as HIV, cancer and multiple sclerosis, as well as severe disfigurement.

Mental impairment can include learning disabilities and mental health conditions such as depression and schizophrenia.

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 HIV, cancer and multiple sclerosis were deemed to be covered by the DDA, effectively from the point of diagnosis, rather than when the condition has some adverse effect on their ability to carry out normal day-to-day activities.

The DDA requires that an adversely-affected normal day-to-day activity must affect one of the following capacities:

- mobility (moving from place to place);

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<sup>10</sup> A full description and definition of the industrial sectors used in the multivariate analyses presented in the report is given in Appendix B.

- manual dexterity (for example, 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;
- perception of the risk of physical danger.

### **2.3.2 Perceptions of disability**

During the survey, a list of health conditions and impairments was read out to employers and they were asked directly whether they would consider someone with these conditions to be disabled.

The earlier surveys found that employers tended to associate the more obvious and physical conditions with disability rather than those that were relatively hidden, including psychological conditions, and this trend has continued. Figure 2.3 shows that most employers associated disability with mobility restrictions (83 per cent); lifting and dexterity problems (72 per cent); visual impairments (72 per cent) and hearing impairments (68 per cent). Relatively few employers recognised diabetes (14 per cent), an HIV diagnosis (13 per cent) or a facial or skin disfigurement (11 per cent) as disabilities.

There has been very little change since the last survey in how employers define disability overall and very similar results have been observed in 2009 compared to 2006. The exceptions to this relate to hearing impairments and epilepsy, with slightly more employers defining these conditions as disabilities in 2009: 68 per cent of employers thought a hearing impairment was a disability in 2009 compared to 63 per cent in 2006; 42 per cent reported epilepsy as a disability in 2009 compared to 38 per cent in 2006.<sup>11</sup>

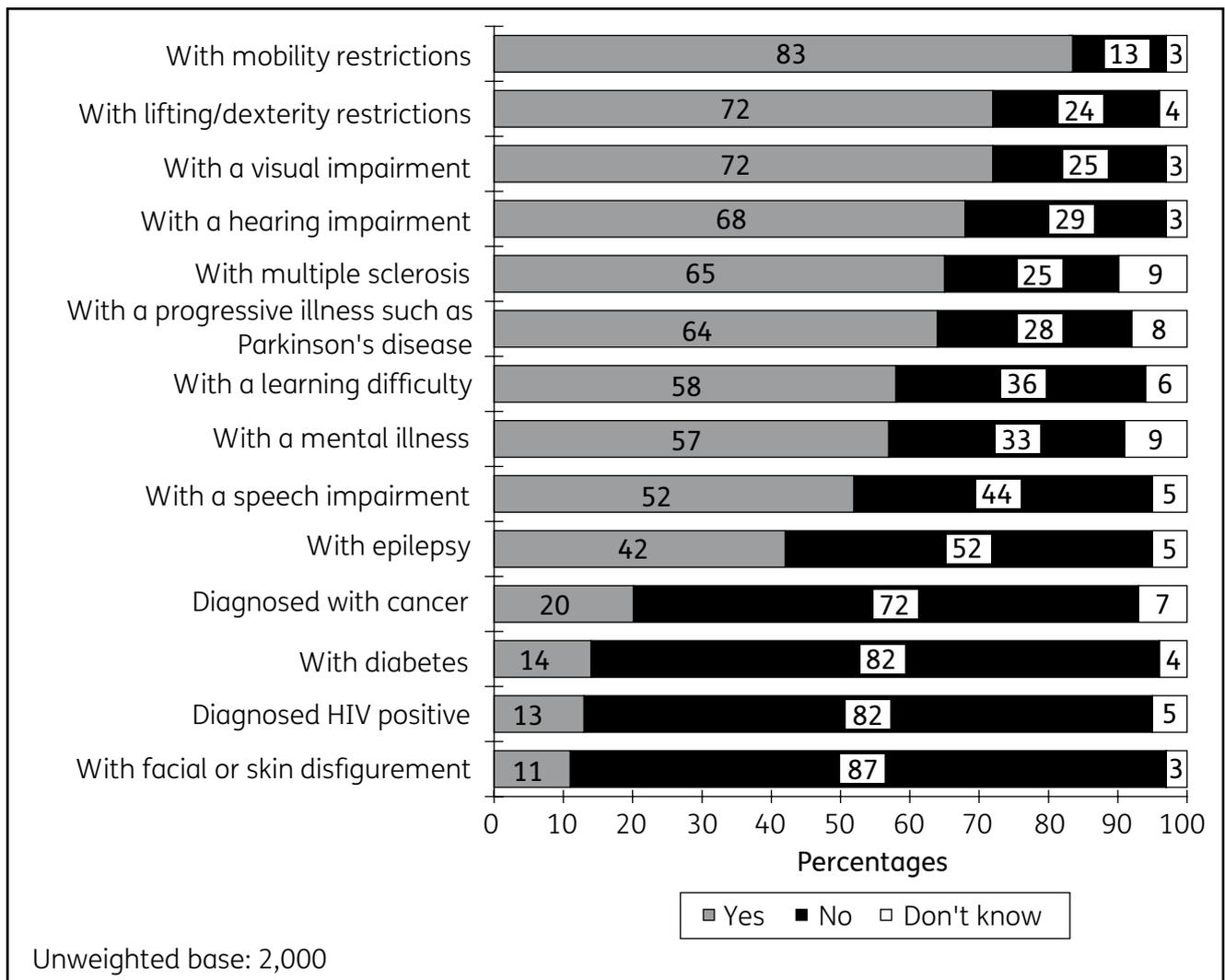
Establishments with more than 100 employees and those operating in the voluntary and public sectors were significantly more likely than average to recognise most conditions in the list as disabilities. For example, 47 per cent of large establishments with 100 or more staff recognised diabetes as a disability compared to 14 per cent of establishments overall.

It is useful to examine the relationship between awareness of the DDA and employers' views on disability as we might expect those who were aware of the Act to have a more comprehensive understanding of disability (Table 2.3). When we do so, we find that employers who were spontaneously aware of the DDA were also more likely to recognise nearly all conditions as disabilities. Establishments that had an overall awareness of the legislation (and which included those who were spontaneously aware) also had a more informed view of disability when compared to those with no awareness. To illustrate this difference in understanding, 82 per cent of establishments that were spontaneously aware of the DDA thought that people with a hearing impairment were disabled, compared to 73 per cent of establishments that were aware of the DDA overall and 54 per cent of establishments that were unaware of the Act.

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<sup>11</sup> These differences are statistically significant – see Appendix A.

**Figure 2.3 Employers' perceptions of disability**



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

	Spontaneous %	Aware of DDA %	Not aware of DDA %
With mobility restrictions	87	85	79
With a hearing impairment	82	73	54
With a visual impairment	80	74	64
With multiple sclerosis	77	68	56
With lifting/dexterity problems	75	73	69
With a learning difficulty	70	61	48
With a progressive illness such as Parkinson’s disease	70	66	60
With a speech impairment	67	56	38
With a mental illness	58	58	54
With epilepsy	52	44	36
Diagnosed with cancer	32	22	16
With diabetes	27	16	9
Diagnosed HIV positive	22	15	10
With facial or skin disfigurement	17	12	7
<i>Unweighted base</i>	483	1,579	421

During the in-depth interviews, some employers questioned whether certain conditions were actually disabilities, including mental health conditions, diabetes, being diagnosed with cancer, and being diagnosed HIV positive. Some employers were resistant to defining epilepsy and diabetes as disabilities (because they could be medically controlled), cancer (because it was viewed as an illness not a disability), being diagnosed HIV positive, and having a facial or skin disfigurement. However, some employers in particular sectors are more likely to define certain conditions as disabilities than others, for example, epilepsy was viewed as a disability in the manufacturing, retail, and hotel and restaurant sectors because seizures at work could present a health and safety issue. It appears here that how employers defined disability was informed by the type of work an employee was engaged in.

We found during the qualitative interviews that employers’ understanding and perceptions of disability were often related to their experience (or lack of experience) of certain conditions. If they had employed or worked with someone with a specific condition, had experienced that health impairment themselves, or knew of family or friends who had, their understanding of these conditions, and awareness that they could be disabilities, increased. Conversely, when employers had little or no experience of a particular impairment, they often did not consider it to be a disability. However, some employers taking part in the in-depth interviews referred to employees with particular conditions, including, for example, diabetes or epilepsy, and said that they would not consider these conditions to be disabilities as their employees would not class themselves as disabled.

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

In keeping with the earlier surveys, and in order to explore employers' views about disabled people in more detail, establishments were asked how easy or difficult it would be for them to employ people with particular types of disabilities or conditions that are covered by the DDA.<sup>12</sup>

Figure 2.4 shows that employers were more likely to report that it would be easy to employ someone with a condition that they were less likely to consider to be a disability (see Section 2.3.2). Thus, most employers stated that it would be easy to employ someone with severe facial scarring (88 per cent), with dyslexia (75 per cent) and epilepsy (66 per cent) although these were among the conditions that they were least likely to associate with disability.

Conversely, many employers said that they would find it difficult, or impossible, to employ someone with severely impaired vision (81 per cent), with schizophrenia (61 per cent), who was profoundly deaf (67 per cent), or who used a wheelchair (59 per cent).

Interestingly, a number of employers indicated that they did not know if they would find it easy or difficult to employ someone with schizophrenia (16 per cent of employers) or Parkinson's disease (17 per cent).

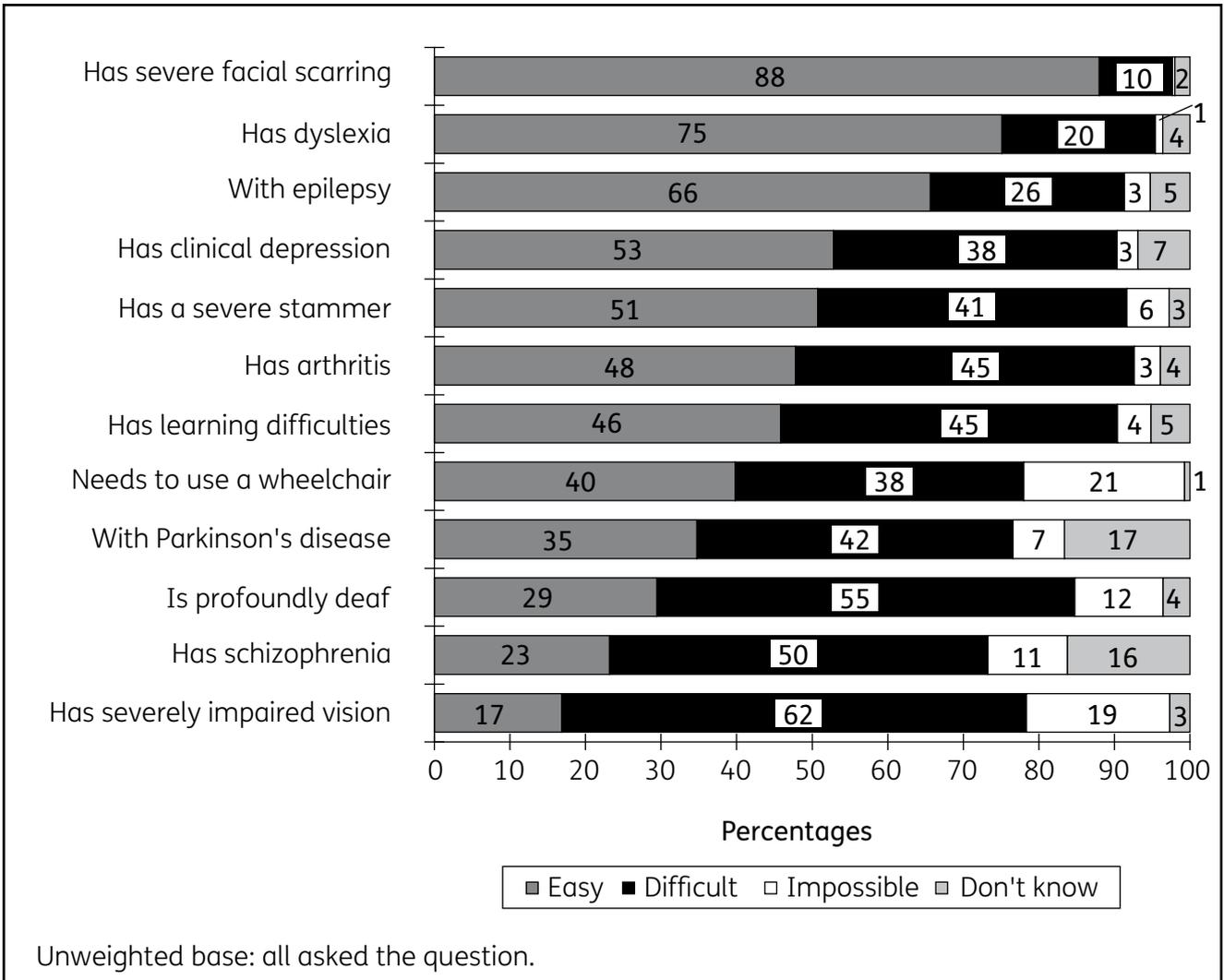
These findings are very similar to the 2006 survey, which again suggests very little change in how employers viewed disability or the ease with which they could accommodate particular conditions in the workplace.

Employers with 15 or more employees were generally more able to employ people with all types of disabilities than smaller employers (Table 2.4). Similarly, establishments in the public and voluntary sectors were more likely to report that they would find it easy to employ people with these disabilities than establishments in the private sector (although the differences were not so marked).

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<sup>12</sup> To keep the interview at 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**



**Table 2.4 Ease or difficulty of employing people with various types of health condition, by establishment size**

Proportion saying it would be easy to employ someone who...	Number of employees				Overall %
	3-6 %	7-14 %	15-99 %	100+ %	
Has severe facial scarring	88	85	93	88	88
Has dyslexia	70	75	83	85	75
With epilepsy	60	61	76	88	66
Has clinical depression	51	48	59	65	53
Has a severe stammer	42	56	57	67	51
Has arthritis	46	41	57	67	48
Has learning difficulties	42	46	50	58	46
Needs to use a wheelchair	36	39	43	63	40
With Parkinson's disease	33	35	36	43	35
Is profoundly deaf	27	27	34	42	29
Has schizophrenia	19	23	30	29	23
Has severely impaired vision	14	15	22	31	17

*Unweighted base* 267 to 311 143 to 180 141 to 166 53 to 77 642 to 692

Note: Ranges are given for the bases because each respondent was asked about four randomly selected health conditions of the 12 listed. The numbers asked about each health condition therefore varied.

We were able to explore these issues in much more depth during the qualitative interviews and found that establishments' views on the disabilities they would be able to accommodate in their workplace were mixed, and appeared to be related to sector and size. Most employers reported that the deciding factor would be finding the right person for the job, as a respondent in a large manufacturing company said:

*'As long as they can do the job and added value as you wanted them to then it wouldn't be an issue.'*

(Large, private sector establishment)

Many of the large employers taking part in the in-depth interviews reported that they would be able to employ people with any disability somewhere in their establishment. These establishments were usually able to offer a range of job roles and also had more flexibility to adapt functions and responsibilities if necessary. For example, one large manufacturing establishment employed disabled people in manufacturing roles, including someone with a visual impairment in the stores department and a person with mobility disabilities in a role that did not involve moving around too much. However, there were some limitations to this; the ability to employ people with certain conditions depended on factors such as job role, seniority and the nature of the working conditions. For example, one employer in a large private sector establishment said they would not be able to take on someone at a senior level with a speech impairment or a learning difficulty because they would need to communicate with clients clearly and effectively. A respondent in a large library thought that staff needed to be able to work under pressure in a public facing role, a position they did not think would be suitable for people with mental health conditions. In another case, an employer in a large transport sector establishment thought it would be difficult to employ people with speech impairments in a customer service role, where they had to speak to the public on the telephone.

Employers appeared to find visual impairments, especially blindness, particularly difficult to accommodate, partly because of health and safety concerns, but also because of the cost and time required to produce documents in Braille, which they perceived as necessary. One employer in a large manufacturing establishment (which employed a number of disabled people) thought they would be unable to employ a blind person because of concerns about how they could safely move around the factory and navigate heavy machinery, and also because most of their communication was done by email (the employer had no knowledge of specialist aids and equipment, such as Job Access With Speech (JAWS), the screen reader program for people with visual impairments). This was not uncommon and in a number of cases, there seemed to be a lack of awareness and understanding of the sorts of adjustments which can be made to accommodate disabled people (see Chapter 4).

Compared to the larger establishments, and confirming the survey findings, small and medium-sized establishments taking part in the qualitative interviews said they had less scope for employing disabled people. This was because there were usually a fairly limited number of job roles, each employee typically performed several of these roles, and this required a range of capabilities. As one employer told us:

*‘Because we’re all doing everything, and we used to have 11 staff. Now we’re down to four which means we’re all multi-tasking.’*

(Small, private sector establishment)

The research uncovered a number of examples where employers thought they were limited by the job roles available in their particular establishment.

**A medium-sized restaurant: limited by the working environment and range of job roles**

An employer in an establishment in the hotel and restaurant sector with 18 employees reported that they would not be able to employ people with a range of different impairments, as their working environment was pressurised and short on space. They thought that mobility would be an issue moving around the kitchen and dining room; dexterity and lifting would be a problem because of the amount of carrying staff do; a facial or skin disfigurement would be difficult in customer facing roles; hearing and visual impairments would be difficult from a health and safety point of view as well as a customer service point of view; and people with mental health conditions may find the pace and high pressured work difficult.

**A small manufacturing establishment: employees need to multi-task, and stay safe and effective at work**

In a small food manufacturing establishment with fewer than ten employees, the General Manager did not think many of the jobs would be suitable for a disabled person, either on health and safety or food hygiene grounds. When discussing specific conditions, some examples given were: mobility restrictions would be an issue because of difficulties getting into the factory and moving around all the machinery; dexterity would be an issue for processing and packing; people with hearing impairments would be in danger because they would not be able to hear colleagues shouting warnings; people with visual impairments would not be able to see the product properly and people with HIV would be a problem because of food hygiene regulations.

However, the respondent did not think people with facial or skin disfigurements, learning difficulties, diabetes, or epilepsy would be difficult to accommodate in this working environment. There was one disabled employee working there, a driver who was deaf in one ear.

## 2.5 Attitudes towards employing disabled staff

In addition to exploring their views on employing people with particular conditions and impairments, employers were also asked a series of attitudinal questions about the recruitment, employment and retention of disabled people in their workplace (Figure 2.5).

Looking firstly at recruitment, the overwhelming majority of employers (96 per cent) reported that they always sought to recruit the best person for the job, irrespective of whether they had a disability or not and 75 per cent of employers stated that their workplace had sufficient flexibility to recruit a disabled person. However, 20 per cent of employers disagreed with this latter statement, indicating that they would struggle in some way with the recruitment of a disabled employee.

Just over half of employers (56 per cent) declared that they would not find it difficult to retain employees who became disabled. Having said this, 32 per cent of employers reported that they would find it difficult to retain an employee who became disabled while 12 per cent of employers were not sure how they would handle such a situation.

Employers were also asked a couple of attitudinal questions to gauge more general attitudes towards disabled people and employment. When asked if they agreed or disagreed that disabled people tended to be less productive, the majority of employers (85 per cent) disagreed (although eight per cent of employers agreed that this was the case). Also, a large proportion (72 per cent) of employers disagreed with the statement that taking on a disabled person was a major risk. Despite this, there was still a substantial minority of employers (24 per cent) who believed that employing a disabled person was risky.

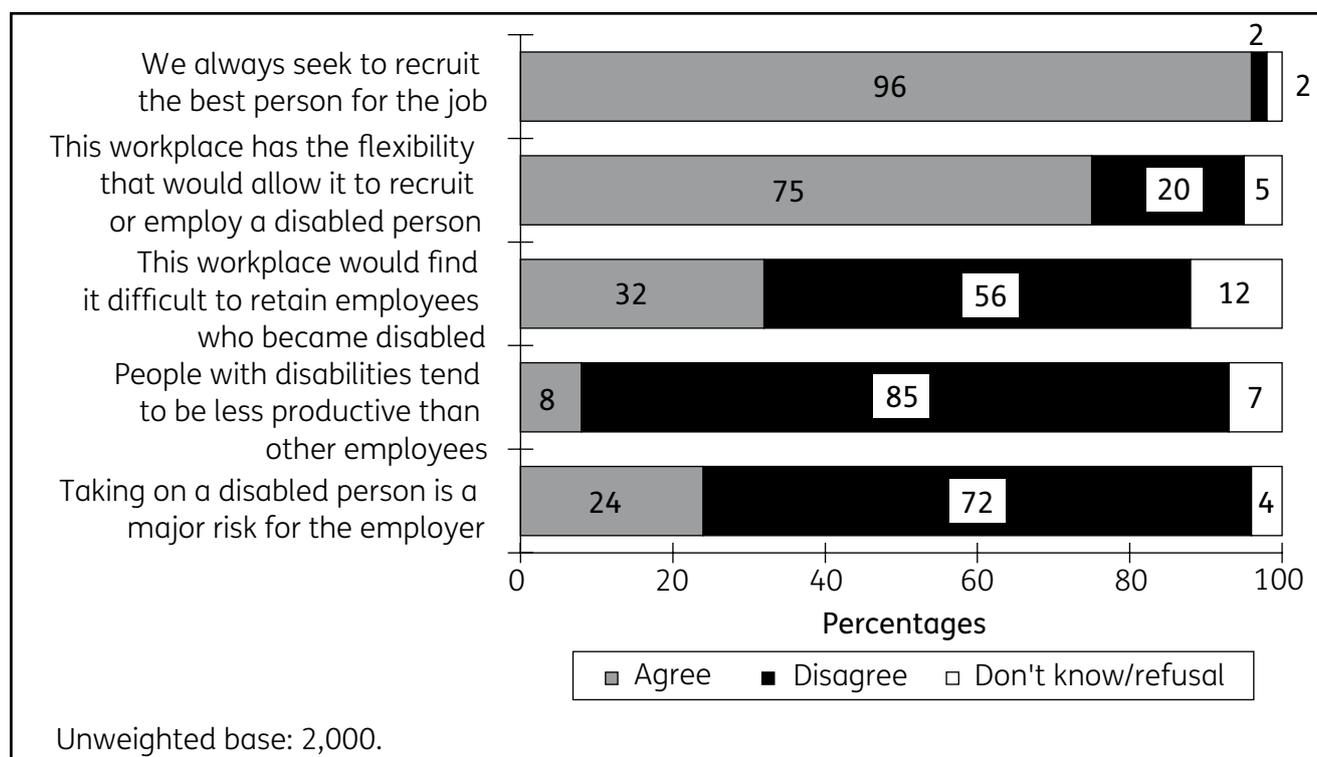
When we correlate these statements, perhaps not surprisingly, we find that employers who reported that it would be a risk for them to employ a disabled person were also more inclined to believe that disabled people were less productive; they also tended to state that they would find it difficult to retain someone who became disabled.

There appear to be no significant changes in employers' attitudes towards the employment and retention of disabled people since the last survey.

If we explore attitudes towards the employment and retention of disabled people in more detail, we observe higher than average positive responses (for example, having the flexibility to recruit disabled people, not finding it difficult to retain employees who become disabled, etc) among establishments that:

- have already made or planned adjustments;
- have employed disabled people in the past ten years; and
- were spontaneously aware of Part 2 of the DDA.

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



Although the survey findings do not bear this out, most large employers with 100 or more staff who took part in the in-depth interviews felt that employment practices towards disabled people had improved over time, and that it had become more compelling and easier to employ disabled people with a range of different conditions. A number of reasons for this were put forward by these employers, the first of which was the growing importance of employment law, and specifically the DDA. The DDA was said to have worked by increasing awareness of disability and by increasing the risk of prosecution if employers did not comply with the legislation. The second reason offered by employers was that improvements in building design and changes to building regulations had improved physical access for disabled people with mobility restrictions. Employers also thought that equal opportunities had become an increasingly important issue in society as a whole, filtering through into general recruitment and employment practice, and leading to an increased focus on what people could do, rather than on their disability or impairment. As one employer in the transport sector stated:

*'I think it's improved. I think people are becoming more aware that people with a disability can do a job just as good as anybody else and it might just mean that they need a slight change to their chair or something like that and I think people are becoming more adaptable.'*

(Large, private sector establishment)

Small and medium-sized establishments taking part in the qualitative interviews had more mixed views about recruiting and employing disabled people, however, most said that they would decide whether they could employ a disabled person in a particular role on a case-by-case basis. The types of barriers to employing disabled people which these employers discussed included:

- difficulties in adapting listed buildings for people with mobility restrictions, such as widening doorways and installing lifts;
- problems of employing someone with lifting and dexterity problems in a job which required manual handling;
- difficulties for people with visual impairments and speech impairments working in public-facing roles where they would have to communicate with customers;
- the difficulties of employing someone with mental health conditions in a busy and high pressured environment.

## 2.6 Policies on recruiting and employing disabled staff

During the qualitative interviews we found that large establishments with 100 or more employees and public sector establishments usually had equal opportunities policies, rather than specific policies on disability. Policies generally covered recruitment, employment, promotion, training and development. In large organisations, policies were developed at head office, and passed down to establishment level. Some small and medium-sized establishments, particularly those which were single-site, or private sector, did not have any formal policies on recruiting and employing disabled staff.

Policies were generally developed with reference to the DDA. They were reviewed every one to three years to keep them up to date with changes in legislation, guidance and good practice. Policy makers sometimes took advice from external sources such as the Chartered Institute of Personnel and Development (CIPD) or employment lawyers when reviewing policies. In a couple of establishments, the policies were being reviewed at the time of the interview to fit into a broader diversity policy, in light of the forthcoming Equality Act.

Staff generally learned about the establishment's equal opportunities policies at the recruitment stage, or on joining the organisation. In larger establishments, information was available on the intranet. In some establishments, paper copies of policies were available, and in some cases these were handed out to staff at induction.

### **A large establishment with a broad equal opportunities policy**

This large design company had an equal opportunities policy which included disabled people as a specific group. The policy stated that the organisation would not discriminate against disabled people and covered recruitment, training and development, promotion, and employment terms. The policy was reviewed annually and had recently been adapted to include a phrase on transgender. The HR Manager used professional sources such as Croner (a consultancy providing advice and information on employment and legal compliance) and the CIPD to inform changes to the policy. The policy was agreed by the company directors. The policy had been emailed to staff, was available on the company database, and was distributed to new staff in their induction packs.

## 2.7 Summary

One-fifth (20 per cent) of surveyed employers were able to spontaneously name the DDA; and another 49 per cent were aware of some legislation related to employment but were unable to name it. Just under one-third (30 per cent) did not know of any such legislation. Awareness of Part 2 of the DDA has fallen slightly, but significantly, since 2006, possibly as publicity about the Act has declined. Awareness was greatest in large establishments, establishments that were part of a larger organisation, and establishments that had employed a disabled person in the last ten years.

Employers interviewed in the qualitative research were often aware of the spirit of the DDA even though some were unable to name it. The exceptions were the small establishments interviewed in the manufacturing retail, hotel and catering sectors. They usually had little, if any, experience of employing disabled people and were also unaware of the legislation.

When asked about what they considered to be a disability, employers tended to focus on obvious physical and visible impairments, such as wheelchair users and people with sensory impairments and very little change was observed since the last survey. Employers with a good understanding of the DDA tended to recognise a broad range of impairments and health conditions as disabilities.

Employers surveyed said that across the range of impairments and health conditions that could be covered by the DDA, they would find it most difficult to employ someone with severely impaired vision. They said it would be easiest for them to employ someone with a condition falling within the DDA if they did not actually consider them to be disabled, for example, people with severe facial scarring, dyslexia, or epilepsy. Views of the establishments in the qualitative research were mixed, and depended on the nature of their business, their size, and on whether they had previously employed disabled people. Small establishments said that they had less scope for employing disabled people due to a limited number of job roles, and the need for each person to perform several tasks, requiring a range of capabilities.

Most employers said that they always sought the best person for the job, irrespective of whether they had a disability or not, and just over half (56 per cent) said that they would not find it difficult to retain staff who had become disabled. The qualitative interviews revealed that employers thought that employment practices towards disabled people had improved over time, and that it had become easier to employ people with a range of conditions. The DDA, and changes to building design and other legislation were cited by some as a factor in this.



# 3 The DDA Part 2 and recruitment practice

This chapter explores employers' recruitment practices and how they relate to disabled people. The chapter looks first at findings from the qualitative interviews to examine establishments' recruitment processes. The remaining sections of the chapter draw on findings from both the survey and the qualitative interviews.

The chapter covers:

- employers' recruitment processes;
- employers' collection and use of health and disability monitoring information;
- adjustments made at the recruitment stage by employers.

## 3.1 Recruitment processes

### 3.1.1 General methods of recruitment

Employers recruited and selected staff in a variety of ways: jobs were advertised in local and national newspapers, on websites and through agencies. Employers also recruited more informally using word of mouth, and through friends and family of current employees. Recruitment methods varied depending on the job role and position, for example, more junior posts tended to be advertised locally or filled by word of mouth, while more senior vacancies were advertised in specialist trade publications and the national press, by recruitment agencies or via head hunters. Small establishments tended to use more informal recruitment methods, whereas large establishments, and those in the public sector, used more formal advertising methods. A few employers advertised positions through Jobcentre Plus. One public sector establishment said that they routinely advertised vacancies through Able, a specialist magazine and website targeted at disabled people.

Selection processes also varied, depending on the nature of the job and the size of the establishment. The process at smaller establishments tended to be fairly short and informal. In contrast, some employers in larger establishments had lengthier processes and used application forms, one or more interviews, and some also included aptitude tests and assessments.

Very few employers specifically targeted disabled people in their recruitment exercises. A few employers had been awarded the two ticks symbol for disability; a Jobcentre Plus scheme, the symbol is awarded to employers and shows they are positive about disabled people in the workplace.

A few employers thought that recruitment and selection practices with regard to disabled people had improved over time. They attributed this to increased awareness of disability issues, partly as a result of legislative changes and the Disability Discrimination Act (DDA), but also from personal experience of disability and of making adjustments.

## 3.2 Collection and use of health and disability monitoring information

This section examines whether employers gathered information on people's health and disabilities as part of the recruitment process and explores why they did so and how they used this type of information.

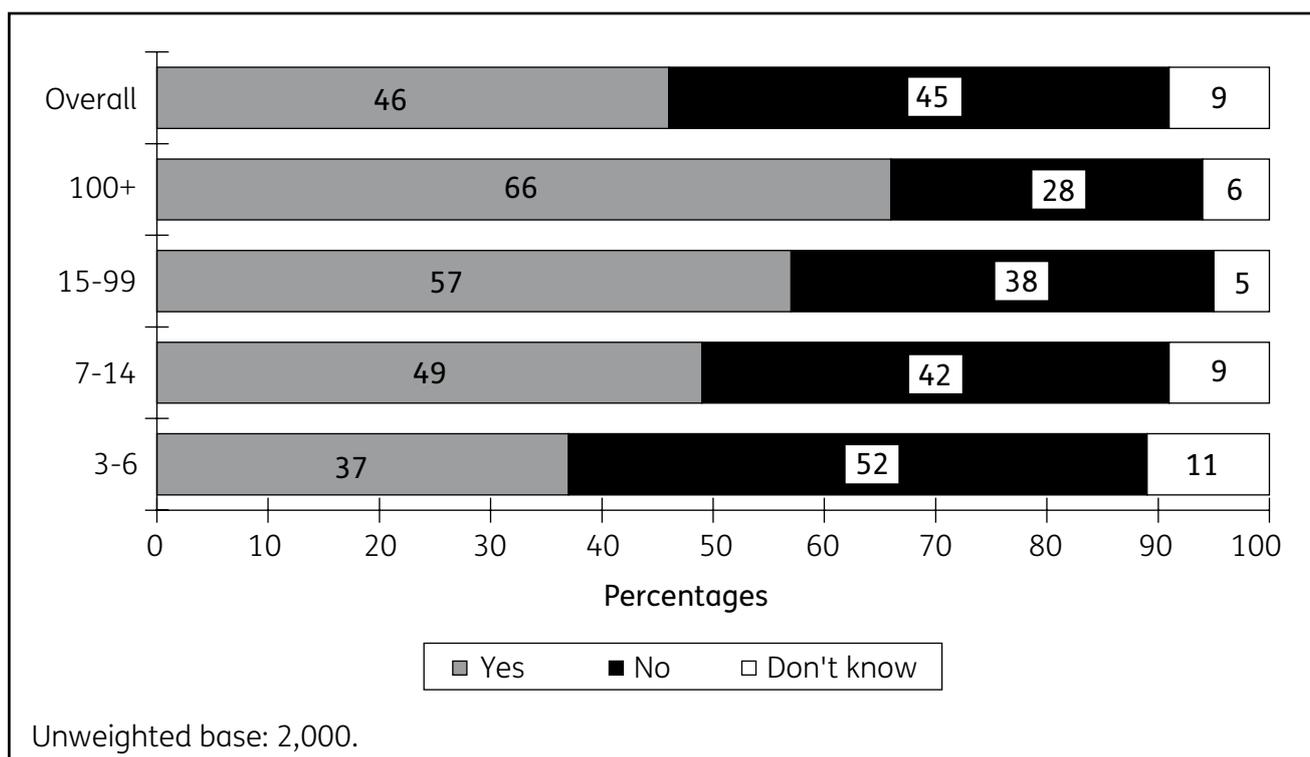
### 3.2.1 Prevalence of collecting health and disability information

During the survey, employers were asked whether they collected health and disability information routinely as part of the recruitment process. Figure 3.1 shows that employers are equally divided between those that collected this information (46 per cent) and those that did not (45 per cent). Forty per cent of employers said that they always collected health and disability information and six per cent did so only sometimes. The proportion of employers gathering this type of information at the recruitment stage has fallen slightly since 2006 (52 per cent of all establishments collected information on health and disability from job applicants in 2006).<sup>13</sup>

Larger establishments were more likely to ask job applicants about their health and disabilities than smaller ones: 66 per cent of establishments with 100 or more employees and 57 per cent of establishments with 15 to 99 employees collected this type of information compared to 37 per cent of establishments with three to six employees. Larger establishments are more likely to have a Human Resources (HR) function and more formal application processes, which may explain why they are more likely to collect this type of monitoring information.

Establishments in the public and voluntary sector were also more likely to collect health and disability monitoring information at the recruitment stage than establishments in the private sector (64 per cent, 56 per cent and 42 per cent respectively).

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



<sup>13</sup> This difference is statistically significant – see Appendix A.

Employers who were aware of Part 2 of the DDA were also more likely to collect health and disability information at the recruitment stage as were employers who had employed disabled staff in the past (see Table 3.1). For example, almost half (49 per cent) of establishments that were spontaneously aware of the DDA said they always collected health and disability monitoring information compared to one-third (33 per cent) of establishments that were not aware of the DDA.

**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 %	Aware of %	Not aware of %	Yes %	No %
Yes – always	49	42	33	48	34
Yes – sometimes	8	6	7	6	6
No – never	38	43	50	39	49
Don't know	5	8	9	6	10
<i>Unweighted base</i>	483	1,579	421	927	1,021

We were able to explore how employers collected health and disability information during the in-depth interviews and found that this varied greatly; large establishments with 100 or more employees, particularly those in the public sector, usually had formal methods of doing this whereas small and medium-sized establishments generally collected this information less systematically. Some establishments collected information on health and disability at the application stage, either by asking about health conditions or disabilities on the application form, or by including a separate equal opportunities monitoring form as part of the application process. Where this was done, in most cases, the information was not used in the selection process, and only referred to if a job offer was made.

A few employers said that although they did not ask about health conditions at the application stage, they did ask applicants to indicate if they would need any extra support to attend the interview. Some employers raised the issue of disclosure and suspected that many people would be reluctant to declare they had a disability or health condition at the job application stage. This, in turn, could make it difficult for employers to make any adjustments or to offer support at the recruitment stage.

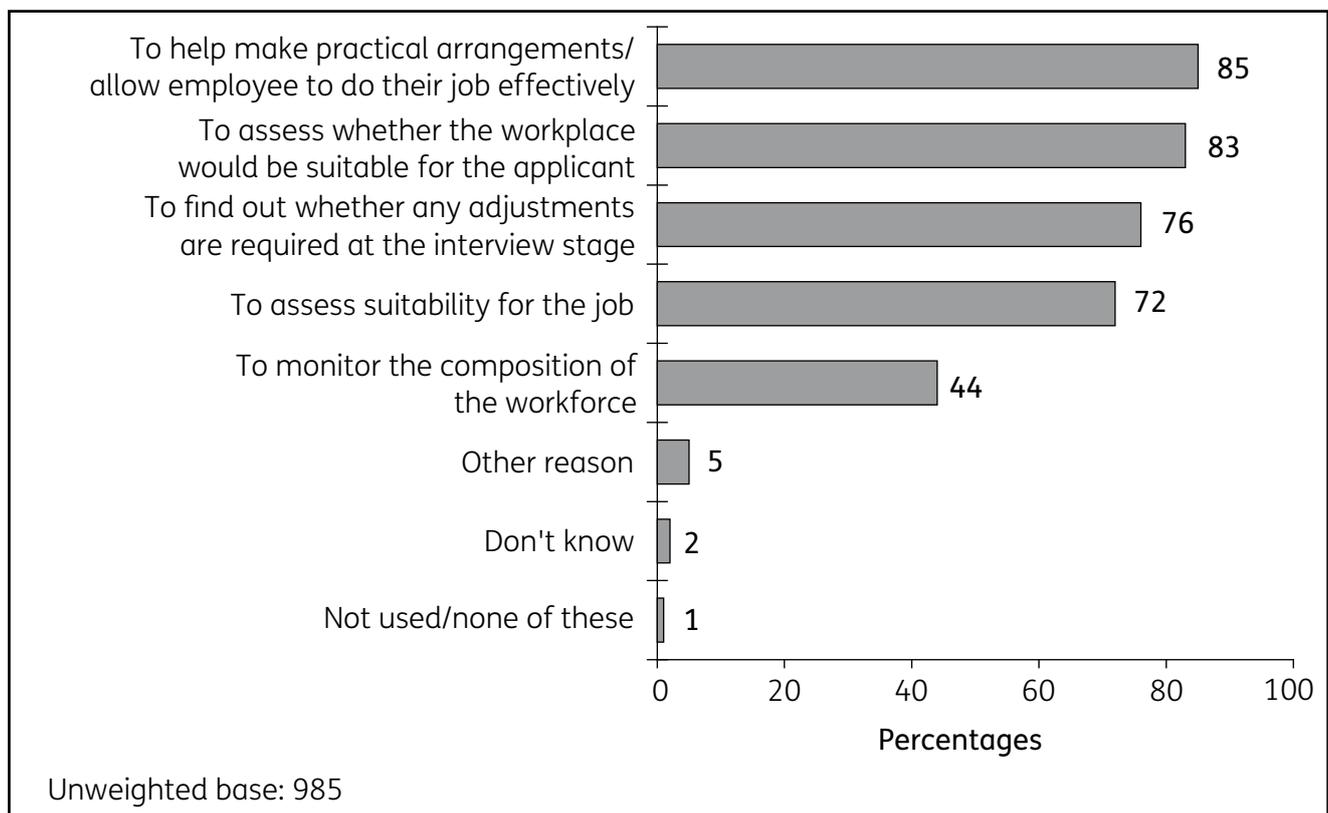
### 3.2.2 Establishments' use of health and disability information

Employers were asked why they collected health and disability information at the recruitment stage (Figure 3.2) and the two most common reasons offered during the survey were:

- to help make practical adjustments to allow employees to do their job more effectively (85 per cent); and
- to assess how suitable the workplace was for the applicants (83 per cent).

A large proportion of employers also used this information to assess whether any adjustments were required at the interview stage (76 per cent) and to assess candidates' suitability for the job (72 per cent). Less than half of employers gathering this information did so to monitor the composition of their workforce (44 per cent).

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



We have observed some changes in the reasons why employers gathered health and disability information over time.<sup>14</sup> Focusing solely on those employers that gathered this type of information, we find that more were now doing so to make practical arrangements to help disabled employees to do their job effectively (up from 77 per cent in 2006 to 85 per cent in 2009), to assess whether the workplace was suitable for the candidate (up from 72 per cent to 83 per cent) and to find out if adjustments were needed at the interview stage (up from 64 per cent in 2006 to 76 per cent in 2009).

Some differential patterns are observed if we look at why employers gather monitoring data at the recruitment stage according to their size (Table 3.2). Larger establishments (with at least 100 staff) were more likely than average to use this information to make practical arrangements to help employees to perform their work more effectively (94 per cent) and to make sure that any necessary adjustments were made at the interview stage (90 per cent). Conversely, establishments with three to six employees were more likely than average to use this information to assess the suitability of the applicant for the job (79 per cent).

<sup>14</sup> These differences are statistically significant – see Appendix A.

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

	Number of employees				Overall %
	3-6 %	7-14 %	15-99 %	100+ %	
To find out whether any adjustments are required at the interview stage	70	77	80	90	76
To assess suitability for the job	79	66	72	56	72
To assess whether the workplace would be suitable for the applicant	84	86	81	80	83
To help make practical arrangements to allow the employee to do their job effectively	80	86	89	94	85
To monitor the composition of the workforce	48	37	44	52	44
Other reason	3	6	5	6	5
Don't know	3	1	1	0	2
Not used/none of these	1	1	1	2	1
<i>Unweighted base</i>	331	242	275	137	985

### 3.3 Adjustments at the recruitment stage

Under the DDA, it is 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>15</sup> This section outlines the extent to which employers had made adjustments at the recruitment stage.

As part of the survey, employers were asked whether they had made any adjustments during the recruitment process to ensure that disabled people were not discriminated against. Overall, 63 per cent of all employers said they had made at least one adjustment to accommodate disabled applicants.

The most common adjustments made by employers during the recruitment phase (Figure 3.3) were:

- to provide staff who were involved in recruitment with disability awareness information (44 per cent of all employers had done so);
- to check during the interview whether an applicant would need any adjustments on appointment (40 per cent of all employers had done this);
- to guarantee an interview to disabled applicants (32 per cent of all employers had guaranteed interviews in this way).

Just 17 per cent of all employers provided application forms in alternative formats, such as large-print or Braille. A similarly small proportion of employers provided communication support at interview, such as a sign language interpreter (12 per cent).

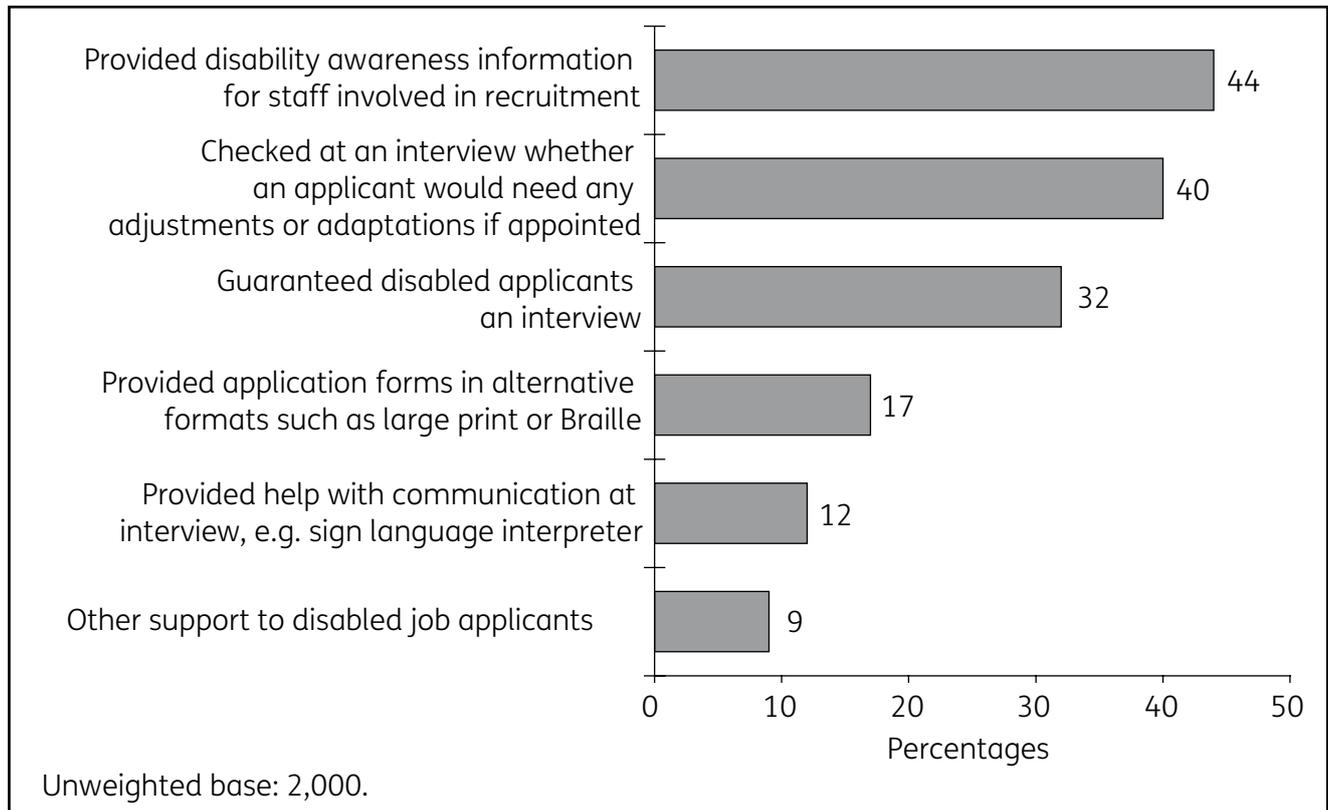
The proportion of employers making at least one adjustment at the recruitment stage (63 per cent) has fallen since the last survey in 2006 (when 70 per cent of employers reported doing so<sup>16</sup>). The most notable change is in the number of employers guaranteeing interviews to disabled applicants

<sup>15</sup> DDA (1995), Part 2, S4 (1).

<sup>16</sup> This difference is statistically significant – see Appendix A.

(which has fallen from 41 per cent of all employers in 2006 to 32 per cent in 2009). It is not clear why this particular adjustment is less prevalent in 2009. Many private sector employers have reported that the recession has resulted in recruitment freezes across the board which will have impacted on recruitment opportunities for all job seekers, including disabled people.

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



If we examine recruitment-related adjustments in more detail (Table 3.3), we find that the prevalence of making adjustments increased with establishment size: larger establishments with 100 or more employees were significantly more likely to have offered all types of adjustments than smaller establishments. By way of example, 42 per cent of establishments with 100 or more employees provided application forms in alternative formats compared to 16 per cent or less of establishments with fewer than 15 employees. Establishments in the public and voluntary sectors were also more likely to have made recruitment-related adjustments than those in the private sector.

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

	Number of employees				Overall %
	3-6 %	7-14 %	15-99 %	100+ %	
Provided application forms in alternative formats such as large print or Braille	14	16	22	42	17
Provided disability awareness information for staff involved in recruitment	32	44	60	76	44
Provided help with communication at interview, for example, sign language interpreter	9	10	16	36	12
Checked at an interview whether an applicant would need any adjustments if appointed	30	40	53	74	40
Guaranteed disabled applicants an interview	28	35	35	43	32
Other adjustments	7	8	11	23	9
<i>Unweighted base</i>	860	480	460	200	2,000

As we have found elsewhere, employers who were aware of Part 2 of the DDA were also more likely to have made adjustments at the recruitment stage compared to those who were unaware of the DDA; this pattern is stronger among employers with spontaneous awareness of this part of the Act (Table 3.4).

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

	Awareness of DDA Part 2		
	Spontaneous %	Aware of %	Not aware of %
Provided application forms in alternative formats such as large print or Braille	28	20	8
Provided disability awareness information for staff involved in recruitment	70	50	25
Provided help with communication at interview, e.g. sign language interpreter	20	13	8
Checked at interview whether an applicant would need adjustments if appointed	58	45	24
Guaranteed disabled applicants an interview	40	35	24
<i>Unweighted base</i>	483	1,579	421

We have observed a number of differences in relation to the adjustments that have been made during the recruitment stage. On further analysis (using multivariate techniques), it emerges establishments with the highest likelihood of making recruitment-related adjustments were those:

- employing between 15 and 99 employees;
- which were part of a larger multi-site organisation;

- operating in wholesale, retail trade, hospitality;
- operating in transport, communication, financial, real estate;
- operating in public and social facing industries;
- which were spontaneously aware of the DDA Part 2;
- which collected health and disability information from job applicants;
- which made service provision-related adjustments and employment provision-related adjustments.

The findings from the in-depth interviews confirmed the reduction in recruitment-related adjustments and showed that employers felt there had not been much demand for adjustments at the recruitment stage. The qualitative research found only a few examples of these adjustments: in one case, a large manufacturing company had changed the place of the written test for someone with dyslexia, and had printed the test on coloured paper to enable the applicant to read it more easily. In another case, adjustments had been made for a deaf applicant and a blind applicant. A few employers stated that although they had not made specific adjustments for disabled people at the recruitment stage, their premises were accessible and they would have no problem accommodating disabled applicants at interview. In this way, they considered that recruitment-related adjustments were unnecessary.

The following case study, from the public sector, provides an example of recruitment practice in relation to disabled people.

### **A large broadcasting establishment: proactive recruitment methods**

Depending on the nature of the vacancy, positions were advertised variously in the press, internally, and on websites. They were also advertised in the magazine Disability Now. Applicants were shortlisted based on whether they met the job specification. They were also asked to fill in a separate monitoring form that collected information on disability, which was separated from the application form and passed to HR.

On being invited to interview, applicants were asked if they had any special requirements to allow them to take part in the interview. Staff involved in recruitment would only know about an applicant's disability if they asked for arrangements to be made at interview. The building itself is accessible, and reception and HR staff had received sign language training.

In the past they have made adjustments at the interview stage for someone with a visual impairment and someone else with a hearing impairment.

## 3.4 Summary

A few employers interviewed in the qualitative research thought that their recruitment and selection practices with regard to disabled people had improved over time, and attributed this to the DDA and experience of having made adjustments in the past.

Just under half of the surveyed employers collected health and disability information as part of the recruitment process (46 per cent), with larger establishments being the most likely to do this. Over three-quarters of employers who collected this information used it to make practical arrangements to help disabled employees do their job effectively, to assess workplace suitability or to find out if adjustments were needed at the interview stage.

Larger establishments tended to use monitoring information to help them to make practical arrangements or adjustments to help employees work more effectively, or to make any necessary adjustments at interview stage. Small establishments tended to use this information to assess the suitability of disabled applicants for the job.

Sixty-three per cent of surveyed employers had made at least one change in practice to accommodate disabled applicants, although the most common of these were providing disability awareness information for staff involved in recruitment, followed by checking at interview whether an applicant would need adjustments if appointed. Making an adjustment to enable applicants to apply for a job or to attend interviews was less common. Seventeen per cent had provided information in alternative formats such as larger print or Braille, and fewer than this had provided help with communication at an interview, for example, a sign language interpreter.

The employers interviewed in the qualitative research reported that there had been little demand for adjustments at the recruitment stage.



# 4 The DDA Part 2 and employment practice

## 4.1 Introduction

This chapter looks at the employment of disabled people and then examines the issue of employment-related adjustments. It covers:

- the past and current employment of disabled staff;
- the prevalence of making employment-related adjustments;
- the experience of making employment-related adjustments;
- the ease or difficulty of making employment-related adjustments;
- reasons for making employment-related adjustments;
- reasons why no employment-related adjustments had been made.

## 4.2 Past and current employment of disabled staff

From the findings so far, it is clear that many employers responding to the survey had (an initially) limited understanding of disability as defined by the Disability Discrimination Act (DDA). Questions about the incidence of employing disabled people were necessarily asked of establishments after the DDA definition of disability had been explained to them in order that employers considered a broader definition than they might otherwise have done.

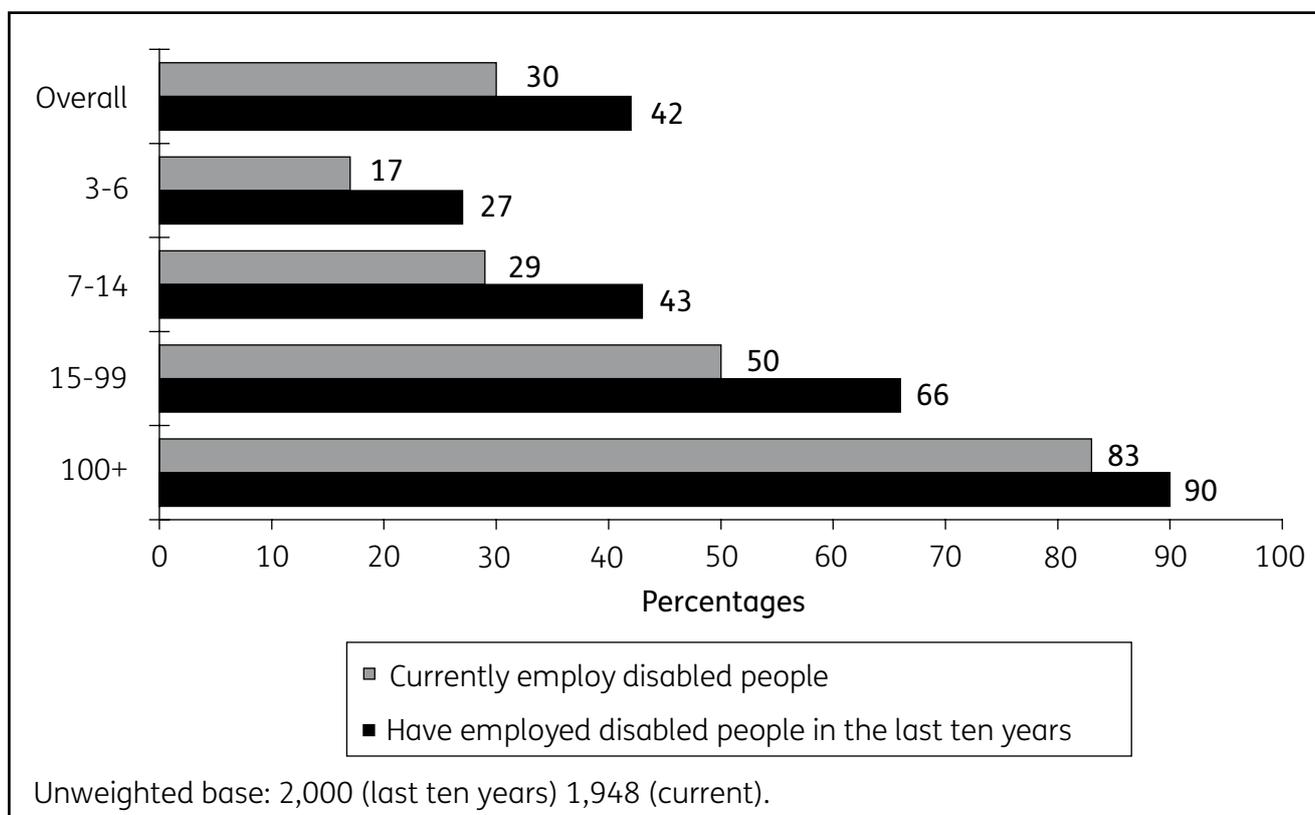
Overall, 42 per cent of establishments reported that they had employed a disabled person within the last ten years, and 30 per cent reported that they were currently employing disabled staff (Figure 4.1). These figures represent a small but (statistically) significant fall over time (47 per cent of establishments said they had employed a disabled person in the previous ten years and 34 per cent were employing at least one disabled person at the time of the 2006 survey). As we might expect, the incidence of employing disabled staff was significantly related to establishment size and larger organisations were much more likely to employ or have employed disabled staff within the last ten years.<sup>17</sup>

Organisations in the voluntary sector were more likely than average to have employed a disabled person in the last ten years (63 per cent). Also, organisations in the public sector (42 per cent) and organisations in the voluntary sector (43 per cent) were more likely to currently employ disabled staff.

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<sup>17</sup> These differences are statistically significant.

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



Once again, we have undertaken further (multivariate) analysis to understand the factors that affected the likelihood of employing a disabled person either currently or within the last ten years. On doing so, we find that establishments that were the most likely to have employed a disabled person within the last ten years, or to currently employ a disabled person, were those:

- with more than six employees;
- working in public and social facing industries;
- that were spontaneously aware of Part 2 of the DDA or had some knowledge of disability legislation but were unaware of its name;
- that routinely collected health and disability information from job applicants.

Around half of the establishments taking part in the qualitative interviews employed disabled people at the time of the research. On first questioning, employers tended to underestimate the number of disabled employees (some said they had only one or two disabled employees while a few estimated that up to ten per cent of the workforce was made up of disabled employees). On further prompting, using the full DDA definition of disability, these figures usually rose. Very few establishments monitored the number of disabled employees in any systematic way and most of the figures provided were estimates. All of the establishments that did monitor the number of disabled employees were in the public sector, but it was acknowledged that these figures would only include employees who had declared their health conditions. In some small and medium-sized establishments (i.e. those with fewer than 100 employees), monitoring was entirely informal: the employer knew their employees fairly well, and knew of their health conditions or disabilities as a result.

Not surprisingly, when discussing who they considered to be disabled some employers initially referred only to employees with physical disabilities. Others thought of disability in broader terms, and included employees with disabilities and illnesses that were not instantly visible, including mental health conditions, epilepsy and progressive illnesses. On prompting with the DDA definition of disability, employers were often able to think of more employees affected by the conditions listed than they had originally mentioned.

### 4.3 Prevalence of making employment-related adjustments

All employers taking part in the survey were asked whether they had made or planned to make any employment-related adjustments for their disabled employees and the results are shown in Table 4.1.<sup>18</sup>

Overall, 61 per cent of employers stated that they had made or planned to make at least one employment-related adjustment, which is lower than in 2006 (70 per cent of all establishments reported that they had made or planned to make these sorts of adjustments).<sup>19</sup> Not surprisingly, employers who had employed a disabled person within the past ten years were much more likely to have made or planned to make an employment-related adjustment (80 per cent) when compared to those that had not employed a disabled person (47 per cent of whom stated they had made or were planning to make employment-related adjustments).

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

	Employed disabled staff %	Not employed disabled staff %	Overall %
Made or planned any adjustment	80	47	61
Not made or planned any adjustment	20	53	39
<i>Unweighted base</i>	927	1,021	2,000

Table 4.2 shows that the most common employment-related adjustments made or planned by establishments that had employed disabled people within the last ten years<sup>20</sup> were:

- flexible working time or varying hours (53 per cent);
- flexible work organisation (50 per cent);
- adapting the work environment (48 per cent);
- providing accessible parking (47 per cent).

<sup>18</sup> It should be noted that reasonable adjustments in employment are only required where there is an actual disabled person who requires an adjustment and not all disabled people will require an adjustment. The need for adjustments will vary according to the nature of the job and the effect of the person's disability.

<sup>19</sup> This difference is statistically significant – see Appendix A.

<sup>20</sup> Analysis of employment-related adjustments has been restricted to those establishments that have employed a disabled person within the last ten years in order to maintain comparability with the 2006 and 2003 survey results.

**Table 4.2 Employment-related adjustments made and planned, by establishment size**

	Number of employees				Overall %
	3-6 %	7-14 %	15-99 %	100+ %	
Transferred people or jobs	16	21	26	47	24
Adapted work environment	35	46	52	79	48
Flexible work organisation	41	47	54	73	50
Flexible working time or varying hours	48	48	55	77	53
Appropriate physical assistance	13	18	21	40	19
Allow working from home	19	15	21	36	20
Accessible parking	34	45	52	73	47
<i>Unweighted base</i>	231	213	301	182	927

When we examine the incidence of making, or planning to make, employment-related adjustments by establishment size, we observe some (statistically) significant differences. Not surprisingly, larger establishments, such as those employing 100 or more staff, were much more likely to have made these sorts of adjustments, or have planned to do so, than other establishments; indeed the likelihood of making employment-related adjustments decreases along with the size of the establishment. Having said this, we would expect larger establishments to have made (more) employment-related adjustments as they would be much more likely to have employed more (disabled) people over the previous ten years than smaller establishments. Also, we know from Chapter 3 (Section 3.2) that larger establishments were more likely to monitor health and disability information at the recruitment stage, to make adjustments at the recruitment stage, and to check what employment-related adjustments would be required on appointment.

Table 4.3 also demonstrates how awareness of Part 2 of the DDA affects the likelihood of establishments making employment-related adjustments. Eighty-seven per cent of establishments that were able to spontaneously recall the DDA had made or planned to make any employment-related adjustments compared to 73 per cent of establishments with no awareness of the DDA.

**Table 4.3 Employment-related adjustments made or planned for disabled staff, by awareness of the DDA Part 2**

	Spontaneous %	Aware of	Not aware	Overall %
		DDA %	of DDA %	
Made or planned any adjustment	87	81	73	80
Not made or planned any adjustment	13	19	27	20
<i>Unweighted base</i>	311	786	141	927

We have undertaken further (multivariate) analysis to explore the factors which affected the likelihood of making employment-related adjustments. In the first instance, we have looked at the factors that increased the likelihood of making these sorts of adjustments among establishments

that had employed a disabled person in the past ten years. We have also looked at the factors that have influenced all establishments in relation to making employment-related adjustments, regardless of their employment of disabled people.

When considering establishments that had employed a disabled person in the last ten years, we have found that the establishments with the highest likelihood of making employment-related adjustments were those:

- with more than six employees;
- operating in public and social facing industries;
- which had made adjustments related to service provision.

When we broaden the scope of this analysis to include all establishments, we find that other factors come into play, we find that the establishments with the highest likelihood of making employment-related adjustments were those:

- with more than six employees;
- which were part of a larger multi-site organisation;
- which were spontaneously aware of Part 2 of the DDA;
- which had made adjustments related to service provision.

Importantly, negative attitudes also reduced the likelihood of making employment-related adjustments among all establishments that stated that their workplace would not have the flexibility to retain a person who became disabled being less likely to have made employment-related adjustments.

## 4.4 Experience of making employment-related adjustments

In general, employers taking part in the in-depth interviews stated that they would do whatever was reasonable, within the limits of the job role and location, to make employment-related adjustments for a disabled member of staff. Establishments with 15 or more employees had often employed disabled people, and had also tended to make employment-related adjustments for them. Smaller employers, with fewer than 15 staff, had less experience of employing disabled people, and so there were fewer examples of employment-related adjustments being made in these establishments.

In some cases, establishments were located in buildings that had been designed to be accessible when built. They had ramps, accessible toilets and lifts so they considered that no employment-related adjustments needed to be made specifically for staff with mobility restrictions. In most cases, however, employers had made an employment-related adjustment in response to the particular needs of an employee. In a few cases these sorts of adjustments had been made for new recruits, but in most cases they had been made for existing employees.

Some of the employment-related adjustments that had been made for employees with particular health conditions included:

- transferring people with back problems and mobility restrictions into different jobs within the same organisation;
- adapting work environments including purchasing specialist chairs and desk equipment for people with mobility restrictions;
- flexible work arrangements and working from home for employees experiencing a mental health condition or undergoing treatment for an illness.

#### 4.4.1 Process of making employment-related adjustments

The process of making employment-related adjustments varied according to the size of the establishment. Large establishments (with 100 or more employees), taking part in the in-depth interviews, said that staff usually discussed their needs with their line manager and/or Human Resources (HR) department who would then go on to arrange these adjustments. These establishments often had access to an occupational health service, which would usually be involved in the adjustment process. In some cases, employment-related adjustments would be discussed with a Health and Safety Officer who would often do a risk assessment with the employee beforehand to establish the full requirements. In most cases the initial request for an employment-related adjustment came from the employee, although there were a few examples of long-term sickness absence triggering the adjustment process. Two employers had made employment-related adjustments for new employees; both had sensory impairments which were apparent at the recruitment stage and the employer was able to start the process of identifying their needs and purchasing equipment straight away. One employer had used the Access to Work programme, with the help of Jobcentre Plus. Another employer had sought advice and support from the WORKSTEP programme, also through Jobcentre Plus.

In smaller establishments there was much less experience of making employment-related adjustments, but the process usually involved the employee approaching the general manager to discuss their needs.

### 4.5 Ease or difficulty of making employment-related adjustments

When asked to reflect on making employment-related adjustments (Table 4.4), the majority of all employers who had made these types of adjustments thought that they had been easy to make (73 per cent). Larger establishments (with 100 or more employees) were slightly more likely to have experienced some difficulty making employment-related adjustments compared to their smaller counterparts although these differences are not statistically significant. These figures have not changed since 2006. Having said this, some employers that participated in the qualitative interviews thought that it had become easier to make employment-related adjustments in recent years and they attributed this to the improved availability of equipment and aids for disabled people, improvements in the accessibility of modern buildings, and a general increase in disability awareness.

**Table 4.4 Ease of making employment-related adjustments, by establishment size**

	Number of employees				Overall %
	3-6 %	7-14 %	15-99 %	100+ %	
Very easy	35	31	26	13	30
Quite easy	38	43	45	54	43
Neither easy nor difficult	12	9	12	13	11
Quite difficult	7	9	10	13	9
Very difficult	3	2	1	1	2
Don't know	6	5	4	6	5
<i>Unweighted base</i>	418	298	352	185	1,253

Employers were asked what sort of difficulties they had encountered when making employment-related adjustments. The majority of employers (73 per cent) who had made or planned employment-related adjustments, including those who had never employed a disabled person, stated that they had not encountered any problems.

Small and medium-sized establishments were more likely than larger establishments with 100 or more employees to say that they had not experienced any difficulties (Table 4.5). Establishments in the private sector were also more likely to say they had not experienced any difficulties making employment-related adjustments compared to those operating in the public and voluntary sectors.

The main difficulties that employers reported during the survey concerned:

- the cost of making employment-related adjustments (six per cent of all those making or planning employment-related adjustments had experienced difficulties with cost);
- planning constraints (five per cent of all employers making or planning employment-related adjustments had experienced some problems with planning constraints);
- health and safety issues (two per cent of all those making or planning employment-related adjustments had experienced health and safety difficulties).

Larger establishments with 100 or more employees were more likely than other establishments to report these sorts of difficulties although (overall) one in ten or fewer of all establishments, regardless of size, reported any of these individual problems.

**Table 4.5 Difficulties experienced when making employment-related adjustments, by establishment size**

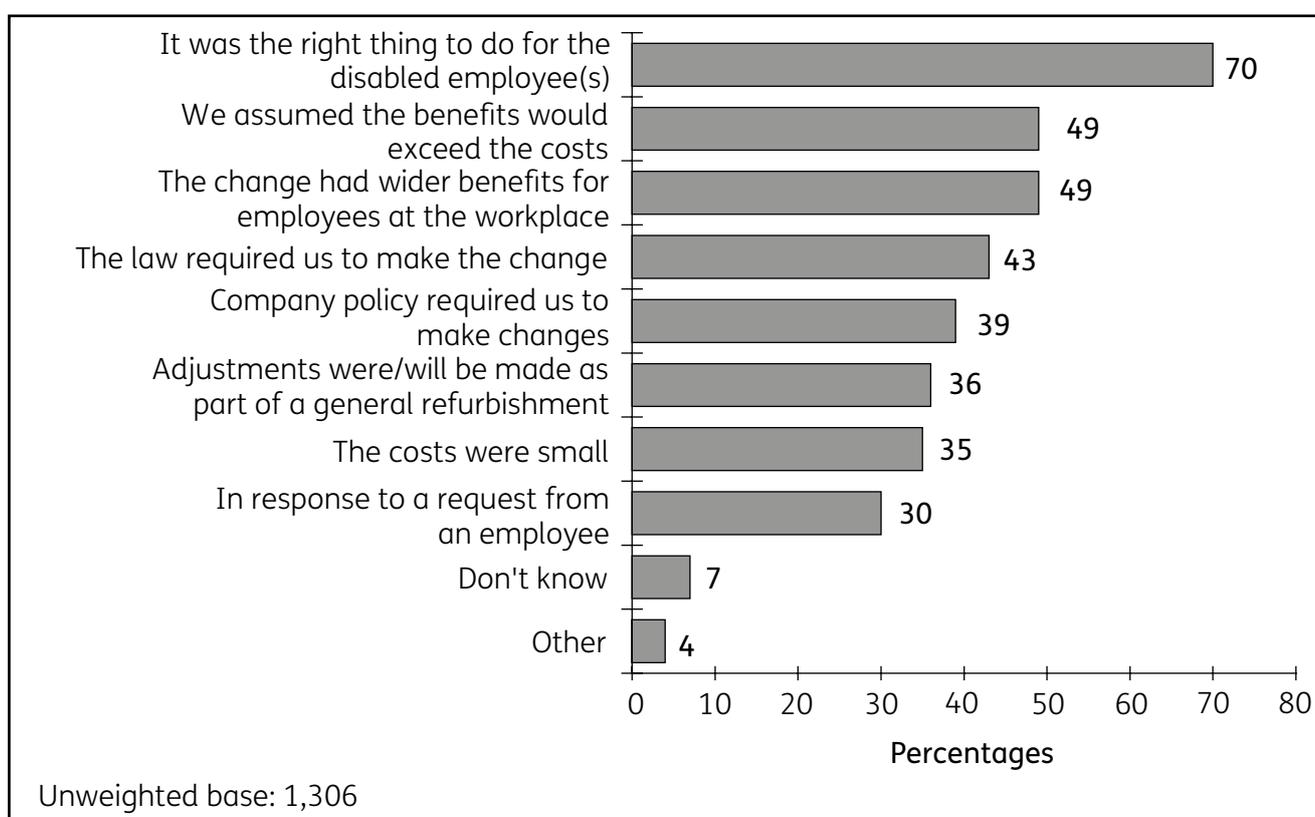
	Number of employees				Overall %
	3-6 %	7-14 %	15-99 %	100+ %	
No difficulties	74	75	74	55	73
Cost	6	4	7	10	6
Health and Safety issues	2	1	3	8	2
Planning constraints	5	4	6	7	5
Lack of information/advice about what adjustments disabled employees need	1	*	1	4	1
Lack of space	4	3	6	2	4
Premises are rented	2	2	1	1	2
Other	2	2	2	1	2
<i>Unweighted base</i>	446	307	364	189	1,306

## 4.6 Reasons for making employment-related adjustments

Employers who had made or planned employment-related adjustments for disabled staff did so for many reasons, indicating a fair degree of complexity (Figure 4.2). Overall, the most common reason for making these sorts of adjustments was the fact that employers felt it was the ‘right thing to do’ (70 per cent); this was followed by employers who believed that the benefits of making the employment-related adjustments exceeded the costs (49 per cent) and those who believed the changes had wider benefits for employees (49 per cent).

When we compare these findings to the results from the 2006 survey, we observe that the proportion of employers offering these ‘positive’ reasons for making employment-related adjustments has increased.<sup>21</sup> For example, in 2006, 61 per cent of employers who had made or planned these sorts of adjustments did so because it was the right thing to do; 38 per cent thought that the benefits of making the changes outweighed the costs; and 41 per cent said that the employment-related adjustments had wider benefits. In addition to this, the proportion of employers who made adjustments following a specific employee’s request has also increased over time (up eight percentage points since 2006). There was no change in the proportion of employers stating that they had made employment-related adjustments because they were required to do so by law.

**Figure 4.2 Reasons for making employment-related adjustments**



Most employers taking part in the in-depth interviews who had made employment-related adjustments had done so for existing employees. Making these adjustments for employees who had become ill or disabled was viewed by employers to be a common sense response which enabled them to retain valued workers.

*‘Anything is reasonable if it keeps a talented employee.’*

(Small, private sector establishment)

Some employers also said they had a moral duty to their employees and wanted to look after them. Some said they had a corporate and social responsibility to give disabled people a chance to work, or that it was important to provide everyone with an equal opportunity.

<sup>21</sup> These differences are statistically significant – see Appendix A.

*'I would think the first reason for making adjustments is fairness. If you want everyone to have an equal opportunity to deliver their best, then it's good if you can make an adaptation that will allow them to function well.'*

(Large, public sector establishment)

There were also a few examples where employment-related adjustments had been made for new recruits, and employers that had done so reported that making these adjustments enabled them to take on the best person for the job. Again, some said it was important to provide equal opportunities for all.

Employers in large workplaces were more likely to mention positive reasons for making employment-related adjustments than employers in smaller workplaces (Table 4.6). They were also more likely to report that the law and company policy required them to make changes.

**Table 4.6 Reasons for making employment-related adjustments, by establishment size**

	Number of employees			
	3-6 %	7-14 %	15-99 %	100+ %
It was the right thing to do for the disabled employee(s)	68	67	73	86
We assumed the benefits would exceed the costs	52	39	50	64
The change had wider benefits for employees at the workplace	51	47	48	58
The law required us to make the change	40	42	44	62
Adjustments were/will be made as part of a general refurbishment	38	38	31	36
The costs were small	33	36	35	38
Company policy required us to make changes	31	40	44	58
In response to a request from an employee	23	26	37	59
Don't know	9	7	4	3
Other	4	5	4	3
<i>Unweighted base</i>	446	307	364	189

When looking at the reasons for making employment-related adjustments by sector, we observe that establishments in the public sector were more likely than establishments generally to report that they made these adjustments because company (or organisational) policy required them to do so (52 per cent) and the law required them to make the change (54 per cent). Establishments in the voluntary sector were much more likely than establishments generally to say that they had made changes because the benefits exceeded the costs (64 per cent), because of company or organisational policy (57 per cent) and because the changes had wider benefits for employees in the workplace (58 per cent).

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

During the survey, employers were asked if they would have made the employment-related adjustments without the legislation. The majority of establishments (67 per cent) said they would have made all of the changes without the legislation, 18 per cent reported they would have made some of them and a small minority (seven per cent) acknowledged that they would not have made these adjustments without the legislation. Somewhat encouragingly, those saying that they would

have made all of their employment-related adjustments without the legislation, has increased since 2006 when 60 per cent of establishments reported this to be the case.<sup>22</sup> The proportion saying they would have made some of their employment-related adjustments in 2006 was only slightly higher (at 20 per cent) and on balance, more establishments have said that they would have made all or some of these adjustments without the legislation in the 2009 survey.

**Table 4.7 Whether employment-related adjustments would have been made without the legislation, by establishment size**

	Number of employees				Overall %
	3-6 %	7-14 %	15-99 %	100+ %	
Yes – all of them	65	67	69	64	67
Yes – some of them	18	17	17	25	18
No	7	8	6	4	7
Don't know	9	8	8	7	9
<i>Unweighted base</i>	446	307	364	189	1,306

There is little difference in the most recent survey between small and large establishments stating that they would have made all or some of the changes without the legislation (Table 4.7). This is a departure from the 2006 findings when smaller establishments were much less likely to report that they would have made employment-related adjustments without the legal impetus.

The findings from the qualitative interviews back up the survey findings: the DDA was given as a reason for making employment-related adjustments by some employers, although they often stressed that the principles of the DDA had become embedded in the cultures of their establishments.

*'I think the legislation is a driver but the culture of the organisation means it is easy to implement these things. Managers are very aware of the legislation and that has driven awareness. The legislation kick started that.'*

(Medium, private sector establishment)

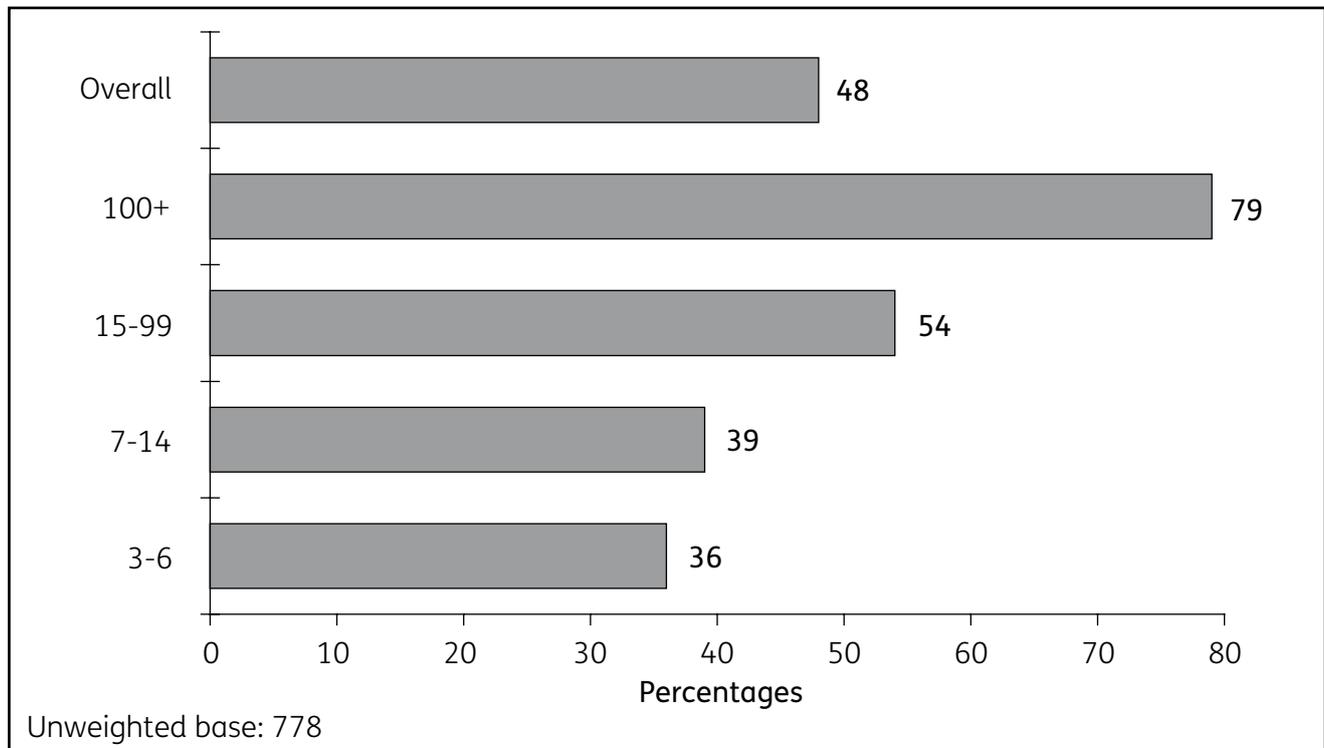
Interestingly, one employer in a large public sector establishment with 100 or more staff said they had made employment-related adjustments to avoid an employment tribunal case being brought against them.

#### **4.6.2 Employee requests for employment-related adjustments**

Almost half of all establishments that had made or planned employment-related adjustments (48 per cent) had received a specific request from a disabled employee to do so. Figure 4.3 illustrates that establishments with more than 100 employees, and which had made or planned employment-related adjustments, were much more likely to have received specific requests from employees (79 per cent) which is probably related to the fact that they employ more people generally. Employee requests for these sorts of adjustments were also more prevalent in public sector establishments although this is also likely to be related to establishment size.

<sup>22</sup> These differences are statistically significant – see Appendix A.

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

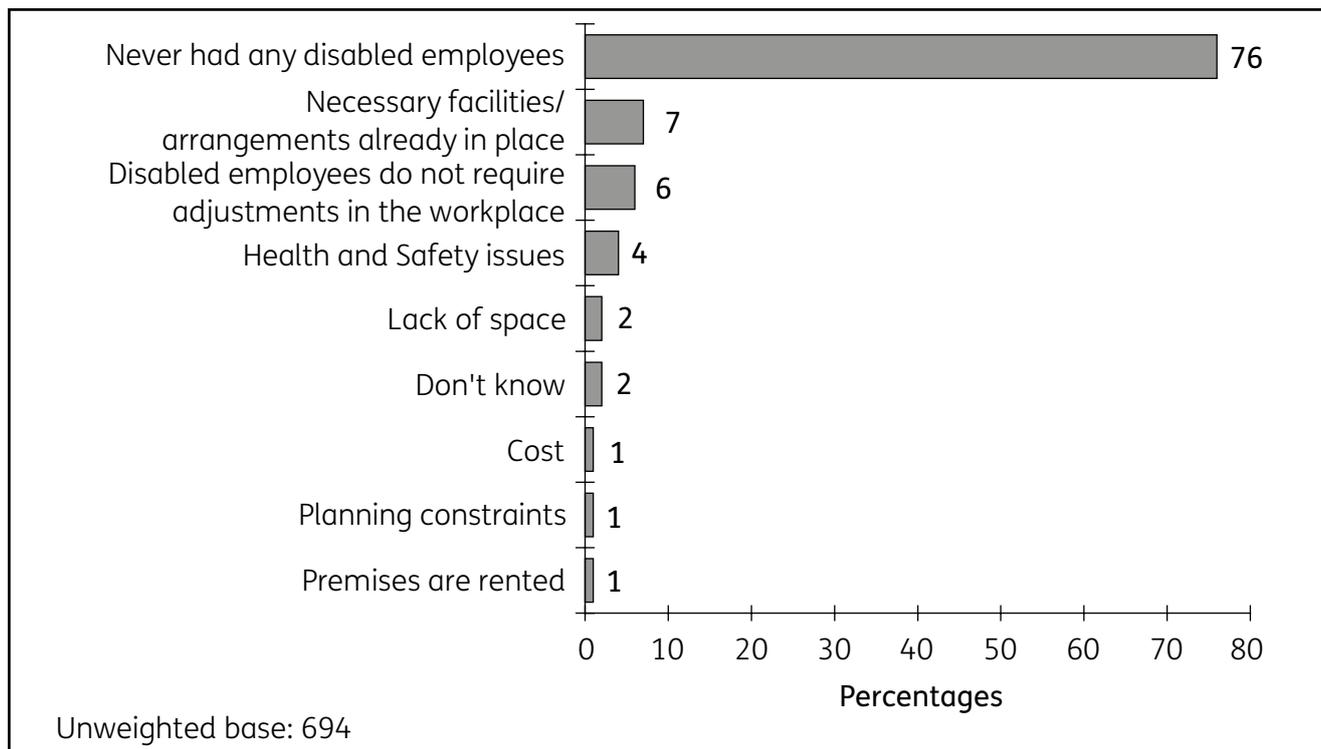


#### 4.7 Reasons why no employment-related adjustments had been made

Overall, almost four in ten establishments (39 per cent) had not made any employment-related adjustments and as with the reasons for making these sorts of adjustments, the survey uncovered multiple reasons for not doing so (Figure 4.4). The majority of employers (76 per cent) who had not made any employment-related adjustments stated that this was because they had never employed any disabled people; seven per cent reported that they already had the necessary facilities in place, and six per cent stated that disabled employees did not require any adjustments. Other reasons for not making employment-related adjustments related to physical or environmental factors, although these were not common.

When compared with the 2006 survey, it is clear that the proportion of establishments reporting that they had not made any employment-related adjustments had increased (from 30 per cent in the 2006 survey).<sup>23</sup>

<sup>23</sup> This difference is statistically significant.

**Figure 4.4 Reasons why no employment-related adjustments had been made**

The qualitative interviews confirmed that where establishments had not made any employment-related adjustments, this was usually because no disabled people had ever been employed there. As outlined in Chapter 2, establishments in sectors such as hotels and restaurants, and manufacturing, tended not to employ disabled people and reported that they had never been asked to make employment-related adjustments. However, as they had not employed disabled people, and had not needed to look into making any adjustments, their knowledge of the kinds of employment-related adjustments that could be made for different conditions was fairly limited. This in turn appeared to be limiting their perceptions of their establishment's capacity to employ disabled people in the future.

When discussing why no employment-related adjustments had been made, employers often raised the issue of physical adaptations to premises. These employers said that the cost of making their premises accessible would be prohibitively high. The general manager of a small manufacturing company (with three to 14 employees) said that no employment-related adjustments had been made as a result of little demand for these, due to the nature of the jobs, coupled with high costs:

*'Probably because there's never been a disabled person employed with us in the past. You face quite tight margins. As far as expenditure's concerned we wouldn't necessarily say, oh this person needs that door adapted to open that way because they've only got one arm. You just wouldn't entertain that, but then you wouldn't employ somebody with one arm to pack sausages because they couldn't do the job.'*

(Small, private sector establishment)

A few employers said that adaptations to premises were not feasible in their current building, as the premises were old, small, or otherwise inaccessible. In these cases, employers argued there were no adaptations to premises that they could make for disabled people. Some employers also stated that they would be unable to make certain kinds of employment-related adjustments. Establishments in public-facing sectors such as hotel and catering, retail and public services could not offer working

from home as they needed employees to be on site. Employers in the manufacturing sector stated they were unable to make employment-related adjustments for people with visual impairments, as none could overcome the health and safety risks on the factory floor. A few employers had been unable to make employment-related adjustments involving flexible working time. In one case, an employer who had made a number of different adjustments was unable to adapt the job role to accommodate someone who needed work breaks every 20 minutes.

## 4.8 Summary

Thirty per cent of surveyed employers reported that they were currently employing a disabled person, and 42 per cent had employed a disabled person in the last ten years, which represents a (small but) significant decline since 2006. Larger establishments, those working in public and social facing industries, establishments that were aware of disability legislation, and those that routinely collected health and disability information from job applicants, were the most likely to have employed a disabled person.

Sixty-one per cent of employers surveyed had made an employment-related adjustment for a disabled employee in the past, or planned to do so, and this proportion has fallen significantly since 2006 when the figure was 70 per cent. Flexible working time or working arrangements were the most commonly reported employment-related adjustments (53 and 50 per cent respectively). Almost half of employers had adapted the work environment, or had provided accessible parking.

The qualitative interviews revealed that some of the employing establishments were located in buildings that had been designed to be accessible when built, and so no physical adaptations had been required. In general, employers had made employment-related adjustments in response to the specific needs of particular employees. In a few cases they had been made for new employees, but in most cases they had been made for existing employees. The process for making these sorts of adjustments varied but usually involved the individual discussing their needs with their line manager or with HR.

Most employers in the survey and the qualitative research reported that the employment-related adjustments they had made had been relatively easy to put in place. Costs were mentioned as a barrier to having made these sorts of adjustments in a minority of cases (six per cent of employers surveyed).

Reasons cited by employers for making employment-related adjustments were that it was the right thing to do to, and to enable them to retain valued existing employees. Some employers cited the existence of the DDA (43 per cent of those surveyed) but this was rarely the only reason for having made employment-related adjustments. The proportions reporting that they would have made all of these sorts of adjustments without the legislation has increased since the 2006 survey. Where no employment-related adjustments had been made, this was usually because the respondent reported that there had been no demand for them, or that the necessary arrangements were already in place. A few small establishments interviewed in the qualitative research reported that extensive physical adaptations would have been too costly for them to make.



# 5 Locally electable authorities and the DDA extension to cover disabled elected members

## 5.1 Introduction

This chapter presents the findings from the research with locally electable authorities, focusing on their awareness and knowledge of the Disability Discrimination Act (DDA) provisions for their disabled elected members, and their practices in this area.

The chapter covers:

- the DDA duties for locally electable authorities with respect to their disabled elected members;
- respondents' knowledge and awareness of the DDA duties;
- their understanding of disability and reasonable adjustments;
- locally electable authorities' policies and practices with respect to their disabled elected members;
- locally electable authorities' experience of making adjustments;
- ease and difficulty of making adjustments;
- reasons for making adjustments;
- reasons why no adjustments had been made;
- the costs and benefits of making adjustments.

Locally electable authorities cover authorities of all sizes, including:

- metropolitan and unitary authorities, county, borough and district councils;
- town and parish councils (in England);
- town and community councils (in Wales and Scotland).

## 5.2 The DDA duties for locally electable authorities with respect to their disabled elected members

The DDA 2005 extended the provisions of Part 2 of the DDA 1995 to prohibit discrimination by locally electable authorities and councils against their disabled elected members (i.e. local councillors) when on official council business. The DDA 2005 provisions cover all locally electable authorities in GB, including parish and community councils and the Greater London Authority.

Since 5 December 2005, it has been unlawful for locally electable authorities to discriminate against their disabled elected members:

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- in the opportunities that they afford that person to receive training or any other facility for carrying out official business;
- by refusing to offer them, or deliberately not offering them, any such opportunities;
- by subjecting that person to any other detriment in connection with his/her carrying out of official business.

In addition, since 4 December 2006 locally electable authorities have also had a duty to make reasonable adjustments for disabled elected members where a provision, criterion or practice, or physical feature of their premises places a disabled member at a substantial disadvantage compared to non-disabled elected members. This might mean, for example, making council premises accessible, providing information in appropriate accessible formats or providing appropriate technology and equipment. The main impetus for making adjustments under this part of the DDA comes from disabled elected members requesting them.

### 5.3 Knowledge and awareness of the DDA and the provisions for disabled elected members

Spontaneous awareness of the DDA is slightly higher among locally electable authorities than in some of the other DDA duty groups. Thirty-two per cent of respondents from locally electable authorities were able to name the DDA, without prompting, when asked if they knew of any legislation that gave rights to elected members or councillors with long-term health conditions or disabilities. When we look at spontaneous and prompted awareness overall, just over half of all locally electable authorities (51 per cent) said they had heard of this part of the DDA. In all, just under half (49 per cent) of locally electable authorities had no awareness of the legislation relating to disabled elected members.

Having said this, awareness of the DDA provisions pertaining specifically to disabled elected members and councillors was fairly low during the in-depth interviews:

*'I wasn't aware...of any specific law as opposed to any other member of the community. Members generally have certain rights and responsibilities, and people with disabilities have certain rights and we have obligations to them. I wasn't aware of a law which specifically deals with elected members per se as separate to elected members with disabilities.'*

(Unitary authority)

Those who were aware of the DDA provisions for disabled elected members felt that these had been useful in obtaining permission to make adjustments for these members. However, it was argued by some that the DDA provisions for disabled elected members were aimed at authorities that were not already applying the general employment principles of the DDA to their disabled elected members, rather than those who were. Of those not aware of the DDA provisions for disabled elected members, most reported that they were applying the principles of the DDA anyway, and in some cases, would have done this before the 2005 changes were brought in:

*'I would have thought that would be instinctive for the council. If I thought that any member of the parish council was disabled in any way, shape or form, except a self-inflicted disablement, then we ought to do everything to make sure that they have equity of treatment.'*

(Parish council)

In some cases, local authority officials had assumed that disabled elected members were already covered by the DDA, prior to the 2005 changes. Some authorities reported that disabled elected

members were treated the same as employees, and that the same policies and practices were applied to disabled elected members and employees. One respondent, a manager responsible for the interests of elected members, said disabled elected members were treated in the same way as disabled employees in other departments in the council, and were given the same support and development as would be received by those employees. Another respondent commented:

*'I don't see any difference between the way we treat staff and elected members. An elected member is given the same rights as employees and the same support.'*

(Parish council)

A few respondents expressed surprise that they had not been made aware of the specific DDA provisions for disabled elected members. Some who first became aware of the DDA provisions for disabled elected members during the research interview thought that knowing about the specific provisions would be useful in providing legislative weight to push through adjustments for disabled elected members, if requested.<sup>24</sup>

## 5.4 Understanding of disability and reasonable adjustments

As most respondents in locally electable authorities were aware of the DDA, most stated they understood the DDA definition of disability and operated with the broad definition of disability as set out by the Act. However, a few initially discussed elected members with visible or obvious disabilities, focusing on, for example, wheelchair users, but on further discussion were able to use a broader definition. A small number of respondents initially thought of disability in terms of people who were registered disabled.

A few respondents were surprised that hidden conditions such as cancer, being HIV positive, epilepsy and diabetes were included, because they considered them to be illnesses rather than disabilities. There was also some discussion over whether multiple sclerosis and progressive illnesses, such as Parkinson's disease, were disabilities. Some respondents thought that whether these were disabilities or not would depend on the stage of the illness, how they affected the individual, and whether the person themselves would say they were disabled. Some said that although they would not necessarily think of some of these illnesses as disabilities, they would make special arrangements for people with these conditions, if necessary.

Most respondents had a good understanding of the term 'reasonable adjustments', and many had applied that principle to making changes and adjustments for disabled elected members. A few respondents thought that the principle of reasonable adjustments could conflict with other priorities and legislation, such as health and safety and fire regulations; they had to be mindful that any adjustments made also had to meet current health and safety requirements. For example, one respondent believed that fire safety regulations meant that doors needed to be kept shut. However, this could cause difficulties for wheelchair users. One authority had installed doors that opened using a magnetic resistance pad for people with mobility restrictions; however, in the event of a fire alarm the doors would shut which meant that colleagues would have to physically push the doors open.

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<sup>24</sup> It should be noted that the DDA duty for locally electable authorities, in relation to their disabled elected members, is not anticipatory, but is owed to the actual disabled elected member. However, the authority does not necessarily require a request for adjustments. The locally electable authority has a duty to make an adjustment where it is aware that the person would otherwise be put at a substantial disadvantage.

## 5.5 Policies and practice

Few of the locally electable authorities taking part in the qualitative interviews had written policies on the treatment of disabled elected members. However, in the absence of a written policy, most authorities had informal policies or processes pertaining to disabled elected members. As already noted, some of the locally electable authorities treated elected members in the same way as their employees and said that the same policies and practices applied to them, even though they were not specifically covered by them. In some cases elected members had contracts of employment which included a statement of full employee rights. Some locally electable authorities had in place a Members' Code of Conduct, which set out how councillors as a whole should be treated and how they should behave when carrying out their duties, but this did not specifically cover disability. A number of locally electable authorities had carried out equality impact assessments and this had covered their whole service, including their elected members.

### 5.5.1 Numbers of disabled elected members

The number of disabled elected members was low in most authorities interviewed in the qualitative research, ranging from zero to eight members. There was a tendency for respondents to initially think of visible and physical disabilities such as mobility restrictions and sensory impairments. However, when prompted using the full DDA definition, most respondents increased their estimates of the number of disabled elected members to include members with hidden conditions such as mental health conditions and progressive and other illnesses. A few respondents reported that none of their elected members were disabled. In the survey, 32 per cent of all locally electable authorities reported that they had had at least one disabled elected member or councillor within their authority over the last ten years.

The types of impairments that disabled elected members were reported to have included most of the conditions covered by the DDA with the exception of severe disfigurements and being diagnosed HIV positive, although respondents pointed out that they would probably not know about a member's HIV status unless this was disclosed.

### 5.5.2 Collection and use of health and disability monitoring information

None of the locally electable authorities participating in the in-depth interviews formally monitored the number of disabled elected members. However, most respondents said that they knew all of their elected members reasonably well, and that if any had any issues with their duties as a result of disabilities or health conditions, they would make this known.

The main way in which members' health conditions would be disclosed and discussed was as part of their induction period. There was an induction process for councillors in all the locally electable authorities interviewed; in most cases this began when the councillor was elected, although a few authorities started this process earlier when people were proposed for election. It was during the induction process that a councillor's needs would be raised in discussions between the person responsible for the needs of elected members and the member themselves. At this stage any support needs would be addressed and any requests for adjustments would be made. Respondents also stated that this process would be on-going; after the induction process, elected members would be able to come to them and discuss any needs that arose regarding health or any other issue.

Respondents from locally electable authorities noted that elected members were not obliged to disclose health conditions and so they were probably more likely to know about visible disabilities than more hidden disabilities. Some respondents thought there was still some stigma attached to disclosing health conditions. Respondents thought that in most cases, elected members would only

disclose their health conditions if they needed support and adjustments to help them to carry out their role.

## 5.6 Experience of making adjustments for disabled elected members

The introduction of rights for disabled elected members and councillors seemed to have had some impact on just under half (41 per cent) of the locally electable authorities that were aware of the Act (although caution is required as the base figures here are very low). Many of these organisations said that the effect had been minimal as they already did many of the things required by the DDA. However, a couple of locally electable authorities reported that they had had to make a few adjustments as a result of the legislation.

In fact, the survey asked all locally electable authorities if they had made, or planned, any adjustments to help their disabled elected members or councillors, regardless of whether or not they had heard of the DDA, and Table 5.1 shows that just over half of all authorities had:

- made changes to physical accessibility;
- improved communication; and/or
- provided staff training on disability issues or disability awareness.

Just over one-third of locally electable authorities (36 per cent) had made no adjustments.

**Table 5.1 Adjustments made and planned**

	<b>Overall %</b>
Changes to physical accessibility	56
Improvements to communication	52
Staff training on disability issues/awareness	55
Changes to the way disabled members can participate in council business	28
Other changes	2
No changes	36
<i>Unweighted base</i>	89

Many of the locally electable authorities taking part in the qualitative interviews reported that the physical adaptations that had been made to their premises had been made to make them accessible to all users and not only disabled elected members. The types of adjustments that had been made included installing ramps, providing level access, installing accessible toilets, and providing accessible car park spaces. These were usually put in place when a building was renovated or refurbished, or were incorporated at the design and planning stage of new builds. A key factor for making such changes to existing buildings, or for planning-in accessible features, was to meet their duties under the Part 3 service provisions of the DDA. Hence, changes had often been made primarily to improve accessibility for the public, but they also benefited any disabled elected members and disabled employees. Similarly, some local authorities had developed or improved their websites with disability access in mind. Although these changes were made for the general public and for staff, they were also of potential benefit to disabled elected members.

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Other adjustments made specifically for disabled elected members included improving lighting, installing induction loops, and providing special desks. No locally electable authorities reported providing personal assistance for their disabled elected members, for example a British Sign Language interpreter (to assist a member who was deaf) or a reader (to assist a blind member), as these situations had not arisen. However, there were examples of more informal methods having been adopted to support disabled elected members with sensory impairments, for example arrangements had been made for members with hearing impairments to sit close to the speaker in council meetings. Changes to methods of communication had been made by a number of locally electable authorities. These changes had mainly involved printing memos and council minutes in large print for members with visual impairments, and/or on different coloured paper for members with dyslexia.

A small number of locally electable authorities had made adjustments to allow flexible working, but most respondents said that this was not necessary as the role of councillor was already flexible and much of it involved working from home. A few respondents said that flexible working arrangements would be decided by the political parties rather than by the locally electable authority. Respondents also noted that some health conditions did not necessarily require formal adjustments, but they needed to be aware that members could be affected from time to time, and to make allowances as necessary. One example given was in the case of a member with cancer; if it affected the member's abilities at work, they would reduce the workload for that member, until they were more able to cope with a full range of duties.

Many of the respondents reported that a combination of physical adaptations and other adjustments had been made, as in the two examples that follow.

### **A unitary authority: affording elected members the same rights as employees**

A respondent in a unitary authority was not aware of the specific DDA provisions for disabled elected members, but was aware of the DDA and spontaneously mentioned the Act. The council had no policy regarding disabled elected members, but had a disability policy for employees and for the provision of goods and services. They commented that their members would be treated in the same way as their employees regarding support, development and training. A number of members (past and present) had health conditions, including hearing impairments, mobility restrictions, learning disabilities and cancer.

A number of adjustments had been made for disabled elected members, including the provision of an induction loop in the main council chamber, and providing hearing loops for members with hearing impairments. For members with visual impairments, documents had been produced in large font. Non-reflective, yellow paper had been used to produce council documents for a member with dyslexia.

The main council building where full council and committee meetings were held had been made accessible, including for example, level access, automatic doors and flooring suitable for people with mobility restrictions. Accessible parking spaces were available. The website had recently been updated with disability access in mind, and disability awareness training was provided for staff across the council.

### **A town council: adjustments made in response to disabled elected members' requests**

A respondent in a town council knew about the DDA, but was not aware of the specific provisions for disabled elected members. Members were covered by a Code of Conduct, but there were no policies specifically protecting the rights of disabled elected members.

At the time of the interview, the council had three disabled elected members, as well as having worked with a small number of other disabled elected members in the past. The council had made a number of adjustments specifically for these members in response to their needs and requests. Hearing loops had been installed when a member's hearing became impaired, and large print documents had been produced when another member requested this. They had, on occasion, changed premises in which to meet, and had also changed meeting times to suit their members.

The council building had some accessible features when it was built during the 1980s, and when work was carried out to extend the building in 2005, the building was made fully accessible. These adaptations were made for the benefit of everyone who used the building: the general public, council employees, and elected members.

## **5.7 Ease or difficulty of making adjustments**

In line with every other duty group, most locally electable authorities that had made adjustments had found them easy to implement (60 per cent) with just a few saying they had experienced any difficulties.

Most of the adjustments reported in the qualitative interviews with locally electable authorities had been fairly straightforward to make. The main exception to this was with regard to some of the physical adaptations to premises. A number of councils reported that they had experienced difficulties gaining planning permission to make certain adaptations. In most cases, this had usually delayed the process, but adaptations had eventually been made. Some of the smaller councils in particular had been unable to fund more costly adaptations to their premises. However, most respondents thought that when adaptations to physical access had not been made because of very high costs and limited available budgets, the changes would not be considered reasonable under the DDA.

Locally electable authorities had some difficulty in providing council documents such as minutes and agendas in Braille and on audiotapes for elected members who were blind. Problems were mainly caused by the Access to Information rules, which state that agendas must be produced five days before a meeting. A few locally electable authorities had looked into providing Braille and audiotape formats, but had found the time constraints, together with the relatively high costs of making these adjustments, too prohibitive. In these cases, informal support arrangements were made instead, for example a relative or friend would read out council documents to the member.

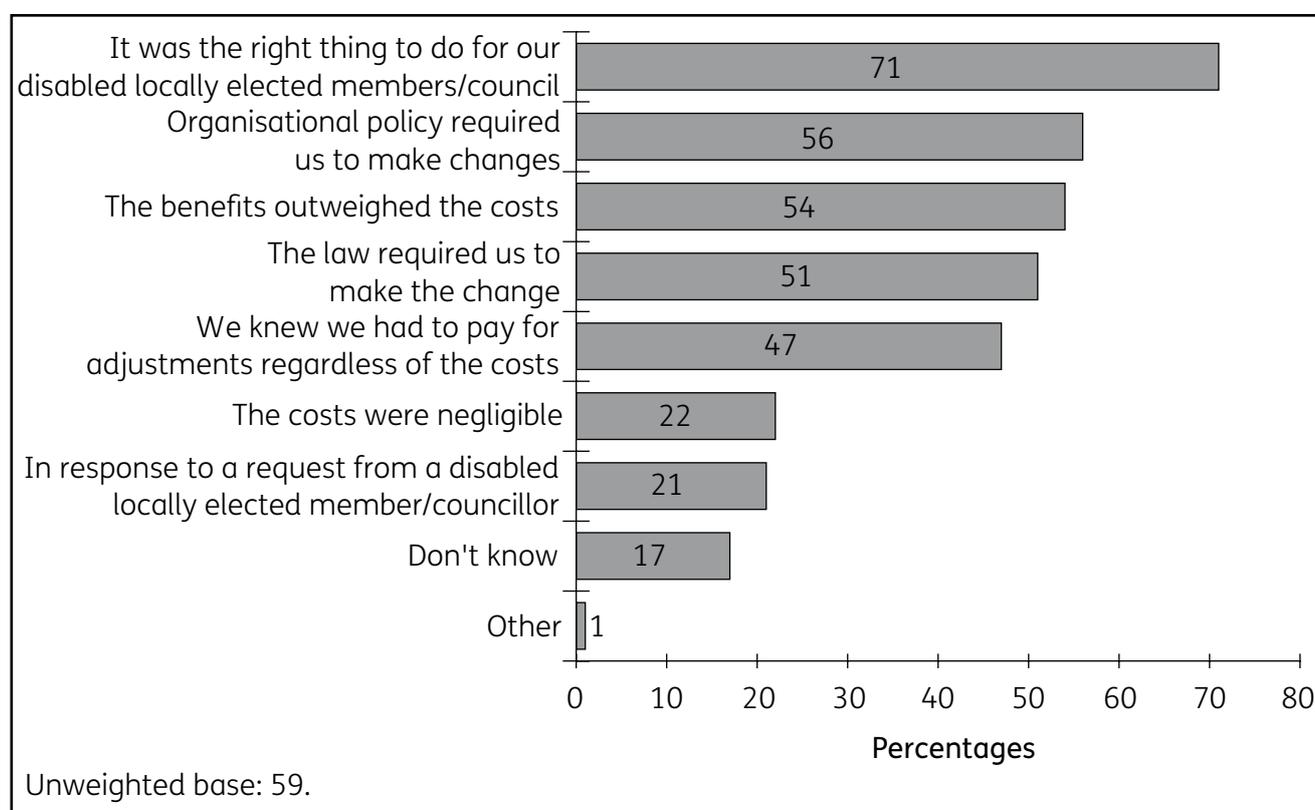
### **District council: unable to support visually-impaired elected member**

In one district council, a blind elected member had requested the assistance of a reader after his eyesight had deteriorated and he was no longer able to read the large print documents that the council had provided in the past. The council could not afford to fund this support on a regular basis. The council was unable to find any external funding, and so the elected member's wife had to read the documents out to him.

## 5.8 Reasons for making adjustments

The reasons for making adjustments to help disabled elected members were multiple and varied, although they mirrored the reasons offered by employers more generally. Figure 5.1 shows that several adjustments were made by locally electable authorities because they were the ‘right thing to do’ (71 per cent of all those making adjustments said this was why they had made changes). Just over half of all adjustments were made because of organisational policy and/or because the law (i.e. the DDA) required them to do so. However, when asked directly, the majority of locally electable authorities that had made adjustments for their disabled elected members (75 per cent) said that they would have made all or some of the adjustments without the legislation.

**Figure 5.1 Locally electable authorities: reasons for making adjustments**



The influence of the DDA on adjustments for disabled elected members and councillors was explored in some depth in the qualitative interviews. As indicated by the survey, the DDA was highlighted by some of those interviewed as a driver for some of the adjustments which had been made. However, it was usually the DDA’s employment or goods and service duties, rather than those specifically for disabled elected members, that had prompted change, although the adjustments had (sometimes) also benefited disabled elected members, or could do so in the future. Aside from changes made to premises, the impetus for most of the adjustments was reported to be that disabled elected members had requested the changes themselves.

Some locally electable authorities thought that the willingness to make adjustments had increased in recent years, and some thought that the DDA had been a driver for this. However, this observed change in attitudes seemed more likely to have been due to the broader provisions of the DDA, and particularly Part 3 which was extended in 2004 and required anticipatory adjustments to physical features to be made, rather than the duties regarding disabled elected members, of which few respondents were aware.

## 5.9 Reasons why adjustments had not been made

Few locally electable authorities reported that they had not been able to meet some disabled elected members' requests for adjustments, and respondents generally said they would do whatever was necessary to support the needs of their disabled elected members. However, a number of authorities taking part in the in-depth interviews thought it would be difficult to support elected members with learning disabilities (although they would be able support members with a specific developmental condition such as dyslexia). On occasion, physical adaptations had not been made by councils due to building constraints. In one such case a parish council was unable to install a ramp as this would have obstructed their fire escape. In another, a community council reported that they would find it difficult to make any adjustments to the council chamber due to a lack of space in the premises and the layout of the chamber itself. In some cases, it was reported that the cost of making the necessary adjustments was the main prohibiting factor. In the few cases where disabled elected members had been unable to access a council chamber and it had not been possible to make an adaptation to premises, council meetings had been moved to an accessible venue.

## 5.10 Costs and benefits of making adjustments

The costs of making physical adaptations had, in some cases, clearly been substantial to locally electable authorities. Having said this, authorities that had made physical adaptations were usually unable to provide details of how much they had cost, as adjustments to improve accessibility had been made alongside other changes to the premises, as part of general extensions and renovations. The research found a few examples of fairly costly adjustments which had been made to assist individual disabled elected members, although these usually also had wider potential benefits to the general public and to employees. For example, one local authority had installed an accessible toilet next to the council chamber for a member with mobility restrictions, and this was then also available for public use.

The cost of making most of the other adjustments was generally reported to be relatively low. In many cases, cost was not considered to be a key issue; respondents pointed out that the locally electable authority would do whatever it reasonably could to support disabled elected members. There were a few exceptions, when adjustments involved regular and ongoing spending, for example funding a support worker such as a reader, and smaller councils had been unable to do this on the grounds of cost. Most locally electable authorities funded their own adjustments; however, some smaller authorities received part or all of the funding from their larger, sponsoring authority.

### **A town council: costs and benefits were weighed up when addressing accessibility**

A town council occupied premises which included a main hall that is used as a polling station during elections. As such, all the public parts of the building had needed to be made as accessible as possible. This was done when an extension was made in 1994 when the council took over the building. Improvements included installing an accessible toilet, building ramps alongside the emergency exits, and providing a few parking spaces directly outside the building, intended for disabled people. However, the council chamber where elected members met was accessed via a narrow staircase at the side of the stage in the main hall. Due to a lack of space it had not been possible, without significant costs, to adapt the building to make the chamber wheelchair accessible.

Continued

However, a few years ago, one of their councillors broke her leg and was unable to use the steps to the chamber. This prompted the council to investigate possible solutions which would, in future, allow an elected member or council visitor with mobility restrictions to access the council chamber. They had already looked into having a permanent lift installed, and knew this would be very expensive, at about £25,000. As a cheaper alternative, a portable lift was sourced and purchased for £2,500. This could be wheeled into position when needed, to allow occasional access to the chamber over the main stage. It had rarely been used, but was seen to be good value for money, especially when compared to the price of installing a permanent lift. The key benefit was that they would be ready to assist anyone with restricted mobility who wished to access the council chamber in the future.

### 5.11 Summary

Locally electable authorities include authorities and councils of all sizes. The survey found that overall, just over half of locally electable authorities knew of the provisions for disabled elected members in the DDA (51 per cent).

The qualitative research found a fairly high awareness of disability legislation, but few respondents were aware that there were specific duties for disabled elected members. In some cases, it was thought that disabled elected members were already covered prior to the 2005 changes, by the DDA provisions for disabled employees.

The numbers of disabled elected members reported in the qualitative interviews were fairly low in most of the locally electable authorities. A few reported that they had no disabled elected members. None formally monitored the numbers of disabled elected members, but respondents often knew the members fairly well, and knew of some of their health conditions or impairments.

The survey revealed that many of the locally electable authorities had made adjustments. However, the qualitative research revealed that few adjustments had been made specifically for disabled elected members, as few had been required. Physical adaptations had often been made to benefit employees and service users which could also benefit disabled elected members, and occasionally the reverse was true. Some adjustments for disabled elected members were reported in the qualitative interviews, and these had been made as needed on an individual basis: they included improving lighting, installing induction loops, and purchasing special equipment including desks and a portable lift.

Most of the adjustments had been easy to make, however, a few difficulties were reported. The reasons for making the adjustments were that they had been requested by disabled elected members, although the DDA (usually the employment and service provision duties) was sometimes also mentioned as a motivating factor.

# 6 The DDA Part 3: awareness and understanding

## 6.1 Introduction

This chapter looks at establishments' awareness of Part 3 of the Disability Discrimination Act (DDA) in relation to the provision of goods, facilities and services to members of the public. Part 3 of the DDA states that:

- it is unlawful to treat disabled people less favourably for a reason related to their disability;
- providers must make reasonable adjustments to the way they deliver their goods or services in order that disabled people can access them, including making reasonable adjustments to the physical features of their premises to overcome physical barriers to access.

Unlike Part 2 of the DDA, which requires employers to make reasonable adjustments in respect of actual disabled employees and job applicants, Part 3 of the Act (importantly) requires goods and service providers to anticipate the needs of disabled customers and clients regardless of whether or not they have had, or currently have, any disabled customers.

Just over 1,600 establishments (80 per cent of all establishments) taking part in the quantitative survey provided some sort of service to members of the public and they did so either on the premises (36 per cent), off the premises (seven per cent), or both on and off the premises (57 per cent).

This chapter covers:

- awareness of Part 3 of the DDA;
- understanding of disability and reasonable adjustments;
- the existence of policies on providing goods, facilities and services to disabled customers and clients.

## 6.2 Awareness of the DDA Part 3

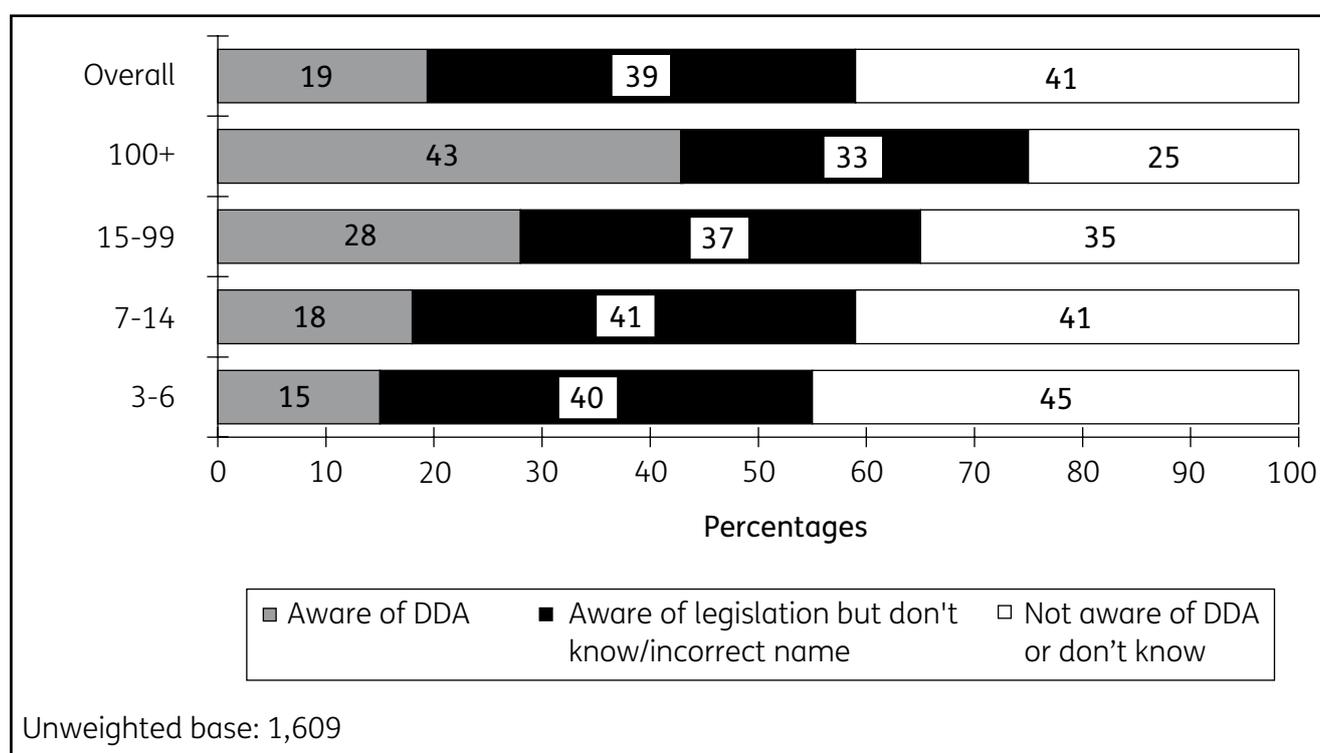
This section examines awareness of the DDA Part 3 on goods, facilities and service provision, distinguishing between 'spontaneous' and 'prompted' awareness of the legislation.

### 6.2.1 Spontaneous and prompted awareness

In the quantitative survey, as with Part 2 of the DDA, goods and service providers were asked if they knew of any legislation giving rights to disabled customers and clients (Figure 6.1). Spontaneous awareness of Part 3 of the DDA among service providers was relatively low with just 19 per cent of all service providers recalling the legislation, by name, without prompting. A further 39 per cent of service providers had heard of some legislation giving rights to clients and customers with long-term health conditions or disabilities but they were unable to name it spontaneously or correctly.

Spontaneous awareness of Part 3 of the DDA has declined since the 2006 survey, when 27 per cent of service providers were able to name the DDA without prompting.<sup>25</sup> However, if we look instead at the proportion of goods and service providers that reported no awareness of any legislation giving rights to disabled customers and clients, the figures are fairly similar: 41 per cent of service providers were unaware of any legislation giving rights to disabled clients and customers in the 2009 survey compared to 39 per cent in the 2006 survey.<sup>26</sup> This suggests that goods and service providers have less detailed awareness of the DDA as it relates to them but maintain a general level awareness of some governing legislation.

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



Looking now at the size of establishments, it is clear that spontaneous awareness of the legislation was greater in larger establishments than in smaller ones, following the same patterns observed for awareness of Part 2 of the DDA (Chapter 2) and in the 2006 research. Thus, 43 per cent of establishments with 100 or more employees were able to name the DDA without prompting, compared to 28 per cent of those employing 15 to 99 employees, 18 per cent of establishments with seven to 14 employees and 15 per cent of those with three to six employees.

<sup>25</sup> This difference is statistically significant – see Appendix A.

<sup>26</sup> Between 2006 and 2009 there was a statistically significant change in the distribution of responses to this question – see Appendix A. However, this appears to be because fewer respondents are spontaneously aware of the DDA, while a greater number in 2009 are aware of some legislation without being able to name it. There is less change in the proportions who are totally unaware of the Act, and if categories are collapsed into a binary variable to reflect lack of awareness, i.e. those who are not at all spontaneously aware versus all others, the change is not significant.

In the quantitative survey, spontaneous awareness of Part 3 of the DDA was also highest in the voluntary and public sectors with almost one-third of service providers (32 and 31 per cent respectively) recalling the legislation without prompting compared to 15 per cent of service providers in the private sector.

The qualitative research also found varied awareness of the DDA in relation to service provision, with most respondents aware of the existence of disability legislation but unable to name it. A few organisations had good knowledge of the main provisions of the DDA, and many could describe what they thought was the spirit of the law, although they did not know the detail.

*'I would say it would be access to the store and making sure they are not treated any differently to any other customers that come in.'*

(Small, private sector establishment)

*'It is our philosophy anyway, that every service user is treated equally, and they have the same opportunities whatever their disability might be.'*

(Medium, public sector establishment)

In the qualitative interviews, those with the most knowledge of the DDA in relation to service provision were public sector organisations, large establishments (with 100 or more employees) or smaller establishments that were part of larger organisations. In these cases, central Human Resources, legal or equality departments had been responsible for distributing information on equality legislation and/or providing training. A few were aware that the legislation had been updated in 2004 and were able to describe the specific additions that were made.

The small or medium independent establishments interviewed were rarely able to name the DDA, or provide a detailed description of the main provisions.

When prompted specifically, 55 per cent of surveyed goods and service providers who could not name the DDA initially said that they had heard about the Act (compared to 54 per cent in 2006<sup>27</sup>).

### 6.2.2 Overall awareness of the DDA Part 3

Respondents who were unable to specifically name the DDA were prompted about their general knowledge of the provisions of the Act – that is, whether they had heard of the DDA and more specifically about the introduction of rights for customers/clients and other members of the public with long-term health conditions or disabilities. When asked directly if they had heard of the DDA, a much greater proportion of service providers reported that they had. If we aggregate the number of respondents who were able to spontaneously recall the DDA with those who did so once prompted, awareness levels (overall awareness), not surprisingly, increase.

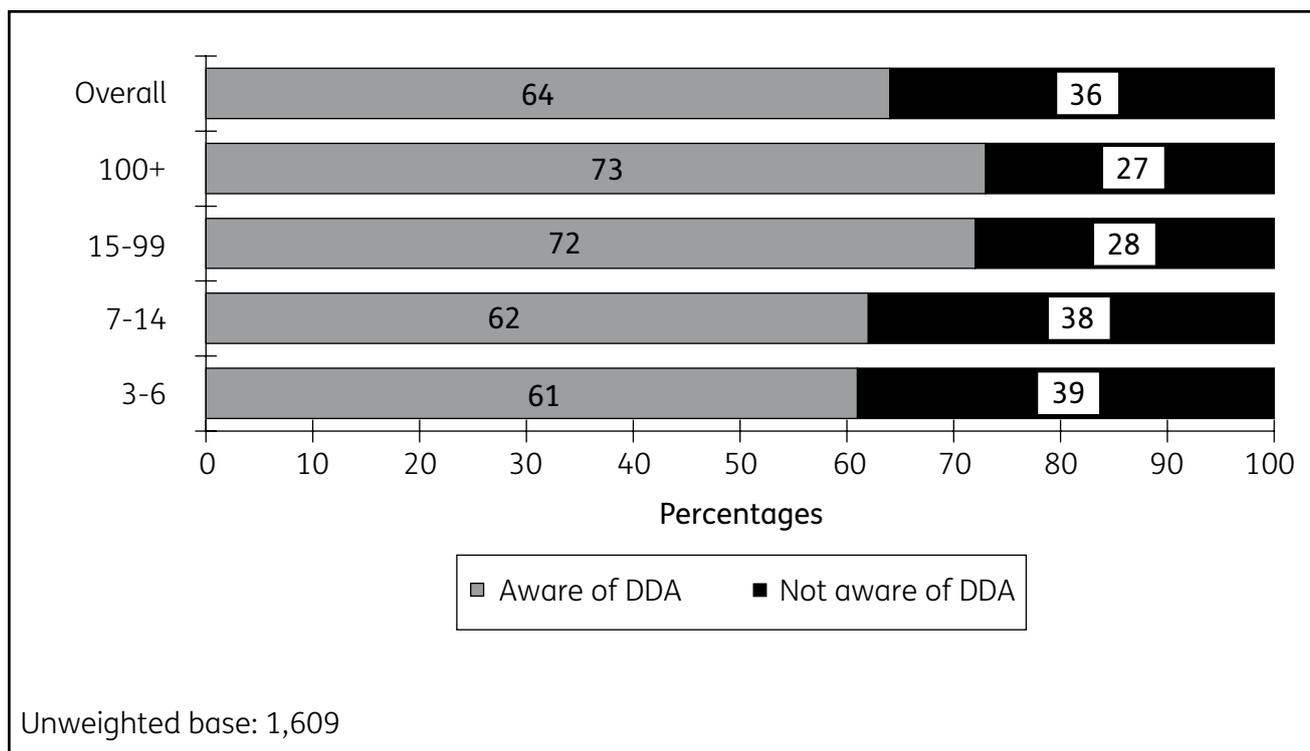
Overall, 64 per cent of all goods and service providers said that they were aware of Part 3 of the DDA as it related to disabled customers and clients, which is similar to 2006 when 66 per cent of all service providers reported an awareness of the legislation.<sup>28</sup>

Overall awareness of Part 3 of the DDA (see Figure 6.2) was again greatest among larger establishments (73 per cent of establishments with 100 or more employees were aware of this part of the Act when prompted compared to 61 per cent of establishments with three to six employees).

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<sup>27</sup> This difference is not statistically significant.

<sup>28</sup> This difference is not statistically significant.

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

Overall awareness of the DDA is greatest among establishments in the voluntary sector, with 80 per cent reporting that they had heard of the goods and services element of the Act when prompted; this compares to 72 per cent of establishments in the public sector and 61 per cent of establishments in the private sector.

If we examine overall awareness of Part 3 of the DDA according to how goods and services are provided (see Table 6.1), we find that establishments that provided their goods and services to customers completely on-site are slightly more likely to be aware of the DDA overall (67 per cent) than those that provided their goods and services both on- and off-site (63 per cent) or completely off-site (61 per cent).<sup>29</sup>

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

	All off-site %	All on-site %	Both off- and on-site %
Aware of any legislation	61	67	63
Not aware of any legislation	39	33	37
<i>Unweighted base</i>	108	576	923

As we did for Part 2 of the DDA, we have undertaken more in-depth (multivariate) analysis to explore the factors that affect **spontaneous awareness** of Part 3 of the DDA among goods and service providers. On so doing, we have found that the establishments that have the highest likelihood of

<sup>29</sup> These differences are not statistically significant.

being spontaneously aware of this part of the Act were those:

- operating in wholesale, retail trade, hospitality;
- operating in transport, communication, financial, real estate;
- operating in public and social facing industries;
- those that were spontaneously aware of the DDA Part 2 and those that were aware of the legislation but were unable to name it.

If we explore the factors that affect **overall awareness** of Part 3 of the DDA (using multivariate analysis techniques), we find that the establishments that have the highest likelihood of being aware overall of this part of the Act were those:

- with 15 to 99 employees;
- operating in wholesale, retail trade, hospitality;
- operating in transport, communication, financial, real estate;
- operating in public and social facing industries;
- that were aware of the DDA Part 2 (either spontaneously or overall).

## 6.3 Understanding of disability and reasonable adjustments

### 6.3.1 Understanding of disability

A fairly narrow definition of disability was used by most of the service providers interviewed in the qualitative research, tending to focus on obvious physical and sensory impairments.

In organisations that were aware of the wider definition of disability under the DDA, the focus was still on physical and sensory impairments, as they believed that this was the area in which customers or clients would be most likely to need adjustments to be made to allow them to access the service. Organisations that included customers and clients with a wider range of disabilities in the initial discussions were usually public sector:

*‘The major ones, because I wouldn’t actually say somebody with HIV or epilepsy or diabetes actually, I know they’re all covered but they’re not the serious ones. Yes, they’re all a physical illness, yes, they all need to be treated differently, but it’s the more serious people as of access and hearing.’*

(Large, public sector establishment)

Some organisations said they would not include conditions such as HIV, severe disfigurement, diabetes, epilepsy or cancer as disabilities. Service providers in the retail or hospitality industries often thought that hidden disabilities would not be relevant to them as they would be unaware of these unless they were disclosed by the customer. However, many service providers said that they would endeavour to enable a customer or client to access the service provided wherever possible, regardless of whether or not they considered them to be disabled:

*‘When you look at the facial disfigurement, what does it mean? To me, every person, the way you look is different. It doesn’t really matter. If people have got something we won’t look at them and say ‘don’t come in here’. No we will treat them as a customer. I don’t know if it counts as a disability at the end of the day so should we run away from them? No.’*

(Medium, private sector establishment)

### 6.3.2 Reasonable adjustments

Most of the service providers taking part in the in-depth interviews were not aware of ‘reasonable adjustments’ as a legal term. Only respondents who had been able to identify the DDA by name, and the main provisions within it, were generally aware of the term. They were largely public sector organisations, large establishments or smaller establishments that were part of larger organisations:

*‘It refers to the financial cost, whether the adjustment is worth the financial cost to the organisation. It very much depends on the size of the organisation. So, somebody who employed maybe one or two people, or had a very small business, and the income from the whole business was not enormous but it was enough to keep the person who ran it, and the adjustment was out of all proportion to the value of the business, then that would not be reasonable. So it’s all to do with proportion and the size of the organisation financially.’*

(Large, public sector establishment)

Those who were not able to identify the DDA by name had often not heard the term ‘reasonable adjustments’ but when prompted, some provided a definition of what they thought it meant. In some of these cases, once the legal definition was described they often commented that they already acted in line with this, as it was a ‘common sense’ approach to enabling customers and clients to access their services. Crucially, not all goods and service providers fully understood that the duty was anticipatory; that they were required to make adjustments in anticipation of, rather than in response to, disabled service users and customers. Several providers discussed responding to particular and actual customers’ needs rather than making their services generally accessible to all.

A few respondents in the in-depth interviews said that the term ‘reasonable adjustments’ lacked clarity, and that some guidance on what constituted ‘reasonable’ would be welcomed:

*‘It sounds like a bit of a cop-out and very difficult to actually prove. It sounds very subjective.’*

(Small, private sector establishment)

*‘What you consider fair and reasonable and what I consider as fair and reasonable, from a business perspective or a personal perspective, it’s significantly different...I think it would be quite useful if there was a list of what is generally considered to be fair. Because as I said, it’s down to personal interpretation and that’s when I think a lot of people would get very concerned from that point of view.’*

(Medium, private sector establishment)

## 6.4 Policies covering disabled customers

Many of the service providers interviewed in the qualitative research said they had some form of policy covering the provision of services to disabled customers and clients. A specific policy on service provision to disabled customers and clients was unusual, although some existed in private sector establishments that were part of larger organisations, or in public sector organisations where policies were designed and implemented by a central head office. In these cases there was evidence of regular reviews and updates that were influenced by changes in legislation.

A few policies contained considerable detail about what could be done for disabled customers and clients in practice. One organisation’s policy contained specific guidance on reasonable adjustments under the DDA, including a series of fact sheets which covered various disabilities providing staff with practical examples to help them deal with and respond to disabled customers.

Some of the organisations had staff responsible for disability and/or equality and diversity, and part of their role was to ensure that policies were translated into practice across the establishment or

organisation. Many of the public bodies reported that the guidance from their policies was available on their intranet. In order to translate these policies into practice, some also had training packages available on their intranet about disability and equality, and about providing services to disabled customers and clients. The public bodies also tended to include some training on disability and/or equality and diversity as part of their staff induction, which was governed by their overarching policies.

### Large private sector: an example of a comprehensive disability policy

A large hotel that was part of an international chain had a comprehensive disability policy which included service provision to disabled customers and clients. This policy was reviewed regularly and additionally when there were changes in legislation.

*'Very shortly after I arrived, the DDA came into force, so it [the disability policy] was developed prior to that, there were definitely things in place before the DDA came into force. One of my first roles was to educate all of the managers on the DDA, what it meant, and although we had systems and procedures in place, we now needed to formalise and strengthen them.'*

Managers of each hotel, heads of department, and duty managers were responsible for implementing the policy and they received regular DDA awareness training, including the provisions made for disabled customers. Disability policy also featured in staff induction and health and safety training. Bi-annual audits of the hotels included comprehensive coverage of accessibility and issues related to service provision for disabled customers.

Although some respondents said that their establishment had a written policy on service provision for disabled customers and clients, it became clear that this was usually a health and safety policy (which made reference to disability), or a document relating to accessibility (such as an access statement or standards guide) rather than an equality policy. Updates in these cases were often as part of a review of facilities, accessibility, or health and safety policy. In the remainder of cases where a policy on service provision for disabled customers and clients existed, it was part of a general equality statement that included other equality strands and/or other duty groups such as employment. In these cases reviews seemed to be less frequent or more sporadic than in the organisations mentioned above.

The means by which staff were made aware of equality policy were: during the induction process; during health and safety training, or equality or disability awareness training; in staff meetings; in office manuals or the intranet; or in leaflets distributed to staff.

Those without a written policy often said that they had an informal policy based on the premise that they would always try to assist disabled customers and clients as part of their everyday practice.

*'I think we just treat everybody exactly the same. If they can't get into the shop, we will go out to them or we will certainly assist them to come in. There's never been a situation saying we don't want to get involved with this or that or the other.'*

(Small, private sector establishment)

## 6.5 Summary

Spontaneous awareness of the DDA has declined slightly (though significantly) since the 2006 survey, although a similar level of overall awareness of disability legislation has been retained (59 per cent knew that legislation existed, but only 19 per cent could spontaneously name the DDA). Awareness was greatest in larger establishments, and in public and voluntary sector establishments.

The qualitative research also found varied awareness of the DDA in relation to service provision, with most respondents knowing that disability legislation existed but unable to name it. A few organisations had good knowledge of the main provisions of the DDA, and many could describe what they thought was the spirit of the law, although they did not know the detail.

Awareness of the anticipatory nature of adjustments under Part 3 of the DDA was not widespread.

A fairly narrow definition of disability was used by most of the service providers interviewed in the qualitative research, tending to focus on obvious physical and sensory impairments. Most service providers interviewed were not aware of 'reasonable adjustments' as a legal term. The exceptions to this were public sector organisations, large establishments or smaller establishments that were part of larger organisations.

Many of the service providers interviewed in the qualitative research said that they had some form of policy covering service provision to disabled customers and clients, although a specific policy on service provision to disabled people was unusual.

# 7 The DDA Part 3: provision of goods, facilities and services

## 7.1 Introduction

This chapter turns to establishments' provision of goods, facilities and services to disabled customers, clients and service users. The chapter draws on the quantitative survey and evidence from the in-depth qualitative interviews with goods and service providers, and covers:

- the perceived prevalence of disabled customers;
- prevalence of making service-related adjustments;
- experience of making service-related adjustments, including ease or difficulty and specific problems of making these adjustments;
- reasons for making service-related adjustments;
- reasons why service-related adjustments were not made.

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

The in-depth qualitative interviews found that only two of the service providers collected monitoring information regarding the number of disabled customers or clients, and the nature of their impairments. A small voluntary sector organisation collected information on the number of disabled clients and the nature of their disability, and was able to do so due to the close relationship it had with its clients. The other, a library, asked new members to disclose the existence of a disability, but not the nature of the disability. However, this information was not used after it was collected, and the respondent was unable to provide the number of disabled customers accurately. Therefore, only one service provider could provide accurate information about the number of clients and their disabilities.

Most of the other service providers interviewed were able to provide an estimate of the prevalence of disabled customers or clients. Public sector organisations were often aware of the exact proportion of disabled people in their catchment area, but could only provide an estimate of the number of actual customers or clients. Estimates of the prevalence of disabled customers or clients ranged from less than one per cent through to 25 per cent. Only one service provider said they had no disabled customers.

Assessments of the range of impairments among disabled customers or clients were largely based on visual assessments, again due to a lack of monitoring data. In many cases interviewees commented that they would not be able to tell if a customer or client had a hidden disability, and therefore their estimate did not take account of these people:

*'I haven't got a clue [how many disabled service users there are] because disability isn't just about not walking properly. It could be to do with having severe asthma and lung disease and things like that. It isn't just one thing.'*

(Medium, public sector establishment)

*'I would have absolutely no clue, but in each hotel, per day, we would be looking at probably at least two guests that have made themselves known to us at the front desk. Obviously there are a lot of invisible ones that we wouldn't know about but in terms of hearing impaired, visually impaired and mobility impaired, I'd say two per day each property.'*

(Large, private sector establishment)

### 7.3 Prevalence of making service-related adjustments

In the quantitative survey, goods and service providers were asked about the service-related adjustments they had made, or planned to make, to the way in which their services were provided. In all, 80 per cent of goods and service providers had made at least one adjustment, or planned to do so in the future.

In line with the findings from the survey, most of the service providers interviewed in the qualitative research had made service-related adjustments for disabled customers and clients. The nature and extent of these changes varied greatly; from carrying an item downstairs when a customer could not access the upstairs floor of a building, to having carried out extensive physical adaptations to their premises, and provision of communication equipment for people with sensory impairments.

The survey found that the most common change or adjustment that had been made, or was planned, by goods and service providers in relation to Part 3 of the Disability Discrimination Act (DDA) was a change to the physical accessibility of their service, for example physical adaptations to premises such as improved access, ramps, accessible toilets, accessible parking spaces etc. Nearly two-thirds (63 per cent) of service providers reported during the survey that they had made these service-related adjustments or planned to do so (see Figure 7.1). Many goods and service providers had also provided (or planned to provide) staff training on disability issues and awareness (49 per cent) and/or changes to the way in which their goods or services were provided (47 per cent in all). Just over one in ten goods and service providers (12 per cent) had made other sorts of service-related adjustments, or planned to do so in the future.

The prevalence of making service-related adjustments in the 2009 survey was seven percentage points lower than that reported by goods and service providers in the 2006 survey (87 per cent compared to 80 per cent).<sup>30</sup>

As was found in the survey, many of the service providers interviewed in the qualitative research had made adaptations to their premises. These changes included widening doors, providing accessible toilets, installing automatic doors and ramps, and providing an accessible changing room. Most of these adaptations took place during a general refurbishment of premises which included an assessment of accessibility issues.

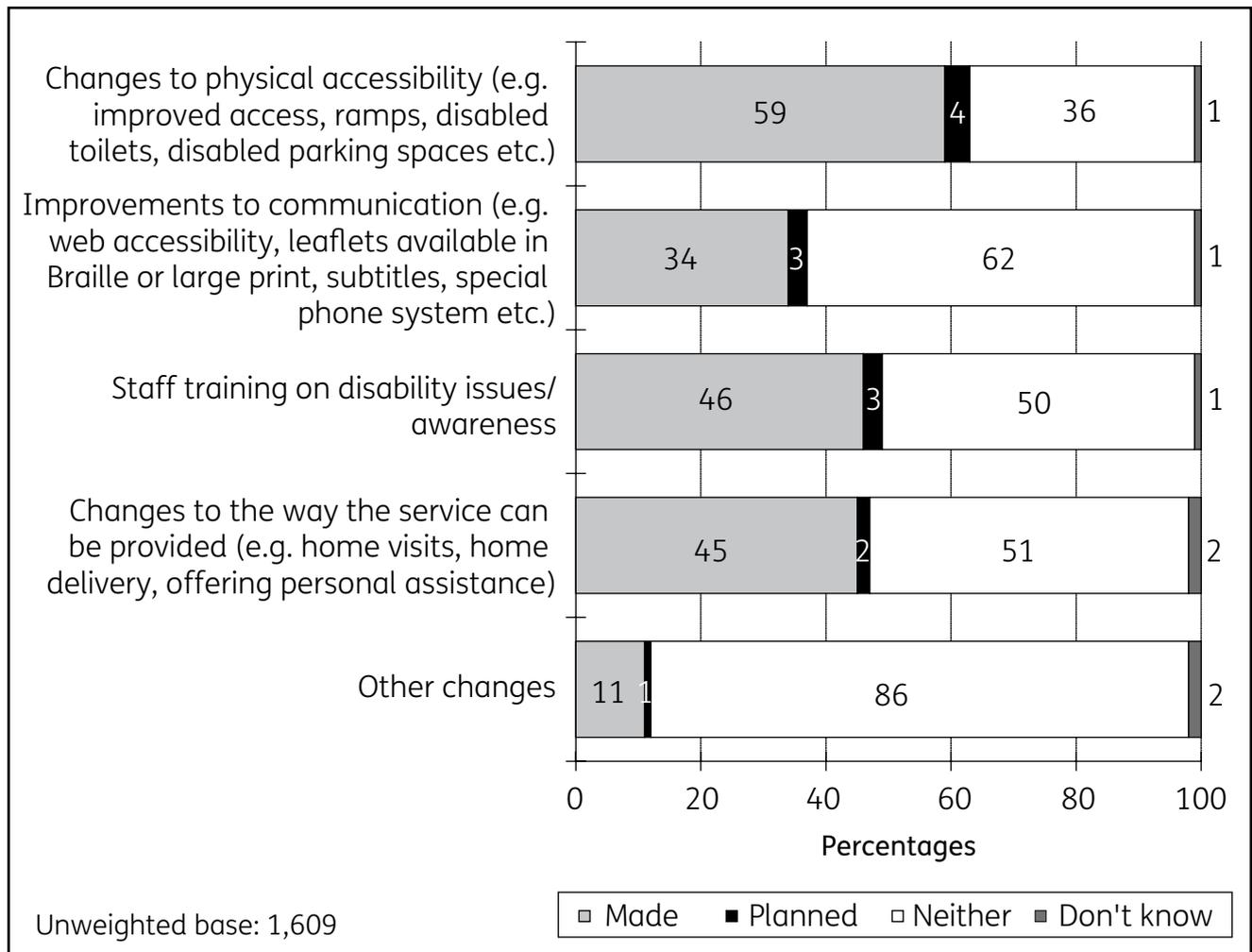
*'I know we re-did the building, we thought, well, if we're re-doing the building, we need to be able to cater for disabled [people], not just staff but visitors to the building as well, so it was a good time to do that and ensure that everything was as easy as possible for somebody who did have a disability.'*

(Large, private sector establishment)

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<sup>30</sup> This difference is statistically significant – see Appendix A.

**Figure 7.1 Changes made or planned to help disabled customers/clients/ the public**



Establishment size is a key factor when looking at whether service-related adjustments have been, or are planned to be, made and larger service providers were much more likely to have made these adjustments than smaller establishments (see Table 7.1).<sup>31</sup> Thus, 80 per cent of goods and service providers with 100 or more employees have made changes to physical accessibility compared to 54 per cent of smaller establishments with three to six employees. The greatest differential by establishment size is observed on the provision of staff training on disability issues and/or awareness (85 per cent of the largest establishments have done so, or planned to do so, compared to 37 per cent of the smallest establishments).

<sup>31</sup> These differences are statistically significant.

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

	Number of employees			
	3-6 %	7-14 %	15-99 %	100+ %
Changes to physical accessibility	54	64	77	80
Improvements to communication	27	40	48	72
Staff training on disability issues/awareness	37	51	65	85
Changes to way the service can be provided	45	47	51	60
Other changes	9	12	15	23
<i>Unweighted base: 1,609</i>	710	414	366	119

The qualitative research findings mirrored the survey findings on establishment size, and provided more insight into why service-related adjustments were made. Larger establishments and public sector organisations were most likely to have made extensive physical adaptations. Smaller establishments had often found them to be prohibitively costly, although there were examples of smaller establishments making physical adaptations on a smaller scale, for example installing a ramp. Establishments had often been advised by architects (either directly or through the organisation they belonged to) of current building standards or regulations, including accessibility.

Adjustments relating to the installation or improvement of communications facilities for disabled customers or clients were less commonly reported than physical adjustments, and had mainly been carried out in the public sector and in some other large organisations. The provision of Braille material was rare, usually due to the high costs of Braille translation, and/or lack of demand, but large print materials were more common as they were easier to produce. Public sector and large organisations had often installed induction loops, and had made adjustments to websites, and in one case had paid for a British Sign Language interpreter. A few public sector establishments had specialist software for people who were visually impaired, for example SuperNova and Job Access With Speech software. In a few cases, specialist equipment was supplied for disabled customers and clients, such as walking frames or a wheelchair.

Some small establishments reported that adjustments to methods of communication were not relevant to them; for example, they did not have a website, and they did not provide any written material for their customers or clients. However, smaller establishments reported that they had often made adjustments to the way services were provided to disabled customers and clients, usually on a fairly informal basis. These included home visits or deliveries, taking material or goods to the ground floor if higher floors were not accessible, or if they did not have accessible toilets, arranging for shared access to these at a nearby establishment. A small service station provided a good example of some of the informal adjustments they made to assist disabled customers to access their services:

*'The customers who can't get out of their cars, people go out and fill up their tanks for them. We have blind people coming in here and we actually do their shopping for them. They'll tell us what they want and we'll go and get it for them. We give them a receipt because half of them are going home and their husbands or families check their receipt and that's fine. If they ask, basically we do anything they want.'*

(Small, private sector establishment)

As discussed earlier, the overall proportion of establishments that reported making adjustments to their services to help disabled customers or clients has fallen since the 2006 survey. Having said this, the proportion of goods and service providers reporting that they have made ‘other’ sorts of changes and adjustments to their services to help disabled customers and clients stands at 11 per cent overall and this is most pronounced for larger establishments. In the 2009 survey, 23 per cent of establishments with 100 or more employees said they had made, or planned to make, ‘other’ changes to help their disabled customers and clients, compared to just six per cent of larger establishments in the 2006 survey. Establishments that had heard of Part 3 of the DDA were much more likely to have made changes and adjustments to their services to help disabled customers and clients than those that had not (see Table 7.2). In some cases, goods and service providers that were aware of the Act were more than twice as likely to have made service-related adjustments than those that were unaware of the Act.

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

	Spontaneous %	Aware of DDA %	Not aware of DDA %
Changes to physical accessibility	75	68	55
Improvements to communication	60	43	26
Staff training on disability issues/awareness	76	59	30
Changes to way the service can be provided	63	52	38
Other changes	19	14	6
<i>Unweighted base:</i>	366	1,074	535

The likelihood of making particular types of adjustments is related to how goods and services are provided to customers and clients, for instance, on- or off-site, or a combination of the two. Not surprisingly, service-related adjustments to physical accessibility were slightly more likely to have been made by establishments that provided their goods and services on-site (68 per cent) or both on- and off-site (65 per cent), compared to (63 per cent of) establishments overall, or those providing goods and services entirely off-site (24 per cent of whom had made these type of adjustments nonetheless). Training on disability issues was also more likely to have been provided to staff by establishments providing goods and services on their premises (51 per cent), or both on- and off-premises (50 per cent) than those that were provided entirely off-site (32 per cent).

On further analysis (using multivariate techniques), it emerges that establishments with the highest likelihood of having made or planned service-related adjustments to help disabled customers, clients or other members of the public were those:

- which employed between 15 to 99 employees;
- which were part of a larger multi-site organisation;
- operating in public and social facing industries;
- which dealt with customers directly on their premises;
- which had an overall awareness of Part 2 of the DDA;
- which had employed a disabled person within the last ten years.

## 7.4 Experience of making service-related adjustments

As most of the service-related adjustments reported in the in-depth interviews were physical adaptations to premises, the decision-making process had usually involved an audit or survey of the premises. In some cases a general audit of the premises was undertaken on a regular basis, and in other cases an audit or survey was carried out at the time a refurbishment was taking place, or when moving into new premises. Establishments that had a regular audit process were usually public sector, or were private sector establishments that were part of a large organisation.

*‘Whenever we have a new shop or if they’re doing a refresh then there’s a team that actually goes in, and there’s what they call an access statement. They document everything that’s needed and do a full survey of the store and stuff like that. Then they tailor it to the individual store...and when they re-open it they’ve put in an extra disabled fitting room or a disabled toilet.’*

(Small, private sector establishment, part of a large organisation)

The public sector was most likely to have an official consultation process with disabled customers or clients when considering making service-related adjustments or deciding what adjustments were needed. These were usually carried out via the local authority, or with local disability organisations. In many cases, particularly in smaller private sector establishments, the decision-making process often simply involved a customer making a request for an adjustment and the service provider doing their best to provide this.

There was some use of customer comment books or feedback cards. Although these were for use by all customers and clients, they were sometimes also a way for disabled people to provide an input to the decision-making process on service provision.

## 7.5 Ease or difficulty of making service-related adjustments

The quantitative survey found that the majority of goods and service providers that had made, or planned to make, adjustments to help their disabled customers and clients had found it easy to do so – indeed, over three-quarters reported this to be the case (76 per cent). If we consider the ease or difficulty of making service-related adjustments by sector, goods and service providers in the private sector were slightly more likely to find it easy to make adjustments than those in the public or voluntary sector (see Table 7.3). Seventy-eight per cent of private sector providers found it very or quite easy to make service-related adjustments for their disabled customers and clients compared to 72 per cent of providers in the public sector and 70 per cent in the voluntary sector.<sup>32</sup> Likewise, in the in-depth interviews, most of the service providers that had made adjustments reported that it had been relatively easy to do this.

Curiously, the survey found that smaller goods and service providers were less likely to have experienced any difficulties making service-related adjustments than larger providers: 80 per cent of providers with three to six employees said that they had not had any difficulties making adjustments compared to 70 per cent of providers with 15 to 99 employees and 68 per cent of providers with 100 or more employees.

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<sup>32</sup> This difference is statistically significant – see Appendix A.

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

	Private sector %	Public sector %	Voluntary sector %	Overall %
Very easy	38	27	29	35
Quite easy	40	45	41	41
Neither easy nor difficult	8	8	14	9
Quite difficult	8	9	10	8
Very difficult	1	3	3	1
Don't know	5	7	2	6
<i>Unweighted base</i>	823	303	166	1,315

The qualitative interviews provided some insight into this finding; larger establishments with 100 or more employees were most likely to have experienced difficulties as they had often carried out substantial physical adaptations to premises. However, even in cases where more substantial and complex adaptations had been made, most had found implementing them relatively easy. Adjustments most often made by smaller establishments, such as changes to the way the service was delivered including assisting a disabled customer in doing their shopping or providing home deliveries, were found to be easy to implement.

Private sector goods and service providers surveyed were less likely to report any difficulties making adjustments (79 per cent reported no difficulties), compared to their public and voluntary sector counterparts (71 per cent and 51 per cent of whom reported no difficulties).

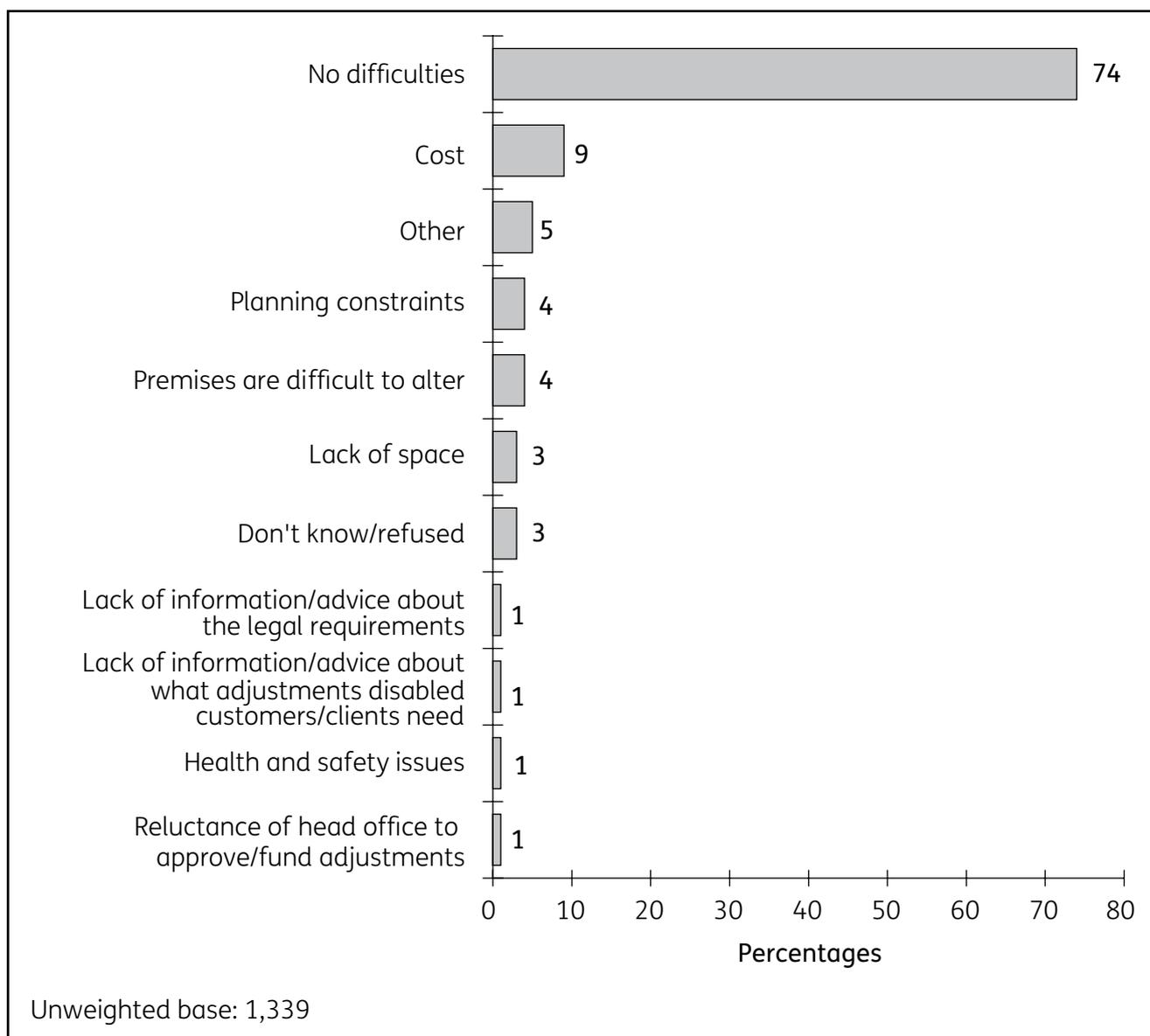
When making service-related adjustments, the most common difficulty experienced by goods and service providers surveyed was the cost of these changes. Nine per cent of goods and service providers making these sorts of adjustments said that the financial cost had been problematic. The other main difficulties experienced by establishments when making service-related adjustments related to physical and environmental factors (Figure 7.2).

Interestingly, very similar difficulties were recorded during the 2006 survey, at similar levels, which suggests that service-related adjustments have become neither more difficult nor easier over time.

The in-depth interviews revealed similar difficulties to those elicited in the survey: building limitations due to the premises being a listed building; the service provider being a tenant, meaning that the landlord had control of any physical changes made to the premises; lack of space, particularly in older buildings; or being refused planning permission. These problems were usually beyond the control of the service provider, and so finding a solution was difficult.

*‘The biggest issue that we’ve had here is, obviously, this is not disabled friendly as it’s built. There are steps everywhere, there are changes in level everywhere, there are little, tight, weaving corridors in some of the buildings and we’ve inherited a nightmare of a building as far as disability goes.’*

(Large, private sector establishment)

**Figure 7.2 Difficulties encountered in making/planning service-related adjustments**

However, there were several examples of service providers seeking out a compromise in order to assist customers. For example, one service provider (a library) had not been able to install a lift, but instead, disabled customers could put in a request for any material they wanted to see from upstairs, and library staff would collect it for them, or it could be taken to them at home if they were eligible for home visits. In one case, a service provider moved offices in order to provide more accessible accommodation:

*'We ended up moving because it was an old Victorian town house and the landlord would not allow any changes because it was a listed building...We were trying to re-do the excessive entrance steps because they were completely impractical...very steep. They needed to be sorted out but between the landlord and the Council they wouldn't allow it.'*

(Medium, private sector establishment, part of a large organisation)

As was previously reported (and shown in Figure 7.2), nine per cent of goods and service providers making service-related adjustments said that the financial cost had been problematic. The qualitative research further explored cost issues and establishments' ability and willingness to make service-related adjustments. Most of the establishments interviewed were not able to be specific about the financial cost of these sorts of adjustments, not least because many had been made during general refurbishments. Some of the physical adaptations had been very expensive but establishments that had made these were usually part of larger organisations, or were in the public sector where some level of central funding was available from head office or the local authority. Repairs to physical features after the initial service-related adjustments had been made tended to be paid for from a general or diversity budget within the establishment, as did smaller adjustments, for example large print documents or changes to the way the service was delivered. There were often some indirect costs in staff or management time, particularly for changes to service delivery, but these were minimal and were not quantified. When asked about indirect costs of making some of the service-related adjustments they had reported, one retail establishment commented:

*'I mean it takes minutes to help somebody, to bring stuff downstairs or what have you.'*

(Small private sector establishment, part of a large organisation)

The in-depth interviews found that financial cost, while an important consideration, did not often stop service-related adjustments being made if it was thought that there was a clear need for them. If a lack of available funds was an issue, this was more likely to delay adjustments being made, rather than preventing them from happening altogether. In some cases, most, but not all, of the planned service-related adjustments were made, for example installing a lift may not have been possible, but many other physical adjustments may have been made to improve accessibility.

*'[Cost] is sometimes an issue in when we implement. For example, we originally saw SuperNova about this time last year and it won't be implemented until next year because of budget restrictions but if there's an immediate need it gets done.'*

(Large, public sector establishment)

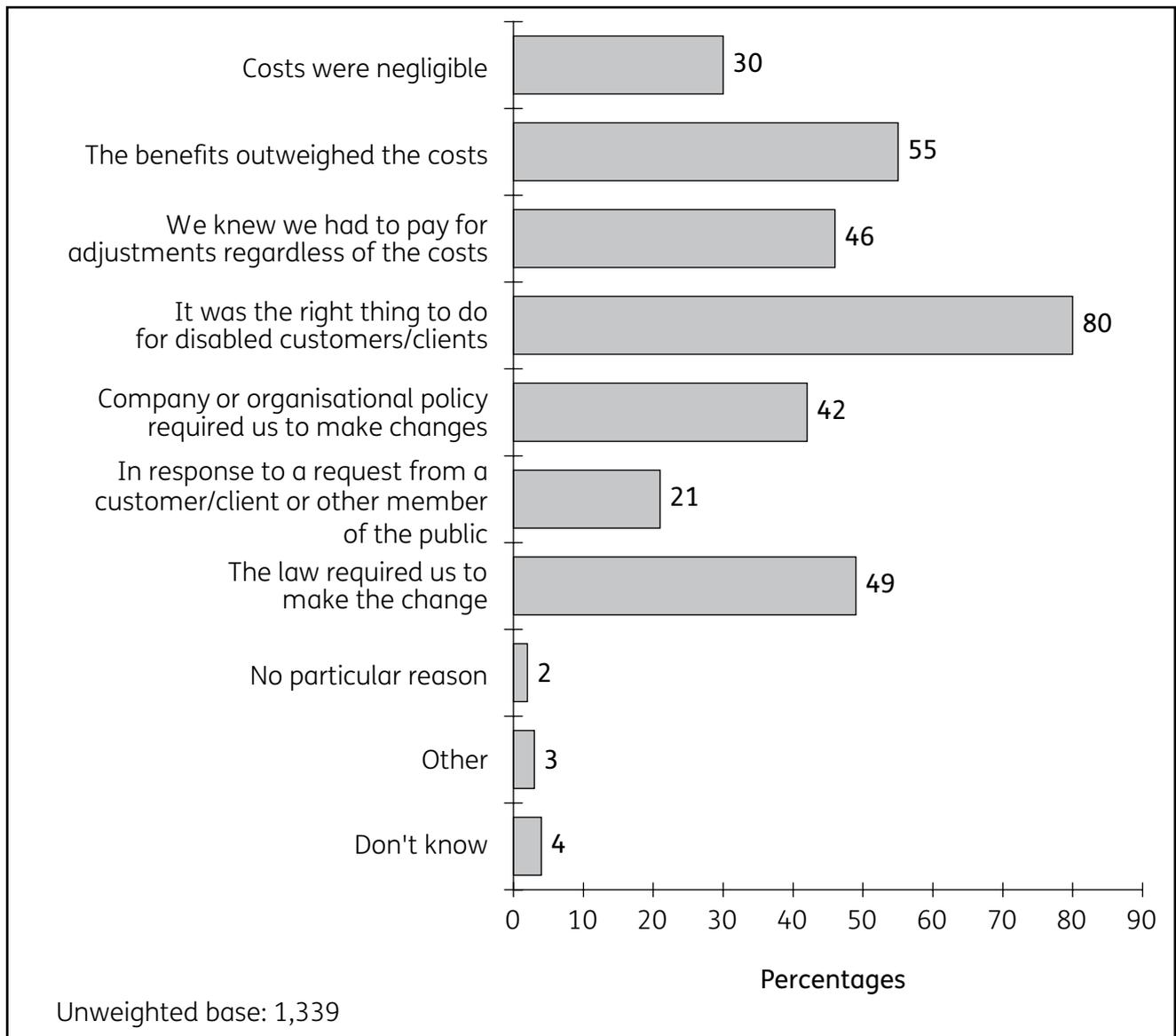
In a few cases, particularly in smaller organisations, cost meant that extensive physical adaptations were not possible, but an alternative solution was found, often by providing the service in a more flexible way. A few service providers said that Braille was expensive, and those that had proactively obtained material in Braille reported that there had been very little demand for it from customers and clients.

## 7.6 Reasons for making service-related adjustments

As in the previous research, service providers in the quantitative survey reported that they had made adjustments (or planned to do so) for many reasons (see Figure 7.3). Eighty per cent of goods and service providers reported it was the 'right thing to do' for their disabled customers and clients. Just over half (55 per cent) of providers thought that the benefits of making service-related adjustments outweighed the costs while just under half (49 per cent) cited legislation as the driving force behind making adjustments. Twenty-one per cent of goods and service providers that had made adjustments (or planned to do so) were responding to a request from a customer or client. These figures follow similar patterns to the 2006 survey.

Similarly, the qualitative research also found that service providers made adjustments primarily because it was the 'right thing to do', to comply with legislation, and because it made good business sense. Establishments believed that the more customers and clients they could assist in accessing their service, the better it was for their business. Business benefits were often the key motivation for making service-related adjustments, particularly for small independent establishments that were less likely to be familiar with the DDA.

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



Across all types of establishment there was a strong sense that taking steps to allow disabled people to access their service was the ‘right thing to do’, from a moral and altruistic point of view.

*‘I think people deserve to be helped. I am not the sort of person who feels that if someone is disabled that we should sort of steer clear of them. I mean everybody is entitled to be helped and I hope everyone agrees to that policy within the business.’*

(Small, private sector establishment)

The survey found that one of the most common reasons for making service-related adjustments was that the benefits outweighed the costs. The qualitative interviews provided insight into what these benefits were. The main benefits were in providing good customer service and having satisfied customers or clients. It was hoped that disabled customers or clients would have a positive experience of using their service, and this would mean they were more likely to bring repeat business and would improve the public image of them as a service provider. There was also a strong sense that disabled customers and clients deserved to be able to access services where it was possible, regardless of the business benefits.

*'Well the benefit is that you're helping somebody that needs help. That's the benefit – satisfaction. I don't know the right way to put it. I wouldn't call it a benefit.'*

(Small, private sector establishment, part of a large organisation)

### **A large hotel: strong business benefits of making service-related adjustments**

A large hotel in London has made extensive provisions over many years for disabled customers which will have an unforeseen business benefit over the coming few years.

*'It opens up a whole new segment of customers, people that, previously, would have been excluded. A disabled person, ten years ago, possibly wouldn't have thought of coming and staying in a hotel...Yes it's opened us up hugely to a whole new market segment and if I link it to the Olympics, certainly the Paralympics, we know that because of our disabled services and provisions we're going to get a huge amount of business.'*

The changes were not made specifically with the Olympics or Paralympics in mind but the business benefits of making service-related adjustments are expected to be substantial.

Other benefits of making service-related adjustments were that positive feedback from customers was motivating for staff and that adjustments could also benefit other customers, for example a ramp could also provide easy access for someone with a pushchair.

*'We do our very best and we do what we can. I can't recall any complaint about any aspect of the service from a disability point of view but we have quite a lot of letters thanking us for organising things.'*

(Large, public sector establishment)

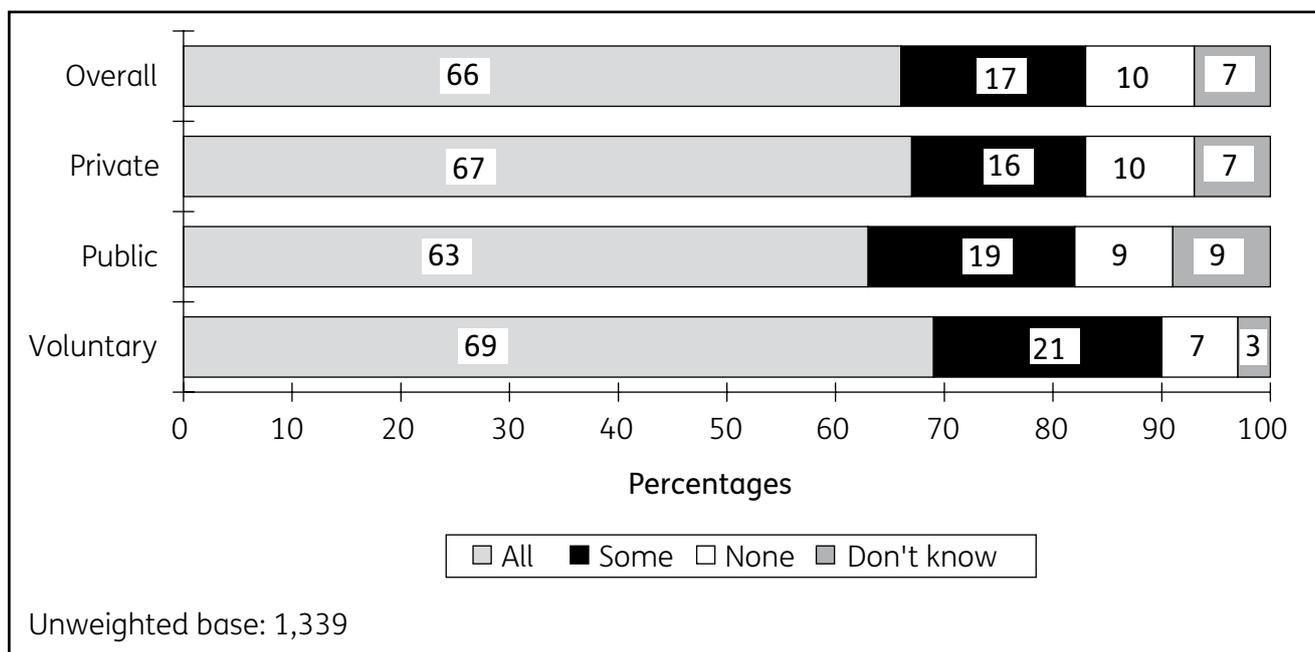
*'I think we get more customer satisfaction. Certainly we get more positive feedback...We also get more revenue in, especially with the leisure centres and community centres. If they're accessible more community groups will be able to use them because they can get in and they can use the toilets or kitchen facilities. So revenue is a big thing...And it's motivating for staff to get that feedback.'*

(Large, public sector establishment)

Overall, as in the survey, the in-depth interviews found that benefits were felt to outweigh any costs or difficulties.

### **7.6.1 The impact of the legislation on making service-related adjustments**

Overall, two-thirds of establishments (66 per cent) that had made adjustments to the way they provided their goods and services to disabled customer and clients, or planned to make them, reported that they would have made all of these changes in the absence of the DDA legislation which is in keeping with the earlier survey findings in 2006 (see Figure 7.4). Almost a further fifth (17 per cent) of goods and service providers that had made service-related adjustments (or planned to) thought that they would have made some of these adjustments without the legislation. Less than one-fifth (17 per cent) of goods and service providers making adjustments said that they would not have made them without the legislation or were unsure.

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

Turning to look at sectors, goods and service providers in the voluntary sector were slightly more likely to report that they would have made all or some of their service-related adjustments even in the absence of the legislation compared to their private and public counterparts, although the difference between sectors is not (statistically) significant.

The in-depth interviews found that the legislation was seen as a motivating factor for making service-related adjustments by the public sector and in private sector establishments (where knowledge of the DDA was higher). However, no respondents reported that the DDA was the only reason for taking this action.

*'Within this day and age a business has got to be available to all types of people and yes I think [a ramp] would have been put in whether or not the DDA regulations came in and became enforceable, but I think it actually brought it home to all retailers and owners that they have to provide the service for all parties and not just able-bodied persons.'*

(Large, private sector establishment)

*'I think the DDA was making it incumbent on us to do things and every new building will have as many disabled facilities as we can put in. As with all councils, there's always a fight for funding, so whether it would have happened anyway without the legislation, it might have done, I'm not in a position to judge.'*

(Medium, public sector establishment)

## 7.7 Reasons why no service-related adjustments had been made

During the survey, goods and service providers that had not made adjustments were asked why they had not done so (this applied to 19 per cent of all providers) – see Table 7.4. In the main, providers that had not made any service-related adjustments reported that they dealt with too few disabled

customers and clients to warrant any adjustments (37 per cent); goods and service providers who were unaware of the DDA Part 3 were even more likely to report that this was the case (44 per cent). Over one-third of providers that had made no service-related adjustments (37 per cent) also said that adjustments were not needed as the necessary facilities and arrangements were already in place; 12 per cent of providers said that they had made no adjustments because no disabled people visited the workplace or because the adjustments were not needed. Financial considerations played a part for only a small proportion of goods and service providers, with just five per cent saying they had not made service-related adjustments because of cost.

**Table 7.4 Reasons why no service-related adjustments had been made for disabled customers or clients**

	Spontaneous awareness of DDA Part 3			Overall %
	Aware %	Other legislation/don't know name %	Not aware %	
Deal with too few disabled customers/clients or other members of the public	33	25	44	37
Necessary facilities/arrangements already in place/service already accessible	43	53	28	37
No disabled people visit the workplace/not needed	9	10	12	12
Expense	8	3	5	5
Premises are rented	9	2	4	4
Planning constraints	9	4	2	3
Lack of space	9	4	2	3
<i>Unweighted base</i>	19	85	166	270

Only one establishment in the qualitative research had not made any adjustments at all for disabled customers and clients, although in some cases, service-related adjustments made had been very small, for example reading out a menu to a disabled customer or arranging with a nearby establishment for disabled people to use their accessible toilets. This establishment provided most of their services over the telephone, with only a small number of clients and customers visiting their premises. The premises already had a lift and an accessible toilet when they moved into the building and they had put in a hand rail but this was for an employee.

## 7.8 Summary

Eighty per cent of all goods and service providers surveyed had made at least one service-related adjustment or planned to do so, which represented a statistically significant fall on 2006 when 87 per cent of goods and service providers reported making, or planning to make, service-related adjustments. The most commonly reported change was a change to physical accessibility of their service. This included adaptations to premises such as ramps, accessible toilets, and providing accessible parking spaces. Fifty-nine per cent had made such changes, and a further four per cent said that they planned to do so. Larger service providers were more likely than small and medium-sized service providers to have made these changes. The qualitative research found that many of these adaptations to premises had taken place as part of a general refurbishment or renovation.

Thirty-four per cent of goods and service providers had made adjustments to communication methods, and 45 per cent had made changes to the way services were provided. The qualitative research found examples of smaller establishments making informal changes to the ways services were provided to accommodate their disabled customers' individual needs. Most establishments that had made service-related adjustments had found this relatively easy to do. Costs and planning constraints were cited as difficulties by a small minority.

The main reasons for making service-related adjustments were that they were the 'right thing to do', that it made good business sense, to comply with legislation, and as a result of corporate social responsibility. Sixty-six per cent of service providers in the survey said that they would have made all of the adjustments without the legislation, and a further 17 per cent would have made some, so legislation was rarely the only reason for making adjustments. However, the qualitative research revealed that for some large private and public sector establishments, the DDA had helped to drive forward action in this area, particularly regarding making the more costly adaptations to premises. Overall, the benefits of making service-related adjustments were felt to outweigh the costs of doing so.

Where adjustments had not been made, this was usually because establishments reported that too few disabled customers used their services to warrant any adjustments, or facilities and arrangements were already in place. The cost of service-related adjustments was rarely reported to have been a barrier.

# 8 Public bodies and the DDA extension to cover public functions

## 8.1 Introduction

This chapter explores awareness and understanding of the extension of the Disability Discrimination Act (DDA) Part 3 to cover public functions. It draws on evidence from both the quantitative survey and the qualitative interviews; however, public bodies were only a small sub-sample of the quantitative survey as a whole, and therefore no further sub-group analysis has been possible. The qualitative research was designed to augment the findings from the quantitative survey, and much of this chapter is based on these interviews, thus providing insights into a range of issues with regard to their public functions and services, and the impact of the DDA public functions duties.

The chapter covers:

- the DDA extension to cover public functions;
- awareness of the distinction between public functions and services;
- awareness of the DDA duties for public functions;
- understanding of disability and reasonable adjustments;
- impact of the DDA on public functions;
- public bodies' policies and practices;
- experience of making adjustments for disabled customers, clients and service users;
- ease or difficulty of making adjustments;
- reasons for making adjustments;
- reasons why some adjustments had not been made;
- the costs and benefits of making adjustments.

## 8.2 The DDA extension to cover public functions

Prior to the DDA 2005, public bodies, such as government departments, local authorities and the police, were covered by the DDA whenever they provided a service to the public (for example, a library or a sports centre) or in their capacity as an employer, but they were not covered whenever they carried out a function of government, such as assessing a benefit claim, issuing a licence, or carrying out law enforcement activities.

The DDA 2005 extended the legislation, from December 2006, to cover discrimination by public bodies when carrying out a public function. This means that most of the functions of government have been covered since that date, and when carrying out their functions, public bodies:

- must not treat disabled people less favourably, which means that they will not be able to treat a disabled person differently simply because they have a disability; for example, a local council will not be able to refuse a trader's licence to a disabled person for a reason related to their disability;
- have to make reasonable adjustments for disabled people.

This might mean, for example, the police having to make arrangements for a deaf person to have a British Sign Language (BSL) interpreter present to explain to the deaf person his rights, or a tax-return form may have to be provided in Braille or large-print so that it can be used by a visually impaired person, if it is reasonable to do so. These provisions are similar to the duty to make reasonable adjustments that already exists for service providers and employers. They apply to anyone carrying out functions of a public nature, even if they are in themselves a private company, for example a private secure transport firm that is contracted by a prison to transport prisoners to and from court.

### 8.3 Awareness of the distinction between public functions and services

During the survey, all goods and service providers from the public sector were asked if they performed a service that could be categorised as a public function.<sup>33</sup> This question was important for a couple of reasons: firstly, because the DDA now places duties on public bodies providing public functions but secondly, to check respondents' understanding of their services and whether they recognised that they provided a public function or not. Interestingly, 26 per cent of all goods and service providers said that they did provide a public function and when probed, they reported the nature of their 'public function' (see Table 8.1).

It is clear from the responses that a number of these goods and service providers are not providing a public function even though they think they are. The most obvious services that were wrongly perceived to be public functions included:

- education and training services;
- leisure facilities; and
- health care.

The qualitative research confirmed the findings from the quantitative survey; the distinction between services and public functions is not understood by many public bodies providing these, and is rarely made in practice.

Some of the public bodies interviewed had come across the term 'public functions' but many had not. Most public bodies were unclear on the definition of 'public functions' and how these were distinct from the services that they provided. Few public bodies had looked into the issue of which aspects of their operations would be classed as public functions. The interviews therefore provided many of the respondents the first opportunity to consider the issues of public functions and services in their organisations.

*'I'm not particularly clear on the difference between the two. I suppose the function is the role in the services, the way it is actually carried out...but I wouldn't be completely confident.'*

(Government department or agency)

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<sup>33</sup> This is defined as a function that only the Government or public sector has responsibility for, which cannot be provided privately.

**Table 8.1 Nature of respondents' public functions**

	N	%
Issuing licences	8	18
Education/training	7	11
Criminal justice/courts	7	10
Assessing benefits claims	6	10
Leisure facilities	5	9
Health care	3	8
Housing issues/advice	3	5
Registration	3	4
Planning decisions	3	4
Careers/help with jobs	3	4
Social services	2	4
Refuse collection	2	3
Polling station	2	2
Funeral services	2	2
Environmental health	1	2
Library service	0	2
Transport/public transport	0	1
Fire service	13	*
Other	1	20
Don't know	12	1

*Unweighted base: 93*

Note: Percentages sum to more than 100 due to multi-response. Asterisks (\*) indicate a percentage of less than 0.5 but more than zero.

When the distinction was explained to organisations that were unclear on the meaning of the term, some were able to provide examples of which of their activities would probably be functions, and which would be services.

A few public bodies had heard of the term 'public functions' before the interview, and had some understanding of it. They related 'public functions' to their statutory obligations; the aspects of their work that government gave them the powers to undertake, and that private sector organisations could not, in general, carry out.

*'I would say that under the function, we are the only organisation that the government has allowed to [carry out that particular aspect of work]. Again, with the public service...there are also private organisations that can carry out that.'*

(Government department or agency)

*'We do serve a public function: we are managing prisoners whose freedom has been taken away by the courts, which is a responsibility of the State. However, there are private sector prisons, so it's not a monopoly of the public sector anymore.'*

(Prison)

Most of the public bodies interviewed for this research appeared to provide a mixture of public functions and services, but it was not always possible to determine in the interviews exactly where the distinction lay. Some examples of public functions, as reported by the respondents, included:

- the registration of births, deaths and marriages;
- many of the activities carried out by the courts and tribunal services, including for example, providing public access to hearings;
- providing public access to Health Authority Board meetings;
- collecting and maintaining certain records and lists, such as property records, council tax lists or a register of disabled children;
- investigating incidents and complaints;
- social services provided by a local authority;
- managing and providing a safe environment for prisoners;
- providing access to families of prisoners visiting them in prisons;
- awarding certain grants;
- providing statements for children with additional educational needs (previously called special educational needs);
- activities with regard to the Disability Equality Duty.

In practice, none of the public bodies made any distinctions between public functions and services when planning and carrying out their activities.

*'I don't, definitely [distinguish between public functions and services] on a day-to-day basis. I mean, it's not the language I tend to hear on a day-to-day basis either, to be perfectly honest with you.'*

(Government department or agency)

Most respondents saw no reason to look into which of their activities were services and which were public functions.

### 8.4 Awareness of the DDA duties for public functions

All respondents in the quantitative survey that reported (rightly or wrongly) that their organisation performed a public function were asked about their awareness of the 2006 legislation that extended the service provision duties of the DDA to these functions. Exactly half of all of these respondents were aware of the extension of the DDA to cover public functions.

The qualitative research found that all of the public bodies interviewed were aware of the DDA, but few were specifically aware of the DDA 2005 public functions duties. However, respondents usually had a good understanding of both the employment and services provisions of the DDA. In general, organisations viewed all of their activities with the public as service provision and as a result, they generally believed, or had implicitly assumed, that all of their public-facing activities had been covered by the DDA service provision legislation (although their public functions would not have been covered under the DDA until December 2006). The DDA had been a contributing factor for many of the actions they had taken to improve the accessibility of the functions and services they had provided in recent years (although again they made no distinction between the two). Much of this activity preceded the introduction of public functions duties in 2006.

*'I just don't see a great difference [between functions and services]. I'm just thinking of us as an organisation. We've been very proactive in what we've done over a good number of years. New legislation, we take on board, but we tend to find we're doing the majority of it anyway.'*

(Government department or agency)

Very few organisations interviewed reported being aware of the public functions extensions to the DDA, and only two appeared to be aware of any of the details of these as distinct from the service provision aspects of the DDA. One of these commented the public functions extension had given disability issues 'more momentum, more profile' within the organisation.

## 8.5 Understanding of disability and reasonable adjustments

The in-depth interviews included a discussion of perceptions of disability, using a list of standard conditions likely to be covered by the DDA. Interestingly, a number of respondents referred to the DDA definition when asked whether they would consider the listed conditions to be disabilities. Some mentioned the DDA by name, while others referred to the principles it sets out: that coverage under the legislation depends on the way in which a particular condition or impairment affects someone in their daily life, rather than on the condition itself:

*'I would class that [mobility restrictions] as someone who would be covered by the DDA, but whether that person declares themselves as disabled because they've got mobility issues is an individual choice. So when I'm answering these questions, I'm thinking DDA here.'*

(Government department or agency)

*'It's how it affects the individual on a day-to-day basis, and how they see themselves.'*

(Other public body)

Similarly, some respondents preferred to focus on what could be done to assist people, rather than on the impairment or condition and whether that was a 'disability' or not:

*'I don't really need to make that judgement though, do I? Why do we need to make that judgement as an organisation?'*

(Government department or agency)

In general, most of the conditions were accepted as constituting a disability, or that they would if they affected an individual substantially. The conditions which were most commonly questioned, or thought to be less straightforward when deciding whether someone was disabled or not, included cancer, having been diagnosed HIV positive, and having a skin or facial disfigurement. Having a speech impairment, a mental health condition, a learning difficulty, epilepsy, or diabetes were also questioned by a few respondents. With regard to all of the conditions that were questioned, respondents believed that it was the extent to which these conditions affected someone, rather than the condition itself, that would determine whether they were classed as disabled.

A number of respondents commented on the fact that many of these conditions would be 'hidden' unless an individual chose to disclose them to others. Some also said that it was up to each individual to decide whether they thought of themselves as disabled as a result of a particular condition; that such self-perceptions varied greatly, and that they also changed over time.

All of the public bodies involved in the in-depth interviews knew of the term 'reasonable adjustments' and had a good understanding of what the term meant. Most found it a useful term when deciding what could be done to assist disabled people. A few respondents highlighted the difficulties they had with the term as a result of its subjectivity.

*‘By the term ‘reasonable adjustment’ I know that’s a legal term, if you like, under the DDA. And that it’s about making adjustments for somebody who comes under the DDA, and anything that is reasonable to the organisation. That’s where I said making reasonable adjustments; what’s unreasonable, that’s quite a difficult one for us, until you specifically come across that.’*

(Judicial, courts and tribunals)

There was a tendency among some respondents to focus on adaptations to the physical features of buildings, when asked about reasonable adjustments:

*‘I understand it meaning, reasonable adjustments would be an adjustment, say, you had to make to a building or structure which wouldn’t cause you so much financial hardship as to make your business untenable.’*

(Judicial, courts and tribunals)

However, it is important to note that this had not prevented them from having made other types of adjustments in practice.

## 8.6 Impact of the DDA on public functions

As the DDA 2005 was new at the time of the 2006 survey, it was important to assess the impact of its introduction during the 2009 survey. As such, the survey also asked ‘public function’ organisations (as defined by respondents themselves) whether the extension of the legislation to include these functions had any sort of effect on them: 16 per cent reported that the new legislation had a major effect on their organisation; 39 per cent said it had a minor effect; and 37 per cent said that it had had no effect.

Table 8.2 shows in more detail the type of effect the extension of the DDA has had on organisations providing a ‘public function’. It is important to note that many respondents reported only a minor effect as they were already aware of the DDA, and/or because they already met their DDA responsibilities.

**Table 8.2 Ways in which public bodies were affected by the extension of the DDA to cover public functions**

	N	%
Already knew about the DDA	8	26
Already did many of the things required by the DDA	13	41
Had to spend a lot on making adjustments	4	12
Had to make a few adjustments	2	6
Nothing changed/only slight changes	2	5
Other	4	13
Don’t know	2	5

*Unweighted base: 50*

## 8.7 Policies and practice

The public bodies interviewed in the qualitative research had written policies that covered disability and the provision of services in some way, but many of these were equalities policies rather than being disability-specific. A few public bodies incorporated providing services for disabled people

into their general policies on service provision. At multi-site organisations, policies were usually formulated at head office level and passed down through the organisation's establishments, providing uniformity across the organisation as a whole.

None of the public bodies' policies contained specific information about the public functions duties, as the organisations classed these as services and did not distinguish between them. Their policies were driven by the goods and service provision aspects of the DDA and not by the public functions duties.

The extent to which information on health and disability was collected from customers, clients and service users in relation to public functions varied greatly across the public bodies interviewed. Some did not collect any health and disability information from their customers and services users; for example, public bodies that allowed members of the public to attend court or tribunal hearings, to register births, deaths or marriages, or to search publicly available records. In these cases, respondents did not know the proportions of their customers that were disabled.

*'We don't keep specific statistics about disabled persons or non-disabled persons, We just treat everybody as customers.'*

(Government department or agency)

These public bodies only knew about the disabled customers that they had seen who had visible disabilities, and reported that this would be a very low proportion of their customers as a whole – for example, five per cent was estimated by one respondent. However, respondents usually acknowledged that there would be many more disabled customers that they would be unlikely to know about.

*'This is the problem when we can't agree classification, and we are in a difficult position that we are not measuring numbers at the moment. Essentially I would rely on my healthcare manager to monitor prisoners with disabilities, but she will only do that if we know about them, and if there is a reason to manage that, individually, differently.'*

(Prison)

Some public bodies collected a range of information from all or some of their customers and clients, but pointed out that there were limitations to the data that they obtained. A few had conducted surveys of a sample of their customers; one such survey had revealed that nine per cent of the customers surveyed were disabled, but the respondent believed that not all hidden disabilities and impairments would have been declared. One public body had an IT system with capacity to record when a customer had a disability, but this was only if the customer declared their disability and/or if it was a disability that was relevant to their interaction with that public body in respect of a particular function. As a result, the respondent believed that the actual proportion of disabled customers and clients was probably higher than the figure of 14 per cent given by their official figures.

## 8.8 Experience of making adjustments

It is important to note again that the public bodies interviewed during the qualitative research made no distinction between public functions and services when planning and making adjustments for their customers, clients and service users, and they viewed all of their public-facing activities as services. The following sections provide examples of the adjustments made by public bodies to their public functions and to their services. For example, making adaptations to their premises or adjustments to their signage often made both their functions and their services accessible to disabled people.

Public bodies included in the in-depth interviews had made a wide range of adjustments for their disabled customers. Most of the buildings were fully accessible for people with mobility restrictions and for wheelchair users which meant that some disabled people were able to access both the functions and services provided. Major adaptations had usually been made some years ago, often as part of a general redevelopment or refurbishment. These sometimes appeared to have been carried out in anticipation of service providers' duties to make reasonable adjustments and remove physical barriers. Some respondents mentioned having audits to assess their buildings for accessibility, after which the necessary changes were made.

Physical adaptations that had been made included; installing lifts, stair lifts, accessible toilets, ramps, wider doorways, lowered door and light switches, and changing flooring to make it suitable for wheelchair users and other customers with mobility restrictions.

A number of the public bodies had moved into new or newly adapted premises, with good accessibility for people with mobility restrictions, within the last five to ten years, and they had needed to make few, if any, physical adaptations since then. The impetus for these moves appeared, at least in part, to have been the DDA service provision duties.

### A range of adjustments made at a prison

A prison had made some adjustments to accommodate prisoners with mobility restrictions, including adapting a number of cells for this purpose. However, the respondent highlighted that more changes to these cells would be needed in future to make them fully accessible.

*'The disabled cell, it's bigger than the conventional cell, the fittings are different and meant to be more easily accessed, and the exception is that they're for people with mobility problems. To what extent these disabled cells, as we call them, are indeed fit for purpose, is very debatable...[the cell is] not big enough, it doesn't allow for a prisoner to move easily in a wheelchair, and it doesn't give staff the opportunity to move the bed. The latest planning does allow for that.'*

The prison buildings had been redeveloped considerably over the last nine years, with changes put in place incrementally over this time. For visitors, the prison had easy access to the building from street level, and lift access to the visiting room. Accessible parking was provided, and there was a portable hearing loop system available. Information in different formats would be made available on request. The respondent thought that lack of money had prevented more adjustments for prisoners with sensory impairments being made. He also believed that many of the physical adaptations had ultimately been made as a result of the DDA:

*'I suspect the building changes that we've made required a DDA. I think what we might call attitudinal issues, and behavioural issues, hopefully they would have been addressed without the DDA. But we would like to think that we want to do the right thing irrespective of the fact that it's the law. The right thing is to manage our prisoners sensitively, appropriately, humanely, and if that means treating some prisoners differently because of certain conditions, we would do so.'*

Some public bodies had taken a proactive approach with the aim of improving accessibility of their services to all groups of service users. For example, one organisation had refurbished their offices that were open to the public, with a view to providing a better service to all their customers, and this had made their services more accessible to disabled people.

*'In terms of its overall look and its presentation to both able and disabled people there's been a vast improvement.'*

(Government department or agency)

Most of the public bodies had made a range of adjustments (other than physical adaptations to premises) to accommodate disabled people with a variety of impairments, and to make their functions and services accessible. Many had hearing loops available, and would provide a BSL interpreter on request, although they would usually need notice to do this. Some of the public bodies had minicom telephone systems for people with hearing impairments. Some had their key documentation available in different formats; large print and Braille, while others said they would do this when asked. A few reported that their literature had been awarded the Crystal Mark for plain English and clarity.

Some of the public bodies' websites were Easy Read<sup>34</sup> and many were available in different font sizes. A few of the public bodies reported that the signage in their buildings was in Braille. One establishment reported changes which had been made across the whole organisation to improve their signage; making signage consistent across all their establishments. This was done to aid recognition of the organisation among all groups of service users, including people with reading difficulties and visual impairments, as well as people for whom English is not their first language.

A number of public bodies were able to change the way in which functions and services were provided, for example by doing home visits, although depending on the nature of services provided, this was not always possible.

*'We do home visits...usually because there's some physical disability, but that could mean someone who's agoraphobic; we've had that lots.'*

(Other public body)

## 8.9 Ease or difficulty of making adjustments

The in-depth interviews revealed that the ease or difficulty of making physical adaptations depended partly on the age and features of the buildings in which establishments were based. Newer buildings had often been designed with many accessible features which were sufficient, or only needed to be altered slightly or added to. Older buildings required a greater number of more extensive adaptations, and there were sometimes limitations regarding the extent of the changes that could be made, for example if buildings were listed or rented rather than owned.

Some respondents pointed out that, inevitably, costs limited what could be done at any given time. Consultation with disabled people had been the best way for them to decide which actions should be prioritised:

*'One of the barriers isn't so much getting it done, it's the resource implications...Our public buildings were pretty poor, but obviously we couldn't do everything at once, therefore a lot of [establishments] had a rolling programme. But again, discuss with disabled people more, about those buildings, where the priority is.'*

(Government department or agency)

The extent to which establishments had control over their finances was also an issue in the ease or difficulty of implementing physical adaptations. There was usually more scope to fund substantial changes from centrally held budgets, but if the need for an adaptation was requested at a local level, it could be difficult to gain permission and access to centrally-held funds. Other adjustments

<sup>34</sup> Easy Read is one of the accessible information formats along with large print, Braille and audio recordings. It is used by people with learning disabilities, as well as other groups like older people and speakers of other languages. Easy Read text contains simple words and uses pictures alongside the words.

which involved less cost and few or no permanent changes to premises generally presented few if any issues for public bodies putting such arrangements in place.

A few of the public bodies noted that planning adjustments for people with mental health conditions could be more difficult, as they often did not know when people were affected with such conditions. In addition, mental health conditions could affect individuals in very different ways. They believed that it was important to be aware of individuals' needs, rather than always having set (and possibly inflexible) arrangements in place to respond to a particular condition.

Some public bodies had made adjustments in the past which now required further alterations to make them more accessible in practice, for example altering the accessible parking bays to make them wider. It was sometimes seen to be unfortunate that changes had to be made twice because the work that had been done in the first instance had not been comprehensive enough.

A few respondents highlighted the difficulties presented by listed buildings, or renting rather than owning buildings, when making adjustments, as this limited the extent and nature of the changes that could be made:

*'We have inherent difficulties because we have lots of listed buildings...The whole estate was audited, and physical changes to buildings where they could be made were made. If changes couldn't be made because buildings were listed or we didn't own the building, we only rented it, the alternative solutions were provided. There are less issues than there used to be, but there are a few where we perhaps couldn't accommodate somebody in a wheelchair in one particular court, but we will make adjustments for them to go to another court which was convenient to them.'*

(Judicial, courts and tribunals)

### 8.10 Reasons for making adjustments

The main reason cited by respondents for having made adjustments, or for being willing to make them in the future on request, was to generally improve customer service. A key part of this was ensuring that services were accessible to everyone who needed to use them.

*'Obviously we need to be compliant with legislation but ultimately...if somebody has an issue with what we deal with we need to sort it out...'*

(Government department or agency)

*'It's making our services available to all. At the end of the day it's the administration of justice and that should be accessible to everybody in society. Obviously we have got the legal obligations as well...but the primary thing is services that are accessible to everyone.'*

(Judicial, courts and tribunals)

Many respondents believed that the presence of the DDA had raised awareness of disability issues, and that expectations of minimum standards of provision and care had changed greatly as a result (this is also discussed in Section 8.5 on the impact of the DDA). The DDA was rarely explicitly cited as the main reason for the adjustments that had been made. However, there were a number of examples where the duties had provided an extra impetus for funding to be made available for some of the more costly adjustments. In some cases, the DDA was the key driver for obtaining funding, and for getting adjustments made at an earlier stage than would otherwise have occurred.

A few organisations highlighted that as public sector bodies they needed to provide an example of good practice in making adjustments:

*'We're a government agency...We had to be seen to be leading from the front.'*

(Government department or agency)

There were a few isolated examples of public bodies having been governed by other pieces of legislation which enabled or required them to make adjustments, as outlined in the following example.

### **'Other' public body: made adjustments to services as a result of legislation pre-dating the DDA**

A Register Office for births, deaths and marriages had been making adjustments to the way it provided services for many years. The respondent said that the Registration Act of 1953 set out the way in which their service should be offered to all, regardless of their circumstances:

*'That's in the rules of registration that no client should be turned away; and that was before anything to do with the DDA. It was part of the Registration Services' policy that if you came to me and you said, I need a copy of my birth certificate, [and you were not able to fill the form in, I would say] "I'll fill it in for you then; I'll do it". Those were the rules before the DDA.'*

The establishment had recently performed a marriage ceremony in someone's home because the groom had a complex mobility impairment, and it would have been difficult and stressful for him to travel to the Register Office. Again, while this may have been required by the DDA it was much earlier legislation which allowed the adjustment to be made:

*'The 1949 Marriage Act allows for such an event. To make an exception and it's called housebound or detained...it's the case that people can be married in their own home but they have to have a letter from their doctor to say the reason why they can't be moved...and of course, Registrar General's license, that's people who are having deathbed events, weddings, civil partnerships. Again they can be done in their own home or in the hospice or hospital.'*

However, physical adaptations to premises had been made more recently, in anticipation of the DDA duties. These changes had allowed the establishment to provide better services to a wider range of customers than had previously been the case. The DDA duties also meant that the Register Office now also had to consider physical access issues when issuing licenses to other organisations applying to hold marriage ceremonies on their premises. They had, in recent years, not renewed a number of licenses on the grounds of insufficient access.

A few of the public bodies highlighted that while some of their adjustments had originally been made for members of their staff, once they had been put in place they were also available for members of the public.

## 8.11 Reasons why some adjustments had not been made

All of the public bodies had made some adjustments, but some had made more than others. They had been able to respond to most, if not all of the needs or requests for adjustments to communication methods, or to the ways in which services were provided. If they had not received many of these requests, they reported that they would be able to respond appropriately when the issue arose in the future, although a few said that they would need to seek advice at that point.

*‘With the research we did we found that we’ve refused very few, because...the requests we are getting tend to be reasonable.’*

(Judicial, courts and tribunals)

However, there were a few instances where public bodies had not been able to make all of the physical adaptations to their premises that they would ideally have liked. One public body had three steps at the entrance to the reception in one of its establishments. They had installed a stair lift which enabled people with mobility restrictions to access the reception area. However, it was hoped that an extensive renovation of the entire building would take place within the next five years, which would remove the steps, allow access to the reception from street level, and provide a better solution than the current one.

### **Government department or agency: no lift to the first floor**

One public body establishment had wheelchair access to its ground floor but not its first floor.

*‘The lift is one that’s been a bone of contention I think, for whatever reason, it’s not been able to happen.’*

They got around this issue by staff based on the first floor coming downstairs to meet with customers who were unable to use the stairs, and on occasion, parents with children in buggies but this was not thought to be ideal for staff or customers. The decision on whether, or not, to install a lift was made at organisation level, rather than by that establishment, so the staff at that site had very little control over the issue, nor did they know how much this adjustment would cost.

*‘It’s not the sort of thing that would be managed at site level, it’s the estates team which would do that.’*

Public bodies making the fewest adjustments, or those that were the least proactive in doing so were generally those with relatively limited public-facing activities. In such cases, where certain adjustments would have been particularly difficult and costly to make, establishments had devised what they saw to be reasonable alternatives, such as offering personal assistance into the building.

The issue of not knowing about somebody’s needs and requirements unless they let the organisation know about them was raised by some respondents. On occasion, a customer’s disability was only declared at the point of complaining, however, at this point, organisations were usually able to respond.

## 8.12 Costs and benefits of making adjustments

Only a few respondents were able to provide figures for the exact costs of the physical adjustments that had been made. For example, a health sector establishment spent a total of £12,000 on upgrading the building, which was made available from the sector's corporate budget. A stair-lift cost another public body £15,000 to install. A judicial, courts and tribunal sector establishment reported a spend of £150,000 on renovating their building, which had included changes to make the building more accessible. However, the respondent did not think the changes made for disabled people had been a good use of public money. He reported that the adjustments had consisted of relatively minor changes to the accessible features, including ramps and accessible toilets, which had been in place already, and that no-one had ever reported having any difficulty accessing the building in the past.

However, most of the respondents believed that the changes that had been made were appropriate, timely, and worthwhile. The benefits were not felt in monetary terms, but in being able to provide an equitable and accessible service for all, and to prevent discrimination.

*'Apart from anything else it enables us to reach all our customers, potential customers – which enables us to do what we're here for, which is to deliver a public service.'*

(Government department or agency)

*'The costs, particularly around financial and resource time, they can be huge...but the benefit, the knock-on benefits are significant. What you get is services starting to look more at the end service user and trying to understand the end service user in a better way. So the knock-on benefits of that obviously span much further than just in relation to improving disability equality.'*

(Government department or agency)

Compared to the costs of physical adaptations, the costs of making other adjustments were far lower. Again, only a few respondents were able to provide any figures for these, although one example given was that it had cost £202 to pay for a BSL interpreter to assist at a marriage ceremony, which was thought to have been 'money well spent'. An interesting example came from a public body (in the judicial, courts and tribunals sector) that provided, on occasion, a TV link to an individual's home so that they could provide evidence to a court case from their home. This was done for reasons including disability or ill-health, or being too fearful to leave the house. The cost of this was £2,000 in each case, but cost was not a consideration in deciding whether this needed to be done. The important issue was equality of access to justice.

None of the public bodies were able to quantify the indirect costs, including staff time, of making adjustments. While these costs would often have been substantial, they were seen as being part of the regular duties of the staff involved.

## 8.13 Summary

Understanding of public functions and the ways in which they were distinct from services provided by public bodies was very low in both the quantitative survey and the qualitative interviews. Public bodies tended to treat all of their public-facing activities as services, regardless of whether these would be classed as services or public functions in law.

Knowledge of the DDA was high; respondents were aware of the employment and goods and service provision duties but few knew of, and understood, the DDA public functions duties.

Most of the public bodies in the qualitative research had policies covering disability and service provision, although many of these were equalities policies rather than being disability-specific. The extent to which they collected health and disability information varied greatly, and was largely dependent upon the nature of their activities.

Public bodies had made a wide range of adjustments for their customers, clients and service users. Most of the buildings were fully accessible for people with restricted mobility and wheelchair users. Major adjustments had usually been made a number of years ago, as part of general refurbishments which had involved accessibility audits. Some had moved into new, accessible premises within the last five to ten years, as their previous buildings had not been accessible, and would have been very difficult to adapt. Other adjustments reported included installing hearing loops, and providing information in large print. A few had signage in Braille. A number of public bodies were able to change the ways in which their services were provided, depending on the nature of those services.

The costs of adapting premises were considerable, while the costs of making non-physical adjustments were lower. Only a few respondents were able to provide information on costs, and none had quantified the staff time or indirect costs of adjustments. Costs were seldom a barrier to making adjustments.

# 9 Private clubs

## 9.1 Introduction

This chapter draws on evidence from the qualitative research only. It explores the views and experiences of 18 private clubs and covers:

- the duties for private clubs;
- private clubs' membership and perceptions of disability;
- private clubs' awareness of the Disability Discrimination Act (DDA);
- any policies private clubs had for disabled members;
- experience of making adjustments for disabled members;
- reasons for making adjustments;
- the costs and benefits of making adjustments.

## 9.2 Duties for private clubs

Since December 2005, private clubs with 25 or more members have been covered by the DDA in respect of their members, associates, guests and prospective members and guests. It is unlawful for private clubs to treat a disabled person less favourably for a reason related to their disability, compared to a person who is not disabled. Previously, clubs were only covered with respect to service provision, where they made their facilities open to the public, and as employers with respect to their disabled employees.

Since December 2006, private clubs have had a duty to make reasonable adjustments for disabled members, associates, guests, prospective members or prospective guests of the club.

The research comprised in-depth qualitative interviews with 18 private clubs: 12 in England, three in Wales and three in Scotland, across a range of sectors:

- social and drinking clubs (6);
- private dining clubs (2);
- sports clubs (5);
- political societies (1);
- local societies (1);
- religious societies (2);
- other: a special interest club (1).

Interviews were with the general managers of the club, although their exact titles varied, depending on the club itself and the way it was organised. Respondents included club chairs, club secretaries, chief executives, presidents and other managers.

Some of the clubs provided facilities and events to the public but this was usually on an occasional basis. The majority of the activities and facilities of the clubs interviewed were for their members only.

## 9.3 Membership and perceptions of disability

This section looks at membership numbers and criteria for joining the clubs in this study. Then it turns to explore the proportions of members who were disabled, and looks at perceptions of disability among the respondents interviewed.

### 9.3.1 Membership numbers and joining criteria

To join the private clubs interviewed for this research, members generally had to be proposed and seconded by existing members, and they were then voted in by the club committee. A few of the clubs had ceiling limits on the numbers of members they could have at any one time. One of the clubs had an application form which had to be filled in, and if the member was accepted they were on a six-month probationary period.

The clubs varied in size, from just over 100 members to more than 1,000 members. Most of the clubs interviewed had a membership of several hundred.

### 9.3.2 Information on disability among club members

During the in-depth interviews clubs were asked whether they had any disabled members, and to estimate the proportion of their members that were disabled. They were then presented with the DDA definition of disability and this was used to expand the discussion. They were asked about the proportions of members with the illustrative list of conditions that are likely to be covered by the DDA and whether they thought that these conditions were disabilities.

None of the clubs formally monitored the disabilities and health conditions of their members, hence respondents were only able to give estimates of the proportions of their members that they thought were disabled. A number of clubs said at first that they had no disabled members, but they were usually focusing mainly on wheelchair users, and so their answers changed as the range of potential disabilities was discussed. Likewise, at first, some clubs said they had only one or two disabled members, but again they were usually referring only to members with the most obvious physical and sensory impairments.

Some respondents spontaneously included a wider range of conditions in their initial estimates of disabled members; for example, one cited six out of 150 members who had conditions including dyslexia and amnesia as well as amputations and blindness. On seeing the list of conditions that might be covered by the DDA they expanded their estimate to 15, including members with cancer and epilepsy. Another gave an initial estimate of ten to 15 per cent, including members with mobility restrictions, hearing impairments, visual impairments, heart conditions, cancers and strokes. The respondent reported a few more members with conditions including epilepsy, Parkinson's disease, skin problems and a speech impairment on seeing the list of conditions. Some respondents made the point that unless a member let them know about their disability, and if it was not obvious, then they would not know about it. A few respondents said that their members preferred not to have 'the fuss' of identifying themselves as disabled, and being treated differently as a result.

Few respondents included all of the conditions on the illustrative list in their initial estimates of disabled club members. When prompted to do so, their estimates usually increased considerably. By the end of the discussion on disability among their members, most of the clubs interviewed reported that they had some disabled members, although the exact proportions varied from just a few individuals, to large proportions of the membership, for example, 50 to 90 per cent, in clubs where most of the members were older, and hence many had age-related disabilities or long-term health conditions of some kind.

### 9.3.3 Perceptions of disability

Perceptions of what constituted a disability varied between respondents. Respondents often questioned whether conditions such as diabetes, epilepsy, cancer, progressive illnesses, being HIV positive, and facial or skin disfigurements were disabilities. It emerged that many clubs had members with these conditions, but that they were not seen to be disabled, and the point was made by several respondents that some of the members with these conditions would not want to be classed as disabled:

*'We've got a guy with a huge port wine stain, the whole side of his face. We wouldn't regard [the member] as disabled. And [the member] would probably be very, very offended if you said that he was disabled...I'm deaf in one ear and I don't claim to be disabled, but yes, it is a disability.'*

(Special interest club)

Perceptions of what constituted a disability were often related to the extent an impairment would have on a member's ability to use the club facilities and participate in its activities, or the extent to which the disability or impairment was 'noticeable'.

#### Sports club: perceptions of disability

One respondent, a chairman at a sports club, reported that they had members with a range of conditions listed on the showcard, but that they would not class many of them as disabled for the purposes of joining the club and using its facilities:

*'What I call a disability is somebody in a wheelchair really. The others, they can use the facilities, and it's up to them and the advice they seek off their doctor...I wouldn't discriminate against anybody on this list other than we inform people when they are joining about the limited access we've got for wheelchairs to the club.'*

## 9.4 Awareness of the DDA

This section explores private clubs' awareness of the DDA and understanding of the term 'reasonable adjustment'.

### 9.4.1 General awareness, and awareness of duties for private clubs

Most of the private club respondents knew that legislation existed to protect the rights of disabled people, but few knew what this was called or what it covered. Awareness of the DDA by name was fairly low, and awareness of the specific duties for private clubs in particular was lower still.

*'I've come across certain elements of it [the DDA] but I'm probably not as up to date with it as I should be. You tend to rely a little bit on your architects; if they're designing an area you expect them to know what we should be doing to fulfil the law.'*

(Sports club)

*'Well, I know there's legislation there but like I say, I couldn't quote rules and regulations because I think we are doing what we've got to do. If anybody came along and said, by the way, you should have done this, then I would be in touch with the CIU [Club and Institute Union], get their advice and do what I had to do.'*

(Social and drinking club)

A few of the clubs were aware of the duties for private clubs with respect to their members, and had looked into them, but there was greater awareness of the employment provisions of the DDA. Some of the clubs that provided access for the general public on occasion were aware of their duties as service providers, and a few thought that their members were covered under this part of the legislation.

Most of the clubs were, therefore, unaware of the specific duties with respect to their members. After the key features of these duties were outlined in the interviews, respondents rarely thought that knowing about them would make any difference to their practice. They believed that they were already very keen to do the right thing for their members, and that complying with the spirit of the DDA was 'common sense'.

*'You're not supposed to discriminate against disabled people. But then again, because we're not an employer, it's rather different. We are a private club and our membership would be horrified if somebody was discriminated against on the grounds of disability because they're that sort of people and the official concerned would probably be told to resign.'*

(Special interest club)

*'Well, to be honest with you, they didn't have to bring in a rule for us; it's common courtesy isn't it?'*

(Social and drinking club)

On having had the duties explained, another respondent commented:

*'Well actually I knew that already. That's more common sense than anything else, isn't it?... I mean, things like that, we'd do anyway.'*

(Social and drinking club)

Only one club knew of the DDA and also believed that private clubs were still exempt from its duties. However, when the duties for private clubs were explained, the respondent believed that they were already complying:

*'No one has ever told us we were covered by the DDA...When we put in the disabled toilets and so forth, it wasn't in response to agitation, but from a common sense realisation that we would have to come into the 20th century then and do something about our disabled members.'*

(Religious society)

Some of the respondents with the greatest awareness of the DDA knew of the legislation as a result of a family member being disabled, or through their current or past employment, which was entirely separate from their involvement with the club. For example, one respondent had formerly had personnel management duties in his job. Another respondent said that his wife worked in the National Health Service, and he knew about the DDA through the work that she did. Clubs that were already aware of the DDA did not, in general, perceive that the legislation had made much difference to their willingness to assist disabled members. However, it was clear that in a few cases the legislation had drawn the club's attention to this issue, and this had prompted action.

### A private dining club: the DDA had raised disability issues on their agenda

One club explained that they had been aware of the legislation prior to its introduction, and had taken action at that point. Subsequently, disability issues did not continue to be a high priority, as the club felt they had already been addressed:

*'[I know] less than I did [about the legislation] when it got extended to clubs, because we did some work on catching up with this and looking at how it was going to affect us and all the rest of it, and took note of what we thought would affect us and how it would affect us, and then did it and then forgot what was in there that didn't relate to us...I think we addressed the issues that needed to be addressed as far as we could at the time.'*

The respondent explained that he thought the legislation had made little difference to what they did for their members:

*'We're not open to the general public anyway, we are talking about those three groups of people, members, members' guests and reciprocal members, and our mindset was always to do what we could to make their lives, whilst here, as pleasant as we could, and we kept that mindset. So really, in terms of the general thrust of the legislation, it didn't really, we feel, make a huge amount of difference to us.'*

This club had, however, carried out a specialist audit, the result of which was that they made some small adjustments which they would otherwise have not been aware that they needed, including making fire exit signs more visible, and purchasing telephones for the members' use that were easier for people with mobility restrictions or hearing problems to use. While the club would have been happy to make these changes without the DDA, the audit that alerted them to the need for the adjustments was brought about by the imminent introduction of the DDA duties for private clubs:

*'It made it a subject we needed to address. So it wasn't necessarily in response to the legislation as such, but it did make those issues the subject of the day. It made them higher up our agenda.'*

## 9.4.2 Understanding of disability and reasonable adjustments

Some clubs had heard of reasonable adjustments, and of these, some were happy with the term and understood its general meaning. One club had referred to the term reasonable adjustments when deciding what alterations they needed to make and had found it useful in determining their best course of action:

*'I have to say there were times when we weren't really certain what we should do or we shouldn't do. And then, in discussion that was helpful, in making a decision: well was this a reasonable adjustment, or wasn't it? So yes, that was helpful...In an ideal world you do absolutely everything that can be done but using the term reasonable adjustments, well, you do what is sensible and reasonable without going completely over the top.'*

(Sports club)

Other clubs had not heard of the term but were able to guess what it meant. A few clubs knew of the term already, but had found it more difficult to interpret in practice, due to the subjectivity involved, or because the DDA itself was seen to be a particularly complex piece of legislation.

### A local society: simpler guidance needed on reasonable adjustments

The respondent at a local society had a law degree and a good awareness of the DDA generally, although not the specific duties for private clubs, and thought that the various duties and the term reasonable adjustments were complex and difficult to understand. In particular, the subjective nature of reasonable adjustments made it difficult to interpret.

*'It's no good looking at the law because you can't make head nor tail of the law, but some kind of simple information sheet would be quite useful.'*

He suggested that information should be made available by the government, for private clubs, in a simplified format, in a pdf format on the internet.

A few clubs thought that they had been legally obliged to make reasonable adjustments before December 2006, when the duties for private clubs came into force.

Many respondents reported that general attitudes to disabled people, and to making reasonable adjustments, had changed over time, and that thought and consideration for what disabled people required was now much more likely to be taken into account as a matter of course. This appeared to be due in part to disability legislation, but not all respondents who made this point were aware of the DDA specifically.

## 9.5 Policies for disabled members

Most of the private clubs taking part in the research had no written policies on providing services to their disabled members, and reported that they tended to operate on a more informal basis. None of the clubs had any rules or procedures that would prevent disabled people from joining the club, provided they met the membership criteria. A number of clubs qualified this by saying that they had large proportions of elderly members, some of whom had age-related disabilities, and so they were used to dealing with members with a range of impairments and health conditions. One club stated that as some of its activities were quite physical, it would be up to the individual to decide whether the club was suitable for them, and whether they would be able to participate in the sports activities it provided.

A few of the clubs were governed by a set of club rules, which set out the facilities and activities that the club provided or was involved in. One of these, a club providing sports activities, also mentioned that they had to comply with the rules for the national governing body for that particular sport:

*'We have to comply with the national rules of the national governing bodies, and they do allow for the participation of disabled people. And, as I said, if somebody from another club came along and they were in a wheelchair, we can accommodate them.'*

(Sports club)

One club was in the process of drawing up policies on service provision, following on from some changes and adjustments they had made in the previous 18 months. Another club, which was funded by a university, was governed by the equal opportunities policies of that organisation.

## 9.6 Experience of making adjustments for disabled members

Many of the clubs had made adjustments of some kind in recent years, although not all had made physical adaptations to their buildings. However, it was notable when asked about any changes they had made to accommodate disabled members that the respondents focused mainly on physical adaptations: the accessible facilities that they had available and the adjustments to premises that they had made, or that they were planning to make in the future.

Some of the clubs reported having accessible toilets and ramps which provided alternative entrances to buildings with steps, but other clubs had made more extensive adaptations to assist members with mobility impairments. Accessible parking spaces were available at some of the club sites, and other adaptations to premises which clubs had made included the provision of handrails, a mechanised wheelchair moving device, stair lifts and wider doorways. A few of the clubs had made unique adjustments, or purchased specially adapted equipment, as a result of the particular nature of their club, for example, sports clubs and the special interest club.

Some of the clubs had made the physical adaptations in the last few years, while others said that the adjustments had been made before they moved into their buildings. However, most of the adaptations appeared to have been carried out within the last decade. Some of the changes had been made incrementally over time, usually in response to members' needs, while others had been planned and made all at once as part of a general refurbishment or renovation. In some cases this was to address particular needs, but adaptations as part of more general renovations were sometimes anticipatory; made to address potential needs in the future. Many of the clubs still had some changes they wanted to make to their premises, again, usually in anticipation of members' needs in the future, rather than due to current members' needs. Cost was usually the reason that had prevented them from having made these changes already, but for a few it was more a matter of the time required to get the changes planned and implemented.

### **Sports club: adjustments made gradually over time**

A sports club had made a range of adjustments over time to the physical premises, including providing ramps, handrails, accessible toilets, accessible parking spaces, and hydraulic lifts for entry and exit to the swimming pools. These changes, many of which had been prompted by the DDA, had been made after informal consultation with one of their members who had mobility restrictions. However, the respondent was aware that there was still work to be done to make the club fully accessible. They had not yet been able to install a lift to provide access to the bar on the upper floor of the club, as to do so would involve major changes to the club that would be very costly to do in isolation. Instead the club was planning to install a lift as part of a general upgrade and renovation of the building in the future.

*'There have been gradual improvements to facilities over time. What we know is that we've got to have a drastic change going forwards because we're planning major redevelopment and as part of that we know we're expected to ensure that we make our facilities more accessible to disabled people. So hopefully we'll try to solve all our issues in one go, going forwards. But as I say, we're constantly improving the areas that we've got, whether its providing wider doors – if we put doors in they're wider doors than they were before.'*

A few of the clubs occupied buildings which were not accessible by wheelchairs, and had no plans to make any adaptations to their premises in the near future, as a result of little or no demand for these and a lack of money to carry out any work which they did not think was a priority.

While most of the clubs were limited by costs to some extent, a few were also limited in the physical changes they could make as they occupied listed buildings. However, they had usually made some adjustments to their premises, such as installing accessible toilets, and providing ramp access at side entrances.

*'We are in a Grade I listed building and we have limitations, well obstacles, that come with that, and there are some things that although it would give us for example, better wheelchair access, we might not necessarily want to do them, so we'll try and find another way around.'*

(Private dining club)

It was notable that most of the discussions about adjustments that clubs had made for disabled members were focused around physical adaptations to buildings which made them more accessible. However, many of the clubs had made other adjustments to accommodate their disabled members, in response to their needs. In general these had been seen as minor tweaks to usual practice, which involved common sense and flexibility by the club staff rather than anything more formal than this. Examples included bringing drinks to the tables of older members with mobility restrictions rather than expecting them to carry the drinks themselves, or making sure that corridors were free of obstacles, particularly for older members who used walking sticks. A few clubs reported that when appropriate, members had been accompanied by their carers when they visited the club.

### **Special interest club: adjustments and flexible practices**

A special interest club did not have its own premises but instead met at a variety of venues around the country. The respondent gave a number of examples of adjustments they had made to enable all their members to attend club meetings and events. These included offering members lifts to venues, allowing them to be accompanied by their carers, and getting help from members to lift others who were wheelchair users into premises that didn't have full accessibility. They were proud that they had never failed to get their disabled members to their events, regardless of where they were held.

There were a few examples of adjustments made for members with sensory impairments, including installing a hearing loop and a flashing fire alarm. One club provided its information in large-print for some of its members, and another ensured that staff met a member who was blind at the door to help him around the club, as needed. However, adjustments for members with sensory impairments had rarely been made by the clubs taking part in this research. The reason appeared to be that clubs were reactive rather than proactive in making adjustments of this nature, and most of the clubs interviewed said they did not have any members with visual or hearing impairments, or if they did, their members had not, to date, required clubs to do anything differently as a result of their condition. However, most of the clubs said that if there was a request from a member, they would do whatever they could to accommodate them.

Some of the clubs produced newsletters, and a few had websites. Most of these had not been produced in different formats as this had never been requested by any of their members, although there was one example of a website having resizable fonts. Clubs did, however, frequently use their newsletters and websites to publicise the accessible features of their clubs, and to invite disabled people to join, particularly if changes and adjustments had recently been made.

There had been little in the way of formal staff training on disability specifically, but several clubs mentioned that their staff had received fire safety training, and so they knew how to assist a disabled person (a wheelchair user or a member with mobility restrictions) from the building. A few clubs mentioned having provided first aid training which would assist staff to help members with

certain health conditions, and another club reported that staff had received training on how to treat everyone with respect. One of the clubs had a member who was deaf and there had been a discussion about arranging some sign language training for staff, although this had not happened by the time of the interview.

### Religious society: staff training and ‘common sense’

A religious society mentioned that a number of their members had Alzheimer’s and often visited the club with their carers. Staff had also been trained to deal sensitively with their members, many of whom were elderly:

*‘That would be common sense and staff have a good record of working with disabled members. There are a fair number of members who [have] Alzheimer’s...but staff have been very good. Although there has been training, and staff are trained to be particularly sensitive to the needs of older folk, particularly as some of the staff are pretty young, they’ve got a reputation of being patient and helpful. They get presents and cards from the older disabled members.’*

Most clubs were very keen to assist members in any way that they could, and there were no examples of requests from members for adjustments to be made which clubs had not been willing or able to respond to in some way. The relative dearth of adjustments that had been made, compared to physical adaptations, of which there were many examples, appeared to be as a result of little explicit demand, coupled with a relatively low awareness among most clubs of what they might do proactively.

## 9.7 Reasons for making adjustments

In general, the clubs were keen to make whatever adjustments were needed in order to serve their members. Physical adaptations were sometimes made proactively, rather than being in response to club members who required them, but some clubs had made adjustments when a member or members presented a need, although the changes had sometimes taken a little time to implement. Some of the clubs reported that many of their members were older, some already had mobility restrictions which were worsening over time and that access issues would be likely to increase in the future. This was another reason for clubs having taken action in this area.

As reported earlier, clubs often made adjustments to improve accessibility when they were having other building work done, or as part of general renovations. On occasion, adaptations to improve accessibility had sometimes been suggested at the time of planning renovations, by the architects:

*‘In all honesty when we came here seven years ago we got an architect to do it [design the necessary renovations] and obviously they installed it and said: ‘well you’ll need these’ [accessible toilet and ramps] so we’ll put these in.’*

(Social and drinking club)

The DDA was cited in some cases as being a factor for making the physical adaptations, but it was rarely the only reason, as many clubs had made the changes primarily in order to provide a good and accessible service to all of their members. There was also a view among many that it was ‘the right thing to do’, and that there had been changes in what was generally expected in terms of accessibility to buildings used by the public, including their members.

Legislation other than the DDA was cited more frequently as having brought about changes, including the Licensing Act, fire regulations, health and safety regulations, and the smoking ban. Not all of the clubs would have made any adjustments without a legal requirement to do so, although for most, doing the right thing for their members was deemed to be a more significant motivating factor, as long as funds allowed.

**Political society: changes prompted by the smoking ban and to comply with health and safety regulations, which has benefited their members**

The smoking ban combined with health and safety issues had prompted a political society to improve its wheelchair accessibility. They did not know about the DDA, but had several members who used motorised scooters or wheelchairs, and as the club had steps up to the main entrance and exit, they left these at the bottom of the steps before making their way into the club on foot, with assistance. However, this was a health and safety risk, as the scooters and wheelchairs would cause an obstruction at the main exit, should there be a fire in the building. The smoking ban prompted the club to build a smoking pavilion for their members, and they decided to install a ramp to provide wheelchair access to the club at the same time. The ramp enabled members to bring their scooters and wheelchairs right into the club bar, leaving the fire exit clear. The adjustment was seen to be a good improvement to the club, and of particular benefit to their disabled members. They had also looked into installing an accessible toilet, but they had needed to postpone this as they had no more funds available.

**Religious society: adjustments made as a result of the Licensing Act, and for disabled members**

A religious society’s premises had accessible toilets and ramp access which were put in when the club was built. They had since made other adjustments, mainly as a result of regulations and legislation, although the club was not aware of the DDA duties for private clubs. They had installed a lowered bar for wheelchair users as a result of the Licensing Act requirements for new bars. They had also installed a hearing loop two years ago because several members were ageing and beginning to have trouble hearing. They had updated the fire alarms for health and safety reasons, and had chosen an alarm that flashed as well as making a noise, to alert people with a hearing impairment.

*‘We’ve just had a new fire alarm put in where if you’re deaf you can see it because it’s a flashing light one. It cuts all the power off if there’s loud music and it’s flashing, it’s a siren. So everybody can see that there’s an alarm going off, hear it, feel it, see it.’*

### **Social and drinking club: adjustments made as a result of regulations only**

A social and drinking club reported that some adaptations had needed to be made to their building before they moved into it, to comply with the Licensing Act which requires newly licensed premises to have an accessible bar and toilets. The vast majority of this work and other general renovations had been paid for by the council after a compulsory purchase of their old building. The club's downstairs bar and function room was accessible to wheelchair users and others with mobility restrictions via a ramp, and they also had an accessible toilet.

The respondent did not think that the adaptations would have been made without the legal requirement to do so, as they did not have any members who were wheelchair users and so none of their members really needed them. They also had a function room on the first floor which was reached by a flight of stairs. Reportedly, this had presented no problems for their members; some had mobility restrictions and walked using sticks but they were able to manage the stairs when they needed to. The function room was occasionally hired out to members of the public, but the limited access was made clear to them from the outset, before any bookings were made. The respondent thought that it would be prohibitively expensive to install a lift, and that as none of the current members were wheelchair users, this was not a priority for the club.

In general, adjustments for members with any impairments other than mobility restrictions were made reactively and in response to a need from a particular member. It was notable, for example, that the only clubs that had made adjustments for members with sensory impairments did have members who would benefit from these.

The exact processes for making adjustments were dependent on what would potentially be involved. Small adjustments to practices would be put in place as necessary by club staff, while costly adjustments would generally need to be discussed and approved by club committees before further planning went ahead.

Informal consultation with disabled members was fairly common when clubs sought to make changes for disabled members. If clubs were thinking about making adjustments to the club premises they would often ask disabled members for their views on what would be most helpful and appropriate. They would also often enlist the help of their architects to produce designs which were both practical for the club and that met all buildings and access requirements. One club had sought advice from a wheelchair company on how to make a new facility they were building fully accessible.

When making an adjustment for a particular member, if it was not obvious what the club needed to do, they would usually have an informal discussion with the member, focusing on what the member needed and how the club could best assist them in the future. In fact many clubs made the majority of their more minor adjustments this way, and saw it as using their 'common sense' or 'being flexible' rather than anything more formal than this.

## **9.8 Costs and benefits of making adjustments**

This section looks at the costs and benefits of making adjustments for disabled members. It looks firstly at physical adaptations to buildings and premises before considering the costs and benefits of other kinds of adjustments which had been made by clubs.

Some of the clubs had been able to find the money to make substantial changes costing many thousands of pounds, while others had more limited funds available and had spent a few thousand

pounds installing ramps and accessible toilets, often enlisting the time of suitable skilled members to make the work as cheap as possible for the club. More minor adjustments such as handrails had a much lower cost, but they were not usually made in isolation.

**Local society: extensive adjustments made**

A special interest club had made a number of adjustments to its facilities to make them wheelchair accessible in recent years, including building new club facilities designed specifically for this purpose, accessible toilets and covering the car park with tarmac, partly in order to improve wheelchair accessibility. They had made these changes to ensure that their disabled members and other visitors could enjoy the club facilities rather than in response to legislation, although they were aware of the DDA. The adjustments they had made had substantial costs, amounting to £36,000 which were funded by club savings, a loan and a lottery grant. Many members had also given their time to make the adjustments possible, but they were very happy to do this to support their club.

None of the clubs had allowed for the costs of staff time taken to plan the adjustments. These were just absorbed by the club as they were seen to be part of the general duties of the staff concerned. A few of the clubs had been able to access grants and financial assistance to help them to fund the adjustments they had made, but most of the clubs had financed the changes using their own funds.

Several clubs mentioned that if cost was not an issue, they would install lifts for their members, but that at present this was prohibitively expensive for them. At the time of the interview, one of the clubs was using a goods lift to enable members using wheelchairs to get to the upper floor, which was clearly not ideal as it had not been designed for this purpose, but as they were not able to afford to install a new lift this was the best solution at present. A few other clubs had looked into less costly adjustments, such as accessible toilets, but had not been able to afford to make these at the present time.

The benefits of making the physical adaptations to premises were usually seen to be moral and functional rather than financial, enabling clubs to provide a good service to members and, ultimately, to continue operating effectively. None of the clubs thought they would recoup all of the costs through membership fees or other methods, but as long as they had the money available to make the changes in the first place, this was not usually a concern. None of the respondents specifically mentioned complying with the DDA as being a benefit, although one did raise complying with legislation more generally.

*'We are a membership club. Our lifeblood is our members, and if we don't look after our members then there is little point in us being here and we certainly won't be here very much longer. It is our core, it's what we're here for, so if we don't look after them, then they will not employ us.'*

(Social and drinking club)

*'You can't put a value on a person's life can you? That's how I look at it.'*

(Religious society)

*'It's comfort, it's convenience and it's easier for people to do what they have to do. They can get straight into the club; they can drive out at night. They're safe and everything's within the law, which is another thing that has to be thought of.'*

(Political society)

A number of clubs mentioned that many of their members were older, and that some had mobility restrictions which were worsening with age. Making their buildings more accessible therefore enabled them to provide a good service to their members now, and would also stand them in good stead to do this in the future.

The costs of making some of the other, smaller adjustments and changes to practice that clubs reported were generally thought to be fairly minimal, or negligible. The benefits were that they were able to provide a good service to their members according to their needs, enabling the club to function in a way that would benefit everyone. Some also thought that it was part of providing a personalised service to their members.

## 9.9 Summary

Few clubs had formal policies on the treatment of their members or on disabled members in particular. It was seen as a given that clubs would treat all members equally and fairly, and do what they could to make their time at the club as comfortable and pleasant as possible.

There was a general appreciation that legislation existed (or probably existed) to protect the rights of disabled people, but few clubs knew any of the detail of this. Most thought that the specific duties for private clubs would not influence what they were willing to do, and many had made substantial changes without being aware of the DDA or the duties for clubs, although there were a few cases where the DDA had been at least part of the impetus for taking action.

Adjustments tended to be made reactively by clubs. Many of the clubs had made physical adaptations to their buildings and premises in order to make them more accessible for wheelchair users and for other members with mobility restrictions. Aside from these changes, the most common forms of adjustments were relatively minor changes in practice to accommodate members' needs, and these were put in place on an individual basis. Clubs usually saw these adjustments as being common sense, and the legislation had had no impact in this area. Physical adaptations had been made proactively in a few cases, but it was more usual that a member or a few members had mobility restrictions and that they would benefit immediately from improved accessibility. Virtually all other adjustments made, whether changes in practice, providing information in different formats, or purchasing specialist equipment for members with sensory impairments, had been made reactively in response to a request or an obvious need.

The costs of making the adjustments varied greatly, ranging from many thousands of pounds for substantial alterations to buildings, to a few thousand pounds to install ramps and accessible toilets, to far more minimal costs for producing information in different formats. As the clubs varied greatly in terms of the types of building they occupied and the funds they had available, what was reasonable for them to do varied greatly. The benefits of making the adjustments were that it was the 'right thing to do' and to provide a good service to their members, which clubs saw as being their primary purpose. None of the clubs expected to recoup the costs of making expensive adjustments, but felt that on balance, the expense had been worthwhile.



# 10 Awareness of the Equality Act 2010

## 10.1 Introduction

At the time of the survey, the Equality Bill, which became the Equality Act 2010 on 8 April 2010, was undergoing its parliamentary scrutiny. The Equality Act 2010 generally carries forward, and builds upon, the Disability Discrimination Act's (DDA's) provisions within a broader single piece of equality legislation (also covering the other equality strands: gender reassignment, sex, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, age, sexual orientation).

The Equality Act makes some further changes to the provisions of the DDA, including a simplification to the definition of 'disability' for the purposes of the Act, the extension of protection against direct discrimination and harassment, including to associates of disabled people (which will include carers), and a widening of the powers of employment tribunals to make recommendations against an employer which benefit the whole workforce, not just the disabled person bringing the claim.

This chapter explores:

- respondents' awareness of the (then forthcoming) Equality Act among all duty groups included in this study; and
- perceptions of the likely implications of the Equality Act for establishments in practice.

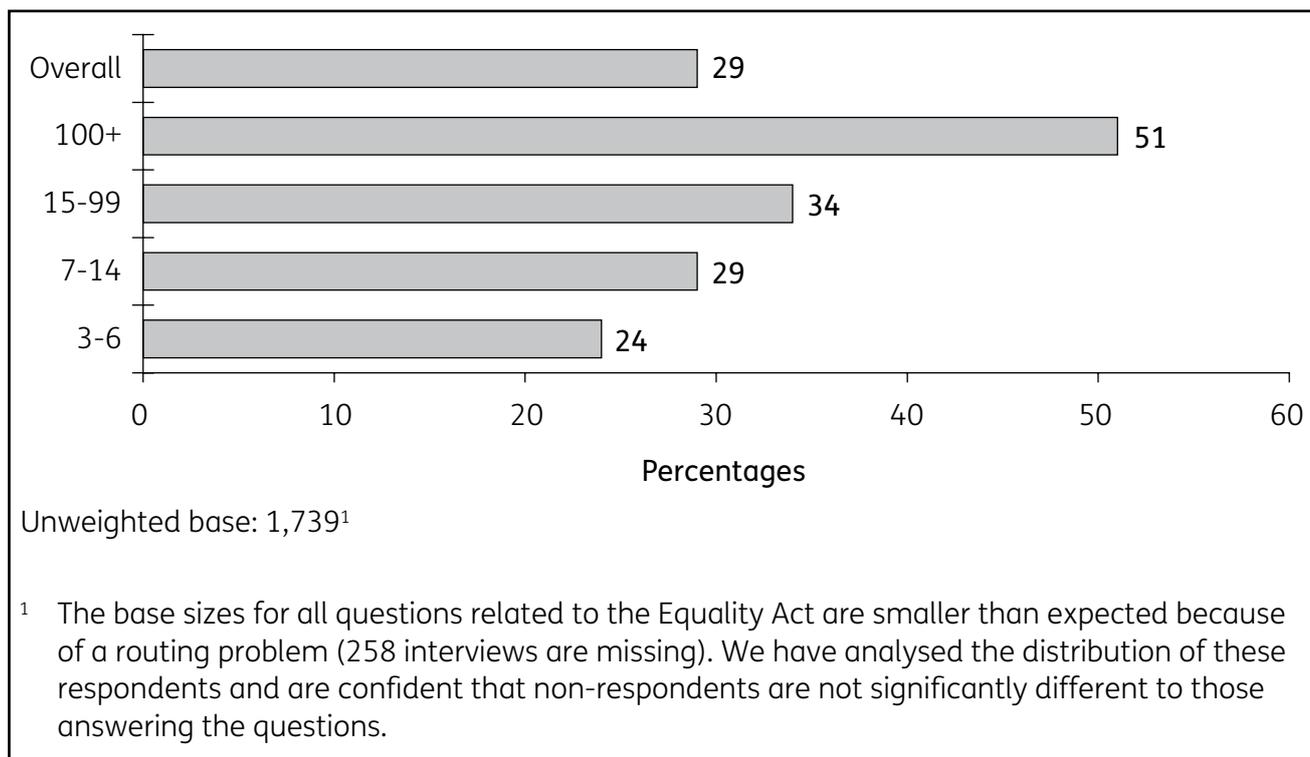
It outlines the findings for each of the duty groups in turn, drawing on findings from the quantitative and qualitative research.

## 10.2 Employers

### 10.2.1 Awareness

The findings from the quantitative survey on awareness of the Equality Act among employers are shown in Figure 10.1. Fewer than three in ten employers overall (29 per cent) were aware of the forthcoming Equality Act. In line with awareness of Part 2 of the DDA, if we assess awareness of the Equality Act by establishment size a similar pattern to awareness of the DDA is found. We find that just over half of large establishments with 100 or more employees (51 per cent) were aware of the forthcoming legislation. In contrast, less than one-quarter (24 per cent) of small establishments (with three to six employees) had any awareness of the new Act.

Awareness of the Equality Act also varies by sector: 46 per cent of establishments in the voluntary sector and 38 per cent of employers in the public sector knew about the Act compared to 25 per cent of those in the private sector.

**Figure 10.1 Awareness of the Equality Act, overall and by establishment size**

Interestingly, the proportion of employers who were aware of the forthcoming Equality Act was higher than the overall figure among establishments:

- that had employed a disabled person in the past ten years (34 per cent were aware of the new legislation compared to 25 per cent of those that had not employed a disabled person in the last ten years);
- that were spontaneously aware of the DDA Part 2 (45 per cent);
- that were spontaneously aware of the DDA Part 3 (42 per cent).

In line with the findings from the quantitative survey, the qualitative research with employers also found that, in general, there was little awareness of the forthcoming changes in the legislation as a result of the Equality Act. The exception to this was among those who worked in Human Resources (HR) roles, who usually worked in larger establishments, or establishments that were part of a larger organisation. They had a reasonable understanding of the changes, as it was part of their job to be informed with regard to present and forthcoming legislation. However, these respondents thought it was too early to say what the changes would mean in practice for their establishment. One establishment had set up a working group to look at how they could meet the requirements of the Equality Act.

### 10.2.2 Perceived implications of the Act

The likely contents of the then forthcoming Equality Act were outlined in the qualitative interviews. Few respondents expected the new legislation to have any impact on their establishment. Respondents who thought the legislation would have an impact tended to be small employers who anticipated that the Act would lead to more bureaucracy and more work for them as a result.

Employers said that they would be able to obtain information and advice on the new legislation from a number of sources including their HR departments, learning and development departments, company lawyers, and through training events and seminars. Some HR professionals said that they would seek information from the Chartered Institute of Personnel and Development. A few employers made suggestions of how best to circulate information about legislation updates including: providing information on a website which could be downloaded; running training events; and providing summary sheets.

## 10.3 Local authorities

### 10.3.1 Awareness

Just over half of all local authorities taking part in the quantitative survey had heard of the forthcoming Equality Act (55 per cent) and just over half of these respondents said that they had sought advice and information on the new Act. In the main, local authorities relied on their own organisations to provide this information, for example their HR department, with only a very small number saying that they had gone to external organisations for help. One or two local authorities reported in the survey that they had sought information and advice from the Equality and Human Rights Commission (EHRC), specialist consultants or a legal adviser.

In the qualitative research, however, few of those interviewed in local authorities were aware of the forthcoming Equality Act and respondents who had heard of the Act did not know much about it. This lower level of awareness may be as a result of the roles of those interviewed; the qualitative research specifically targeted those responsible for providing services to elected members, as the majority of the interviews were focused on this issue.

### 10.3.2 Perceived implications of the Act

After the likely contents of the Equality Act were summarised to respondents in the qualitative interviews, most thought it would be a useful piece of legislation. Some commented that it would bring together all the equality strands, making it easier for them to apply across the whole authority. As one respondent stated:

*'I do believe it was the right move to streamline them, and making sure they don't all have different parts to the law...I think it should be a level set of rights for everybody really, so for that reason I agree with it.'*

(London Borough Council)

Some local authorities had already produced joint equality schemes and it was mooted that this was in anticipation of the Equality Act. It was also noted by some that bringing all equalities strands under one public body, the EHRC, was a positive step. Some respondents believed that the provisions in the Equality Act regarding age would have a more significant impact on them in the future than the provisions related to disability.

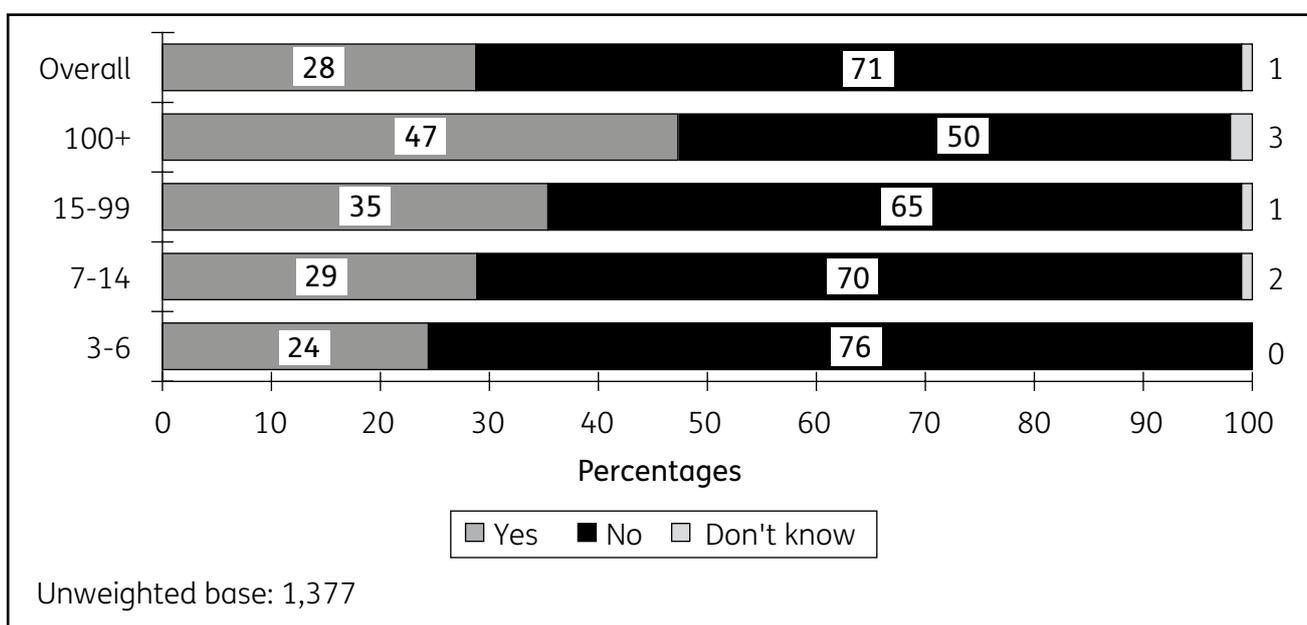
Generally, respondents thought that as the Equality Act got nearer to being implemented, more information would be made available about how it would impact on their local authority. Some respondents thought the Equality Act would provide an opportunity to highlight the issue of equal opportunities again and encourage people to go on awareness training. A number of respondents said they would seek advice about the Equality Act from various sources including the internet, colleagues in the local authority, and from relevant associations.

## 10.4 Goods and service providers

### 10.4.1 Awareness

Awareness of the forthcoming Equality Act among goods and service providers surveyed (most of whom were also employers) was not particularly high – just under three in ten providers reported in the survey said that they had heard of the Act (28 per cent). Providers who were most aware were likely to be from larger establishments (see Figure 10.2). Almost half of all goods and service providers with 100 or more employees were aware of the Act (47 per cent) compared to just under one-quarter of those with three to six employees (24 per cent).

**Figure 10.2 Awareness of Equality Act, by establishment size**



Once again, goods and service providers in the voluntary and public sectors were more likely to have heard of the Equality Act (45 per cent and 38 per cent respectively) compared to providers in the private sector (24 per cent of whom had heard of the Act).

Not surprisingly, awareness of the new legislation was also greatest among goods and service providers who were spontaneously aware of Part 3 of the DDA (42 per cent of whom knew about the Equality Act). Awareness was also greater among those that had made adjustments to the way in which their goods and services were provided (31 per cent of whom were aware of the Act compared to 19 per cent of those who had not made adjustments).

Awareness of the Equality Act among the service providers interviewed in the qualitative research was very low. Only one establishment (large, private sector) had any detailed knowledge about the forthcoming legislation, and had set up a working group to discuss how to meet the new obligations when they come into force. Some public sector organisations were aware that there was forthcoming legislation but had not received or sought out any information at the time of the interviews.

Generally speaking, the quantitative and qualitative research revealed that awareness of the forthcoming Act lags behind awareness of (all parts of) the DDA to a considerable degree.

### 10.4.2 Perceived implications of the Act

Once the likely contents of the Equality Act were outlined in the qualitative interviews, most establishments did not believe it would have much, if any, impact on their practice, as they reported that they already provided customers and clients with any assistance that they reasonably could. Some thought that the Equality Act would make it simpler and easier to understand their legal requirements. None of the service providers was concerned about what the changes would mean for their establishment.

Public sector organisations, large establishments or smaller establishments that were part of a larger multi-site organisation felt confident that they would receive information when necessary from their HR, legal or equality departments. Professional networks and bodies, as well as subscriptions to newsletters, were cited as potential sources of information and advice about the forthcoming legislation.

*'I would imagine that head office, which is very keen on policies and procedures, would tell us if there is anything we have to do. Obviously I would want to know if there was anything that was going to affect the decision making in store about things like that.'*

(Small, private sector establishment, part of larger organisation)

## 10.5 Public bodies

### 10.5.1 Awareness

The quantitative survey found that awareness of the Equality Act was slightly higher among goods and service providers who reported that they (also) provided a public function compared to goods and service providers overall: 44 per cent of service providers with a public function said that they had heard of the forthcoming legislation. It remains, however, that more than half of all 'public function' organisations were unaware of the new Act.

The qualitative research also revealed a higher awareness of the Equality Act among public bodies than was the case for the other duty groups. Most of the public bodies interviewed were aware of the forthcoming Equality Act, although knowledge of this varied from knowing that it would be introduced in the future, to a fairly detailed awareness of its likely contents, including, for example, that the (then) Bill contained a 'good relations' clause, which is present in the Race Relations Act, but not in the DDA. The respondent highlighting this thought that it would be interesting to see what this would mean in practice for the provision of services to disabled people.

### 10.5.2 Perceived implications of the Act

Some respondents had already attended courses and briefings on the forthcoming legislation. A small number of respondents were unaware of the forthcoming changes, but they usually referred to other colleagues in the organisation whose responsibility it would be to update them before the new legislation was introduced.

One organisation reported that the forthcoming Equality Act was already bringing its diversity strands, and the teams responsible for these, closer together. In contrast, one respondent had concerns that a single Equality Act would have a detrimental impact on the prominence of the disability agenda.

Some public bodies said that they would need to seek advice on the likely impact of the Equality Act on their organisation nearer to the introduction of the legislation, but others believed that they would already be complying with the principles it would contain.

## 10.6 Private clubs

### 10.6.1 Awareness

None of the private clubs interviewed was spontaneously aware of the forthcoming Equality Act when asked about future changes to legislation protecting the rights of disabled people. When the Equality Act was mentioned by name, two of the clubs said they had heard of it, but neither was aware of the details it would cover.

### 10.6.2 Perceived implications of the Act

When the likely coverage of the Act was outlined, some clubs said that the change in legislation would not have any impact on them. A few clubs said that they would be seeking advice nearer the time the Act was due to come into force. Others expected that they would be sent information from the government or the Club and Institute Union. Some clubs were unsure whether they would receive this as a matter of course. Several clubs said that they would find a summary of the new Act, and the implications for private clubs, very useful and that a leaflet sent by post would be the best way for this information to reach them. One of the respondents made the point that it would be important to make private clubs aware of the changes in legislation and the implications this could have for them:

*'I think as a private members' club, because they're governed by their rules, and those rules effectively can be extremely old...But something like the Equality Bill could have a real impact on the constitution of the club, not so much here, but I can think of some clubs where it would. So I think it's very important that clubs like ours are made aware of it and the implications of it...'*

(Sports club)

However, in general, clubs were happy to wait until nearer the time the Act came into force to receive any information about it:

*'Like I've said before, this Act that is going through parliament, whenever I hear about things like that, I just put them in the back of my mind until it happens.'*

(Social and drinking club)

## 10.7 Summary

The quantitative survey found that fewer than three in ten employers were aware of the then forthcoming Equality Act (29 per cent), although awareness was higher in large establishments. Awareness was highest in the voluntary sector and lowest in the private sector. Few employers interviewed in the qualitative research had heard of the Equality Act, the exception being those who worked in HR roles. Once the likely contents of the Act were outlined, few employers expected the forthcoming legislation to have any impact on their establishment.

Just over half of the local authorities in the quantitative survey had heard of the Equality Act (55 per cent). Few of the respondents interviewed in the qualitative research were aware of the Equality Act.

Just under three in ten goods and service providers in the quantitative survey were aware of the Equality Act (28 per cent), although awareness was higher than this in the voluntary and public sectors, and lower in the private sector. Awareness of the Act among goods and service providers in the qualitative research was also very low.

Awareness of the forthcoming Equality Act was relatively high among public bodies delivering public functions – almost half of the survey respondents knew of the Act (44 per cent) and some of those interviewed were also aware of the likely contents.

There was very low awareness of the Equality Act among private clubs.

Some of the public sector establishments had already started to take action in anticipation of the Act. However, most establishments interviewed said that they expected to receive more information about the Equality Act nearer to the time of its introduction, and they would consider the implications of its introduction for their organisation at that point.



# 11 Impact of the recession

This chapter explores the impact of the recession<sup>35</sup> on the establishments that took part in this research. It considers how the recession has affected establishments with regard to recruiting and employing disabled people, or providing goods and services to disabled people. The impact of the recession on each duty group is outlined as follows:

- employers and their recruitment practices;
- employers and their employment practices;
- local authorities, with regard to their elected members;
- goods and service providers;
- public bodies providing services and public functions;
- private clubs, and their services for members.

## 11.1 Impact on employers' recruitment practices

The qualitative research revealed that most employers had been affected by the recession, and most had taken steps to address the issue. They had usually frozen recruitment, some had made redundancies and a number had been operating on reduced hours or had frozen wages. However, most employers felt that the economic climate would not impact on their ability to recruit disabled people specifically. Employers in the public sector often stated that they had a moral and legal duty to disabled people, and that this would not be affected by the recession. The few employers that did think the recession would have an impact on disabled people were in the private sector. These employers thought that disabled people would be affected by increasing competition for jobs, and by the adjustments in the workplace that it would be reasonable to make. As one employer told us:

*'If it's a straight fight between somebody able bodied versus somebody who isn't, for the person who isn't, there's a lot of work and investment going to be required to make that work. He or she is going to be at a disadvantage. It's just economics.'*

(Medium, private sector establishment)

## 11.2 Impact on employers' employment practices

The quantitative survey asked all employers about the extent to which the recession had affected their workplace. A small number of employers (33) declared that they had been positively affected by the recession, either through increased volumes of customers and clients, and/or increased income. When we look at the remainder of employers, just over one-third of establishments (37 per cent) stated they had been affected (either positively or negatively) by the recession 'a lot', with a similar proportion reporting that they had been affected 'a little' (35 per cent).

<sup>35</sup> Figures from the Office for National Statistics showed that the UK entered recession (as defined by two successive quarters of negative growth) in the last quarter of 2008 and had come out of recession in the fourth quarter of 2009. The fieldwork for this study was undertaken in the autumn of 2009.

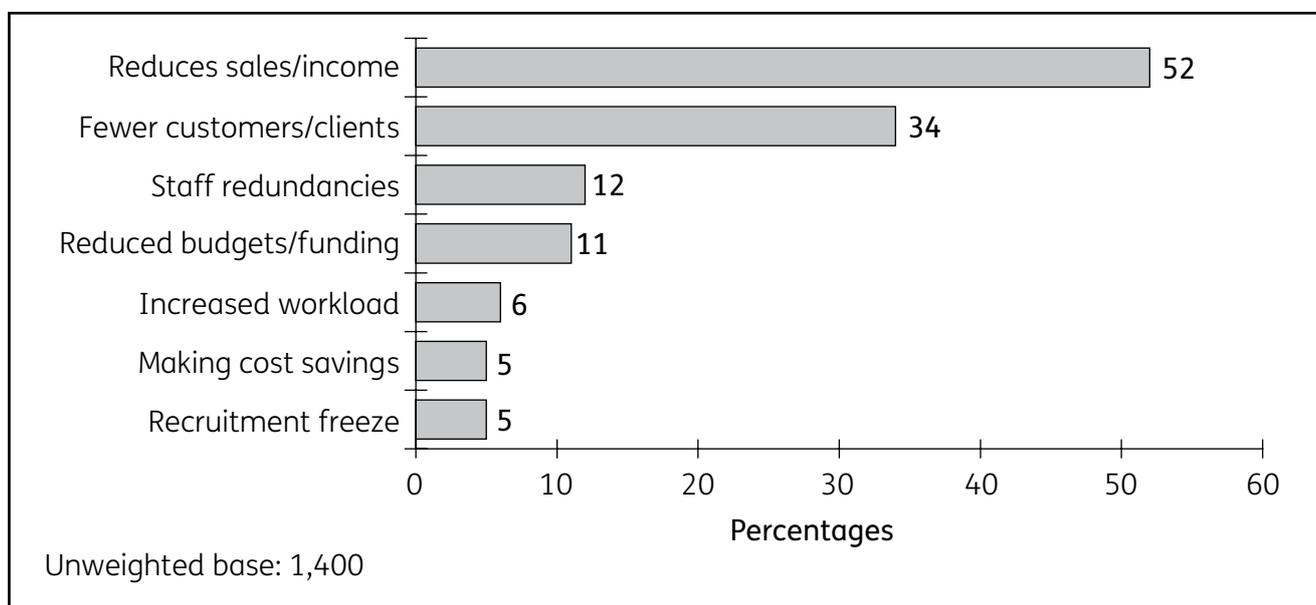
While no significant differences were observed in the effect of the recession on establishments of different sizes, a much greater proportion of establishments operating in the private sector stated they had been affected by the recession ‘a lot’ (40 per cent) when compared to public sector establishments (29 per cent) and those in the voluntary sector (22 per cent) (Table 11.1).<sup>36</sup>

**Table 11.1 Effect of recession on establishments, by sector**

	Sectors			Overall %
	Private %	Public %	Voluntary %	
A lot	40	29	22	37
A little	35	36	33	35
Not at all	25	35	45	28
<i>Unweighted base</i>	1,384	365	185	1,967

Looking more closely at how establishments had been affected by the recession, more than half (52 per cent) had experienced reductions in sales or income; more than one-third had lost customers or clients (34 per cent); more than one in ten had made staff redundant (12 per cent) and a similar proportion had seen their budgets or funding cut (11 per cent). A small proportion of employers (five per cent) had been forced to reduce their costs, and/or freeze recruitment.

**Figure 11.1 Specific effects of recession on the workplace**



Employers were also asked specifically how the recession had affected their ability to employ disabled people. The majority (81 per cent) said that the recession had not affected their ability to employ, or to continue to employ, disabled people at all.

A minority of 16 per cent of employers thought that the recession had affected their ability to employ, or to continue to employ, disabled people; among these employers, 70 per cent said that they had stopped recruitment altogether and 14 per cent said that they could not afford to make any adjustments.

<sup>36</sup> These differences are statistically significant.

Most employers interviewed in the qualitative research said that the economic climate had not impacted on their ability to employ disabled people. However, there was some concern from public and private sector respondents alike that the economic pressures brought on by the recession might affect their ability to make adjustments for disabled people in the future.

*'Things will be tough moving ahead...we will have to do more with less money which will make it harder to make adjustments. Will there be as much scope to make these adjustments, because that's an issue. We do attract applicants with disabilities because we're a public body. So I think it could get harder.'*

(Large, public sector establishment)

Some also said that their training budget had been cut, which may impact on disability awareness training.

The quantitative survey also investigated employers' expectations of the future and asked them whether they thought that the economic situation would improve, remain the same or deteriorate. Just over half of all employers believed that the economic climate would improve within the next 12 months (52 per cent), while a further 39 per cent thought the business climate would remain the same.

### 11.3 Impact on local authorities

The impact of the recession on local authorities was explored in the qualitative interviews. A number of local authorities had already experienced budget cuts as a result of the recession. Many anticipated budget cuts in the next financial year. Most respondents thought that the services provided to elected members had not been affected by the recession, although a few of the larger local authorities had made recent redundancies in departments such as member services and equality units. All respondents said that they would try and ensure that the support available for members would not be affected by the recession, and some thought that money for adjustments for disabled elected members would always be found. However, others thought that their ability to make adjustments might be affected by increased financial pressures. A few respondents said that being made aware of the Disability Discrimination Act provisions for disabled elected members during the interview for this research could help them to ensure that services for these members would not be affected by the recession.

### 11.4 Impact on goods and service providers

The impact of the recession on goods and service providers was explored in the qualitative interviews with establishments in this duty group (including local authorities as providers of services).

Some respondents reported that as general service provision budgets had been cut, the budget available for making adjustments for disabled people in the community had already been affected. In the case of one community council, the respondent thought the recession was the reason why the council did not move to new, accessible premises.

However, most respondents believed that there had been little impact on their service provision to disabled customers and clients to date, but several establishments believed it was hard to comment on whether they would be more affected in the future. However, it was generally thought that providing services for disabled customers and clients would be prioritised over many other aspects of service provision. This was reported by public sector respondents in particular.

Most service providers did not feel that the recession would have an impact on their willingness and ability to make adjustments. These were seen as being both a legal requirement and important from a business and moral standpoint.

*'It's like part of the ongoing policy. It doesn't affect the day-to-day running, it's just there in the background, so I don't think how much money we take or don't take affects whether we'd provide for disabled customers or not...As far as I know, when they do these surveys for reasonable adjustments they've got head office guidelines, and I can't imagine they'd have them changed just because of the economic climate.'*

(Small, private sector establishment, part of a large organisation)

Only two service providers felt that the recession might alter their view of what was 'reasonable'. In a few cases the recession was already thought to have had an impact on the adjustments being made, particularly physical adaptations to premises as these were usually the most costly. There were a few examples of general refurbishments being postponed, and one respondent thought that the recession may have an impact on the general budget for refurbishments in the future, although none were currently planned. These were not specifically related to adjustments for disabled customers and clients, but would have an indirect impact on accessibility. In many cases, establishments had made physical adjustments to their premises some time ago, or occupied newer buildings that were already accessible, and so this was not an issue.

*'I think it might mean that we're not able to invest in making great big adaptations. If there was a big refurbishment going on or whatever, that would be the point that I would say, look, we've really got to try and put something amenable in.'*

(Medium, private sector establishment)

### 11.5 Impact on public bodies

Most of the public bodies interviewed in the qualitative research reported that the recession had already had a significant negative impact on their budgets, or anticipated that it would do so in the coming months. They reported, for example, 'stringent budget cuts' or reduced income streams, which would inevitably lead to tensions within most of the establishments and organisations. Nonetheless, many respondents reported that tighter financial circumstances would not lead to any changes in the services that they provided to the public. Nor would more limited finances impact on the adjustments for their customers, clients and service users:

*'I just think we've got a lot of things in place and it's not going to impact on what we do in the future. If we need to make an adjustment to aid a disabled person, it might be Joe public or a member of our staff, we will continue to do so.'*

(Government department or agency)

*'Whatever is needed to enable those less able to access our services will be provided; and I can guarantee that.'*

(Other public body)

In terms of whether what is perceived as reasonable will change in the light of scarcer resources, respondents tended to refer to the fact that while they might have fewer resources, they were obliged to comply with the legislation that had been set down, and that savings would need to be found elsewhere in their organisations:

*'The responsibilities aren't going to go away, the demands are still there, the policies have been made, a lot of it is legislation, so I think the wear and tear will be felt by the staff and the managers who are trying to balance the books.'*

(Judicial, courts and tribunals)

*'If we're required to make reasonable adjustments, the reasonable adjustment doesn't change just because we're in a recession.'*

(Government department or agency)

However, some respondents believed that what was reasonable in the past may not be in the foreseeable future, and there would be tighter limits on some of the more costly adjustments as a result of the recession:

*'I think we'll certainly remain compliant with the regulations, but we will have far less flexibility in terms of how we can spend on improving the facilities, because it will be tight...And unless it's absolutely stated in black and white and it's a regulation that we have to do X, Y or Z, we won't do it.'*

(Health sector public body)

*'Sometimes with the best will in the world, you want to adapt, to make adjustments but it's not cost effective to do it for the sake of a minority, as they could be seen, of clients. Is that a good use of public funds to make that decision, or would it be better to use the same amount of money to make a different set of choices to affect a larger group of people? Yes, theoretically, it could affect things that happen in the future.'*

(Other public body)

## 11.6 Impact on private clubs

Evidence from the qualitative interviews was mixed about the recession. The recession had had little impact on some of the private clubs, but others said that their funds had been quite badly affected as fewer members were choosing to renew their membership and as a result of lower takings from their bars and from other activities. However, a number of other clubs said that their membership had increased as their services and entertainment provided relatively good value in difficult times. In turn, the extent to which clubs thought that the recession had affected their ability to make adjustments varied. Some said that the recession would not make any difference to what they were willing and able to do for disabled members, while others said that they no longer had enough money to make expensive physical adaptations. There were a few examples of plans being shelved as a result of tighter financial circumstances, as in the case of a club that had looked into installing an accessible toilet:

*'I think businesses see improvements specifically for disabled on the periphery of their spending, which is unfortunate...Because the improvement we're going to make, we're not going to have that amount of cash to spend...we're talking specifically about a disabled toilet. We won't have that spare cash and I can't endanger a club just to do that one specific project. So [in the absence of the recession] that might well have been very much closer than what it is.'*

(Political society)

### 11.7 Summary

Most employers surveyed said that the recession had not affected their ability to employ disabled people at all. Many other factors were more important than this, and the key factor that reduced employers' likelihood of employing a disabled person was the belief that employing a disabled person was a major risk. The qualitative findings were in line with this; most employers thought that the recession would not impact on their ability to recruit disabled people, although many had been affected by the recession, and some had frozen recruitment or had made redundancies.

The economic climate had resulted in little impact to date on employers' ability to make adjustments. However there was some concern that the recession may affect their ability to make adjustments for disabled people in the future.

A number of local authorities had already experienced budget cuts as a result of the recession, and most anticipated cuts in the future. Some said that their provision for disabled elected members would not change, but others reported that the budget for making adjustments had already been affected.

The impact of the recession on the goods and service providers in this research was varied. Some had experienced a significant negative impact, but many thought that this would not affect their services to disabled customers. A small number of service providers said that the recession might alter what they deemed to be 'reasonable' in the future.

The perceived likely impact of the recession on the public bodies interviewed in the qualitative research was also mixed; some thought it would have no impact on their services to disabled people while, as was the case among service providers, some believed that what had been reasonable to do in the past might change in the future.

There was mixed evidence on how the recession had impacted on private clubs. For some, it meant that there were fewer funds available, and a few were less able to make planned or potential adjustments to their premises, than they might otherwise have been. However, other clubs had experienced increases in their membership as a result of the recession as the services they provided were perceived as relatively good value.

# 12 Advice, information and support

## 12.1 Introduction

This chapter examines the extent to which organisations had sought advice and information on issues around the recruitment, employment and provision of goods and services to disabled people, including disabled members of private clubs and disabled elected members of locally electable authorities. The findings for each duty group are presented in turn, drawing on evidence from the quantitative survey and the qualitative interviews to cover:

- whether information and advice had been sought;
- the sources of information and advice consulted;
- usefulness of information and any further support needs.

## 12.2 Employers

### 12.2.1 Seeking advice and information

In the quantitative survey, employers were asked whether they had sought any advice on the employment of disabled people, and the majority (69 per cent) reported that they had not done so. Just over one-quarter of all employing establishments (28 per cent) had asked for advice.

The likelihood of seeking advice increased markedly with the size of establishment (Figure 12.1), with many more, larger establishments reporting seeking advice on employing disabled people than smaller establishments. Establishments that had employed a disabled person within the last ten years were also more likely than average to have sought advice (43 per cent), as were employers in the public sector (44 per cent) and the voluntary sector (42 per cent).

Likewise, in the qualitative interviews, employers in medium and large establishments had often sought advice or information on disability legislation. Few employers in small establishments had sought advice or information on disability issues or legislation. They reported that there had not been a need to seek such information, generally because they had not employed disabled people.

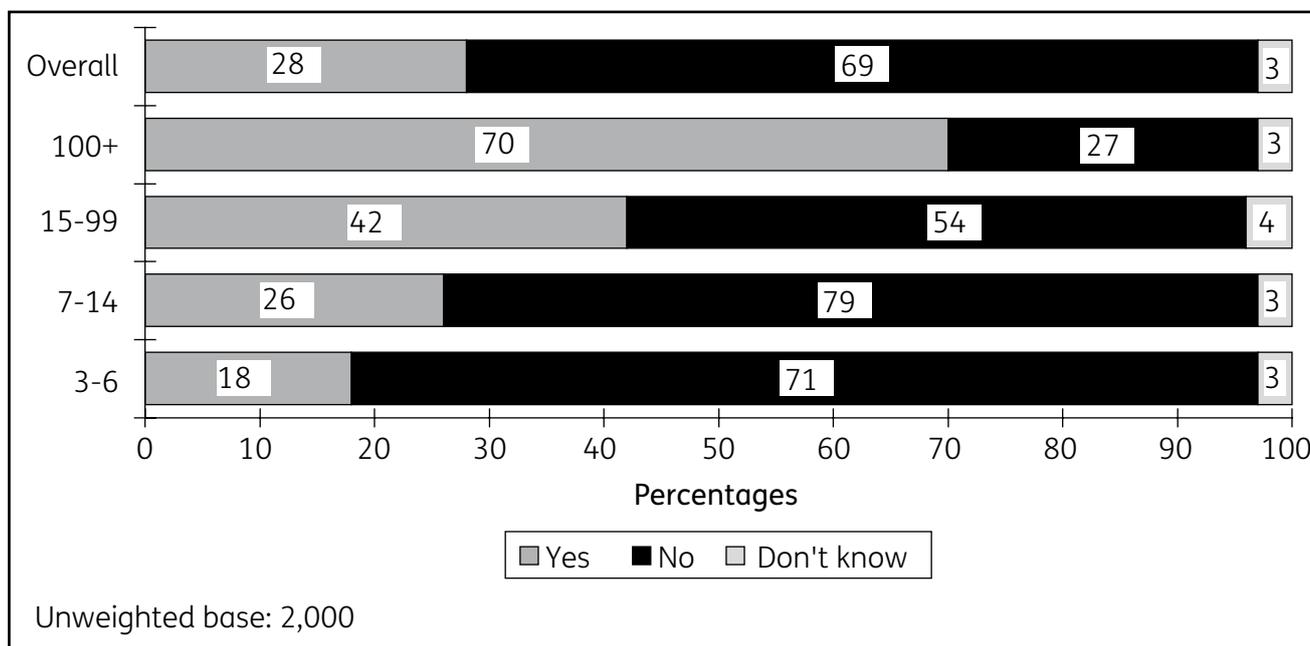
*'It's because we've never had to deal with these issues...this aspect of employment. This is why I don't think we have these issues. It's a completely different type of person who applies to work in these venues.'*

(Small, private sector establishment)

Most respondents who had sought information or advice on disability thought that it had become easier to access over time, particularly as a result of the internet.

*'I think it's easier. I just think there's more access generally and you've got the internet, telephones and there are more bodies that are focused on disabilities.'*

(Large, public sector establishment)

**Figure 12.1 Advice sought on employing disabled people, by establishment size**

Turning again to the quantitative survey data, if we unpick the factors that statistically influence the likelihood of seeking advice on the employment of disabled people (using multivariate analysis), we find that establishments with the greatest likelihood of doing so were those:

- with seven to 14 employees;
- with more than 100 employees;
- that were spontaneously aware of the Disability Discrimination Act (DDA) Part 2 and aware of some disability legislation without being able to name it;
- that had made recruitment-related adjustments;
- that had made employment-related adjustments;
- that collected health and disability information at the recruitment stage.

### 12.2.2 Sources consulted

The quantitative survey asked employers which sources of information they used when employing disabled people. Twenty per cent of establishments that had sought advice on this issue had gone to their head office, 13 per cent had used specialist consultants and ten per cent said they had drawn on associations or charities dealing with disability (Table 12.1). Very few establishments (just two per cent overall) said that they had sought advice from the Equality and Human Rights Commission (EHRC) or the Disability Rights Commission (DRC) before it.

Establishments that were part of a larger multi-site organisation were more likely than others to utilise internal resources such as the head office (32 per cent) and other colleagues within the organisation as a whole<sup>37</sup> (ten per cent). In contrast, single-site establishments were slightly more likely than others to use external, specialist consultants (14 per cent), although this difference is not statistically significant.

<sup>37</sup> These differences are statistically significant.

**Table 12.1 Sources of advice and information used, overall and by whether part of a single or multi-site organisation**

	Single-site compared to multi-site		Overall %
	Multi-site %	Single-site %	
Head office	32	5	20
Specialist consultants	12	14	13
Specific association or charity dealing with disability	10	11	10
Local county/council/authority	7	13	9
Jobcentre/employment service	5	9	7
Other colleagues at this workplace	10	2	6
Solicitor/legal adviser	6	6	6
Health and safety/occupational health department	4	3	3
HR department	4	2	3
EHRC	2	2	2
DRC	2	2	2
Department for Work and Pensions (DWP)	1	3	2
Trade/employer association	1	3	2
ACAS	2	2	2
Internet search	1	3	2
Don't know	9	11	10
Other	3	8	5

*Unweighted base: 638*

The qualitative interviews revealed more details about which sources were consulted, and in which circumstances. General sources cited by a range of different establishments included the internet, which employers found particularly useful to gather information quickly. Websites mentioned included the former Government Department for Business Enterprise and Regulatory Reform (now the Department for Business, Innovation and Skills) and Directgov.

Interviewees in Human Resources (HR) roles tended to use the Chartered Institute of Personnel and Development (CIPD) and Croner. A few of these respondents had been on training courses or seminars on disability issues. Employers in large establishments and those in the public sector often referred to sources of information within their own organisations, such as their HR department or their equalities team. One establishment, which was part of a local authority, had access to a DDA team whose job was to improve awareness and compliance across the organisation.

Some employers had accessed the services of employment lawyers, generally regarding a situation with a specific employee. A few employers had sought advice from specialist disability organisations on how best to assist a disabled employee. One employer received regular updates on legislation from the Advisory Conciliation and Arbitration Service (ACAS).

### 12.2.3 Usefulness of information, and further needs

Most respondents who had sought information or advice on the recruitment and employment of disabled people thought that it had become easier to access over time, particularly as a result of the internet.

*'I think it's easier. I just think there's more access generally and you've got the internet, telephones and there are more bodies that are focused on disabilities.'*

(Large, public sector establishment)

Most employers said that they thought that there was enough information available, and they knew where to seek it if required.

## 12.3 Locally electable authorities

### 12.3.1 Seeking advice and information

The qualitative interviews revealed that most locally electable authorities had sought advice and information about disability issues. In the main, information had been sought on the goods and services provisions of the DDA, employment of disabled people, and developing equal opportunities policies. Few had sought specific advice from outside their organisation on providing services to disabled elected members.

In the quantitative survey, one in five locally electable authorities (21 per cent) that had made, or planned to make, adjustments to help disabled elected members and councillors, said that they had sought some advice or information to enable them to do so. However, in line with the findings from the qualitative research, the majority of these had gone to their own HR departments/personnel function for this additional help.

### 12.3.2 Sources consulted

A number of different sources of advice and information on disability had been used by locally electable authorities interviewed in the qualitative research. Larger locally electable authorities usually had access to relevant services within their organisations, including equality units and HR departments. Some smaller councils also reported contacting larger locally electable authorities for specialist advice from these departments.

Many of the respondents reported that they had consulted or received information from external sources. Local government associations were often mentioned, including the Local Council Association, the Association of Community Councils, the Local Government Association for England and the Welsh Local Government Association. Some respondents had consulted other organisations including the Social Exclusion Unit, EHRC, the Improvement and Development Agency, and ACAS. Some had consulted architects when planning changes to their premises. The internet was cited as a general source of information on disability. Some locally electable authorities had consulted with local disability groups regarding particular issues such as access and a few had used the services of local disability advocates.

### 12.3.3 Usefulness of information, and further needs

Respondents were generally positive about the information they had received about disability. However, some were unsure where they could go for advice specifically related to providing services and support for disabled elected members. The internet had been found to be a good source of information on disability and the DDA, but some respondents noted that there was very little

information about the provisions for disabled elected members on the websites they visited for equalities information, including the EHRC website.

Respondents who had not been aware of the provisions for disabled elected members before the research usually said that they would like further information about the DDA duties. Some said that they would approach their local government association for this. Some thought that key information on the DDA and disabled elected members duties should be summarised by central government and made available to locally electable authorities of all sizes in a reader-friendly format.

## 12.4 Goods and service providers

### 12.4.1 Seeking advice and information

To gauge the demand for information and guidance on the DDA, all goods and service providers, including those delivering public functions, taking part in the quantitative survey were asked if they had sought advice on any aspect of service provision or delivering their public function to disabled people. Fewer than three in ten goods and service providers (28 per cent) had actually requested help with making adjustments or any other aspect of the DDA. Providers who were aware of the DDA were more likely than average to have sought advice (36 per cent). Larger establishments and those in the voluntary and public sectors were also more likely to have sought advice on the DDA than other smaller establishments or those operating in the private sector. These findings are very similar to those observed in the 2006 survey.

The qualitative research found that while most establishments providing goods and services had sought information and advice about disability issues, and the DDA specifically, they had sought advice more often with regard to employment rather than providing services or functions. Where advice had been sought, this was mainly regarding planned adaptations, rather than for legal advice. The main issue on which advice was needed was on adapting premises to improve physical accessibility. One establishment had sought advice on how to make a website accessible to people with a visual impairment.

Most of the smaller establishments interviewed had not sought any advice or information on disability issues because they had not found the need to. They usually took a ‘common sense’ approach; doing what they thought was necessary to enable customers or clients to access their services.

*‘I’ve probably got more important things to do [than seek advice, support or information] for me it all comes into the same sort of thing of just providing a good service for our customers... we can’t really afford to have any barriers to access at any level, so that’s why, because I’ve probably already addressed them or at least I hope I have.’*

(Small, private sector establishment)

### 12.4.2 Sources consulted

The quantitative survey found that the main sources of advice on Part 3 of the DDA were usually internal to the organisation. Goods and service providers who had asked for advice on the legislation usually went to their own departmental sources such as HR or the head office (around one in five – 19 per cent of those seeking advice – used these sources). Very few providers said that they had sought advice externally from specialist organisations or bodies representing disabled people, for example the EHRC, the former DRC, and charities.

The qualitative research also found that large establishments or smaller establishments that were part of larger organisations were often reliant on central HR, or legal or equality departments, to provide advice and information on disability and other equality issues. If staff had any queries, these departments would be their first point of contact. These departments often also distributed information throughout the organisation, such as forthcoming changes in legislation and training.

### **A medium-sized organisation: advice and information from central HR**

A medium-sized establishment (a restaurant) that was part of a larger chain relied on its HR department to provide information on legal requirements and any changes in how they should be dealing with disabled customers. This information was communicated to them by e-mail and also through quarterly branch managers' meetings. Managers could also refer to the company's intranet or approach HR directly with queries. In the event that these avenues did not provide the information needed, the respondent said that he would approach the local council for advice, but he felt it was unlikely that he would not find the necessary advice and information from within the organisation.

Professional networks and bodies external to the organisation were also mentioned by service providers as sources of advice and information. Some received regular magazines or newsletters to keep up to date with developments in legislation, or had established suitable contacts through these networks that they could approach, should the need arise.

Larger establishments in particular cited disability organisations and charities, including the former DRC, Disability Wales, and the Royal National Institute of Blind People, as sources of advice and information. One establishment had received advice from Access to Work. Small and medium-sized establishments mentioned their local council and organisations such as Business Link as potential sources of advice and information, but had rarely sought advice in practice.

Establishments that had made physical adaptations to buildings had sought advice from the local council, the fire service, a disability group and from architects.

### **12.4.3 Usefulness of information, and further needs**

Although not all respondents had sought advice and information, most of those who had done so thought it had been easy to find and useful. However, these were, on the whole, public sector organisations, large establishments or smaller establishments that were part of larger organisations, and as such, they had easy access to HR, equality specialists, or legal teams. These interviewees were confident in the information they had been provided with in the past and their ability to access it in the future. One public sector organisation thought that more clarification on disability law would have been useful in the past.

*'When the legislation has been quite new, it's been very hard to get interpretations on it. There's not enough case law established and so interpreting it is sometimes is...you say well does this mean this and what do you do about that and sometimes the guidance has been quite vague.'*

(Large, public sector establishment)

Two smaller organisations said that they would have liked to have been sent printed material with clear guidelines about disability legislation, for future reference.

## 12.5 Public bodies

### 12.5.1 Seeking advice and information

Few of the public bodies interviewed in the qualitative research had actively sought advice from outside their organisations, as they had not needed to. Many reported that their main sources of advice and information on disability and equality issues, and updates on legislation, was available from their head office, HR, or staff with an equality and diversity remit. One respondent also referred to a central team of lawyers within their organisation.

As most of the public bodies had substantial expertise in-house, most had not needed to seek advice externally, or proactively, as relevant information was passed down to them, as appropriate. On occasion, respondents would refer to these internal sources of expertise if they encountered a particular issue, or with regard to making adjustments which would incur a substantial cost.

A few of the respondents had referred to external sources of advice, for example, architects regarding their premises and whether these complied with the DDA.

### 12.5.2 Sources consulted

As discussed, the main sources of advice and information were from within respondents' own organisations, including HR, equality and diversity departments, or staff with a particular remit for this area. Some had information on disability issues available on their intranet; again this was provided from the organisation's head office.

*'It would be led by HR, passed to operations managers and down to team level, a trickling effect from core services set above the department.'*

(Other public body)

In some cases, internal and external auditors had provided advice and information to public bodies on, for example, the premises they occupied and compliance with the requirements of the DDA.

A few of the public bodies had been active in consulting external organisations, including disability organisations, disabled service users and disabled people in the community. One respondent said they had, in the past, referred to the former DRC for specific information.

Not all public bodies had sought advice, but examples of where they would go if they needed to included the Cabinet Office, the EHRC, ACAS and the CIPD.

### 12.5.3 Usefulness of information, and further needs

None of the respondents identified any needs for general advice and information on disability issues that were not being met. They relied to a great extent on their head offices and the equality, diversity and disability specialists within their organisations to filter out and pass on the most relevant information to them in a timely manner. A few had networks of external organisations with whom they communicated regularly to ensure they were kept up to date with key developments and messages.

### 12.6 Private clubs

#### 12.6.1 Seeking advice and information

A few of the clubs had proactively sought advice concerning disability issues at their club. One had hired an independent adviser to carry out an access audit, another had sought information from a company that made wheelchairs when they were planning changes to some of their specialist facilities. Others had consulted the internet on occasion, about disability and other equalities issues, using, for example, government websites including DWP and ACAS, or local Business Link websites. Some had sought information from their local authorities. A few clubs employed solicitors or subscribed to specialist organisations to provide them with legal advice.

#### 12.6.2 Sources consulted

It was more usual for clubs to have received information on these topics rather than for them to have actively sought it. Information came through a range of sources including, for example, architects, when clubs were planning or making changes to their buildings. The Club and Institute Union (CIU) was mentioned by a number of respondents. This umbrella organisation appeared to be a good source of timely information for private clubs, as it sent updates through the post to its member clubs:

*'We have input from the CIU because whenever there is any legislation of any description concerning the clubs, i.e. the policies on disability and disabled people, they do inform us and they tell us this is what you must do. So I will read it and of course it's filed.'*

(Social and drinking club)

However, not all clubs belonged to or were affiliated with the CIU. The only relevant or related information and advice that had been received by one club had come from the Health and Safety Executive, and through having fire safety inspections.

Some clubs had not sought advice or information from outside their club, but had members with specialist or legal backgrounds that they could consult informally, as needed, and they also generally trusted that these members would alert them to any issues that needed to be addressed.

*'Within the membership we have at least three or four people who are legally qualified. We've got a barrister, a solicitor and certainly one other guy who has a law degree...So if these people were seeing that we weren't doing what we should do, then they would be telling us. And this is the way it works with our sort of society.'*

(Special interest club)

A few respondents had not consulted within their club membership or sought advice externally, as they had not encountered any issues that they had not been able to deal with themselves or through their club committees.

#### 12.6.3 Usefulness of information and further needs

Some clubs assumed that when any relevant laws changed they would be made aware of them by the government.

Not all clubs had access to emails and the internet, so sending information through the post, possibly via the CIU, as well as directly from government departments, was thought to be a good method to supply clubs with updates on legislation that applied to them. Sending information through other governing bodies associated with clubs was also thought to be an effective method of channelling relevant information to clubs.

## 12.7 Summary

The majority of employers surveyed had not consulted any sources of advice on the employment of disabled people (69 per cent). Just over one-quarter had asked for advice (28 per cent). The likelihood of seeking advice increased markedly with the size of establishment. Having made adjustments and being aware of disability legislation also increased the likelihood of having sought advice.

The larger employing establishments interviewed in the qualitative research reported that they generally sought advice and information from within their own organisations: their HR departments or equalities staff. External sources consulted included the internet, particularly government websites, CIPD, specialist consultants or lawyers.

Few small employers in the quantitative or qualitative research had sought advice or information.

Most locally electable authorities had sought advice on disability issues, although few had sought specific advice on providing services to their disabled elected members. Some were unsure where they could go for information about the DDA duties for disabled elected members and requested that it be made available to them in a reader-friendly format.

Larger goods and service providers and those in the voluntary and public sectors were most likely to have sought advice about the DDA, and about making adjustments. Small and medium-sized service providers, and those in the private sector, had rarely sought advice on these issues. A few said that they would like to be sent information and clear guidelines on disability legislation for future reference.

Large goods and services providers tended to rely on sources of advice and information within their organisations. When advice had been sought externally, this was generally reactive and in response to a particular issue that had arisen. External sources of advice included specialist organisations, professional networks, disability organisations and the EHRC.

Public bodies rarely sought advice or information from outside of their own organisation, relying instead on assistance from their HR departments. They did not perceive any unmet needs for information and were generally satisfied with the internal support they received.

Private clubs were more likely to have received information on disability issues and relevant legislation than to have actively sought it unless they had encountered a particular issue that had prompted them to do so. Sending updates by post and through the CIU and other governing bodies was seen to be the best way of supplying clubs with the information they needed.



# Appendix A

## 2006 and 2009 comparisons

This appendix summarises the overall frequencies for key variables, comparing the 2006 and 2009 surveys, to identify any changes over time. Where a statistically significant change was found, this is indicated with a double asterisk (\*\*). All tests were undertaken using fixed-level significance testing, with a confidence level of 95 per cent. The asterisks are placed throughout the table even where changes over time for particular categories are not large, as the test refers to the overall distribution of answers for each question, rather than individual categories.

Tables are presented with ‘don’t know’ responses for consistency with the rest of the report. Statistical tests were run both with and without the ‘don’t know’ category where cell counts permitted, as in some cases a ‘don’t know’ response may have a substantial meaning (for example, when talking about attitudes or willingness to employ people with certain health conditions it may indicate ambivalence, negative attitudes or a true lack of knowledge which could affect behaviour). The significance of changes over time was not sensitive to the category’s inclusion or exclusion.

### Chapter 2: The DDA Part 2: awareness, understanding and attitudes

#### Awareness of the DDA Part 2

**Table A.1 Spontaneous awareness of the DDA Part 2**

	2006 %	2009 %
Aware of the Disability Discrimination Act (DDA) Part 2	25	20**
Aware of legislation but don’t know/incorrect name	48	49**
Not aware of legislation	26	30**
Don’t know	*	*
<i>Unweighted base</i>	2,001	2,000

Note: Asterisks (\*) indicate a percentage of less than 0.5 but more than zero.

**Table A.2 Overall awareness of the DDA Part 2**

	2006 %	2009 %
Aware of DDA Part 2	80	76**
Not aware of DDA Part 2	20	24**
<i>Unweighted base</i>	2,001	2,000

## Knowledge and understanding of the DDA Part 2

**Table A.3 Employers' perceptions that health conditions are disabilities**

	2006 %	2009 %
With mobility restrictions	84	83
With lifting/dexterity restrictions	71	72
With facial or skin disfigurement	10	11
With a hearing impairment	63	68**
With a visual impairment	72	72
With a mental illness	59	57
With a learning difficulty	57	58
With a speech impairment	48	52
With a progressive illness such as Parkinson's disease <sup>1</sup>	67	64
With multiple sclerosis	see note	65
Diagnosed with cancer	19	20
Diagnosed HIV positive	12	13
With epilepsy	38	42**
With diabetes	16	14
<i>Unweighted base</i>	2,001	2,000

<sup>1</sup> In 2006, the survey asked one question only: 'Do you consider a person with a progressive illness such as multiple sclerosis or Parkinson's disease to be disabled, or not?'. In 2009, two separate questions were asked: 'Do you consider a person with a progressive illness such as Parkinson's disease to be disabled, or not?' and 'Do you consider a person diagnosed with multiple sclerosis to be disabled, or not?'.

## Ease or difficulty of accommodating various disabilities or conditions

**Table A.4 Perception of ease or difficulty of employing someone who needs to use a wheelchair**

	2006 %	2009 %
Easy	39	40
Difficult	42	38
Impossible	18	21
Don't know	1	1
<i>Unweighted base</i>	685	642

**Table A.5 Perception of ease or difficulty of employing someone who has arthritis which can fluctuate and at times severely limit their physical capacity**

	2006 %	2009 %
Easy	48	48
Difficult	45	45
Impossible	4	3
Don't know	3	4
<i>Unweighted base</i>	691	662

**Table A.6 Perception of ease or difficulty of employing someone who has severe facial scarring which cannot be completely masked**

	2006 %	2009 %
Easy	90	88
Difficult	8	10
Impossible	*	*
Don't know	1	2
<i>Unweighted base</i>	660	687

**Table A.7 Perception of ease or difficulty of employing someone who is profoundly deaf (not helped by a hearing aid)**

	2006 %	2009 %
Easy	32	29
Difficult	54	55
Impossible	12	12
Don't know	2	4
<i>Unweighted base</i>	667	675

**Table A.8 Perception of ease or difficulty of employing someone with severely impaired vision**

	2006 %	2009 %
Easy	19	17
Difficult	64	62
Impossible	16	19
Don't know	2	3
<i>Unweighted base</i>	672	672

**Table A.9 Perception of ease or difficulty of employing someone who has dyslexia**

	2006 %	2009 %
Easy	70	75**
Difficult	25	20**
Impossible	3	1**
Don't know	2	4
<i>Unweighted base</i>	660	647

**Table A.10 Perception of ease or difficulty of employing someone who has learning difficulties**

	2006 %	2009 %
Easy	41	46
Difficult	49	45
Impossible	5	4
Don't know	5	5
<i>Unweighted base</i>	644	674

**Table A.11 Perception of ease or difficulty of employing someone who has clinical depression**

	2006 %	2009 %
Easy	51	53
Difficult	36	38
Impossible	4	3
Don't know	9	7
<i>Unweighted base</i>	671	692

**Table A.12 Perception of ease or difficulty of employing someone who has schizophrenia**

	2006 %	2009 %
Easy	25	23
Difficult	51	50
Impossible	10	11
Don't know	14	16
<i>Unweighted base</i>	679	655

**Table A.13 Perception of ease or difficulty of employing someone who has a severe stammer and finds it hard to communicate verbally**

	2006 %	2009 %
Easy	50	51
Difficult	43	41
Impossible	4	6
Don't know	3	3
<i>Unweighted base</i>	680	661

**Table A.14 Perception of ease or difficulty of employing someone with Parkinson's disease**

	2006 %	2009 %
Easy	35	35
Difficult	44	42
Impossible	8	7
Don't know	13	17
<i>Unweighted base</i>	664	662

**Table A.15 Perception of ease or difficulty of employing someone with epilepsy**

	2006 %	2009 %
Easy	65	66
Difficult	26	26
Impossible	5	3
Don't know	4	5
<i>Unweighted base</i>	631	671

**Attitudes towards employing disabled staff****Table A.16 'Taking on a disabled person is a major risk for the employer'**

	2006 %	2009 %
Agree	22	24
Disagree	75	72
Don't know/refused	4	4
<i>Unweighted base</i>	2,001	2,000

**Table A.17 'We always seek to recruit the best person for the job, irrespective of whether they have a disability or not'**

	2006 %	2009 %
Agree	95	96
Disagree	4	2
Don't know/refused	1	2
<i>Unweighted base</i>	2,001	2,000

**Table A.18 ‘This workplace would find it difficult to keep on employees who became disabled’**

	<b>2006</b> %	<b>2009</b> %
Agree	33	32
Disagree	58	56
Don't know/refused	9	12
<i>Unweighted base</i>	<i>2,001</i>	<i>2,000</i>

**Table A.19 ‘This workplace has the flexibility that would allow it to recruit or employ a disabled person’**

	<b>2006</b> %	<b>2009</b> %
Agree	76	75
Disagree	21	20
Don't know/refused	3	5
<i>Unweighted base</i>	<i>2,001</i>	<i>2,000</i>

**Table A.20 ‘People with disabilities tend to be less productive than other employees’**

	<b>2006</b> %	<b>2009</b> %
Agree	10	8**
Disagree	84	85**
Don't know/refused	6	7**
<i>Unweighted base</i>	<i>2,001</i>	<i>2,000</i>

## Chapter 3: The DDA Part 2 and recruitment practice

**Collection and use of health and disability monitoring information****Table A.21 Are job applicants at this workplace required to give information about their health and disabilities, at any stage in the application process?**

	2006 %	2009 %
Yes, always	45	40**
Yes, sometimes	7	6**
No, never	41	45**
Don't know	7	9
<i>Unweighted base</i>	2,001	2,000

**Table A.22 Employers' reasons for gathering health and disability monitoring information**

	2006 %	2009 %
To find out whether adjustments are required at interview stage	64	76**
To assess suitability for the job	64	72**
To assess whether the workplace would be suitable for the applicant	72	83**
To help make practical arrangements to allow the employee to do their job effectively	77	85**
To monitor the composition of the workforce	42	44
<i>Unweighted base</i>	1,127	985

## Adjustments at the recruitment stage

**Table A.23 Adjustments made by employers at the recruitment stage**

	2006 %	2009 %
Any of the adjustments	70	63**
Provided application forms in alternative formats such as large print or Braille	19	17
Provided disability awareness information for staff involved in recruitment	45	44
Provided help with communication at interview	15	12
Checked at an interview whether an applicant would need any adjustments or adaptations if appointed	38	40
Guaranteed disabled applicants an interview	41	32**
Anything else	12	9**
<i>Unweighted base</i>	2,001	2,000

## Chapter 4: The DDA Part 2 and employment practice

### Past and current employment of disabled staff

**Table A.24 Past employment of disabled staff**

	2006 %	2009 %
Yes, employed disabled staff in the past ten years	47	42**
No, no disabled staff in the past ten years	50	56**
Don't know	3	2
<i>Unweighted base</i>	2,001	2,000

**Table A.25 Current employment of disabled staff**

	2006 %	2009 %
Yes, currently employ disabled staff	34	30**
No, no current disabled employees	64	68**
Don't know	2	2
<i>Unweighted base</i>	1,944	1,948

## Prevalence of making employment-related adjustments

### Table A.26 Adjustments made for disabled employees

	2006 %	2009 %
Transferring people or jobs to other premises, or part of the same premises	14	13
Adapted work environment	36	31**
Flexible work organisation	28	28
Flexible working time	37	33**
Providing appropriate physical assistance	13	11
Allowing working from home	9	12**
Providing car parking space	36	34
Other adjustments	1	6**
<i>Unweighted base</i>	2,001	2,000

### Table A.27 Adjustments made or planned for disabled employees

	2006 %	2009 %
At least one of the adjustments below	70	61**
Transferring people or jobs to other premises, or part of the same premises	19	16**
Adapted work environment	41	34**
Flexible work organisation	35	32
Flexible working time	43	37**
Providing appropriate physical assistance	16	12**
Allowing working from home	12	14
Providing car parking space	39	36
Other adjustments	1	7**
<i>Unweighted base</i>	2,001	2,000

## Ease or difficulty of making employment-related adjustments

**Table A.28 Overall ease or difficulty of making or planning adjustments**

	2006 %	2009 %
Easy	72	73
Neither easy nor difficult	11	11
Difficult	11	11
Don't know	6	5
<i>Unweighted base</i>	1,365	1,253

**Table A.29 Difficulties making employment-related adjustments**

	2006 %	2009 %
None	69	73**
Cost	6	6
<i>Unweighted base</i>	1,459	1,306

## Reasons for making employment-related adjustments

**Table A.30 Reasons for making workplace adjustments for employees**

	2006 %	2009 %
It was the right thing to do for the disabled employee(s)	61	70**
We assumed the benefits would exceed the costs	38	49**
The change had wider benefits for employees at the workplace	41	49**
The law required us to make the change	43	43
Company policy required us to make changes	38	39
Adjustments were/will be made as part of a general refurbishment	33	36
The costs were small	27	35**
In response to a request from an employee	22	30**
<i>Unweighted base</i>	1,459	1,306

**Table A.31 Would workplace adjustments have been made without the legislation**

	2006 %	2009 %
Yes, all of them	60	67**
Yes, some of them	20	18**
No	12	7**
Don't know	9	9
<i>Unweighted base</i>	1,459	1,306

**Reasons why no employment-related adjustments had been made****Table A.32 Reasons why no workplace adjustments have been made for employees**

	2006 %	2009 %
Never had any disabled employees	69	76**
Arrangements already in place	3	7**
<i>Unweighted base</i>	522	694

## Chapter 6: The DDA Part 3: awareness and understanding

**Awareness of the DDA Part 3****Table A.33 Spontaneous awareness of the DDA Part 3**

	2006 %	2009 %
Aware of DDA Part 3	27	19**
Aware of legislation but don't know/incorrect name	34	39**
Not aware of legislation	39	40**
Don't know	1	2
<i>Unweighted base</i>	1,697	1,609

**Table A.34 Overall awareness of the DDA Part 3**

	2006 %	2009 %
Aware of DDA Part 3	66	64
Not aware of DDA Part 3	34	36
<i>Unweighted base</i>	1,697	1,609

## Chapter 7: The DDA Part 3: provision of goods, facilities and services

### Prevalence of making service-related adjustments

**Table A.35 Adjustments made for customers and clients**

	2006 %	2009 %
Changes to physical accessibility	63	59**
Improvements to communication	39	34**
Staff training on disability issues/awareness	49	46
Changes to the way the service can be provided	57	45**
<i>Unweighted base</i>	1,697	1,609

**Table A.36 Adjustments made or planned for customers and clients**

	2006 %	2009 %
At least one of the adjustments below	87	80**
Changes to physical accessibility	68	63**
Improvements to communication	42	37**
Staff training on disability issues/awareness	54	49**
Changes to the way the service can be provided	59	47**
<i>Unweighted base</i>	1,697	1,609

**Ease or difficulty of making service-related adjustments****Table A.37 Difficulties encountered making adjustments for disabled customers and clients**

	2006 %	2009 %
No difficulties	74	74
Cost	9	9
<i>Unweighted base</i>	1,521	1,339

**Reasons for making service-related adjustments****Table A.38 Reasons for making adjustments for disabled customers and clients**

	2006 %	2009 %
Costs were negligible	26	30**
Benefits outweighed costs	46	55**
We knew we had to pay for adjustments regardless of the costs	35	46**
Right thing to do for disabled customers/clients	72	80**
Company or organisational policy required us to make changes	41	42
In response to a request from a member of the public	18	21**
The law required us to make the change	47	49
<i>Unweighted base</i>	1,521	1,339

**Table A.39 Would the adjustments for disabled customers and clients have been made without the legislation?**

	2006 %	2009 %
Yes, all of them	59	66**
Yes, some of them	21	17**
No	12	10**
Don't know	8	7
<i>Unweighted base</i>	1,521	1,339

**Reasons why no service-related adjustments had been made**

**Table A.40 Reasons why no adjustments have been made for disabled customers and clients**

	2006 %	2009 %
Too few disabled customers/clients	40	37
Arrangements are already in place	20	37**
<i>Unweighted base</i>	174	270

Chapter 12: advice, information and support

**Employers**

**Table A.41 Propensity to seek advice about employing disabled people**

	2006 %	2009 %
Yes, sought advice	33	28**
No, not sought advice	64	69**
Don't know	3	3
<i>Unweighted base</i>	2,001	2,000



# Appendix B

## Technical report on multivariate analysis

### Introduction

The main report looks at the ways in which establishments have responded to the Disability Discrimination Act (DDA), with regard to their roles as employers and service providers. The survey of establishments (N=2,000) revealed a large amount of data on the recruitment and employment of disabled people, awareness of disability issues and the DDA, and adjustments made for disabled customers by service providers. The analysis of this data focused mainly on bivariate relationships, i.e. the relationships between two variables, such as establishment size, and awareness of the DDA.

From bivariate analysis it emerged that awareness of the DDA Part 2 was related to having employed disabled people in the last ten years. However, it also showed that large organisations are more likely to have employed a disabled person. Therefore, it is not clear from bivariate analysis alone whether it is organisation size or an establishment having employed disabled people that is really behind awareness of the DDA Part 2. To remedy this, a number of multivariate analysis techniques, including logistic regression, were also used 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 establishment, only regression models can predict the extent to which, for example, the size of establishment will predict awareness. This allows us to disentangle the effects of a number of variables, so that we can understand which associations are really important.

Regression was used to formulate models on the following measures (or dependent variables):

- spontaneous and overall awareness of the DDA Part 2 (Tables B.1 and B.2);
- whether adjustments had been made at the recruitment stage (Table B.3);
- whether an establishment employed disabled people, either currently and/or in the last ten years (Tables B.4 and B.5);
- whether or not adjustments made or planned for disabled staff, among those establishments which had employed disabled staff in the last ten years, and across all establishments (Tables B.6 and B.7);
- whether establishments had sought advice on any aspect of employing disabled people (Table B.8);
- spontaneous and overall awareness of the DDA Part 3 (Tables B.9 and B.10);
- whether or not any service provision adjustments had been made or planned for customers (Table B.11).

Tables B.1 to B.11 are presented at the end of this appendix.

## Industry sector

For the purpose of this analysis, the standard industry sector (SIC) was recoded into fewer categories which are reflective of the substantive differences between industries in regards to disability. This is consistent with the recoding system used in 2006. The condensed SIC categories used in this analysis are:

- ‘Primary, construction, manufacturing, utilities’ – contains the following sub-categories: ‘agriculture and related’; ‘mining and quarrying’; ‘utilities’; ‘construction’; ‘manufacturing’.
- ‘Wholesale, retail trade, hospitality’ – contains ‘wholesale and retail trade’; ‘repairs’ and ‘hotels and restaurants’.
- ‘Transport, communication, financial, real estate’ – contains ‘transport, storage and communication’; ‘financial intermediation’ and ‘real estate, renting and business activities’.
- ‘Public and social facing industries’ – contains ‘public administration, defence and compulsory social security’; ‘education’; ‘health and social work’ and ‘other community, social and personal service activities’.

## Logistic regression

The logistic regression technique is used to predict outcomes of a dependent variable with two values (1 and 0), to represent, for instance, being spontaneously aware of the DDA (coded 1) versus not being spontaneously aware of the DDA (coded 0).

The independent variables are the factors which can explain the outcome of the dependent variable. In our models, the independent variables were chosen from variables used in the bivariate analysis, which were seen as likely to be relevant factors influencing the outcomes. Examples of these independent variables are establishment size, industry, and whether the establishment is part of a larger organisation.

## Odds ratios

The statistical models presented in Tables B.1 to B.11 are estimated with a range of independent variables on the odds of the respondent being, for example, spontaneously aware of the DDA (this model is shown in Table B.1). Odds in this context are another way of representing probabilities, so if the probability of the respondent being spontaneously aware is ten per cent, the odds are nine to one, or 0.11.

In the models, one category of each independent variable is chosen as the reference category. The co-efficient [Exp(B)] for the reference category is set to 1.0, and the other co-efficients for other values of the variable are interpreted relative to this reference category. For example, the reference category for the variable ‘establishment size’, is three to six employees, and the other size categories are interpreted relative to this one. A co-efficient greater than 1.0 means that the value of the variable in question increases the odds of, for example, the establishment being aware of the DDA, compared with the reference category. A co-efficient of less than 1.0 means that the odds are reduced compared with the reference category.

To take the example of Table B.1, an odds ratio greater than 1 indicates that establishments with the characteristic in question, when compared to the reference category, are more likely to be spontaneously aware of the DDA Part 2. An odds ratio smaller than 1 indicates that establishments with the relevant characteristic are less likely to be spontaneously aware of the DDA Part 2, again compared to the reference category.

## Interpreting the results

Taking Table B.1 as an example again, this model explores which characteristics are associated with spontaneous awareness of Part 2 of the DDA. For establishments which are part of a larger organisation, the Exp(B) or odds ratio is equal to 1.821. This means that, holding the other characteristics included in the model constant, being part of a multi-site organisation multiplies the odds of being spontaneously aware of the DDA by 1.821 compared to the reference category for this variable (in this case, a single-site organisation). The odds ratio for establishments working in public and social-facing industries is 2.444. This means that being in this sector, when compared to an establishment in primary, construction, manufacturing, utilities (the reference category), multiplies the odds of being spontaneously aware of the DDA by 2.444.

## Statistical significance

As noted in the tables, significance values of less than 0.05 are indicated with an asterisk (\*) while significance values of less than 0.01 are indicated with a double asterisk (\*\*). This means we can be confident (at the 95 per cent and the 99 per cent levels respectively) that the relationships found are not due to random variation – they are likely to reflect true relationships in the population at large.

**Table B.1 Spontaneous awareness of DDA Part 2**

<b>Independent variables</b>	<b>Exp(B) odds ratio</b>
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	1.253
15-99 employees	1.753**
100+ employees	2.68*
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.821**
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	1.56
Transport, communication, financial, real estate	2.074*
Public and social-facing industries	2.444**
<b>Disabled employees in last ten years?</b>	
(Reference category: none)	1
At least one	1.544**
<b>Spontaneous awareness of DDA Part 3</b>	
(Reference category: not spontaneously aware)	1
Spontaneously aware	10.52**
<b>Customer interaction</b>	
(Reference category: customers are entirely off-site)	1
Customers entirely on-site	1.199
Both on- and off-site	0.826
Constant	0.035*
-2 log likelihood = 1142.644	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,543*

Note: Dependent variable: spontaneous awareness of DDA Part 2. 0 = not spontaneously aware, 1 = spontaneously aware.

**Table B.2 Overall awareness of DDA Part 2**

Independent variables	Exp(B) odds ratio
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	1.03
15-99 employees	1.243
100+ employees	1.837
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.361*
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	2.074**
Transport, communication, financial, real estate	2.758**
Public and social-facing industries	3.101**
<b>Disabled employees in last ten years?</b>	
(Reference category: none)	1
At least one	1.265
<b>Spontaneous awareness of DDA Part 3</b>	
(Reference category: not spontaneously aware)	1
Spontaneously aware	8.266**
<b>Customer interaction</b>	
(Reference category: customers are entirely off-site)	1
Customers entirely on-site	0.566*
Both on- and off-site	0.737
Constant	1.267
-2 log likelihood = 1500.886	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,543*

Note: Dependent variable: overall awareness of laws covering disabled customers and clients.  
 0 = not heard of DDA Part 2, 1 = heard of DDA Part 2.

**Table B.3 Recruitment-related adjustments**

Independent variables	Exp(B) odds ratio
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	1.167
15-99 employees	1.994**
100+ employees	2.666
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	2.406**
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	1.778**
Transport, communication, financial, real estate	1.973**
Public and social-facing industries	2.627**
<b>Spontaneous awareness of DDA Part 2</b>	
(Reference category: unaware of DDA Part 2)	1
Spontaneously aware of DDA Part 2	3.13**
Aware of a law for disabled employees but not by name	1.508**
<b>Spontaneous awareness of DDA Part 3</b>	
(Reference category: unaware of DDA Part 3)	1
Spontaneously aware of DDA Part 3	1.543
Aware of a law for disabled customers/clients but not by name	0.990
<b>Collection of health and disability information from job applicants</b>	
(Reference category: never)	1
Always	2.424**
Sometimes	3.523**
<b>Made any service provision-related adjustments?</b>	
(Reference category: no)	1
Yes	1.635**
<b>Made any employment-related adjustments?</b>	
(Reference category: no)	1
Yes	2.753**
Constant	0.094**
-2 log likelihood = 1378.170	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,443*

Note: Dependent variable: 0 = no adjustments for disabled applicants made at recruitment stage, 1 = at least one adjustment.

**Table B.4 Employment of a disabled person within the last ten years (including currently)**

Independent variables	Exp(B) odds ratio
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	1.714**
15-99 employees	4.136**
100+ employees	15.487**
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.231
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	0.748
Transport, communication, financial, real estate	1.19
Public and social-facing industries	1.492*
<b>Spontaneous awareness of DDA Part 3</b>	
(Reference category: not spontaneously aware)	1
Spontaneously aware	2.315**
Aware of a law for disabled employees but not by name	1.58**
<b>Collection of health and disability information from job applicants</b>	
(Reference category: never)	1
Always	1.287*
Sometimes	1.138
Constant	0.216**
-2 log likelihood = 2085.004	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,443*

Note: Dependent variable: 0 = no disabled staff in last ten years, 1 = at least one member of disabled staff in last ten years.

**Table B.5 Current employment of disabled staff**

<b>Independent variables</b>	<b>Exp(B) odds ratio</b>
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	1.627**
15-99 employees	3.811**
100+ employees	13.968**
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.186
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	0.945
Transport, communication, financial, real estate	0.938
Public and social-facing industries	1.36
<b>Spontaneous awareness of DDA Part 2</b>	
(Reference category: unaware of DDA Part 2)	1
Spontaneously aware of DDA Part 2	2.617**
Aware of a law for disabled employees but not by name	1.698**
<b>'Employing a disabled person is a major risk'</b>	
(Reference category: disagree)	1
Agree	0.556**
<b>'This workplace has the flexibility that would allow it to employ a disabled person'</b>	
(Reference category: disagree)	1
Agree	1.519**
<b>Negative impact of the economic climate on workplace?</b>	
(Reference category: not at all)	1
A lot	0.931
A little	0.707*
<b>Expectations about future economic climate</b>	
(Reference category: expects improvement)	1
Remain the same	1.177
Deteriorate	1.369
Constant	0.111**
-2 log likelihood = 1808.175	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,684*

Note: Dependent variable: 0 = no current disabled staff, 1 = at least one member of current staff is disabled.

**Table B.6 Adjustments made or planned for disabled staff, looking only at organisations which had employed disabled staff in the last ten years**

Independent variables	Exp(B) odds ratio
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	1.869*
15-99 employees	1.713*
100+ employees	5.510*
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.437
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	1.367
Transport, communication, financial, real estate	2.051
Public and social-facing industries	2.646**
<b>Awareness of DDA Part 2</b>	
(Reference category: not spontaneously aware of any law)	1
Spontaneously aware of DDA Part 2	1.296
Aware of a law, but not sure of name/gave other law	1.351
<b>Collection of health and disability information from job applicants</b>	
(Reference category: never)	1
Always	1.114
Sometimes	0.835
<b>Made any service provision-related adjustments?</b>	
(Reference category: never)	1
Yes	2.125**
Constant	0.541
-2 log likelihood = 524.038	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 671*

Note: Dependent variable: 0 = no adjustments reported, 1 = at least one adjustment reported.

**Table B.7 Adjustments made or planned for disabled staff, looking at all establishments**

Independent variables	Exp(B) odds ratio
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	1.555**
15-99 employees	2.771**
100+ employees	7.874**
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.254
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	0.89
Transport, communication, financial, real estate	1.185
Public and social-facing industries	1.46
<b>Awareness of DDA Part 2</b>	
(Reference category: not spontaneously aware of any law)	1
Spontaneously aware of DDA Part 2	1.603*
Aware of a law, but not sure of name/gave other law	1.286
<b>Collection of health and disability information from job applicants</b>	
(Reference category: never)	1
Always	1.278
Sometimes	1.274
<b>Made any service provision-related adjustments?</b>	
(Reference category: disagree)	1
Agree	3.201**
<b>'Employing a disabled person is a major risk'</b>	
(Reference category: disagree)	1
Agree	0.775
<b>'This workplace would find it difficult to keep an employee who became disabled'</b>	
(Reference category: disagree)	1
Agree	0.531**
Constant	0.379**
-2 log likelihood = 1358.963	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,251*

Note: Dependent variable: 0 = no adjustments reported, 1 = at least one adjustment reported.

**Table B.8 Advice-seeking about employment of disabled people**

Independent variables	Exp(B) odds ratio
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	1.11
15-99 employees	1.762**
100+ employees	4.194**
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.124
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	0.501**
Transport, communication, financial, real estate	1.119
Public and social-facing industries	0.939
<b>Awareness of DDA Part 2</b>	
(Reference category: not spontaneously aware of any law for disabled employees)	1
Spontaneously aware of DDA Part 2	2.908**
Aware of a law, but not sure of name/gave other law	1.992**
<b>Awareness of DDA Part 3</b>	
(Reference category: not spontaneously aware of any law for disabled customers/clients)	1
Spontaneously aware of DDA Part 3	1.333
Aware of a law, but not sure of name/gave other law	1.314
<b>Collection of health and disability information from job applicants</b>	
(Reference category: never)	1
Always	1.515**
Sometimes	1.051
<b>Made any service provision-related adjustments?</b>	
(Reference category: no)	1
Yes	1.754
<b>Made any recruitment-stage adjustments?</b>	
(Reference category: no)	1
Yes	2.007**
<b>Made any employment-related adjustments?</b>	
(Reference category: no)	1
Yes	2.872**
Constant	0.019**
-2 log likelihood = 1251.146	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,379*

Note: Dependent variable: 0 = no advice sought, 1 = advice sought.

**Table B.9 Spontaneous awareness of DDA Part 3**

Independent variables	Exp(B) odds ratio
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	0.868
15-99 employees	1.182
100+ employees	1.442
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.193
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	2.675**
Transport, communication, financial, real estate	2.904**
Public and social-facing industries	4.319**
<b>Spontaneous awareness of DDA Part 2</b>	
(Reference category: not spontaneously aware of law for disabled employees)	1
Spontaneously aware of DDA Part 2	23.478**
Aware of a law for disabled employees but didn't know name/gave other law	2.943**
<b>Employed disabled staff in last ten years?</b>	
(Reference category: no)	1
Yes	1.145
Constant	0.015**
-2 log likelihood = 1116.566	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,545*

Note: Dependent variable: 0 = not able to name DDA spontaneously, 1 = able to name DDA spontaneously as a law for disabled customers/clients.

**Table B.10 Overall awareness of DDA Part 3**

<b>Independent variables</b>	<b>Exp(B) odds ratio</b>
<b>Size</b>	
(Reference category: 3-6 employees)	1
7-14 employees	0.979
15-99 employees	1.464*
100+ employees	1.022
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.013
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	2.010**
Transport, communication, financial, real estate	1.893**
Public and social-facing industries	2.869**
<b>Overall awareness of DDA Part 2</b>	
(Reference category: not heard of DDA Part 2)	1
Aware of DDA Part 2 on prompting	4.811**
<b>Employed disabled staff in last ten years?</b>	
(Reference category: no)	1
Yes	1.234
Constant	0.240**
-2 log likelihood = 1736.944	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,545*

Note: Dependent variable: 0 = not heard of DDA Part 3, 1 = heard of DDA Part 3.

**Table B.11 Service provision adjustments for customers or clients**

Independent variables	Exp(B) odds ratio
<b>Size</b>	
(Reference category: 3–6 employees)	1
7–14 employees	1.185
15–99 employees	2.017**
100+ employees	2.551
<b>Part of larger organisation?</b>	
(Reference category: no)	1
Part of larger organisation	1.803**
<b>Industry</b>	
(Reference category: primary, construction, manufacturing, utilities)	1
Wholesale, retail trade, hospitality	1.509
Transport, communication, financial, real estate	1.158
Public and social-facing industries	3.386**
<b>Where are customers served?</b>	
(Reference category: off-site)	1
At least some served on-site	2.469**
<b>Employed disabled staff in last ten years?</b>	
(Reference category: no)	1
Yes	1.384*
<b>Overall awareness of DDA Part 2</b>	
(Reference category: not heard of DDA Part 2)	1
Aware of DDA Part 2 on prompting	1.317
<b>Overall awareness of DDA Part 3</b>	
(Reference category: not heard of DDA Part 3)	1
Aware of DDA Part 3 on prompting	2.088**
Constant	0.343**
-2 log likelihood = 1321.208	
*p < 0.05	
**p < 0.01	

*Unweighted base: N = 1,543*

Note: Dependent variable: 0 = no adjustments reported, 1 = at least one adjustment for clients or customers reported.

This report explores how organisations have responded to the Disability Discrimination Act 1995 as amended by the Disability Discrimination Act 2005. It is a follow-up to studies undertaken in 2003 and 2006. The study has explored more fully changes introduced by the 2005 legislation, and particularly the extension of anti-discrimination provisions to cover: public bodies exercising their functions; larger private clubs; and locally electable authorities in their dealings with their disabled elected members. The research has also explored whether and how the current economic downturn has impacted on organisations' willingness and ability to comply with the legislation. The research is based on 2,000 telephone interviews and 97 in-depth interviews.

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