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Disabled staff – the transition back to campus or not?

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Where opportunity creates success

Today's focus:

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- Lack of Disclosure.
- Disability - what has changed?
- Work and Health.
- Who's returning to the workplace.
- The benefits of home working.
- Case studies – benefits of flexible and home working.
- How will we return to campus?
- Practical Solutions.

Lack of Disclosure

- Disclosure and support issues for disabled staff in higher education: Survey findings (Equality Challenge Unit (ECU), 2008)
- As the number of staff who have declared their disability status to HE employers is lower than would be expected from the proportion of disabled people in the UK population' the research explored the issues affecting the disability disclosure decisions of staff in higher education.
- The findings included:
  - issues around disclosure
  - working at multiple locations
  - part-time and home working
  - barriers and reasonable adjustments
  - suggested interventions

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Disability - what has changed?

‘ This year will mark 26 years since the Disability Discrimination Act and 11 years since the Equality Act passed into law. Despite this legislative change, progress towards greater equality between disabled and non-disabled people has been **erratic** and, in some areas, **non-existent’** (p.10)

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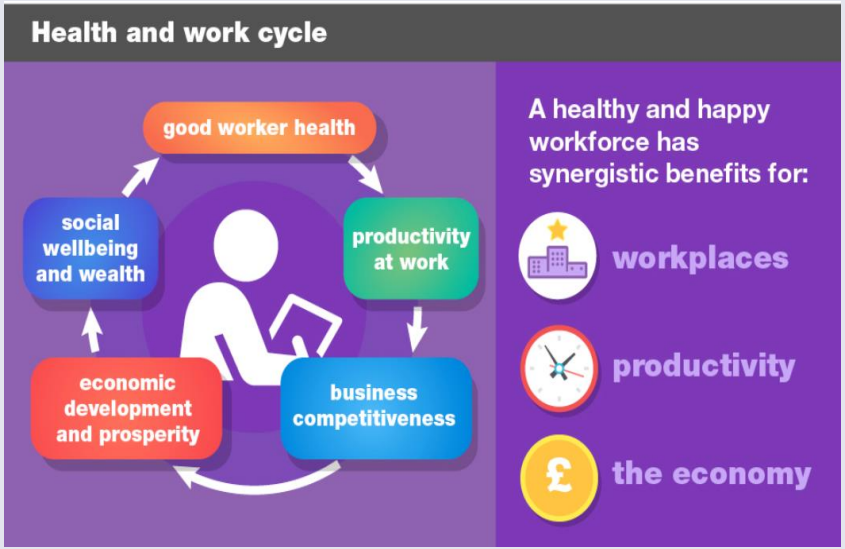
CSJ The Centre for Social Justice

Work and Health



Source: Public Health England (2019)

There are some actions all employers can take to ensure the health and wellbeing of their workforce is looked after

Ensure strategic level support to workplace health and **that this is communicated to staff**

Encourage healthy behaviours in the workplace, **including taking regular breaks, eating well and increasing physical activity**

Promote uptake of health risk reduction and promotion programmes, such as the NHS Health Check and NHS Stop Smoking Services

Provide fast access to **occupational health services** and **physiotherapy**

Provide training for managers, including how to speak to staff about physical and mental health issues

Consider reasonable adjustments such as **flexible working**

Measure and monitor sickness absence levels and use data to target action

Conduct an annual **Workplace Health Needs Assessment**

Who’s retuning to the workplace?

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- **Almost all of 50 of the UK's biggest employers questioned by the BBC have said they do not plan to bring staff back to the office full-time.**
- 43 of the firms said they would embrace a mix of home and office working, with staff encouraged to work from home two to three days a week.

- Nationwide tells 13,000 staff to 'work anywhere’.
- NatWest preparing for just 13% of staff to work in office full-time.
- PwC is rolling out a flexible working policy that will allow its 22,000 UK staff to split their time about half and half between their home and office after the pandemic.

The benefits of home working

- Gov.UK The increase in homeworking opportunities may be helpful for those with disabilities and long-term health conditions.
- Unison survey found that 73% of disabled workers said they were more or just as productive working from home, owing to reduced pain and fatigue through less commuting, and having the ability to take additional breaks and later start times.
- However…..'more than half had not been given any reasonable adjustments to support them to work from home'.
- Coronavirus guidance on reasonable adjustments from the Equalities and Human Rights Commission provides helpful advice for employers on properly supporting employees with disabilities or long-term health conditions.

Case study - Anne

- ***Health:*** *I am a dyslexic, for several years I have had arthritis in both my hips, this year I have had a frozen shoulder and with spending so long sitting at a desk this has resulted in neck and nerve pain, pins and needles in my arms and hands. My overall general physical health has declined this year.*
- ***Impact of last year:*** *Working from a desk and being so sedentary has impacted on my disability further, effecting many aspects of my day to day life. I am struggling with everyday task even holding a kettle and finding it difficult to walk and driving any distance.*
- ***Returning to work:*** *I am* ***worried about returning to work****, I am struggling to drive, and I live over an hour away and feel* ***I need to remain home based longer or more flexibility re home/work balance*** *even though I currently work a three day week.*

Case study - Barbara

- ***Health:*** *I have cystinosis a rare genetic, metabolic condition. It lead to kidney failure and a transplant. Since my health is generally good, I have had a handful of admissions due to infections.*
- ***Impact of last year:*** *In March I received the government letter as 'clinically extremely vulnerable' and needed to shield. Over the time at home my physical fitness declined dramatically, gaining weight, feeling very tired and needing a nap after work. When I did start to walk more I noticed a problem with my feet and was diagnosed with hypermobile feet. I had initially been anxious about catching covid-19. However, following a hospital stay in November 2020 for treatment for an infection, I caught covid-19 after all! Fortunately, I had very mild symptoms.*
- ***Returning to work:*** *When shielding ended* ***I was keen to return to campus****, I was the only member of my team to remain working at home,* ***I felt isolated at home****. I am back on campus in my bubble and* ***I no longer feel isolated****,* ***disabled or 'different' from the rest of my team****.*

Case study - Carol

***Health**: I have physical disabilities, with limited mobility, and need to manage pain. I am more vulnerable to the effects of the physical environment in which I am placed. It is difficult being in an open plan office, where I cannot control elements of the environment, such as temperature, air flow etc. Specialist equipment is required for me to work in my desk-based role.*

***Impact of year:** Working from home has been an **incredibly positive experience.** Had I been able to anticipate the difference it makes; I would have asked for the option years ago. I had not realised how much the exertion of travelling to work caused me additional pain and fatigue….I am less fatigued and require less rest time of an evening. Taking a rest break time over lunch, benefited both me and my employer, as my health is better. Joining online meetings has enabled me to **access my job** than before, I have attended more meetings than in the **previous several years**. I had not understood quite how much of a barrier existed before this. My health practitioner, physio and family have all noticed the difference, my prescription is less, my spine is straighter.*

Carol continued:

***Returning to work**: I am concerned that returning to the workplace will cause physical harm again, stress/strain on my body, fatigue and pain and that my productivity will be affected.*

Time and exertion of travelling to work reduce the hours available to fulfil the role, in that I am unable to work the additional hours in a single day that colleagues without disabilities are able to do, so I will again be placed at a disadvantage in terms of being able to tackle workload at particularly busy periods.

The best analogy I can think of is that a bunch of people have inadvertently been prescribed a course of treatment over the past year that has greatly improved their condition, access to their job and their wellbeing; not too surprisingly, they are concerned about that now being taken away!

How will we returning to campus?

- The UK Government say HE providers, will make your own judgements about their provision, while following the latest public health guidance.
- Workplaces have created flexible working for many including disabled employees –will it remain?
- How will a hybrid approach be taking forward?
- How will disabled staff be supported as under the Equality Act 2010, disabled workers have a ‘right to request’ working from home as a reasonable adjustment.
- Will we see a greater divide between Academic and Services and inequality between roles?

Practical solutions

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Prior

- Reasonable Adjustments
- Phased Return
- Risk Assessments
- Flexible working policy

Going forward

- Updating EDI strategies and flexible working policies
- Talking to disabled staff
- Specific and tailored return to work procedure (phased return) for disabled people after year at home
- Checklists to guide staff: Occupational Health, HR, Line manager etc
- Good employment practices
- 'Returners' to work research: bit.ly/iROWE
  - Supporting returners
  - Training line managers

  Resources: Timewise

  Business Disability Forum

  Crohn's & Colitis UK 'Invisible Disability' (SILVER & GOLD Pledges)

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‘The pandemic has proved that workplaces can allow flexible working for disabled people…’(Buchan, 2020)

…….but also its important to remember that ‘no one size fits all’ (Pakes, 2021)

Thank you.

Any questions?

Resources

Institute for Research into Organisations, Work and Employment (iROWE)

Buchan, 2020

Business Disability Forum

CIPD

Crohn's & Colitis UK

Equality Challenge Unit (ECU)Disclosure and support issues for disabled staff in higher education: Survey findings (2008)

Metro

NatWest

Pakes, 2021

Phased Return

Public Health England (2019)

Reasonable Adjustments

Risk Assessments

Timewise

The Guardian

UK Government

Unison survey