Ableism in Academia

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In 2017 Boucher observed that ‘Disability has been almost totally ignored in the leadership literature’ (2017, 1005). This chapter aims to make an evidence-based contribution to the discussion, focusing specifically on leadership by disabled people in higher education and informed by a report commissioned by the Leadership Foundation for Higher Education (LFHE) and undertaken by the author (Martin 2017). Disabled academics such as Campbell (2009), Oliver (2009) and Shakespeare (2013) provide numerous illustrations which show that disabled people are often by necessity strategic, entrepreneurial problem solvers with the ability to see the bigger picture. These scholars and many others, including Bass (1999), Black (2015) and Logan and Martin (2012) suggest that abilities associated with good leadership develop as a result of a lifetime of having to find creative ways to address myriad socially constructed everyday difficulties.

In a report commissioned by the LFHE, Bebbington (2009) provides compelling arguments in favour of diversity in leadership from social justice and business perspectives, and suggests practical ideas for taking this agenda forward. Equality data from 2016–17 quoted later indicates that the majority of leaders in higher education are still non-disabled white men between the ages of 46 and 55, so progress since Bebbington wrote her report can hardly be described as rapid. Rather than being problematised, disability is viewed here and in Martin’s (2017) LFHE report as a valuable aspect of diversity. Barriers are considered, such as lack of access to leadership training and ableism in many forms, including ‘the tyranny of low expectations’. Enablers are also explored
in depth, including organised supportive environments and the personal characteristics of disabled people who often bring exceptional strategic and team development skills to the table. The expression ‘nothing about us without us’ (Charlton 1998) underpins the approach taken in this research, which identifies and reflects on emerging themes from insights generously provided by participants. Key terms are explained in the following sections.

Defining disability versus impairment

Given that impairments covered by legislation including the Equality Act 2010 are not always recognised as such by people affected, and the definitions of disability and impairment are not always understood, some clarification is required. English, Scottish and Welsh higher education institutions (HEIs) are subject to the Equality Act 2010 (www.legislation.gov.uk/ukpga/2010/15/contents, accessed 11 June 2020), which absorbed and replaced various aspects of previous equalities legislation including the 1995 Disability Discrimination Act (DDA) and subsequent amendments. (In Northern Ireland the DDA still operates.) The Equality Act requires public bodies including HEIs to go beyond reasonable adjustments and proactively promote equality of opportunity (Ewens and Williams 2011). Section 6 of the Equality Act 2010 arguably employs what some participants described as ‘an ableist definition describing impairment rather than disability’: ‘A person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’

‘Ableism’ is a term deployed by Campbell (2009), Goodley (2013; 2014) and others to denote attitudes and societal constructs that impact negatively upon disabled people. Loja et al. equate ableism with ‘The invalidation of impaired bodies and the constant struggle to establish credibility’ (2013, 193). Viewing disability through the lens of ableism is also in keeping with the definition given by the Department of Disability Studies at the University of Leeds (https://tinyurl.com/y3szqf2k, accessed 13 December 2018): ‘the result of negative interactions that take place between a person with an impairment and her or his social environment. Impairment is thus part of a negative interaction, but it is not the cause of, nor does it justify, disability.’
Defining leadership

Bebbington (2009) cautions that leadership is theorised in various ways and means different things to different people. Trait theory characterises a contested, possibly ableist approach in which leaders are ‘born not made’ and have qualities such as vision, creativity and charisma. Opportunity does not seem to feature and participants in this study reflected on their own experiences of opportunities being curtailed during their education and working life. Potentially concerns around heteronormativity, ageism and sexism might also apply in trait theory. Corlett and Williams (2011) and Williams (2011) highlight the absence of disability within mainstream organisational and identity literature, reflecting ableist assumptions and potentially unconscious bias away from the idea of disabled people as leaders towards the idea of the mythical norm (Lorde 1984). With reference to Bass (1999), Bebbington (2009) contrasts traditional leader–follower structures with transactional and transformational concepts of leadership. Transformational leadership is characterised by motivation through collaboration, social exchange and sharing of power. Transactional leadership involves managing compliant followers through contingent reward.

Distributed leadership is discussed by Bolden et al. (2008) and Bennett et al. (2003) in terms of interactions between members working together and generating an additional cooperative dynamic which facilitates conjoint activity. The advantages of distributed leadership include ‘Pooling of initiative and expertise, [and] the outcome is a product or energy which is greater than the sum of their individual actions’ (Bennett et al. 2003, 8).

Equality data

The contested term ‘disclosure’ is used in descriptors of Higher Education Statistics Agency (HESA) datasets, which ask people to identify with various impairment labels. The HESA staff record for 2016–17 (figure 5.1, charts 10a–d) indicates that the most commonly reported impairments amongst academic and professional and support staff were ‘a longstanding illness or health condition’ and ‘a specific learning disability’. A slight increase in ‘disclosure’ is apparent year on year from 2002–3 (Equality Challenge Unit 2015). More interestingly, HESA revealed very few
disabled people in senior roles in the sector. As we will see later in this article, accuracy of reporting is potentially an issue.

Figure 5.1: Four charts depicting the percentages of staff known to have a disability. Source: HESA 2018

The Equality Challenge Unit’s in-depth analysis of HESA datasets in 2015 revealed that fewer professors than academics below professorial level identified themselves as having an impairment (2.7 per cent compared to 3.4 per cent). Only 5 of the 170 heads of institutions (2.4 per cent) identified as disabled, compared with 5 per cent of staff in support roles.

It is estimated that there are 11.9 million disabled people in the UK – 19 per cent of the total population (https://tinyurl.com/y6esnqwf, accessed 13 December 2018). Of these, 16 per cent are of working age. The proportion of people disclosing a disability in higher education seems low by comparison, though it is difficult to ascertain the extent to which this is due to limited disclosure rather than low levels of actual employment of disabled people in the sector. Structural ableism may well
play a part, but without being able to rely on the data it is not possible to draw firm conclusions about whether this is so. The HESA figures from 2016–17 presented in table 5.1 below do not provide an encouraging picture in relation to the representation of women, ethnic minorities or disabled people among senior leaders, who appear still from this data to be mainly white British non-disabled men between the ages of 46 and 55.

**Table 5.1:** Academic staff, managers, directors and senior officials by age, disability, ethnicity and gender, 2016/17

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Managers, directors and senior officials</th>
<th>Total academic staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 and under</td>
<td>5</td>
<td>5,245</td>
</tr>
<tr>
<td>26–35</td>
<td>35</td>
<td>54,410</td>
</tr>
<tr>
<td>36–45</td>
<td>110</td>
<td>56,600</td>
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<tr>
<td>46–55</td>
<td>215</td>
<td>52,015</td>
</tr>
<tr>
<td>56–65</td>
<td>165</td>
<td>31,515</td>
</tr>
<tr>
<td>66 and over</td>
<td>20</td>
<td>7,090</td>
</tr>
<tr>
<td>Disability status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known to have a disability</td>
<td>25</td>
<td>8,195</td>
</tr>
<tr>
<td>No known disability</td>
<td>520</td>
<td>198,675</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>495</td>
<td>161,255</td>
</tr>
<tr>
<td>Black</td>
<td>5</td>
<td>3,445</td>
</tr>
<tr>
<td>Asian</td>
<td>20</td>
<td>17,595</td>
</tr>
<tr>
<td>Other (including mixed)</td>
<td>10</td>
<td>7,545</td>
</tr>
<tr>
<td>Not known</td>
<td>15</td>
<td>17,030</td>
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<tr>
<td>Nationality</td>
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<td></td>
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<tr>
<td>UK</td>
<td>485</td>
<td>143,335</td>
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<tr>
<td>Other EU</td>
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<td>35,920</td>
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<tr>
<td>Non-EU</td>
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<td>25,660</td>
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<tr>
<td>Not known</td>
<td>0</td>
<td>1,955</td>
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<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>225</td>
<td>94,475</td>
</tr>
<tr>
<td>Male</td>
<td>315</td>
<td>112,395</td>
</tr>
<tr>
<td>Total staff</td>
<td>540</td>
<td>206,870</td>
</tr>
</tbody>
</table>

Source: HESA, 2016/17
Ontological risk

‘Identity-based devaluation’ is an expression utilised in a discussion of ‘stigmatised leaders’ (Avery et al. 2016, 1111). Intersectionality is a theme in Avery et al.’s work and that of other authors, including Boucher (2017), Deegan (2018) and Lorde (1984), who discuss the ordinary inter-relatedness of facets of multiple identity. This thinking is in keeping with the ethos of the Equality Act 2010, which identifies various protected characteristics that can apply to a single individual. ‘Protected’ refers to protection from discrimination and the Equality Act is cognisant of the potential for discrimination on the grounds of, for example, disability and gender. Higher education leadership demographics illustrate an entrenched non-disabled white male privilege and recent discussions about the gender pay gap, in which men do better than women by a long way in UK universities, do not inspire confidence (Guilbourg 2019).

For people with invisible impairments there is often an element of choice about whether to make information about this public. Roulstone and Williams (2014) identified concerns beyond the university sector about the ‘riskiness’ of disclosure among 42 disabled managers. Stigma was an aspect of this consideration, but often more pressing was the idea that alternative features of identity would become deprioritised in the eyes of other people, as if ‘disabled person’ negated further aspects of self. Much the same was found by Nash (2014) among participants in a large study of more than 2,000 disabled employees. Feelings of riskiness were also uncovered by Sayce (2011); these were specifically associated with identifying with hidden impairments, especially mental health issues. Women leaders with visible impairments were also found by Boucher (2017) to feel the need to underplay and minimise impairment effects at work. Behaviours utilised in the workplace by women leaders with physical impairments identified by Boucher included ‘using surface acting to present an optimistic demeanour’ and ‘approaches such as passing’ in her interview-based study of twenty women managers with physical impairments (Boucher 2017, 7). While participants could not choose to hide their impairments, they often found themselves minimising the challenges they were navigating as a result of pain, fatigue and poorly organised inaccessible environments.

Ambivalence about disclosure (Roulstone and Williams 2014) renders numbers unreliable. HESA data includes only information volunteered by staff, some of whom may not realise that their long-term health condition is covered by equalities legislation. The number
of disabled people who do not make it through ableist recruitment procedures is currently impossible to capture. Nash (2014) and others argue that the idea of waiting for accurate figures before addressing disability equality at work defies logic, particularly as reasonable adjustments under the 2010 Equality Act should be anticipatory rather than retrospective.

Universal design for learning (UDL) is built on the idea of planning ahead for a diverse group of people with various requirements that can usually be accommodated most easily when strategically and operationally factored in from the beginning. The universality of the concept of UDL means that it is relevant to staff, students and all stakeholders. Arguably UDL diminishes the necessity for ontologically risky disclosure procedures because the infrastructure is effectively better for everyone, which means that reasonable adjustments are therefore required less frequently by individuals.

Research approach

A steering group of disabled staff was drawn from the National Association of Disabled Staff Networks (NADSN) and National Association of Disability Practitioners (NADP). Members of the steering group did not claim to be neutral bystanders but acknowledged a personal interest in disability equality in the workplace (Bryman 2006). Emancipatory research methodology underscored the project, ensuring control by and usefulness to disabled people of the findings as well as accessibility of approach (French and Swain 1997; Barton 2005).

Following ethical clearance, email contact was made with networks and organisations aimed at higher education staff, including the Equality Challenge Unit (ECU), NADP, the Disability Equality Research Network (DERN) and NADSN. Participants were invited to be part of a focus group, have a one-to-one interview or respond anonymously to a questionnaire. Six one-to-one interviews and four focus groups, covering 45 respondents in total, took place and 46 questionnaires were completed. In each situation, open-ended questions were asked that covered the following topics:

- Demographic information including role
- Experiences of impairment
- Identity and disclosure
- Values, influences, strengths and leadership style
• Barriers and frustrations
• Strategies, resources and advice
• Positive suggestions

Results from interviews, focus groups and questionnaires were combined and thematically analysed together. On the advice of the steering group, the data was not broken down according to impairment category in order to avoid ‘homogeneity by impairment label’ (Madriaga et al. 2008). Grouping responses according to job titles was also avoided, similarly because of the danger of over-generalisation from small numbers. Often people said ‘I am only speaking for myself’, and this perspective was treated with respect.

Summary of findings

Demographic information

Although giving out personal information without a clear understanding of why they should or how doing so could be of personal benefit made participants feel quite uncomfortable generally, they reported understanding the rationale for doing so within the context of this research. In other situations this request has not seemed neutral or unthreatening to participants, who naturally find themselves questioning the uses to which such information might be put. Many participants felt that the ontological risk of telling the institution outweighed the benefit, particularly if there was no obvious appropriate assistance available. Some commented on thinking very carefully about disclosure during recruitment and not necessarily trusting the non-discrimination statements that accompanied recruitment information.

Of the 91 participants, 46 gave detailed (optional) demographic information. Twenty-one were female, 29 said they were white British nationals and ten characterised themselves as non-white British nationals. Seven were not British nationals. Three stated their religion and ten their sexual orientation; two identified as gay. Ten participants were aged under 40 and three over 60. Thirty-three were in the 40–60 age range. Thirty-four had higher degrees. Twenty-nine had held two or more previous leadership roles. Only seven reported being in their first leadership role. Sixteen worked in Russell Group and red-brick universities and 21 were from universities that prior to 1992 were polytechnics which typically specialised in technical and vocational courses.
Participation was open to people currently or previously in leadership roles and those aspiring to promotion. Participants were self-selecting and contacted via disabled staff networks (Robson et al. 2016), disability-focused JISCMAIL lists and email. Despite best efforts, vice-chancellors and members of university governing bodies are not represented. Participants described their leadership roles as follows:

- Professor
- Principal Lecturer
- Senior Lecturer
- National Teaching Fellow
- Head of Research Centre
- Senior Research Fellow
- CEO
- Senior HE administrator
- Head of Service
- Consultant (post senior HE roles).

In broad terms participants identified their impairments as follows:

- **Unseen impairments:**
  - Dyslexia
  - Dyspraxia
  - Asperger syndrome
  - Autism
  - Mental health issue
  - Chronic health condition
  - Epilepsy

- **Visible impairments:**
  - Hearing impairment
  - Visual impairment
  - Mobility impairment
  - Restricted growth.

Ten people stated that they had more than one impairment. Researchers within critical disability studies face criticism for excluding participants identified with intellectual impairment, particularly those who do not communicate conventionally (Goodley 2010). Insights were gathered from one individual who self-identified with intellectual impairment but people with this label are conspicuously absent in higher education. Limited relevant literature exists (for example Caldwell 2011; Schalock
and Verdugo 2012), and highlights the need to support without compromising leader autonomy and criticises the paucity of appropriate opportunities for leadership development for this group.

Relevant equalities legislation

Limitations of the Equality Act 2010 were frequently cited, although a small number of participants showed enthusiasm for the intersectional nature of the legislation: for example, ‘The Equality Act is good in principle but really – does it have any teeth?’ Many recommended the ECU as a source of information about the enactment of equalities legislation, some specifically referencing the report Enabling Equality: Furthering Disability Equality for Staff in Higher Education (Ewens and Williams 2011), commissioned jointly by the Leadership Foundation for HE and ECU.

Several participants found the Equality Act’s definition of disability to be based too much on the medical model with its emphasis on diagnosis and difference (see for example Gabel and Peters 2004; Palmer and Harley 2012). One participant directly equated the medical model with ableism and the pathologising of difference: ‘with all its ableist assumptions, the medical model serves to pathologise, diagnose, try to fix, and in so doing, manages to oppress people deemed to be deviant in some way from the mythological norm’.

Medical model thinking was problematised by participants at all career stages including initial recruitment and promotion. Particularly irritating was the perceived tendency to make assumptions that someone with x medical label would not be able to do y. Some participants felt that this sort of attitude had reduced their promotion chances.

Disabling barriers

Participants focused far more on disabling barriers than impairment but some acknowledged the inter-relationship between both. Seven people described impairment-related pain and fatigue, which was exacerbated by environmental factors. Someone returning from cancer treatment talked about having difficulty in coping with the change in their energy levels after treatment and feeling that the institution had done very little to support their return to work.

Overcoming barriers was a recurring theme. Participants generally thought that their own tenaciousness and problem-solving abilities had enabled them to address disabling barriers for themselves. In
relation to supporting colleagues, participants talked more about the application strategy in order to plan effectively to eradicate barriers for others by, for example, ensuring equitable recruitment practices and accessible development opportunities. Positive personal attributes were also acknowledged by participants, particularly in relation to ‘thinking outside of the box’. Strengths associated with neurodiversity included creativity, problem-solving skills and an ability to see the bigger picture, a point reiterated in the literature, particularly by dyslexic entrepreneurs (Logan and Martin 2012). One participant commented: ‘All my life I have had to solve problems. I’m a disabled person navigating a world designed by non-disabled people. I think laterally and encourage other people to do the same. My approach to leadership is inevitably informed by my approach to life.’

People talked far more about disability than impairment. Many participants referred directly to adopting a social model perspective to circumventing barriers. One specifically referenced the elaborated definition developed by Oliver: ‘The social model of disability is about nothing more complicated than a clear focus on the economic, environmental and cultural barriers encountered by people who are viewed by others as having some form of impairment’ (Oliver 2009, 47). Shakespeare’s (2013) post-social model was evoked by some when discussing the inter-relationship of physical impairment, chronic pain and difficult or inaccessible environments.

The affirmative model (Cameron 2011; Swain and French 2000), which acknowledges the ordinariness of impairment, appealed to many participants. Nash (2014) found that UK disabled employees mainly acquired impairments during their working life, often through getting older. Planning for this eventuality would be in keeping with intersectional approaches to enacting equalities legislation in practical terms.

I get tired and I have a clear sense of how I can conserve my energy and apply myself effectively. The infrastructure at [institution] is frustratingly inadequate in terms of systems and admin backup, therefore exhausting, for everyone, not just disabled staff.

Participants in this study favour an ontological position that is alive to ableism and the social construction of disability. Among their responses were numerous examples of barriers being created in the workplace for reasons that included ableist attitudes of others. The importance of eradicating or helping other people over these barriers was a recurring theme.
Ableism and identity

Participants emphasised the nuanced nature of the intersection of disability with other aspects of identity such as gender, poverty, race, opportunity and sexual orientation:

Acknowledge differential experiences of disability discrimination when this oppression is combined with others: the self-advocacy frustrations of a white middle-class woman with anxiety disorder may not be the same as a South Asian working class male with Asperger’s, and if both of those individuals are cisgendered or heterosexual their experiences might differ again from LGBTQIA persons.

Several were annoyed by their identity being subsumed by others under an impairment category (e.g. ‘the deaf man in library services’). Particularly infuriating were comments like ‘I know what you need. We had someone who was wheelchair-bound here before.’ Many examples of colleagues using language that may be deemed offensive (such as ‘wheelchair-bound’) were given, but in the main disabled people expressed understanding of individuals while pointing to institutional gaps in disability equality action and training. Some commented that racist language would not be tolerated by the institution while everyday ableist terms, such as ‘mad’, ‘crazy’, ‘turn a blind eye’ or ‘fell on deaf ears’, were commonplace at work. Two autistic participants were particularly infuriated by colleagues saying ‘we are all on the spectrum’ or ‘everybody is a bit autistic’.

Echoing Morley’s (2013) findings of women’s leadership experiences in higher education, one participant spoke of not fitting into the management ‘mythical norm’: ‘I don’t look like any of our senior leadership team. I’m not an old white dude in a grey suit.’ Her perspective is supported by the demographic information about leadership in higher education that was quoted earlier.

Examples of judgements based on a single visible facet of someone’s identity were evidenced in this and other studies (Campbell 2009; Goodley 2013; 2014). These are illustrative of the day-to-day ableism that disabled people report experiencing: ‘They seem to see my physical
impairment, not my impressive track record. It is so infuriating to feel that I have to continually justify my place at the leadership table.’

Leadership style

Enactment of the principles of distributed leadership was common among participants. Approaches included: empathising with and encouraging colleagues, collaboration, proactively developing diverse, cohesive, organised teams with a shared vision and not taking credit for the work of others. Inclusive practice and UDL underpinned the ways in which participants were leading. Humility and concern for others characterised their responses but disabled leaders were also able to recognise and describe their own abilities. Strengths included having a clear overview, being organised, planning strategically, acting with integrity and proactively enacting inclusive practices.

I see the bigger picture while not losing sight of detail. I am strong in working with group dynamics, power relations, inequalities, diversity and inclusion. I have vision and think outside the box. I am not afraid to try new approaches but at the same time I am not too attached to my own perspectives and ideas. Instead, I prefer to work through community and cooperation, while appreciating and providing space for people’s uniqueness. I work hard and am committed and invested. I am much organised.

Participants were enthusiastic about facets of distributed leadership without necessarily being aware of the term. The idea of openness of leadership boundaries to enable a broader range of individuals and groups to contribute a variety of expertise, thus enabling numerous, distinct, germane perspectives and capabilities, was described in various ways. Disabled leaders offered examples in which ideas were developed by staff with the relevant skills, then adopted, adapted and improved by other team members within a culture of trust and collaboration.

Leadership behaviours described by participants translated into practical operational examples as well as strategic-level engagement, with good practice often being informed by their own less positive experiences. These included helping colleagues to identify opportunities for development and ensuring equity in recruitment and appropriateness and accessibility of training opportunities.

Strategically, participants were committed to planning for diversity rather than retrofitting reasonable adjustments. Many talked enthusiastically
about UDL as an underpinning and overarching framework within which to develop a functional equitable organisation.

Barriers and frustrations

Key themes that emerged were ableist attitudes and assumptions, poor infrastructure and administration, technology and leadership training:

Other people’s attitudes create barriers: I found that often colleagues make assumptions about what is right and what can help the disabled person without asking them.

I’m nearly 60 and I’ve had cancer. I get the distinct impression that people above me have decided that an older disabled woman would not be interested in promotion.

UDL principles were seldom in evidence in HEIs and the infrastructure was often inadequate. Participants repeatedly reported having to work hard to ensure their own access to necessary reasonable adjustments:

Above all, I am tired of the lack of understanding of reasonable adjustments and the energy spent educating people over and over again.

Our campus is on a hill and I’m timetabled to get from one side to the other in five minutes. I can’t do this in my wheelchair. There are no automatic doors. It’s a failure of timetabling and estates planning which leaves me frustrated and exhausted.

Several participants commented that leadership programmes were not routinely designed with UDL principles in mind:

I really find it astonishing that organisers don’t anticipate that there may be disabled people present.

Ironically I could not get to the session I was delivering because the lift wasn’t working.

Frustration was expressed about translating access-to-work (AtW) support into arrangements that were hassle-free within the institution:
Getting support from AtW can be a very slow process. Disabled people usually know what they require. Assessment processes can take time and are not always helpful as the disabled person already knows what type of support and equipment they need. I am at my most productive when I do not have to undertake endless administrative tasks. In a senior role I need a PA!

The availability of assistive technology varied, and this created considerable irritation:

When ICT systems change there does not seem to be any coherent planning about maintaining accessibility.

I left one university where assistive technology was networked, promoted and well used by staff and students. It was a nasty surprise when I found I had to start all over again because it was not available as standard in my new place. What followed, inevitably, was months of negotiation with the institution and AtW at a time when I should have been settling into quite a demanding senior role.

The Equality Act 2010 described duties to make reasonable adjustments for disabled employees as anticipatory. Arguably the experience of the participant who did not have appropriate technology for nine months contravenes the anticipatory duty and therefore breaches the Equality Act.

**What can be done?**

A striking congruence is apparent between the findings of this research and those of the much larger study by RADAR (2010). In both, disabled people reject ableist assumptions and provide insights into the sort of societal constraints that can and do hinder their career progression. Recommendations for action from this study are grouped into four broad themes:

- Strategic-level action
- Inclusive design, UDL, reasonable adjustments and access to work
• Leadership recruitment and development
• Peer support and networks

Strategic-level action

Participants were generally positive about the intersectional principles underpinning the Equality Act 2010 but felt that legislation in isolation would make no difference unless there was high-level commitment to bringing about organisational change. Many recommended visibly championing and strategically planning for disability equality alongside other equalities, and emphasised the importance of acknowledging and rectifying institutional discrimination. A degree of cynicism was apparent about the exercise of writing policies in isolation. Involvement of stakeholders was identified as important (Löve et al. 2018), as was the translation of strategy into action. Policy practice gaps irritate participants, who often articulated practical ways of actually making things work:

Do the work to understand how your own policies might be perpetuating disableism.¹

I would like the fact that I am a disabled parent caring for a disabled child taken into consideration, resulting in a slight reasonable adjustment to my expected output for the next Research Excellence Framework submission. Nobody seems to have thought about this and I would rather not have to point it out myself. It’s really awkward.

Benchmarking and equality impact assessment were recommended as ways in which to analyse existing policies and practices, as a precursor to coherent planning for cultural and practical changes (Draffan et al. 2017):

Organisations should undertake benchmarking (such as the Disability Standard) to analyse existing policies and practices and identify how these can be revised to support more diverse leadership. Ensure that the recruitment policy and procedure has been through an equality impact assessment, is monitored and reviewed regularly to make sure it’s practical and fair.
A systematic cultural change programme within and beyond HE is needed around under-representation and disadvantage of disabled people in employment and other aspects of life, i.e. beyond legal compliance.

Some participants commented on global concerns and were mindful of the privileged position of minority-world countries, in relation to disability equality (an issue that has been explored by Grech 2011, Martin 2011 and others):

The Disability Discrimination Act, followed by the Equality Act, definitely changed things for the better in this country but this protection is not available all over the world. I'm not sure how aware university staff in the developing world are of the UN Convention on the Rights of People with Disabilities.

Inclusive design, UDL, reasonable adjustments and access to work

Access to work (AtW) was frequently mentioned in this study as having the potential to make a very positive difference to disabled people's working lives, echoing Sayce (2011).

Participants flagged the requirement to raise institutional and individual awareness of AtW and to embed procedures institutionally in order to make the system work in-house. Something seemed to be getting lost in translation, making AtW hard to use in universities. It even felt a bit risky for some, because of compromises in confidentiality and ableist attitudes. Lack of control of the process annoyed many participants, some of whom gave examples of worrying breaches in confidentiality through the forwarding of emails between departments and an 'I hope you don't mind but I've told x and y...' approach. At least one person thought that this sort of ableist attitude had resulted in their missing out on a promotion (and the institution missing out on their talent). Some people sidestepped promotion because setting up the required support was just too much of a three-act drama.

AtW should be married up with whatever policies we have in place or contracts, you know ... for instance, the procurement that goes into getting equipment, getting support workers, all that. There has got to be a more streamlined way of doing it. It's very difficult to get continuity with AtW when moving from one job to another.
Nobody had any sort of useful conversation with me about my work when I returned from cancer treatment.

Successful people who work for themselves, such as dyslexic entrepreneurs, have control of [the] support they arrange. The university and AtW should listen to me and put in place reasonable things I need. At the moment it’s too convoluted and inconsistent. I don’t feel able to control the situation adequately. This causes me unnecessary stress.

Many participants were worried that cuts in wider disability benefits would compromise working life. The Independent Living Fund (ILF) closed on 30 June 2015, from which point enquirers were redirected to local councils.

AtW is part of a wider package. I am concerned about the way things are going with disability benefits generally. The Independent Living Fund is part of the story for many and this is under threat. Proposed Disabled Student Allowance (DSA) changes might discourage potential disabled students and ultimately limit opportunities to get graduate level employment. A joined-up approach is necessary. Moving from DSA to AtW ought to be much simpler.

The benefits to everyone of UDL, including networked assistive technology, came through strongly:

Universal design isn’t about disability. If the university took a good hard look at all its systems from the perspective of the end users and streamlined everything so that the administrative structure was much better, everyone would benefit.

I would not be able to do any of what I do without computers and electronic technology! Much ‘assistive technology’ is good for everyone. The sector does need a bit of a technological revolution to make best use of it. Networking assistive technology and not associating it specifically with disability would be a start.

Visibility of diverse leadership role models and a high-level commitment to a workplace culture in which diversity was celebrated, rather than problematised, was suggested by many participants. The feeling was that people would be more likely to be open about their requirements in an
open and accepting climate, and UDL principles would be more likely to underpin strategy, policy and practice if championed from the top:

We need to address the policy/practice gap and be very clear about the benefits of diversity in leadership.

Infrastructure and organisational concerns were a thorn in the side of many. Lack of control of such things in the workplace was a major irritation that was also highlighted by Nash (2014) and Roulstone and Williams (2014). Participants in this study were clear that routinely functional administration systems, which would be of benefit for all, would also save universities a lot of money. Some felt that disabled students got a better deal than staff. The expertise in UDL and reasonable adjustments focused on the student experience was not fully available to staff, which seemed somewhat counter-intuitive and wasteful:

I need about four hours’ clerical assistance a week and for that person to do things like format my documents in probably ten minutes. If I was given £50 a week to organise my own clerical support I would be quite happy and a lot less worn out.

Disability services for students are quite separate from services for staff and usually much better. Joint provision would make sense. There is expertise and resources in universities which staff can’t access.

Leadership recruitment and development

Echoing the findings of Nash (2014), participants provided numerous worrying examples of situations in which they considered that ableist attitudes in recruitment and line management and a lack of role models, together with uncertainty about the portability of effective support, had limited their career progression. Roulstone and Williams (2014) used the expression ‘glass partition’ to reflect the feeling that it was often just too difficult to move on. Waters talked about ‘the subtle bigotry of low expectation’ (quoted in Nash 2014, 19). The subtle bigotry of ableism appears to be rearing its ugly head too. The first comment below reveals concerns that intersectional approaches to bigotry may well also be in evidence. It is followed by a more positive solution-focused suggestion about diversity in leadership:
Stop hiring white, abled men. I mean this seriously, it is embarrassing. There should be more women, more disabled people and more people of colour in leadership positions.

Acknowledge that leadership exists in many forms at many levels and leaders are not all non-disabled white men in grey suits.

Leadership development activities came in for some criticism for their ableist approaches, with a few notable exceptions that seemed to be more in tune with UDL approaches.

Disability Rights UK offers ‘A career development programme for people in employment, living with a disability or health condition’ (www.disabilityrightsuk.org/disabled-people-leading-career-development, accessed 12 June 2020). Delivery by disabled people is highlighted as a strength in models of good practice mentioned by participants, which also included Frontrunners, Churchill and the Calibre leadership programme:

Frontrunners and Trailblazers and other similar initiatives are starting to encourage young disabled people to think about leadership. This is a good thing. Churchill and Calibre offer bespoke leadership training for disabled people which is also highly regarded and quite rightly so.

Peer support and networking

Peer support, supportive colleagues and disabled staff networks were valued by participants, although some commented that they felt that the university sometimes hijacked visible initiatives in order to showcase their equality-promoting credentials (Boucher 2017). Embedding groups into structures that could affect strategic-level change was recommended (Robson et al. 2016). Some groups included people indirectly affected by disability through, for example, caring responsibilities.

It’s really important to maintain control and confidentiality so you can be yourself. I do not want my being part of a network to give the university the impression that I necessarily want to be a visible ‘face of disability’. I certainly don’t want to be ‘The Chair’.

Our disabled staff network is a sub-committee of the Diversity and Equal Opportunities Committee which is chaired by the
vice-chancellor. It fits into the structure in a real way and this helps us to get our voices heard.

Peer support is really important. I became disabled about six or seven years into the job and I came to you for advice because I felt vulnerable, isolated and lost and didn’t know what to do. I still remember I said how I may end up in a wheelchair and you said, ‘Don’t worry, you’ll have more energy!’

I am staying in this job because I am surrounded by supportive colleagues.

Participants engaging in blue-sky thinking thought that a national network for disabled university leaders would be fantastic. NADSN includes members in leadership roles (Robson et al. 2016). Meeting disabled peers at NADP, NADSN, ECU and similar conferences, all of which have been complimented on their attention to accessibility, was discussed in terms of ‘providing a sense of solidarity’. Nash (2014) has developed ‘Purple Space’, described on its website as ‘the network for promoting disabled talent in business’ (www.purplespace.org, accessed 12 June 2020).

The way ahead?

Ideas for further research emerging from this study include:

- Embedding equality and diversity considerations into future research around leadership practice, and developing a better understanding of the constraints of ableism (Corlett and Williams 2011).
- Evaluating leadership training through the lens of ableism.
- Considering in greater depth the impact of ableism during transitions between work roles and organisations.
- Encompassing intersections with disability and age equality into research on ageing and ageism in the workplace.
- Ensuring consideration of inclusion of insights from participants who do not use speech as their primary means of communication and/or have the label of intellectual impairment (Goodley 2010).
• Being aware of the findings of Nash (2014) and others that people with long-term health conditions may not identify as disabled and facilitating the inclusion of people to whom this applies.

• Engaging in longitudinal study of the leadership trajectories of disabled people.

• Considering barriers to getting to first base in employment in higher education by scrutinising the equitability of recruitment processes.

No grand claims are made for this study, which simply engages with the limited available literature and captures views of willing volunteers at a particular point in time. Voices will inevitably have been missed, including individuals who do not realise that they are protected as a disabled person under the Equality Act 2010 and people who could not access the processes used for gathering data.

Concluding thoughts

Many decision makers within the sector may never have heard the word ‘ableism’, but disabled people who responded to this research provided ample evidence of its existence in UK universities. Experiences of disabled leaders and aspiring leaders, gathered by questionnaires, focus groups and interviews, highlighted workplace ableist barriers but also suggested potential straightforward and inexpensive solutions to practically all of them. These were mainly based around UDL principles but required decision makers to understand and want to utilise a UDL strategy. Participants felt that a culture change was required to move institutions closer to understanding and addressing ableism and embedding UDL into policies, practices and procedures. Recommendations included avoiding ableism in initial recruitment, promotion and leadership development, ensuring the visibility of positive senior disabled role models, and recognising and encouraging the skills disabled leaders can bring to the party. Simple changes to make the infrastructure and administration processes more efficient were suggested and would benefit everybody. No one thrives in chaos. Disabled leaders had a clear understanding of the sort of arrangements that would help them and these were often systemic rather than individualised. Networking assistive technology was given as an example that would not just benefit disabled people. On a practical level, disabled leaders wished for more control over how processes like
AtW played out. Some commented that lack of control also felt like lack of respect. Having a narrow idea about what a leader should look like can result in institutions missing out on talented disabled leaders, who have often developed immense problem-solving skills through having to navigate disabling barriers in everyday life. Characteristics associated with effective distributed leadership were amply demonstrated. These included thinking strategically, communicating effectively, encouraging and developing diverse teams and acting with integrity. The advantages of encouraging diversity in the workplace, including at the most senior level, are well documented. Disability is an ordinary part of diversity. In an ableist culture disability can be problematised while other diversity strands are encouraged. Clearly this is just not good enough.

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Note

1 See Sara Ahmed’s ‘On Being Included’ for a useful discussion of this in relation to race (2012, 44–50).

References


Appendix: Questionnaire

Demographic information

Name (optional):
Email (optional):
Position held:
Institution (optional) or type of institution:
Further background information you consider relevant, e.g. age, gender, ethnicity, qualifications, previous roles (optional)

Consent for information to be used anonymously on the understanding that I can withdraw prior to publication (Signature)

Open-ended questions

1. How would you describe your contribution to higher education?
2. How would you characterise your leadership style?
3. What influenced your development as a leader? (Prompt: include comments on specific leadership training, if any.)
4. What are your strengths?
5. What do you enjoy about your role?
6. How would you describe the values that underpin your work?
7. What are your ambitions?
8. What would make your work life easier?
9. What is your greatest achievement?
10. What could make you even more productive?
11. What aspects of your role do you find particularly dull and why? Could this be changed? How?
12. What is your greatest frustration about work?
13. What aspects of your role do you find particularly rewarding and why?
14. What, if anything, would you like to say about your impairment (in broad terms)?
15. What are the main barriers you experience in relation to your role and what might help to reduce these? (Prompt: own actions, other people, systems.)
16. What aspects of your role do you find particularly challenging and why?
17. What sort of policy, practice, legislation, support or assistance would make or has made a positive difference to you at work, and how? (Prompt: in relation to access-to-work funding, membership of networks and/or interest in networks, in which case, what would these look like, sources of useful information, union support, mentoring etc.).

18. What advice might you give to your 25-year-old self about career development and/or leadership? (Question to be adjusted if interviewing anyone younger than 30.)

19. What would be your three top tips to aspiring leaders?

20. What would be your three top tips to institutions in relation to recruiting, retaining and supporting leaders?

21. What would be your three top tips to institutions in relation to recruiting, retaining and supporting disabled leaders (if there is any difference from your answers to question 20)?

22. Have you got any practical suggestions for existing resources, resource development, useful training, training that would be useful but does not exist, policy etc.?

23. Any other comments you have not had the opportunity to make?