Experiencing Disability at the University of Warwick:

A Survey of UCU and Unison members' experiences of Occupational Health, Reasonable Adjustments and Struggle in the Workplace

A report prepared by Warwick UCU and Unison branches, February 2022

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Charters, Pay-Gaps and a Lack of Consultation: Being Disabled at Warwick

What is it like to be disabled at the University of Warwick? And how functional are the processes for supporting employees with disabilities?

In late 2021, Warwick's UCU and Unison branches undertook a survey of their members to ascertain how disability is experienced at Warwick. We collected members' experiences of ableism, Occupational Health referral and reasonable adjustment processes via an anonymised webform, email responses and – where preferred by the respondent – a personal conversation with the UCU disabilities secretary. Caseworkers from the Unison and UCU branches were also interviewed to obtain an overview of the problems seen, on a daily basis, by those working to support members with disabilities. When analysing our data, we also spoke to a forum of Departmental Administrators and to Human Resources to obtain clarity on how the University funds reasonable adjustments.

In response to our call for 'experiences of disability' at Warwick, we received testimonies (in survey, email and interview formats) from twenty disabled colleagues. We also collected information from caseworkers at both UCU and Unison about disability related cases they've been involved with. But is very hard to quantify how many separate cases we heard about, through these caseworker interviews, as each caseworker drew from a multitude of cases (leaving each anonymous, and unidentifiable) when speaking to the author about 'trends' in the University's dealings with disabled staff. As such, while we heard twenty stories *directly*, a great many other stories have informed this report *indirectly* through casework interviews.

We understand that our sample is of an unknown size, given the combination of direct and indirect methods we used to obtain data. While this is not ideal, these methods were necessary to obtain a full picture of members' experiences of disability at the University – while also protecting members' privacy around their medical information and rendering everything in the report unidentifiable. We would, of course, also be interested to incorporate any data held by the University on experiences of disability, and related institutional processes, but no-one we spoke to mentioned any initiatives run by senior management to obtain such feedback.

The University is making significant *external* efforts to improve on its disability-related processes, participating in both the Disability Business Forum and Disability Employment Charter. But while paying for membership of the Disability Business Forum (to obtain a 'disability smart audit' of Warwick's processes)[1], it *has not consulted with disabled employees to hear their experiences of the workplace*. Our report provides an important corollary to the various charters and forums of which the University claims membership; it brings the voices of disabled staff to the University. **We centre the experience of disabled people working at Warwick and *their* recommendations for change – rather than relying on the 'toolkits' and audits purchased from external suppliers**.

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[1] https://warwick.ac.uk/services/equalops/learnmore/chartermarks/disabilitystandard/

In some ways, the performance of the University of Warwick deserves recognition. It is *the only* University to be either a founding member or signatory of the Disability Employment Charter[2] – showing distinct and profound commitment to disability equality by senior leadership. Indeed, Professor Chris Ennew, Provost of the University commented that the Charter:

> clearly identifies the actions that are required to bring down the barriers that disabled people face in accessing, and succeeding in, the workplace. The University of Warwick is delighted to be a signatory and founder member of the Charter.[3]

Similarly, the University has 'come good' on its commitment to publish data on the numbers of disabled staff working in the institution and the disability pay gap which affects them. In 2020, 4.9% of staff declared a disability and 2.6% responded that they preferred not to say.[4]

Yet Scope has estimated that there are 14.1 million people in the UK with a disability. Their data collection and statistical analysis show that 19% of the working age population is disabled in some way.[5] And yet, *only 4.9% of Warwick's staff declared a disability* – with those numbers significantly situated in the 'lower' and 'lower middle' quartiles of pay.

The disability pay gap reporting demonstrates the shocking distribution of staff declaring disabilities across quartiles of pay. For example, 7% of staff in the lower quartile of pay have declared a disability, whereas *only 3%* of staff in the upper quartile of pay have a disability. *Staff without disabilities were paid 17.9% more than those with* (according to the mean disability pay gap), while the median disability pay gap showed an 18.6% difference in the pay between staff with and without disabilities.

To contextualise this statistic, the disability pay gap significantly exceeds Warwick's reporting on the ethnicity pay gap (but doesn't reach the level of the calculated gender pay gap). Also, even when accounting for the various reasons why an individual might not declare a disability to their employer, the pay gap statistics suggest that disabled employees are significantly underrepresented.

And yet, how frequently have we heard senior leadership note the inequity of the (enormous) gender pay gap, but then explain its presence by pointing to the over-representation of women in the lower pay quartile[6] and underrepresentation at the higher quartiles[7]? The University commonly explains the gender pay gap according to over and under representation by quartile – but **it cannot use this excuse for staff with disabilities,** who do

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[2] https://www.disabilityemploymentcharter.org/signatories Other founding members include Unison, Disability Rights UK, Scope, and other national forums and charitable organisations.

[3] https://www.wbs.ac.uk/news/wbs-leads-on-new-disability-employment-charter/ (last accessed 03 January 2022).

[4] https://warwick.ac.uk/services/equalops/learnmore/data/genderpaygapreport/warwickgenderpaygapreport2021.pdf, p.8 (last accessed 3 Jan 2022).

[5] https://www.scope.org.uk/media/disability-facts-figures/ (last accessed 3 Jan 2022).

[6] 67% of staff in this quartile identify as women

[7] 36% of staff in the upper quartile identify as women

not make up a majority of employees in *any* quartile. They are simply paid 17.9% less per hour than their enabled colleagues. While Warwick has followed through on its commitment to publicly report these figures, it remains less than clear what the institution will actually do about this horrendous under-representation of disabled people, and the enormous pay gap which disadvantages them.

To return to some praiseworthy features of Warwick as an organisation, our survey did receive several submissions which described positive experiences that members have had, when obtaining adjustments in the workplace. It must be noted though, that these positive submissions were a minority of the sample, and they predominantly came from academics working in larger departments (particularly Physics and WBS). *Larger departments have increased capacity to sustain support for flexible working arrangements and for funding reasonable adjustments*. Because adjustments are funded locally by departments, this creates a structural imbalance in the availability of funds to support disabled staff.

Ironically, a central pot of funds *has existed* for reasonable adjustment funding for many years. It has recently been moved into HR, via the incorporation of ED&I within the Social Inclusion team. HR also informed us that the existence of this budget is 'communicated through the guidance and support of disabled staff'.

But when speaking to a forum of Departmental Administrators, we were told that the funding for reasonable adjustments (including assistive technology, specialist office chairs, and software packages - as recommended by Occupational Health) is undertaken by departments, from their existing budgets. Departmental Administrators *were unaware* that a centrally provided fund exists. So, a problem exists with communication regarding disability support funds, as well as the structural imbalance caused by large and small departments attempting to fund reasonable adjustments.

The structural imbalance within Warwick's disability provision is a key issue for discussion in our report. But, as readers will find, the apparently obvious solution of moving to a completely centralised (and *advertised*) system of funding was not supported by all participants in this research. Rather, very experienced caseworkers did sometimes suggest that centralisation would likely result in a 'levelling down' of provision - where the positive experiences of disabled members (often in larger departments), funded through skilled management of departmental budgets, would be eliminated by a move to a 'one size fits all' model. We conclude our report by arguing that centralised funding *should* be provided for Reasonable Adjustments (to eliminate discrimination in the provision of support funds across the institution) – accompanied by Departmental guidance and support to ensure colleagues are best able to navigate this process.

Key Findings:

Our survey of UCU and Unison members shows significant variation in the treatment of disabilities across the institution. This variation is shaped by all manner of cleavages, professional cultures and distributions of privilege. We have found that:

- The delivery of reasonable adjustments is profoundly affected by the size of the department funding them – larger departments are better able to respond with sustained reasonable adjustments and flexible working, whereas smaller departments often cannot. *This creates structural discrimination in the provision of disability support across the institution*.
- However, there was debate amongst respondents about whether a centralised institutional fund to pay for disability adjustments/support would improve matters. Some felt that moving to a centralised system would correct the structural imbalance between large and small departments; others felt that it would lead to a 'levelling down' of provision, by wiping out the 'grey areas' in departmental budgets/organisation that allow for a good level of support (for *some* staff). Questions also remain about why national funding aimed at keeping disabled people in the workforce (Access to Work funding from the Department of Work and Pensions) is not more frequently accessed by the institution.
- While testimonies from academics highlight long, frustrating and damaging delays in the implementation of reasonable adjustments, those from professional services colleagues frequently demonstrate a *rejection of reasonable adjustments recommendations* (like quiet workstations without bright lighting or flexible working hours) altogether by managers, on operational grounds. This shows that the institution has a long way to go before fulfilling its Disability Employment Charter commitment to offering flexible working as the 'default' for all roles, from day one.
- Staff with cancer or injuries from lifting heavy objects *are pushed towards medical retirement, or extended sick leave, rather than having their roles adjusted to their disabilities/injuries*. The unions have seen multiple cases where the unpredictability of chemotherapy and recovery from cancer leads the institution to prioritise the teaching and marking timetable (by retiring and replacing staff), over dealing with colleagues with humanity and compassion as a driving motivation.
- Finally, there was significant comment from respondents that the Occupational Health system is not fit for purpose, and also that reasonable adjustments/OH and disciplinary processes do not 'talk to each other', leading to disciplinary meetings where disabled employees are left without reasonable adjustments under increased stress. On the Occupational Health system, we have heard multiple times of external OH practitioners lacking disability expertise and simply following the directions of individual staff members on what adjustments to recommend. This is not ideal, as genuine expertise would identify measures beyond those adjustments of which staff are already aware. On some occasions, OH medical consultants (external practitioners with GP and nursing qualifications) have admitted to staff *that they have little knowledge about the disability under discussion* – leading to one extreme example

where the OH GP spent twenty minutes discussing how *they* felt they might be autistic, asking the referred Warwick staff member for advice on what autism 'feels like'! Furthermore, *OH has been known to direct staff to the Unions for advice on what reasonable adjustments to ask for* – despite this being the responsibility, and area of expertise, of OH.

In an institution which prioritises the issue of disability equality through its own Disability Taskforce, and which signs up to multiple charters and external forums, these experiences should not be a feature of everyday life for staff with disabilities. There should be no structural discrimination in the provision of support, according to one's employment either academic or professional services staff, nor according to the size of one's home department. The experience of Occupational Health referral should not be a box-ticking exercise, characterised by limited medical expertise and occasional debacles where OH know less than individual staff or the trade unions. It should be a source of actual knowledge and support for disabilities in the workplace.

Furthermore, it defies human compassion that colleagues with cancer – confronting probably the most challenging situation of their lives – should be faced with coercive pressure to medically retire from the University rather than a humane, adjustments-oriented approach to working during chemotherapy. The institution places great weight on its teaching delivery and feedback return to students, but this should never be held higher than supporting colleagues through cancer diagnosis and understanding that many need significant time before returning to a full workload.

Finally, if the institution chooses to move to a fully centralised funding of reasonable adjustments and disability support, this could eliminate the structural discrimination caused by differing departmental budgets. However, some staff are not convinced that this will solve the problems at Warwick. Rather, there is a prominent narrative that this centralisation might only succeed in eliminating the *good* examples of disability support, which have been engendered through managers knowing what their own staff need – and how to find the budget to support it. The solution lies in *actively advertising* the existence of central funds for reasonable adjustments, making sure this pot is sufficiently large to cover all adjustments required in the institution, while allowing departments to provide localised guidance and support to employees through the process.

We recommend that the Disability Taskforce, senior leadership and trade unions sit down together to resolve these problems – while *centralising the voice of disabled staff in the University*, rather than the voices of external forums and charters (important though those are). Otherwise, the University will continue to promise much on disability equality but deliver little.

Experiencing Disability between Academic and Professional Services Roles

The collaboration between the Unison and UCU branches has been essential for developing an understanding of disability across Warwick's varied sectors and job roles. Through three methods of data collection (a survey hosted on a web-form; emails from staff to the Disabilities Secretary; and personal conversations where requested) we have identified a primary fissure in the provision of disability support at Warwick between academic and professional services roles.

Our academic members told us about delays in obtaining reasonable adjustments (RA's), the misunderstanding and even renegotiation of RA's by managers, and the general insufficiency of RA's when contending with academic workload and periods of high pressure in the term. Our professional services colleagues, however, told us of experiences where requests for RA's were *flatly refused* by their managers – forcing them to change departments within the University to ensure their needs were met.

Our professional services colleagues were also substantially more nervous about sharing their stories publicly, fearing repercussion from other parties previously involved. As such, our report will tread incredibly carefully when describing these experiences to avoid identification of participants. Details are omitted, and painful narratives about people's experiences shortened, to reduce the risk of identification.

<u>Experiencing 'Reasonable Adjustment' in Professional Services</u>

Despite institutional endorsement of the Disability Employment Charter recommendation that flexible working 'should be the default option in all roles from day one', departmental managers regularly refuse to permit flexible working for disabled colleagues in professional services.

Flexible working is an arrangement with an employer, whereby an employee decides when to start work, when to end work, and *where* they will work (i.e. from home, from a shared office, or from an office which better meets their needs in the workplace).

Colleagues have informed us of cases where such requests (to move to an office without bright lighting and noise; to move out of a shared office for other disability-related reasons) are denied by the line managers of Professional Services colleagues, without – in their view – fair consideration. These requests had all been validated by Occupational Health as reasonable adjustment recommendations for disabilities. While the institution retains the right to refuse such recommendations on the basis of feasibility, we have uncovered cases where this refusal does seem unreasonable – including where suitable and available office space did exist within a department. Some Professional Services colleagues told us that these refusals were delivered in a hostile and unsupportive tone, which they felt left them no choice but to apply for other roles in the institution.

Another Professional Services colleague endured a long battle with their department and the institution to have their request from flexible working (including working from home 3 days per week) implemented. This began with multiple failures of the department to submit the Occupational Health referral for the colleague, then a series of meetings where

departmental managers blocked the flexible working request because it would affect 'service delivery'. The long battle with the department led the colleague to experience a severe deterioration in their mental health, leading their GP to sign them off from work. At this point, the colleague told us that their department began taking their case seriously, because it started to look like 'prime employment tribunal fodder'.

Finally, we've heard from members with experiences of being injured at work, in relation to heavy lifting. Here, the institution prefers to place the employee on sickness leave rather than providing them with alternative, suitable duties, while they recover from injury. This has unfavourable consequences to employees – who experience loss of earnings and also become ineligible for one-off-payments (like the Covid payment) because of a gap in service.

None of these cases reflect favourably on the institution, nor its supposed commitment to Disability Employment Charter recommendations that flexible working become the default option in all jobs.

Experiencing 'Reasonable Adjustment' in Academic Roles

The context for reasonable adjustments for those on academic contracts is a particular one. It is important to recognize that the academic environment is not a normal line management situation. The Head of Department/academic colleague relationship is usually not practiced as one of 'command and control', rather these are colleagues with longstanding relationships of intellectual engagement – thrust suddenly into a line management situation when one takes over the Head of Department role. As such, reasonable adjustment processes for academics are contextualized through this complicated collegial relationship.

Sometimes, especially in large departments, this longstanding collegial bond can result in substantial, individualized provision – where the colleague receives their OH recommendations in full and is even considered for national disability funding (Access to Work) for additional support. On other occasions, where departmental funding is limited or structural limitations apply, the academic line management context complicates the already stressful negotiation of adjustments. Our data shows that the reasonable adjustment process for academic colleagues is often characterized by limited and flawed support, rather than the denial of adjustments more common in Professional Services colleagues' narratives.

However, sometimes Heads of Department are not sufficiently trained in dealing with reasonable adjustments or are under so much institutional pressure that they cannot facilitate an appropriate, supportive response. The Trade Unions are aware of a case involving chronic fatigue syndrome (ME) where a reduced workload was negotiated as part of the colleague's reasonable adjustments, but later the HoD tried to return the workload to 100%. This communicated a perception that reasonable adjustments are not permanent measures to support permanent disabilities. The colleague was then required to re-negotiate their

workload. The Trade Unions suspect that budgetary pressures on the department brought forward a situation where previously agreed adjustments were then considered 'renegotiable'.

The most egregious cases we are aware of include two cases of cancer diagnosis where reasonable adjustments around teaching loads/marking loads were refused. To facilitate hospital chemotherapy appointments and recovery periods, several colleagues with cancer diagnoses have requested adjustments including longer timescales for marking, and/or a teaching reduction of one module. However, in both examples, the institution favoured and promoted the medical retirement of colleagues because of University and departmental fears around the unpredictability of the illness and the need for time off. Operational concerns about the provision of classes and the timely return of marking were prioritized over the humane treatment of colleagues going through the worst period of their lives. Colleagues also commented about the consistent use of un-minuted (or barely minuted) discussions with their departments and HR advisors, rather than written communication. They believe this was a deliberate strategy on the part of the institution, which preferred that they leave their jobs to reduce teaching/marking uncertainty – rather than supporting them through a devastating illness and facilitating their return to health and the workplace.

The 'maneuvering' around colleagues' needs and entitlements is also visible in pregnancy related cases seen by the Trade Unions. Individual departmental discretion dominates how pregnancy risk assessment and compliance is undertaken. In labs, people are pushed towards additional tasks - or even dangerous tasks that contravene the terms of maternity risk assessments - because the Primary Investigator needs to get the work done before maternity leave begins. The Unions have also noted significant 'marking creep' into maternity leave periods. Once again, the operational needs of the institution can sometimes be prioritized over the health of employees and the guidance in place to protect them.

By far the largest proportion of respondents communicated concerns about deficient institutional practices surrounding mental health. It was strongly and repeatedly stated that providing 6 sessions of counselling through the Employee Assistance program is not enough to support employees through mental health difficulties, because the colleague is then left on NHS waiting lists for care or diagnosis (for example, local area waiting lists for ASD diagnosis can be three years long). Additionally, several respondents were damning about institutional communication regarding mental health. They told us that in serious cases involving the mentioning of suicidal thoughts, HR can sidestep due care and humanity – relying instead on a boilerplate response about the Employee Assistance Program and its provision of six sessions of counselling, each an hour long. Colleagues were left feeling that their suffering had been dismissed as irrelevant and their dignity impeded. Furthermore, racialized colleagues commented that this push towards CBT counselling (involving the individual changing their behavioural/cognitive frame around events) is not always

appropriate when the person is experiencing structural discrimination or the effects of racialised structures. Colleagues can be retraumatized by being told that their experiences of discrimination, and thus the anxiety and hurt they feel, are not structural but the result of a mental health condition. This is extremely dismissive and not the kind of institutional culture that anyone wants to work in.

Academics do not issue boilerplate responses to their tutees who have mental health concerns. If a student communicates a mental health crisis to an academic, they often feel duty-bound to clear their schedule to support that student, while seeking emergency support from Wellbeing Services. Very few would demean a student with a boilerplate email response. So why does the institution treat its staff this way? As one respondent commented to us:

> "Warwick has a fairly good support system in place for students with disabilities/illnesses, but I think staff are sometimes forgotten and it needs to be addressed".

Caseworkers and respondents have also pointed to the failure to link-up communication between Occupational Health, Reasonable Adjustments & disciplinary procedures – forcing colleagues to pursue information sharing between departments while under the immense pressure of a disciplinary process (where such stress also aggravates many disabilities). UCU are aware of recent efforts by HR to rectify this situation. We were contacted by HR to provide feedback on an early draft document, outlining the relevance of certain reasonable adjustments for formal meetings with colleagues reporting disability or illness. We will continue to support the University in its work to link-up disciplinary procedures with Reasonable Adjustments and Occupational Health recommendations.

Finally, respondents to our survey also made very profound remarks about the interaction between disability and the culture of overwork in the institution. If staff are forced into overwork to survive the bottlenecks involved with assessment, isn't this an ableist workplace culture that actively discriminates against disabled colleagues? These are colleagues who must use the 'quieter' times in the academic calendar to recuperate and regain control over their symptoms, after overwork. An academic respondent at grade 7 said that:

> "The University accommodated my request for part-time working, but they have no functional workload model meaning that I am still very overburdened. The accuracy of workload models in our department is very hit and miss (mostly miss, let's be honest), undermining the benefits of going PT. Moreover, the academic calendar is structured such that there are ridiculous bottle-necks of work which force downtime after term, meaning the time that on paper looks 'freer' *is typically essential for rest and recuperation for having overworked during term time* [...] I regularly have to turn down career-progression necessary invitations (e.g. international writing and speaking engagements, visiting lectureships abroad, public engagement and impact activities, and research collaborations) because of the lack of slack in my workload to undertake any non-teaching/admin related work. I have a

> folder on my outlook cataloguing these missed opportunities. I fear it may harm my chances of passing probation successfully. *I guess that's how they design mechanisms to weed out us enfeebled folks into the structure of progression. Part of the culture of overwork and burdensome workloads is an implicit and discriminatory ablism that assumes capacity to work at that harmful level"* (emphasis added).

Reflecting on this incisive comment, Warwick UCU identifies a significant disjuncture between the provision made to students undergoing illness or disability related disruption to assessment submission and the provision made to staff. Where students can self-extend their deadlines for assessment submission during term-time, or request deadline extensions from their departments, staff undergo significant pressure to meet their marking deadlines – regardless of the impact this has on their disabilities. The institutional commitment to marking deadlines ensures that students receive timely feedback on their work, but it also contributes to the perception of an ableist work culture by disabled staff – who suffer immensely from the bottlenecks in workload and require subsequent recovery time.

Occupational Health?

Occupational Health are the University department which makes recommendations, to HR and to departments, about the additional measures (reasonable adjustments) required to enable someone in the workplace. Individual staff members must initiate a referral to Occupational Health (OH) by speaking to their line manager – although, as was explored above, communication between Heads of Department, HR advisors and OH can break down (and it required five meetings between one colleague and their line manager to get the form passed to OH, causing significant delays).

Occupational Health arrange a telephone conversation (during the pandemic) between each Warwick colleague and a registered nurse or GP. Protocols for the Occupational Health department show that these external practitioners are engaged through their 'fellow' status at the external Faculty for Occupational Medicine.[8] An interview then takes place between the external 'fellow' and the staff member about what adjustments would be helpful in the workplace, before recommendations are made to the institution.

However, during our data collection exercise we discovered multiple flaws in the OH process. On one occasion, the doctor appointed by OH admitted – during an interview with a Warwick colleague – to knowing little about Autistic Spectrum Disorder (ASD), the disability under discussion. The 'interview' then mainly consisted of the doctor asking for information about ASD, because they thought they might have it. In a separate case, a colleague with a severe mental health condition (also going through the menopause) was referred to an OH specialist – who were extremely dismissive of her. When the colleague later wanted to return to work, she was referred back into OH, to the same advisor, for an assessment of her capability. Confronted with the same dismissive OH practitioner, the colleague:

> "basically, I just told her what she wanted to hear so I could get approval to go back to work. I couldn't face trying to explain any ongoing issues to her. I had a phased return and managed to work again fairly well. But I was left feeling like if I ever needed to again I wouldn't want to go through the OH system for myself".

The expertise of external medical practitioners used by OH has also been previously called into question, when they instructed Warwick colleagues *to come to the Trade Unions* to discuss what reasonable adjustments might be suitable. The Trade Unions, however, are not staffed by people with medical qualifications who are able to determine what will assist a disabled colleague!

Beyond these individual cases, there is a widespread concern amongst respondents and caseworkers that the OH process simply to 'rubberstamp' the adjustments already desired by the disabled colleague. This is far from best practice because experienced Occupational Health practitioners and medics would be able to recommend additional adjustments through their medical expertise, making a genuine contribution to the workplace.

[8] https://warwick.ac.uk/services/healthsafetywellbeing/guidance/occupationalhealth/occhealthprotocols/

This becomes particularly important when a person's disability affects their ability to advocate effectively for themselves, for example with situations sometimes involving Autistic Spectrum Disorder and/or severe mental health conditions. At present, the OH system requires the disabled colleague to fully understand their condition (not an easy requirement for newly diagnosed conditions) as well as the full range of possible workplace adjustments which might better enable them. Very few people hold all this knowledge. If the OH process relies on disabled staff being able to fully understand their condition, before rubberstamping their requests for adjustments, **this significantly discriminates against colleagues with newly diagnosed conditions**.

Indeed, we have seen cases where the institution appears to implicitly understand this problem. There have been times where HR advisors have stepped in to recommend a more detailed disability assessment by external agencies, while intimating that OH might not best placed to handle particular cases. When external disability assessment is undertaken through the Department for Work and Pensions' Access to Work program, staff members are interviewed by an expert practitioner from the Royal British Legion who sensitively discerns the impact of a person's disability in the workplace. They then recommend a (sometimes large) package of support measures – with partial or full funding provided through national funds.

The question remains, however, who is lucky enough to be referred for Access to Work assessment by their HR advisor? We do not have data on how many Access to Work processes have been undertaken by the University. Our gut feeling is that this process is held back for people who have diminished capacity to advocate for themselves, through a combination of newly acquired diagnoses as well as the impact of particular conditions. While the intervention of HR in these cases is very welcome, it does raise the question of structural imbalances in the provision of disability support for everyone else.

The OH system needs significant reform to ensure that:

- It no longer acts as a 'rubberstamp' for adjustments already desired by employees, but rather provides expert suggestions about measures which might be unknown to staff;
- Medical professionals interviewing colleagues about their conditions are actually expert on those conditions;
- Those professionals consulting with staff are not dismissive but engage in sensitive discussions about disability, ill health and menopause – as well as all other relevant factors.

Conclusions and Recommendations:

Engaging the experiences of staff with disabilities has centred many concerns with institutional processes. These voices, and these problems, only come to light if we engage sensitively with colleagues. The preferred institutional strategy (to date) of engaging external stakeholders to audit Warwick's disability procedures, or to provide disability charter-marks, is no substitute for hearing the actual experiences of people in the workplace.

The Trade Unions feel that Warwick is serious about its commitment to disability equality, given that the University is the only Higher Education Institution to sign the Disability Employment Charter, and one of few to publish pay-gap analysis for disability. But what is needed now is action. A charter-mark is unlikely to restore the faith of colleagues quoted in this report in the institution. *Publishing* the disability pay-gap figures is but a first step in *fixing* that inequity. Warwick's workforce need to see specific, tailored action plans from the institution on:

- The reform of the Occupational Health system, to render it fit for purpose;
- Clear guidance on when HR advisors should seek external Access to Work assessments for staff;
- The production of clear, and visible, guidance for Departmental Administrators on how to access central funding for reasonable adjustment recommendations;
- Maintaining departmental autonomy in supporting disabled staff members but allowing Departmental Administrators to access central funds to that end. This would end the structural inequality in financing reasonable adjustment recommendations (between large and small departments), while also avoiding the costs of a completely centralised system (such as eliminating the benefits of a 'local' approach, where managers understand the needs of their staff and are empowered to meet them);
- Once the availability of central funding for reasonable adjustments is advertised, the University should facilitate the timely review of adjustments on an annual basis – so that those working in smaller departments, who might not have had all their recommendations funded in earlier processes, can be supported to obtain everything they need;
- The reform of mental health related communication with staff, such that 'boilerplate' responses which direct colleagues to the EAP are replaced with compassion and care;
- Commitments that colleagues with cancer or workplace-induced lifting injuries will never again feel pressured to take medical retirement, where this is not their desire, and are instead supported with workload reductions/adjustments;
- Ending the workplace culture where Professional Services colleagues are denied their requests for flexible working and reasonable adjustments, without proper consideration;
- And a plan for fixing the disability pay-gap at Warwick.

Finally, the pandemic has brought a new set of challenges – which were not specifically mentioned in our data-collection exercise but are nonetheless extremely important. The Trade Unions remain very concerned about the equity of responses to cases of 'long covid' and 'shielding by proxy' (where a colleague's partner is extremely vulnerable to Covid, causing extreme anxiety about returning to a face-to-face learning environment). Some departments provide arrangements which cater to the needs of these colleagues, primarily through the use of study leave (in the case of academic staff). Other departments are unable to provide such flexibility, given high student numbers and the 'vacancy savings' metric (which prevents departments replacing departed staff members, in favour of institutional cost-savings on salary) – leading colleagues to experience significant distress.

This, alongside all the other imbalances identified in the report, needs concerted action to rectify. We call upon senior management and the Disability Taskforce to respond to these recommendations, putting the institution on track to deliver on its promised trajectory towards disability equality.