Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol ar Anabledd a Chyflogaeth

This response was submitted to the Equality and Social Justice Committee consultation on Disability and Employment

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Ymateb gan: | Response from: Triniaeth Deg i Fenywod Cymru | Response from: Fair Treatment for the Women of Wales (FTWW)

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Senedd Equality and Social Justice Committee Inquiry into ‘Disability and Employment’

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Fair Treatment for the Women of Wales (FTWW) is a pan-Wales patient-led charity and disabled people’s organisation focused on highlighting and addressing health inequities experienced by women and people registered female at birth who are disabled and / or living with long-term health issues.

Like the Welsh Government, FTWW utilises the social model of disability which, for our charity, means that whilst there is no disputing the impact health issues have on our members, or the need for healthcare and treatment, what tends to ‘dis-able’ the most is societal attitudes towards disabled people and the often ‘invisible’ health conditions with which many of our members are living, as well as places and spaces that don’t understand, recognise, or accommodate their various needs.

For this inquiry, FTWW ran both a survey in our online community group and hosted a focus group with members currently in and out of work. Primarily, our aim was to address three key questions:

1. Why do you think progress to reduce the disability employment and pay gap has been so difficult to achieve?
2. What barriers exist across society that impact on your ability to work?
3. What further policy measures and actions are needed by governments to support disabled people, and young disabled people, into employment and / or volunteering, and any examples of good practice.

- **The Social Model of Disability**

We started by asking our survey respondents if they were familiar with the social model of disability: 100% of those who weren't currently in work were unfamiliar with the model, whilst the opposite applied to those who were in work, with 100% of them being familiar with it. This might suggest that those in employment have potentially learned about the social model in order to help them better access their workplace rights and entitlements. Of those who were aware of the model, there was a clear split between those who thought their employers understood and used it in their practices, and those who didn't.

Comments included:

'It is something I am learning myself and something I have shared with our Diversity and Inclusion Manager to look at developing, not just for myself but other colleagues'.

and

'My manager has not received training on this model. My current workplace doesn't have accommodations in place for disabled people'.

Question One: Why do you think progress to reduce the disability employment and pay gap has been so difficult to achieve?

In response to the 'disability employment gap', all of our survey respondents and focus group participants, whether they were currently working or not, said that, in their experience, it is harder for disabled people or people with long-term health conditions to find employment.

Our focus group participants described how difficult it was to find job roles that offered genuinely flexible, accessible, and remote working. They described how many job adverts would start by saying they were 'flexible', offering 'hybrid' options, only to discover that there was still an expectation that employees would attend a physical office space several times a week. One of our survey respondents described how, *'During Covid there were a lot more work-from-home opportunities...Since the pandemic has eased, these options, including the flexibility surrounding them, has become a less common occurrence. I've found it really hard to find a job suitable to work around my conditions and an employer who is understanding of my chronic illnesses. Most jobs are now hybrid, and requiring you to be in an office for half your weekly hours or more'.*

Focus Group participants described how disabled people often rely on a local support network, including family, carers / personal assistants, or particular services, making it far more difficult for them to uproot and move to where the jobs are. This is particularly problematic for those in highly skilled industries or professions where head offices will tend to be centred around large cities.

City-living is usually more expensive and therefore less affordable for disabled people who tend to have less disposable income, with Scope calculating that the extra costs faced by households with at least 1 disabled adult or child, known as the 'Disability Price Tag', currently stands at £975 per month[1]. We describe later in this response why living outside of urban centres and commuting to work can be equally problematic for disabled people but, in short, the result is that disabled people, especially those in more rural areas, can find themselves excluded from the jobs in which they have expertise, solely due to logistics. Both our focus group participants and survey respondents reported a lack of consideration given to accommodations which could help them better access the job market, including allowing roles to be fully remote and flexible, where appropriate.

Our participants then went on to describe the problematic nature of equality and diversity monitoring and the use of 'tick box' exercises when employers are looking to establish whether or not a potential employee is disabled. More than half of our focus group participants stated that they avoided ticking the 'yes' box because of real and perceived risk of discrimination. They felt that declaring disability status ahead of interviews meant that they were perceived as less reliable, less competent, and likely to make 'un'reasonable demands of employers, negatively impacting their chances of success.

Both focus group participants and survey respondents told us that they only started getting interviews and job offers when they made a deliberate choice not to declare their disability status ahead of time. One of our survey respondents said, *'I didn't declare my conditions in the initial application or at interview for fear of being thought of as someone who is unreliable or would have a lot of time on the sick…If anything, if I do have time off work, it is usually because I have over-compensated whilst there, like I have to prove I am worthy of the role'.* One of our focus group participants summed it up thus, *'The perception is often that disabled people have nothing to offer employers, but then people moan when disabled people do not work'!*

Other participants told us that they feared intrusive questions being asked on the basis of their declaration, and felt they didn't want to be forced to disclose the precise nature of their impairment/s or symptoms. However, at the same time, they were concerned that failure to describe their health issues to employers might lead to them a) not being believed, b) not being able to make the case for the reasonable adjustments they needed, c) not getting the job. The dilemma around whether or not to disclose health conditions and the extent of them meant that members felt anxious about taking up work, staying in work, and progressing in their careers. There was very much a sense that conversations like these can negatively impact working relationships, especially in

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[1] https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag

workplaces that aren’t informed or proactive in their support for disabled and chronically unwell people.

For those members who were comfortable disclosing their health conditions / needs to employers, there was still an overwhelming sense that most workplaces were uncomfortable with the whole concept of employing a person with an impairment or medical disorder. One of our survey respondents told us, *‘I have applied for jobs that I have been more than qualified for, but have been turned down for due to asking for simple reasonable adjustments, such as starting slightly later due to needing to get public transport to/from work, as my conditions prevent me from driving’*.

Our focus group participants also described employers being reluctant or afraid to ask the person what their needs might be. They recounted how the support provided in many workplaces was extremely bureaucratic and process-driven with, for example, formal referrals and regular meetings with HR required, so much so that it actually contributed to feelings of anxiety and ill health. One of our focus group participants told us, *‘I ended up feeling like I wished I’d never bothered asking for support at all’*.

For those living with chronic, fluctuating, often ‘invisible’ health conditions, who make up the majority of FTWW’s membership, there were also concerns about the misconceptions and stereotypes around ‘disability’ and what it ‘looks like’, which can leave those living with ‘invisible’ impairments feeling excluded or unsure if they’re really ‘disabled’ or not. One of our focus group participants commented, *‘Ticking the box is still an issue for many people in my organisation. Some don't feel disabled as they have conditions that are managed well but technically still fit the definition. We've tried with staff surveys to use different ways rather than just saying are you disabled which is working a little better. I think that's the historic attitude to the word disabled and maybe not feeling they are as bad as someone else. It took me years to tick the box I must admit’*.

Several participants described how common depictions of disability impacted both on their own perception of themselves as not being ‘properly disabled’, and their confidence in asking for reasonable adjustments (and, indeed, knowing what those adjustments might be). One focus group participant explained how fluctuating health issues aren’t predictable and that this causes problems for employers who don’t fully understand what flexible working constitutes or how to manage it, *‘I can’t tell employers what the definition of flexibility is; I cannot give them that predictability or tell them I need to work from home on these specific days’* whilst one of our survey respondents commented, *‘It’s difficult to find an understanding employer - especially when you need regular time for hospital / GP appointments / surgeries / tests etc’*.

Our participants felt that a deliberate and widespread change of mindset was needed on the part of employers, in order to recognise the value of disabled employees, reduce erroneous assumptions, and remove fear of taking on people with long-term health conditions. One of our focus group participants described how some employers, whilst allowing their staff to work from home, installed their devices with tracking software to monitor productivity, even though staff were still meeting the targets set. As it is more likely to be disabled people requesting remote working, our participants felt that this degree of mistrust and intrusion was discriminatory and anxiety-inducing, to the point where it would both impact their health and deter them from remaining in that role. One participant said, *'If you don't trust the person you're employing, you shouldn't be employing them in the first place'.*

Some of our participants felt that, whilst more inclusive thinking may have been achieved at Board level, middle / line management needed more persuasion, both in terms of changes in attitudes and operational activity, systems, and processes. As middle managers would often be the people recruiting and appointing staff, our participants felt that Boards needed to be more directive in this regard, and stipulate the need to appoint and support disabled people. Our members also felt that Boards and Executive teams needed to lead by example, and ensure that workplace culture was welcoming, supportive, and 'enabling', where disabled employees could comfortably discuss their needs with managers, human resources (HR), occupational health, and so on, and not be judged unfavourably for doing so. As one of our survey respondents said, *'The fear around sickness triggers* (where number of absences can trigger disciplinary action) *and HR is sometimes used to push people back into work but HR should be approachable and there to help, not 'catch you out'.* Instead, as one of our focus group participants commented, managers should try to remember, *'We're just normal people who need a little bit more help'*.

To that end, focus group participants felt that there was very much a need for all employers and disabled staff to have ready access to 'Access to Work' schemes and disability advisers. It was felt that provision of this nature could assist with exploring the types of reasonable adjustments that might be needed for individuals, and advise employers on how to accommodate those adjustments within their business.

In fact, difficulties accessing 'Access to Work Schemes' was highlighted as a key concern for our focus group participants. Firstly, it wasn't clear if the scheme was widely known or signposted to prospective or existing employees in need and, where it was known, the long waiting lists for assessments, often extending into months after people's start dates, was cited as a huge barrier. For some of our members, not being able to secure the assistance or devices they needed ahead of time meant that they simply weren't able to accept offers of employment or, where they did, they struggled to manage tasks and workload, which risked increasing stress, anxiety, ill health, and their ability to remain in the role.

We also asked our survey respondents whether they felt any progress had been made in their workplaces or the employment market more generally to better support disabled people. All of those not currently in work felt that that no progress had been made; however half of those in employment felt that progress had been made and, interestingly, almost half of those worked for the third (charity) sector with one saying, '*I work for a charity that is very positive and generally very accommodating for people with disabilities. However, this has not been the case everywhere I've worked'.* Another employee in the third sector said, *'I work for a very progressive third sector employer; whilst my statutory role paid more, it was filled with bureaucratic nonsense which was prohibitive',* a statement reinforced by a third respondent who said, *'I work for the NHS and it is not very accommodating whilst you are in work towards long term health conditions'.*

A fourth respondent summarised the situation regarding progress in the workplace for disabled people as follows, *'there is still so much to be done - including making offices accessible and wheelchair friendly. Plus more of an understanding by management to find out about conditions and support available rather than the onus always having to be on the person with health conditions or a disability to explain everything and push to get things done. It should be inclusion by design not inclusion by afterthought'.*

In terms of the disability pay gap, nearly all of our survey respondents said that, in their experience, disabled people and people with long-term health conditions generally earned less than non-disabled people.

Our focus group participants described how, whilst there might not be a conscious or deliberate decision to pay disabled employees less, it was often lack of reasonable adjustments in preferred roles that resulted in disabled people having to take on jobs with lower pay. One of our survey respondents said, *'A great deal of disabled people are not accommodated well in many jobs, so they leave work completely, reduce their hours or take on lower paid work',* whilst another said, *'There are (fewer) remote/flexible job opportunities and therefore those who would find these positions suitable can find they're taking a reduction in pay to take on a job that is more suitable for their needs. It also means there are a lot of people vying for one position'.* A third told us, *'Prior to becoming ill, I was earning more than £5k a year than I am now, and that's going back 6 years. I can no longer physically do that role. This current role enables me to keep on working'.*

The focus group went on to discuss how, often, the way jobs are evaluated (such as Key Performance Indicators which focus on attendance rather than performance) meant that they had lost out on target-related pay increases. One participant spoke about how, even though they were hitting performance-related targets, their absences meant they were overlooked for continuing professional development and training, which meant they didn't have the opportunity to acquire the skills needed for promotion. Another commented, '*With the banding in the NHS you are paid the same as others at that band so I don't feel there's a pay gap there. However development and progressing to higher bands can be more tricky. It's taken me a while to progress, people who work with me state I should be higher as I have the knowledge and experience but interviews are just so difficult'.*

Focus group participants also described how managers sometimes make 'assumptions' about the disabled person's capacity to undertake a more senior, better paid role, so they were automatically excluded from the process, a theme reinforced by survey respondents, one of whom commented, *'I believe (disabled people) earn less because they are not given the same opportunities. It is usually a non-disabled person deciding what is right for the person with a disability. Or assuming they can't do something rather than having open conversations with the person concerned. I had to fight for a pay increase in line with the work I have taken on, much to my manager's displeasure'.* In contrast, another of our survey respondents felt that, *'(lack of) confidence stops disabled people thinking they are capable of higher paid roles'.*

The focus group then went on to discuss how, much like maternity-related employment and pay gaps, disabled people who need to take periods of time out of the workplace due to symptom-escalation or treatment can similarly find themselves penalised in terms of progression and pay. Periods of sickness absence meant that they started to fall behind in terms of skills development and missed out on training opportunities. As a result, they became 'less employable' and had to settle for lower-paid roles.

One of our focus group members described how, in some workplaces, there was an expectation that those seeking to 'get ahead' would take on more tasks and responsibilities outside of normal working hours, essentially working for free in return for increased chances of promotion. For disabled people, already having to very carefully balance workload and wellbeing, this kind of approach is often impossible to manage without risk of causing their health to deteriorate, resulting in their losing out on opportunities to progress and achieve higher rewards. One of our focus group participants put it very succinctly, *'I can't give any more than I'm giving already but my 100% is not seen as equal to a non-disabled person's 100% because it looks different'.*

The group also discussed how networking outside of the workplace, which could see some candidates preferred for promotion over others, meant that they weren't considered because they weren't able to join in or access such events. Even disabled people who had opted for freelance work or were self-employed felt that they encountered a disability pay gap, largely because their health meant they weren't able to take on the number of projects they would like to do. Being self-employed is often posited as the 'solution' for disabled people who have had to leave external employment due to their health. However, this can lead to another form of 'disability pay gap', because of lack of sick pay. One of our survey respondents commented, '…*disabled people earn less due to no sick pay. It's complicated and difficult to claim benefits, which do not cover basic living costs'.*

Question Two: What barriers exist across society that impact on your ability to work?

Our focus group felt it was very important to consider the disability employment gap through an intersectional lens, and look at how various experiences and circumstances can add to the barriers causing and perpetuating it. Examples given by our participants included:

- **Lack of accessible and affordable public transport** which has further reduced since the pandemic, partially as a result of more hybrid working patterns. As fewer people are travelling, less profitable bus routes have been cancelled or ticket prices increased, leading to disabled people in more rural areas becoming even more excluded and less able to access employment.

  Limited wheelchair-friendly bus and train spaces heightens stress and anxiety about trying to get to work. Participants spoke about how the possibility of conflict between pram / buggy-users and themselves increased their reluctance to travel, whilst accessible taxis at peak times are few and far between and those that do exist are often pre-booked for school transport.

- **Lack of disabled parking spaces**, and needing to justify using them, was another barrier to employment cited by our focus group members. The prospect of intrusive questions troubled participants; one of them described how a former estates manager had decided against providing disabled parking bays at the front of the office building because it would be seen as 'unfair' to non-disabled employees.

  Another participant commented, *'Sometimes a work place doesn't have onsite parking so you have to use a public car park...the price of parking has hugely increased (including parking permits) where I am, so, if you're working part-time and have to factor in that cost too it can be another barrier'.*

- **Long NHS waiting lists** which delay diagnoses and treatment, resulting in people either losing their jobs or being unable to seek employment in the first place. Both survey respondents and focus group participants indicated that they'd become more unwell whilst waiting for appropriate healthcare interventions, impacting on their ability to work, continue in employment, or look for a job. One of our survey respondents told us, *'I experience chronic pain and chronic fatigue. I have issues with memory and most days, struggle to meet my own needs. I wouldn't be able to function in any employment in my current situation. The NHS has long waiting lists to access treatment, in the meantime, long term health conditions are getting worse'.*

  Despite a formal diagnosis not being a legal requirement for accessing support in either employment or education, according to our focus group participants, many workplaces and academic institutions still insist on medical confirmation of diagnosis before providing support or considering reasonable adjustments. One of our focus group participants described how delayed diagnosis for autism was a significant barrier to their receiving support at university, *'They wouldn't support around my autism because I didn't have a diagnosis, which presented huge issues'.*

- **The link between poverty, ill health, and reduced life chances**. Young people growing up in households where there is a disabled family member are more likely to experience poverty. This has been shown to negatively affect educational attainment, job prospects, and health, all of which can impact on people's confidence and chances of future employability. If a person is poor, they are at higher risk of developing long-term health conditions, which further reduces their ability to secure employment and improve their circumstances, resulting in a multi-generational cycle of deprivation

- **Homelessness** (including 'sofa-surfing' and those in emergency accommodation, as well as street homelessness). People without safe and secure housing are at increased risk of ill health, whilst lack of a formal address also makes it more difficult to access the job market or open a bank account to receive payment. Without an address, a person is more likely to become unwell and disabled, and less able to take the steps needed to improve their prospects

- **The need to make places and spaces accessible** by default, with all new-builds, renovations, and town planning being subjected to access audits run by disabled people's organisations ahead of work commencing, to ensure that people's diverse impairments and needs are fully considered and accommodated.

- **Societal expectations about what constitutes 'good' working practices** and acceptable conduct can sometimes be disabling, as one of our focus group participants described, *'not being allowed to work in pyjamas, having to have cameras on in meetings if you work remotely. Things like the 9-5 being the norm when some people might work way better in the night (they're just seen as disorganised or weird). I work from my bed and often with pyjamas on now, and I might not start 'til the afternoon, because it's that or I may not be able to work at all that day. For many workplaces that would be seen as unacceptable'.*

Our focus group participants agreed that a cross-government approach is needed to address these barriers, with the social model of disability front and centre of all decision-making.

Question Three: What further policy measures and actions are needed by governments to support disabled people, and young disabled people, into employment and / or volunteering, and any examples of good practice.

Above all, our focus group participants felt that a change of attitude towards disabled people was needed. They argued that it was no longer good enough to issue guidance or recommendations to employers, but that more needed to be mandated in terms of employing, supporting, training, and promoting disabled people. Participants recognised the challenges in collating accurate data on disability, but felt that if workplaces were more open and supportive in the first place, people would be less reluctant to disclose their status and needs, resulting in more learning and better practice across the board.

- **Disability Standards or Quality Marks**

Participants were particularly concerned at the superficial 'tick box' approach to Disability Employment Standards, with organisations holding gold awards for being 'disability friendly or confident' whilst at the same time being inaccessible and unsupportive of employees living with long-term health conditions and impairments. They felt that both standard marks and policies / practices needed to be coproduced, regularly revisited, and assessed by disabled employees themselves so that they were more likely to be realistic and reflect people's needs.

Equally, participants felt that there needed to be more scrutiny of employment practices regarding disabled people and reasonable adjustments, starting with job adverts and recruitment packs. All should make clear that reasonable adjustments are considered, including as part of the interview process, and that the workplace in question is a welcoming and non-judgmental space.

- **The Education Sector**

One particular policy area participants felt was in need of attention was education and training, a key driver of future employment prospects. They reported pockets of good practice for disabled and neurodivergent students, with some enabled to undertake assessment in ways other than formal examinations, and some schools / colleges offering bespoke support, vocational courses, training, and work experience placements that met disabled students' needs. One member described how a local Special Education Needs school had set up both a café and shop on its grounds to give students practical skills in a familiar, safe, and supportive space. However, it seemed that other local authorities didn't offer these same adjustments or support, so members were concerned about postcode lotteries and how these could disadvantage disabled students in some parts of Wales, especially once they left formal education to enter the world of work.

Whilst on the topic of education, participants also expressed grave concern about higher education and degree courses where academic institutions stipulated students undertake an industry placement in order to pass the course. More than one of our members spoke about how they, or fellow disabled students of whom they were aware, hadn't been able to find placements that were accessible or able to accommodate their needs. Some had selected their degree course whilst in good health, only to experience a deterioration or new impairment farther down the line and a subsequent lack of support or offer of alternative ways forward from their universities. One member told how her university had advised her, '*it's a requirement; you'll fail if you don't do it',* despite her having a note from her GP saying she wasn't fit for work. Undoubtedly, for some disabled students, this could put both their education and chosen career path in jeopardy, whilst also incurring considerable financial debts.

- **Practical support and advice for employees and employers**

Participants felt that there was a lot of support available to employers to help them take on disabled people but that maybe they weren't aware of what was out there, or that they lacked the time (or possibly the interest) to explore the landscape. It was felt that there needed to be a more proactive offer to new and existing businesses, especially start-ups, small businesses, and disabled people's organisations, so that their likely more limited capacity wasn't spent trying to search for support or navigate complex systems. Instead, dedicated agencies in Wales should directly approach them and offer assistance.

Whilst on the topic of more accessible support for disabled people in work, participants also raised the issue of access to advice and justice when experiencing disability discrimination in the workplace. Employment tribunals are just one example of how environments and processes of this nature can very often cause difficulties for disabled and unwell people, with the stress, anxiety, and preparation needed potentially resulting in worsening health. This in itself can deter people from seeking justice and compensation.

It was felt that more Legal Advice Centres and Disability Advice Centres were needed across Wales, working collaboratively to provide disabled employees with practical support, advice, and advocacy. Centres of this type could also help employers better understand how to comply with legislation, create inclusive and accessible workplaces, and offer mediation services where needed.

- **Universal Basic Income**

At a political level, focus group participants also mentioned their desire to see social security and welfare devolved to Wales, not least as the Welsh Government has committed itself to the social model of disability and has undertaken a long-standing programme of work on 'Disability Rights'. One participant mentioned the opportunities that a Universal Basic Income would provide to disabled people, enabling them to train and work at a pace and in ways that suit their health needs and capacity, making them more productive and more, not less, likely to undertake employment or volunteering.

- **Volunteering**

Whilst on the topic of volunteering, our focus group participants very much recognised the value and importance of these activities, describing them as *'amazing and empowering'*. However, they also felt that there was a risk that volunteering (or 'unpaid work') could be marketed to disabled people as all they should expect in life.

One participant described a local charity's recruitment drive for volunteers comprising adverts asking, *'Are you disabled and looking for something to do?'* inadvertently implying that all disabled people are unemployed, with no family responsibilities, and with low aspirations. Our focus group felt very strongly that, where disabled people wanted and were able to undertake paid employment in a supportive and welcoming space, volunteering should not be posited as an alternative. One of our participants said, *'If disabled people are only ever seen as "unpaid", it feeds into the societal perception that they don't have as much "worth"'.*

For those wishing to undertake volunteering, one of our focus group participants emphasised the importance of volunteer placements offering flexible approaches which accommodate disabled and unwell people's needs. Too often, volunteers were expected to sign contracts and commit to certain days and hours, which posed the same challenges to those with chronic and unpredictable health conditions as formal employment. One of our survey respondents suggested there be a centralised database of volunteering opportunities which made clear how far organisers had considered and accommodated accessibility requirements.

Another described the importance of programmes like, 'Equal Power, Equal Voice', which could help to empower and give disabled people more confidence. However, another survey respondent gave a note of caution regarding over-reliance on volunteers without adequate funding or infrastructure to support them, *'There is limited capacity in the health and social care workforce to work with volunteers; why does the Welsh Government always think volunteering is the answer without factoring in the costs to the organisations'?*

- **Government Employment Policy and Programmes**

At a government and policy level, both focus group participants and survey respondents agreed that much more needed to done to address the narrow perception that all disabled people should and could be in work if only more adjustments, programmes, or incentives (or sanctions) were put in place. All were clear that there needed to be public recognition and acceptance that some disabled people would never be able to work, no matter what, and that this should not mean they be treated with any less respect and dignity or be denied support.

All of our survey respondents currently in employment felt that governments did not understand that some disabled people cannot work, regardless of schemes or policies put in place, with one of them telling us that, *'The stigma is ridiculously upsetting. My partner for example is a wheelchair user following an IED explosion during his time in the military (14 years and multiple tours) yet he was classed as unemployed and not willing to work when all he does is want to work but is not physically able owing to his disabilities and pain levels'.* One survey respondent currently not in work said, *'They think if they put schemes in it'll motivate us. We aren't unmotivated. Many of us have chronic pain. Chronic pain is not conducive with a working environment. There's a lot of pressure and shame put upon us by these schemes'.*

Another focus group participant mentioned how the 'getting disabled people into work' narrative missed the fact that many disabled people are, indeed, working, despite the various challenges they encounter. Participants agreed that the unswerving focus on those who were not in employment fed into unpleasant and inaccurate perceptions of disabled people, as well as resulting in a lack of attention paid to the need for employers to be more flexible and supportive of disabled people's needs.

In terms of actions that had already been taken by the Welsh Government to improve disability employment and pay gaps, none of our survey respondents currently not in work were aware of schemes like Disability Employment Champions or Apprenticeships for Disabled People, and only half of those in employment had heard about them. One who knew of the Champion roles said, *'I believe my workplace and others could really learn a lot from them. It is not about them saying how bad everything is but sharing an inclusive viewpoint to help a business improve and be more welcoming to those with disabilities and health conditions'.*

Regarding apprenticeships, one survey respondent commented that, *'More support is needed to give apprenticeship opportunities to those with disabilities. Whether it be adding in the application how accessible the building is / or what kind of support is available and encouraging (people) to share their concerns / health conditions without fear of prejudice'.*

As far as any additional schemes or policy measures were concerned, our survey respondents suggested:

- Compassionate Human Resources training to recruiters and HR departments, encouraging them to be proactive in their offer of support to disabled people and those living with medical disorders, thereby giving them the confidence to be open about their requirements ahead of applying. Active offers might include application processes through a variety of mediums, such as video CV, video calls, and tips on applying.
- Guidance to employers and recruiters to encourage them to focus on skills and life experience rather than solely focus on educational qualifications or previous employment, both of which may not be as comprehensive for disabled applicants.
- Training for employers, designed and delivered by people with lived experience, to ensure better understanding of chronic health conditions, people's requirements and needs, and how they might be accommodated in the workplace
- Mandating the offer of reasonable adjustments in the workplace for disabled people and increased scrutiny to assess how far these are being accommodated.
- A requirement to properly consider and accommodate flexible working, where it is appropriate to do so.

In terms of what governments, public bodies, and grant-makers might do to improve the support available to disabled people's organisations, FTWW would particularly welcome a commitment to offering multi-year grants. Employees who are disabled and / or living with long-term health conditions really flourish when they have job security;

being able to offer this would ameliorate the prospect of having to find new employment and the various barriers encountered in doing so. In turn, this would improve organisations' offer to their beneficiaries.

We would also urge the Welsh Government and public bodies in Wales to make the provision of Equality Impact Assessments, meaningfully coproduced with disabled people / people living with long-term ill health and disadvantage, a requirement in their procurement exercises. All of those tendering for projects should be expected to evidence their engagement, consideration, and support for disabled people in both their employment practices and the services or goods they may be supplying.

- **Examples of good practice:**

One of our focus group participants described how some larger employers held online 'lived experience' information sessions for staff living or wanting to know more about various health conditions and impairments, where people could be part of an informal community and learn from each other. They described how, *'if you saw your manager in there, you felt more confident that they'd be a bit more interested, informed, and supportive'.* One of our survey respondents commented similarly, writing that, *'Employing disabled people in managerial positions could help. Also, having a disability HR champion who is disabled and understands the barriers we have'.*

Another participant described how, at their workplace and in other larger organisations, disabled staff networks were being created. Not only did these provide peer support, help, and advice, they also enabled them to, *'connect with other organisations' disability networks which is really good to share what we do and see how other companies are doing things'.*

The most commonly reported examples of good employment practice cited by our survey respondents involved giving disabled employees the opportunity to work flexibly and from home. They told us, '*Working from home has saved my career. A positive thing to come from the pandemic was the openness of businesses to allow workers the opportunity to work from home. It means I can work from bed, the sofa or my little desk and take breaks as needed', and, 'The ability to work from home becoming more acceptable has given me 2 hours back per day which has allowed more rest time between work hours'.*

Finally, one survey respondent mentioned other countries legislating menstrual leave that may help those employees living with menstrual health conditions.

Summary:

Many of FTWW members want to work or are in work, despite living with various impairments or health conditions. Barriers to doing so are usually not of their own making but because there is a widespread lack of understanding of their needs or, indeed, the value that they can bring to the workplace. There needs to be a positive -reframing' of what being disabled is, and what it might look (or not 'look') like, so that more people feel confident to describe themselves as disabled and expect respect, dignity, support, opportunities, and a decent quality of life. This is important for wider society as well as workplaces.

More training for employers, service-providers, and policy-makers, designed and delivered by disabled people, is essential to improve experiences. Whilst investment in new programmes, schemes, and services is welcomed, these too should be coproduced, so that they meet people's needs, and they should be widely communicated and proactively offered, so that neither disabled people themselves or smaller employers are disadvantaged by not knowing about them.

This concludes FTWW's response to the Senedd Equality and Social Justice Committee's consultation on Disability and Employment; thank you for reading.

For more information about this consultation response or any additional queries, please contact info@ftww.org.uk