

# Disclosing Disability in the Workplace a Review of Literature and Practice in the Irish Public Sector

**National Disability Authority**

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## Introduction

In Ireland since the late 1970s, there has been an official target for 3% of the staff of public bodies to be people with disabilities. The 2005 Disability Act put this target on a statutory footing, and gave the National Disability Authority (NDA) responsibility for monitoring and encouraging compliance. Part 5 of the Act sets out the role and responsibilities of Government Departments, Public Bodies and the NDA in the monitoring process.

The National Disability Authority (NDA) undertook research on the current employment monitoring system for people with disabilities in the public sector which involves disclosing a disability for monitoring purposes. The NDA commissioned independent researchers to conduct research to explore the views of people with disabilities in the public sector on the monitoring system. In addition, the NDA conducted a literature review on the disclosure of a disability in the workplace. These two pieces of work are presented in this report.

Section One contains the Literature Review on disclosure in the workplace. Section Two presents the empirical research conducted by the independent researchers. Section Three contains a discussion of the main findings from the literature review and the empirical research and draws some conclusions from the findings.

## **Section 1: Literature Review**

The literature on disclosing a disability in the workplace was reviewed including the barriers and facilitators to disclosing a disability and the provisions used to promote the employment of people with a disability in the workplace.

### **1.1 Search Methodology**

The literature review was carried out using the following methodology:

1. Previous research carried out on behalf of the NDA was examined. Any relevant literature cited was sourced
2. The NDA library catalogue was examined for relevant books and journal articles
3. Previous research on the subject of at employment and people with disabilities were hand searched in the NDA library and relevant pieces were selected
4. A search on Google Scholar was carried out including (disabilities OR disability OR handicapped) (disclosure OR disclosing) ("disclosure rates" OR "disclosure rate" OR "rates of disclosure" OR "levels of disclosure" OR "disclosure level" OR "disclosure levels") (employing OR employment OR employer OR employee OR workplace OR job). Results included 177 articles.

### **1.2 Defining Disclosure**

For the purposes of this report, disclosure is defined as ‘the process of an employee informing their employer of a disability/impairment. This may happen in several ways, including anonymously, for example through a staff survey, or ‘openly’, for example for the purposes of achieving reasonable adjustments of specific support at work’ (Equality Forward, 2007: 8).

### **1.3 Positive Action Measures to Promote Employment Opportunities for People with Disabilities**

Two main policy approaches are used to encourage employment of people with a disability. The first is a quota and target system which exists in many Western European countries. Murphy et al (2002) describe this system as a policy ‘whereby employers in both the public and private sectors are obliged

to employ certain proportions of people with a disability' (p. xx). These quotas and targets range from 3 to 6% and are generally framed as a positive discrimination measure (Conroy, 2001: 21). Quotas and targets can either apply to the public and private sector or to organisations with a certain number of employees (e.g. over 20 employees in France) (Work Research Centre (WRC), 2007). Some countries (Poland, Austria, and Italy) have employment policy that is centred on a 'mandatory employment quota' (WRC, 2007:9). This is specific legislation dealing with employing or promoting the employment of disabled people. Using this type of system means that employers must ensure that a certain percentage of their employees fulfil eligibility criteria and are registered as having a disability. In this type of system, disclosing a disability is integral to the registration process and is therefore mandatory (WRC, 2007).

Penalties for non compliance with the quota and target systems vary with the country involved. They range from no penalty in Spain to a fine for non compliance in Austria, Poland and Japan and to making a contribution to a vocational fund specifically for disability issues in France. In the Netherlands a mandatory quota has been replaced by a voluntary 2-5% target in the public and private sectors since 2006 (WRC, 2007). People for whom accommodations have been made in the workplace, or who need adaptations can be included under the quota (WRC, 2007).

In contrast to the quota and target system, the other main policy approach emphasises 'equality of opportunity'. It seeks to encourage employment through what Murphy et al (2002) term 'persuasion measures' (p. xx). Three main types of employment equality strategies exist. These are *equal opportunity policies*, *positive action policies* and *preferential treatment policies* (Conroy, 2001). Although the details of each of these approaches differ, the essence of each tactic is to encourage employment of people with disabilities in the workplace. These 'persuasion measures' are more popular in Australia, Canada, the USA and the UK (Murphy et al, 2002). Examples include: the US Federal workforce, the Australian Public Service and the Scottish Executive who support the employment of people with disabilities.

Similarly, the UK Civil Service support a target that 3.2% of senior civil servants should be people with disabilities (WRC, 2007). Finally, there are some countries where particular occupations are set aside for people with disabilities. For example telephonists' jobs are reserved for people with visual impairments in Italy. Similarly, the UK retains car park attendants' posts for people with disabilities (Conroy, 2001).

Since the 1970s the Irish Government has supported a policy that 3% of public sector employees should be people with disabilities. The Disability Act 2005 (Part V) obliges public bodies to, as far as practicable, take all reasonable measures to support and promote the employment of people with disabilities, and, unless there are good reasons for not doing so, to reach a 3% target of employees with disabilities. These new legal obligations took effect in 2006. As there is no system of registration of disabilities in Ireland, monitoring this target is dependent upon individuals self-declaring their disability. This could lead to under reporting of disability in the workplace (Conroy, 2001). This view is echoed by the Disability Rights Commission (DRC) Report of 2007, which examined the barriers that disabled people face when entering/working in three specific areas; nursing, teaching and social work. The report states 'statistics, where available, suggest that disabled people are under-represented or are present but not disclosing their health or disability status and so are not represented in the figures' (DRC, 2007:20).

#### **1.4 Disclosure of a Disability in the Workplace**

When examining figures relating to people with disabilities in the workplace it is important to acknowledge that some people choose not to disclose their disability to their employer and this affects the accuracy of the figures for the number of people with disabilities in the workplace.

A Scottish study<sup>1</sup> exploring disability disclosure amongst college and university staff revealed that participants can have 'an opposing ideological

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<sup>1</sup> This research carried out by Equality Forward gathered opinions from college and university staff about disclosure in the workplace using an anonymous online questionnaire. Follow-up interviews were also conducted to facilitate a more detailed investigation of key themes (Equality Forward, 2007).

commitment towards disclosure' (Equality Forward, 2007:25). Some study participants felt disclosure was on a need to know basis:

'I have only disclosed at point of need – i.e. needed time off sick or needed special support for application for facilities because of disability-I don't see why I should have to disclose and reduce my personal levels of privacy if I don't need to and especially if doing so exposes me to risks I wouldn't be exposed to otherwise' (Equality Forward, 2007:25).

For others in the study, disclosure was a part of their life:

'I am proud to identify as a disabled person and would never deny that part of my life' (ibid: 25).

Disclosing a disability to an employer can be of greater concern for people with 'non-evident' or hidden disabilities (Wilton, 2006:26, Goldberg et al, 2005, Equality Forward, 2007). It is considered by some as a 'high risk strategy' (Equality Forward, 2007: 12). Equally, the experience of disclosure can differ for those with invisible disabilities (Rocco, 2004). One of the strongest rationales in favour of disclosing a disability is in relation to accommodation and modified duties. If an employer is not aware of a disability, any special adaptations to the workplace or work schedule required by an employee may not be met (Inge and Targett, 2008; Gates, 2000; DRC, 2007; Workway, 2004; ECU, 2008). For example, a person may need time from work to attend regular medical appointments. If someone in this situation has not disclosed their disability to an employer, an issue may arise about seeking regular time off work. However, if this person has disclosed their disability, the employer may have a different attitude to the free time required (Inge and Targett, 2008). Finally, nondisclosure may also result in added workplace stress and therefore be counterproductive. This could occur as an employee may require some assistance or support from colleagues that cannot be sought unless a disclosure has been made (Workway, 2004). The benefits of self disclosure are summarised well by Munir et al (2006) 'employees who disclose are likely to benefit from work adjustments, support, adjustments to

their sickness absence records and improved overall quality of working life' (Munir et al, 2006:179).

## **1.5 Barriers and Facilitators to Disclosure**

When considering the factors that may facilitate or discourage disclosure it is helpful to think about them on three different levels: the personal, the workplace and the systems level.

The personal realm is primarily the type of disability a person may have to disclose. The workplace level includes colleagues, managers and the way in which an organisation may enable people to feel secure about disclosing their disability. Finally, there is the systems level. This includes the work and equality legislation respective to different countries and also the policies and supports in place which encourage people with disabilities to enter the workforce.

The ways in which these three levels can act as a barrier or a facilitator to disclosure of a disability are now discussed.

### **1.5.1 The Personal Realm**

As noted earlier, the type of disability may influence a person's decision to disclose their disability to an employer. For those with visible disabilities, immediate accommodation is often required, for example access to buildings/toilet facilities. However, the decision becomes more complex when a person has a hidden disability. The findings in a Scottish study exploring disability/ impairment disclosure for staff in colleges and universities reflect how some respondents felt different disabilities are more stigmatised than others. As one participant recounted:

'I suffer from severe depressive periods and this is not disclosed as I feel I may be discriminated against, particularly prior to being employed and while on probation. I was recently diagnosed with epilepsy and this was disclosed as it is a 'real illness' ' (Equality Forward, 2007:21).

For those with a non-visible disability the timing of disclosure is an added consideration (Roberts and Macan, 2006). Disclosure may happen at the

application stage, at the interview stage, or after a job has been secured. Additionally, a person may choose to work with an employer for a particular timeframe and disclose their disability when they feel more comfortable in their workplace (Ellison et al, 2003). Findings from the DRC (2007a) report echo this point:

‘a number of practitioners across the three professions reported that being well established or having achieved seniority in a work environment offered them a sense of security in the process of disclosing and, importantly, the ability to evidence their capacity to do the job’ (p.54).

In this context the DRC (2007a) raise another interesting point:

‘the sense of security accrued in one work environment was often not carried across to a new work setting. Instead, they described a recurring process of determining whether to disclose, assessing each new environment to establish whether it would be supportive. The potential for regular changes within the professional environment meant that this might need to be repeatedly negotiated, even in people who had not chosen to seek new employment’ (p.55).

This illustrates that the decision to disclose a disability may not be a solitary event and can reoccur through the course of one’s career. Finally, in a UK study, the Equality Challenge Unit (ECU) examined issues affecting the disclosure decisions amongst staff in higher education. A finding of this study was that staff may have a difficulty in identifying with the term ‘disabled’ (ECU, 2008:12). This report found that:

‘not all staff who met the legal definition of disability would know this, and that others may not choose to use this term as part of their identity. In both cases, this would affect the rate of disclosure’ (ECU, 2008: 12).

The ECU (2008) highlights how this finding is supported by research conducted by the Disability Rights Commission, which indicated that ‘around

half of disabled people do not feel this term best describes them' (ECU, 2008:12).

### **1.5.2 The Nature of the Workplace**

Several commentators have highlighted how features of the workplace itself may support or discourage self disclosure of a disability.

Previous research indicates that a person's position in an organisation may influence a decision to disclose (Ellison et al, 2003; Wilton, 2006). Ellison et al (2003) examined patterns of workplace disclosure among professionals and managers with psychiatric conditions. The research revealed that those in higher grade positions have fewer regrets about disclosing their disability. This indicates that an individual's position in an organisation may influence the decision to self disclose.

The culture of an organisation is also believed to influence the decision to self-disclose. A study by Goldberg et al (2005), examining how people with psychiatric disabilities deal with the 'Disclosure Conundrum', reiterates this point. This study highlights how previous research found that 'clients placed in supported environments tended to disclose more to employers and co-workers than those placed in more competitive employment' (p.469).

A person's relationship with their line manager/supervisor may also be a determining factor in a decision to disclose a disability (Rocco, 2004). A strategy used by Scottish workers to compensate for a tenuous relationship with a senior colleague was to vary their 'degree' of disclosure (Equality Forward, 2007:22). The extent of disclosure depended on how they 'perceived or experienced reactions by line managers' (ibid: 22). As one participant recounted:

'I had always been open and honest about my disability. However, when I got a new manager she made life very difficult for me re appointments, periods of sickness etc. I then had to formally speak to personnel and disability services about my case' (p.22).

For the most part, concerns identified in the literature regarding employee concerns about the workplace after a disclosure has been made focus on employment conditions. An employee may have had previous experience of a “negative reaction” to disclosure (Workway, 2004:19; Equality Forward, 2007; Rocco, 2004,). This could include feeling like they are being treated differently since a disclosure has been made (Wilton, 2006; Ellison et al, 2003; Madaus et al, 2002). This issue seems to be particularly relevant for those with mental health problems, thus confirming the stigma associated with this condition (DRC, 2007; Equality Forward, 2007; Madaus et al, 2002; Ellison et al, 2003). An example of this is where a person feels they are supervised more closely after a disclosure has been made (Goldberg and Killeen, 2005). Some fear it may affect promotional opportunities in an organisation and feel they may be ‘discriminated against and treated unfairly when searching for, or in employment’ (Workway, 2004:19; Equality Forward, 2007; Rocco, 2004; ECU, 2008:4). Wilton (2006) and Madaus et al (2005) found that employees are fearful of dismissal from employment.

Having addressed the fears people with disabilities have about self disclosure it is appropriate to consider the steps an organisation can take to encourage people to disclose their disability.

In the research conducted by the DRC (2007) the steps employers could take to encourage disclosure are addressed. Two main issues were raised from an employer’s perspective. First, employers involved in this research identified that a clear ‘positive strategy’ is required for disabled people in relation to disclosure (p.18). This would involve:

‘talking about reasonable adjustments rather than focusing on medical explanations, and having pre-prepared positive messages to counteract any negative reaction. It is imperative that a culture of trust exists within these professions, as disclosure is beneficial to everyone, including patients, pupils and clients’ (p.18).

Findings from the ECU (2008) report also share this viewpoint:

‘The social model of disability encourages different methods of supporting staff that are not reliant on them meeting legal definitions of disability. This needs to be understood by all staff, and adopted when developing policies and practices’ (p.1).

The ECU (2008) report also highlights the importance of clarity in relation to the term disability being used:

‘Confusion may persist about what constitutes a disability under the Disability Discrimination Act. This may be addressed by appropriate information from the higher education institution (HEI) at the point of monitoring and training for all staff’ (p.1).

Secondly, organisations acknowledge the ‘value’ of having role models with a disability within an organisation (ibid: 21). The importance of having role models with a disability was also highlighted by the participants in the Scottish study:

‘Seeing other people with disabilities flourishing at work, or having a new disability catered for, would encourage them to declare it’ (Equality Forward, 2007:24).

From an employee point of view the DRCa (2007) raise three main issues. Firstly, a “positive organisational culture” was prerequisite to feeling secure enough to disclose a disability. This would include a positive attitude from management and staff towards working with people who have a disability. The importance of a positive organisational culture is also highlighted by reports carried out by Goldberg and Killeen, (2005), Ellison et al, (2003) the ECU (2008) and the NDA (2008).

Secondly, for those who choose to disclose support processes must be in place (DRCa, 2007). The Scottish report echoes this point and highlights the need for ‘transparent benefits’ to disclosure (Equality Trust, 2007:26). Thirdly, a good relationship with someone in a position of authority (e.g. a line manager) was revealed as a necessity towards disclosure (DRC, 2007;

Equality Forward, 2007; ECU, 2008; NDA, 2008). As a teacher practitioner described 'Somebody who you can trust, you can tell them because you've built up that trust' (DRCa, 2007:57).

Finally a salient point made by the Scottish study on the overall process of disclosure points out that those wishing to disclose must 'have total confidence in the process' (Equality Forward, 2007:27). The NDA (2008) highlight a measure that may help an organisation make their employees with disabilities feel more comfortable to disclose. This is in relation to the existence of 'Codes of Practice, policies and guidelines' (NDA, 2008:7). The report highlights that if an organisations' Codes of Practice, policies and guidelines are thought of as 'important' they may have 'a powerful positive effect on the culture of an organisation and the experience of the employee' (p.7). For such policies to be most effective it is recommended that staff are involved in the development and distribution of these policies (ibid)<sup>2</sup>.

### **1.5.3 The Systems Level**

Perhaps the most encompassing of the three levels to influence the disclosure of a disability is the systems level. This includes the legislative and policy context as well as the economic climate.

In an article examining the factors that influence the disclosure of a disability in the workplace, Wilton (2006) highlights how the 'nature' of employment could influence a person's decision to disclose (p.27). In this article Wilton (2006) refers to how Labour Market Segmentation Theorists distinguish between the core and the periphery sectors of the economy. The core is the most secure section of the economy made up of sectors with more stable employment and promotional opportunities. In direct contrast to this the periphery consists of sectors dominated by poor wages and benefits and higher staff turnover. Wilton (2006) points out how research on the nature of employment 'is important to an understanding of the process of

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<sup>2</sup> For a more comprehensive guide on how to create a workplace environment, which encourages disclosure see 'Effective Leadership and Organisational Culture for the Recruitment and Retention of People with Disabilities in the Irish Public Sector' (NDA, 2008).

accommodation as it suggests that workers with disabilities who obtain better jobs in core firms stand a better chance of securing accommodation' (p.27). However, Wilton (2006) asserts that people with disabilities are 'disproportionately concentrated in peripheral and increasingly precarious jobs' due to in some part to access to educational opportunities. This point is supported by Rocco (2004) who found 'participants that avoided disclosure the most, had lower level positions' (p.5). Those who find employment in these sectors can sometimes face an additional burden that disclosing their disability may 'mark them as problem workers in an already precarious environment' (Wilton, 2006:27).

The OECD (2003) highlights how the general labour market conditions of a country impact upon the employment of people with disabilities. One of the key findings of the report is that the difference in employment rates amongst people with disabilities across participating countries is 'strongly correlated' with the variation in employment rates of people without disabilities (p.11). Additionally, it points out that countries with policies promoting employment generally advance the employment of particular groups, such as people with 'reduced work capacity' (p.11).

In an Irish context, Volume 11 of the 2006 Census presents statistical data on 'Disability, Carers and Voluntary Activities'. In a general population of just over 4 million, 9.4% (n=390,153) reported having a disability (Central Statistics Office, 2007a:47). Included in this figure are the number of people with disabilities in the working age group between 15-64 years old (n=219,895). The 2006 census reveals that 33.8% of people with disabilities in the working age group were at work (n=74,503) (Central Statistics Office, 2007a:48-50). This compares with a total population of 4,172,013. This figure includes the number of people in the general population in the working age group between 15-64 years old (n=2,907,473) (CSO, 2007c:38). The 2006 Census reveals that 65.2% of the general population in the working age group were at work (n=1,896,229) (CSO, 2007b:35). This information is presented in Table 1 below.

**Table 1 Census 2006 Employment Figures**

	TOTAL FIGURES	WORKING AGE GROUP (15-64 YEARS)	NUMBERS AT WORK (15-64 YEARS)
Total Population	4,172,013	2,907,473	1,896,229  (65.2%)
People with Disabilities	390,153	219,895	74,503  (33.8%)

Please note that part one of the first National Disability Survey<sup>3</sup> was also published in relation to 2006 Census data; however this did not include information on employment figures. A subsequent report will present data on several areas including employment. However, in terms of being employed within the public sector, Murphy et al (2002) conducted research examining 'employment and career progression of people with a disability in the Irish Civil Service'. This study found that two-thirds of civil servants who have a disability are working at clerical officer level.

In summary, the research findings illustrates why it is important for people with disabilities to disclose their disability in the workplace but also highlights factors at the three levels - personal, workplace and systems – that may encourage or discourage disclosing a disability in the workplace. Non disclosure may lead to under reporting of the number of people with disabilities in the workplace.

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<sup>3</sup> The National Disability Survey 2006 is a post-census survey of those who reported having a disability on the 2006 Census.

## 1.6 Levels of Disclosure in the Workplace

Several commentators have highlighted the lack of empirical evidence about disclosure patterns (Ellison et al 2003, Madaus et al, 2002). One of the main difficulties when looking at patterns worldwide is related to the different approaches used to gather data about people with disabilities in the workforce. As already highlighted, in some countries people with disabilities must register their disability before they seek employment. However, where no registration process exists the issue of non disclosure may lead to under reporting of those with disabilities in the active labour market (Conroy, 2001, DRC, 2007).

As noted earlier the decision whether to disclose or not disclose a disability is more pertinent to those with hidden disabilities. The following reports look at disclosure patterns amongst people with mental health illness, psychiatric illnesses and learning disabilities.

Fine-Davis et al (2005) compiled a report titled 'Mental Health and Employment', which examines previous research looking at the issue of disclosing a mental health illness in the workplace. It draws attention to the Office of Population Censuses and Surveys (OPCS) Psychiatry Morbidity Study in Great Britain 1995/1996. This revealed that the highest rate of unemployment among people with disabilities is with mental health service users (Office for National Statistics, 1996). Additionally, amongst the UK working population, only 17% of people with a diagnosis of serious mental illness are economically active (Office for National Statistics, 1998). Fine-Davis et al (2005) note that although a comparative for both these figures are unknown in Ireland, '*there is no reason to believe that they are significantly different from those in the UK*' (p.6).

McKeon (2006) carried out a survey examining attitudes towards depression in the workplace. Initial findings suggest that '87% of those with depression gave a fictitious diagnosis to their employer' (Fine-Davis, 2005:6). What is striking about these figures is that a similar study, 10 years earlier, found that 52% of participants in the study did not disclose their illness. As a result,

Fine-Davis et al (2005) conclude that *'people are even more inclined to hide their illness now than they were 10 years ago'* (p.6).

The National Economic and Social Forum (NESF) compiled a report titled 'Mental Health and Social Inclusion'. The report explores the factors and key approaches that support recovery for those with mental health issues. One aspect of this report focused on how employment is imperative to recovery. It highlights previous research carried out by the Shaw Trust (2006) in Scotland examining levels of disclosure. This research revealed that '95% of employers would like their employees to tell them if they had mental ill-health'. However, only '69% would tell their own employer' (NESF, 2007:97).

The above examples of research examining levels of disclosure are predominantly quantitative. Goldberg et al (2005) examined levels of disclosure amongst 32 people recovering from symptoms of psychiatric disabilities through a Longitudinal Qualitative Study. The initial round of interviews took place in 1999 (n=32). Follow-up interviews took place 18-24 months later (n=28). In the first round of interviews 16 participants were employed. However, by the second round of interviews three participants had lost their jobs. In contrast, three of the participants who were unemployed at the first round of interviews had found employment by the follow-up interviews. The follow-up interviews addressed the issue of disclosure. The disclosure rate in this study was 71% (p.488). Goldberg et al (2005) believe that the decision to disclose is dependent on a person's phase of illness, whether they sought work independently or through a vocational rehabilitation scheme and the area of employment. Thus 'non disclosure was a considered option for those who were (a) further along in their recovery' as well as '(b) seeking work independently, or (c) working outside the mental health field' (ibid:477).

Ellison et al (2003) also looked at the patterns of workplace disclosure among people with psychiatric conditions but focused on those who worked at management/ professional levels. A higher level of participants in this study (87%) reported disclosing their disability to their employer. This high

disclosure rate is inconsistent with the findings from Goldberg et al (2005) study (71%). As Goldberg et al (2005) conclude:

‘Ellison et al.’s (2003) respondents were quite well educated and trained. Their general willingness to disclose suggests that better educated and professional people with psychiatric disabilities, in a later phase of recovery, may not be particularly fearful of experiencing stigma and prejudice and may not need ADA<sup>4</sup> accommodations’ (p.488).

This point highlights again the myriad of factors which may influence a person’s decision to disclose a disability in the workplace.

Madaus et al (2002) look at disclosure levels amongst postsecondary graduates with learning disabilities (LD). This study surveyed 132 graduates of a postsecondary institute with LD to establish if they had self disclosed and the reasons behind their decisions. With a response rate of 67.4% (n=89) the results indicated that 86.5% of respondents were in fulltime employment. The crux of this research points out that although 90% of respondents indicated their LD affected them in work, 30.3% had disclosed their disability to their employer. In response to this finding Madaus at al (2002) conclude:

‘If the data point to the fact that graduates are not self-disclosing because they have developed skills to compensate, the field can continue in its present direction. If the alarming trend of nondisclosure due to fear of job discrimination and concern for job security continues, however, a great deal of work needs to be done to better understand the interaction of learning disabilities and the world of employment’ (p.369).

## **1.7 Literature Review Conclusion**

The available literature recognises that disclosure ‘requires careful definition’ (Ellison et al, 2003:12). It draws attention to some of the issues people with

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<sup>4</sup> Americans with Disability Act

disabilities face upon entering the workforce and highlights how “workplaces can actively disable or enable workers” (Wilton, 2006:34). It illustrates the importance of having a clear definition of who is included as having a disability and points out why some people may not consider they have a disability under the definition used. Additionally, it is evident that to help people with disabilities progress in the workplace ‘[s]ocieties need to change the way they think about disability and those affected by it’ (OECD, 2003:11). It points out why it should be favourable for people with disabilities to disclose their disability to their employers. It raises the point that people with disabilities must feel comfortable about disclosing their disability in their workplace and a clear system of reporting should exist. It is also important to acknowledge that to create an environment where people feel comfortable about disclosing their disability; changes are needed both at the workplace and societal realm. Finally, this review of the literature acknowledges that for some, disclosing a disability may not be a once off event and may take place several times across a person’s career and that with each disclosure an employee with a disability weighs up a complex range of information before making his/her decision.

Guidelines are needed to assist employers and employees alike to aid disclosure of a disability in the workplace. Guidelines should have an input from *employers* as well as *people with disabilities*. As the OECD (2003) points out a variety of incentives exist to promote the employment of people with disabilities in the workplace (e.g. anti-discrimination legislation, quotas). However, it stresses that the ‘effectiveness of the measures depends on the willingness of employers to help disabled persons stay in or enter work’ (OECD, 2003:13). Likewise, people with disabilities should be involved with any future literature regarding disclosure (NDA, 2008; DRC, 2007). As the DRC (2007) recommends ‘Research should involve disabled people, not only as respondents’ (p.32). Finally, it is essential that employees are clear about any data collected from them in the workplace relating to disability. Likewise employees should be aware of ‘who will see it and what use it will be put to’ (DRC, 2007:32).

Little research has been conducted involving people with disabilities, establishing the main forces that influence a person's decision to disclose. As Killeen and O'Day (2004) point out, with regards people with mental health difficulties, "we know little about how they make decisions regarding whether or not to disclose their psychiatric disabilities to their employers' (p.157). Additionally, previous research carried out by the DRC (2007) highlights that in order to assist people with disabilities in the workplace knowledge is required of the barriers they meet in their everyday work environment.

## **Section 2 Empirical Research**

The NDA commissioned independent researchers to carry out qualitative research exploring the views of people with disabilities who are employed in the public sector on the employment monitoring system and the factors in the workplace that facilitate and hinder disclosure of a disability. Section two of this report is a summary of the main findings of this research.

## 2.1 Introduction to the Empirical Study

The National Disability Authority (NDA) is an independent statutory agency whose principal function is to advise the Minister for Justice, Equality and Law Reform on disability issues. The NDA's vision is of an inclusive Irish society in which people with disabilities enjoy equal rights and opportunities to participate in the economic, social and cultural life of the nation.

The Disability Act, 2005 (Part 5) obliges public bodies as far as practicable to take all reasonable measures to support and promote the employment of people with disabilities, and unless there are good reasons for not doing so, to reach a target of 3% of employees with disabilities. These new legal obligations took effect for the first time in 2006. Reasonable measures include providing written action plans on supporting staff with disabilities and adjustments or supports for staff with disabilities.

Under the Disability Act, the NDA reports on achievement of these obligations across the public service. The NDA's report is based on reports it receives from Monitoring Committees in each Government Department who oversee the public bodies under them. NDA has hosted a number of regional awareness raising seminars on the monitoring exercise and consulted widely on the data collection tool prior to and during a pilot exercise. The data collection form was devised by NDA with input from the Department of Justice Equality and Law Reform (DJELR) following the pilot study in 2006 and approval by Cabinet in 2007.

As outlined in the Partnership Agreement Towards 2016, to ensure that effective procedures to monitor, record and report compliance with the 3% target for the employment of people with disabilities in the public sector are

reached, meaningful consultation and liaison arrangements were to take place.

The purpose of this research is to gain a better understanding of how people with disabilities who are employed in the public sector view the statutory current employment monitoring system in the public sector. The research will also give people with disabilities who work in the public sector an opportunity to reveal the factors that facilitate the disclosure of a disability as well as factors that hinder this disclosure.

For the purpose of the study, the term disability refers to the definition as outlined in the Disability Act, 2005.

The Act defines disability as follows:

*'Disability, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.'*

In particular, this research will contain the views received by participants with a visual impairment, a hearing impairment, a physical disability and a mental health difficulty. The views of several other participants with a range of disabilities or long standing health conditions are also included in this report.

The NDA has carried out or commissioned research in relation to the employment of people with disabilities and into the use of employment targets, including reviews of practices<sup>5</sup>. It was not the intention that this research would replicate already completed studies. Rather, the intention was to generate and analyse new data, which would complement existing studies

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<sup>5</sup> NDA (2006) A Strategy of Engagement – Towards a Comprehensive Employment Strategy for People with Disabilities.

NDA (2007) Research and Policy Development on Part V of Disability Act 2005 – Statutory targets on employment of people with disabilities in the public sector.

NDA (2008) Report on compliance with Part 5 of the Disability Act 2005 on employment of people with disabilities in the public sector.

and focus in particular on the views of employees with disabilities and their understanding and perceptions of employment targets.

Prior to the enactment of the 2005 Disability Act, staff in the human resources division or personnel unit of the Department or Agency reported data on the 3% employment target for people with disabilities. Their returns were based on data gathered in a variety of ways, including data on individuals who entered employment by special competition and data they had gathered from disclosures of some 'impairments'. This third party disclosure system has now been replaced with a self-disclosure system, under which individual employees volunteer to disclose based on whether the disability restricts their functioning at work or in social or cultural activities.

The NDA recommends that data gathering on the numbers of employees with a disability within the public sector is carried out through the use of a census form. The census form can be distributed to all members of staff in their respective bodies or agencies; however it is not mandatory to collect data for the 3% employment target using the census form. In departments that use the census form it is distributed by emailing and reminder follow-up emails when responses are slow coming back. In some instances the form is distributed by hard copy. This is often the method chosen for those employees who do manual work. A copy of the census form is provided in Appendix 1.

The methods of research used to carry out this study are now outlined.

## **2.2 Method and Approach Used in the Consultative Process**

This section will discuss the methods of research used to explore this topic as part of the consultation process. For the purposes of this research, a number of research methods were used to facilitate and accommodate the preferences of participants. These were:

- focus groups
- telephone interviews

- email responses.

For each of these three methods, confidentiality and anonymity were guaranteed. At first contact with employees by email or telephone, some employees expressed concern and reluctance to join a discussion group. A variety of reasons accounted for people not wanting to participate in discussion groups such as:

- having not previously disclosed a disability
- fear of someone in management finding out about a disability
- the nature of their disability
- availability to travel to the discussion group location
- whether they were able to get time off from work.

For these individuals, the method of telephone interview or email, when suggested, proved more attractive. The telephone interviews were carried out on a one-to-one basis over the private or workplace telephone. Times scheduled for this interview varied from a suitable time during the workday, when the participant was on leave, when the office would be quieter during the day or before their workday had started.

The word 'focus group' can convey an image of already-held or formed opinions. The researchers thought that this could be discouraging to participants who will be strangers to each other in such a group setting for the first time. The term 'discussion group' is more open-ended and self-explanatory. This term was used frequently throughout the research and is the term that will be used from here on in this document.

For some, the research was positively received as an opportunity to discuss the topic for the first time. One participant commented that: *'it is good to talk about these sort of things'*, while another greatly appreciated the opportunity to speak among his peers on this topic (telephone interviews). It is the opinion of this research, that the topic of disclosure is generally not discussed in the workplace. It also became apparent to the research team that the interviews held provided an opportunity for many employees to speak to another person on this topic for the first time, particularly the personal experience of their disability.

### **2.3 Making Contact and Engagement**

A total of five discussion groups took place as part of the consultation process. Initially it was agreed by the researchers that employees of one transport agency, one large Dublin County Council, the Department of Social and Family Affairs, the Electricity Supply Board and the Department of Finance be invited to participate in the consultation process. In addition to these particular public sector agencies or bodies, a further eight to ten large, smaller and commercial semi state bodies were to be identified as back up to the original consultation arrangement. To commence the research process, a letter of invitation was drafted which described in detail the aim of the research as well as contact details for those wishing to get involved. A poster version of this invitation was also made available should certain public sector bodies prefer to post notice of the research on their notice boards.

A total of 41 letter and poster invitations, were posted to the Human Resources or Personnel Department of various local authorities, civil departments, public bodies, state and semi-state public sector bodies, as well as some representative bodies catering for public sector employees. Apart from those previously agreed at the inception meeting these government bodies and agencies were chosen to provide a spread of diverse bodies. Effort was made to attract a range of grades across the Public Service. The decision to include these agencies and bodies by the researchers was on the premise of including a variety of agencies and bodies within the research.

Despite contact with these public sector bodies/agencies, positive or prompt feedback was not received. As this method had proven slow to develop, a back up plan was launched. Following discussion with the Disability Liaison Officer (DLO) Network, the invitation and poster style invitation were disseminated to all employees in their respective Departments.

Employees seeking to take part in the research were offered the option of attending a discussion group with other employees within their Department located in Dublin city centre, a telephone interview or response by email. A total of four discussion groups with employees with a disability or long standing health condition within the public sector were organised.

Across the public service, many organisations employ Disability/Equality Officers, or in the civil service, Disability Liaison Officers, whose roles include support for staff with disabilities. In addition to their work within their organisations, these officers, through their formal networks, actively promote the sharing of information and good practice. In addition, some public bodies have specific committees or councils addressing disability and equality issues.

The DLO is based within the Personnel/HR function and has responsibility to promote the interests of staff with disabilities and co-ordinate the achievement of the Department's objective of ensuring a supportive working environment that meets the particular needs of these employees. Key elements of the role are:

- To promote the interests of staff with disabilities
- To liaise and co-operate with internal and external service providers in ensuring specific needs are met
- To communicate information and advice to staff and managers on disabilities issues

- To research best practice in other organisations.<sup>6</sup>

The Department of Finance has a full-time Disability Advisory Officer who was appointed in 2005 to build up a body of expertise, which can be drawn on by Government Departments and individuals, and to provide specialist expertise and support in a range of areas. In addition, a Disability Liaison Officers Network provides a forum for Officers from Departments and Offices in the civil service and public service to discuss disability management and the effective implementation of the Civil Service Equality of Opportunity policies. To assist in understanding the practical administrative considerations of the current reporting system a subsequent fifth discussion group was organised with seven members of the Disability Liaison Officer Network.

Two employee representatives, including one Disability Liaison Officer and the head of a public sector representative association facilitated two of these discussion groups at their offices.

## 2.4 The Discussion Group Questions

The research consultation wanted to capture three types of information. These were:

- How individuals felt the system of reporting was working
- What individuals felt were the barriers to disclosing a disability in the workplace
- What would make it easier for individuals to disclose a disability in the workplace.

Three general open questions were used in the discussion groups. These were as follows:

1. Do you think that the current system of reporting on disclosure of employees with a disability in the workplace is working well?
2. What factors make it easy or difficult to disclose a disability in the workplace?
3. Have you any recommendations for the future system of reporting?

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<sup>6</sup> Extracted in part from Section 8.6 of the Disability Sectoral Plan, July 2006.

Each discussion group lasted one hour and 15 minutes. This was based on the researcher's experience of the maximum amount of time that individuals will focus on subject matter without starting to drift in conversation towards other directions. It was thought that this time would provide a rich source of material but would not exhaust the participants taking part.

## 2.5 Broad Profile of Discussion Group Participants

In total, four discussion groups were organised with employees with a disability in the public sector. Overall, 13 participants were involved in the discussion groups ranging from six separate Departments. The number of respondents that took part in discussion groups according to their Department, agency or body is illustrated in Table 2. The majority of participants who came forward throughout the research were male. The gender of participants attending the discussion groups was broken down into 11 male participants and two female. Of those who did participate in the discussion groups, three were deaf or hard of hearing, three were blind or visually impaired, one had a mental illness, one participant had a specific learning disability and a history of mental health difficulties, one had a long-term illness, one had a long term illness and a physical disability and three had a physical disability. The types of disabilities among participants as defined within the Disability Act 2005 is illustrated in Table 7.

**Table2: Discussion Group Participants**

Participant Background	Numbers
Department of Social and Family Affairs	4
Justice, Equality and Law Reform	2
Association of Higher Civil Servants	2
Agriculture, Fisheries and Food	5
Total	13

Of the total number of participants who took part in the discussion groups, ten recalled filling in a census form while three could not recall receiving it when looking back over their period of employment.

Accommodations or adjustments requested or provided for the discussion group included specific visual packages such as JAWS, a large screen, a particular phone for people with hearing impairments, a meeting aid, orthopaedic chair and hand rails.

As stated earlier one discussion group was organised in conjunction with the Disability Liaison Officer of one Department and was held in their offices. This was particularly beneficial for those who attended, as three participants had visual impairments and one had a hearing impairment. An Irish Sign Language interpreter was provided by the Department at this discussion group and proved extremely useful in ensuring the views of a participant with a hearing impairment was equally included in the discussion.

A number of participants travelled from outside the Greater Dublin area to the discussion groups. Their Departments had facilitated this.

## **2.6 Email Questions and Broad Profile of Participants**

To facilitate email responses from participants a separate list of questions was drafted. These included similar questions to those used in the discussion group but also added an additional few to generate further information from respondents. See Appendix 2 for a list of the questions used to generate responses by email.

The responses to each of these questions were returned in a variety of ways. Out of a total of nine participants who chose this method, all nine preferred to

email back their responses either in an email message or on the provided email Word document.

Of the nine participants six were female and three were male. Disabilities included hearing impairments, dyslexia, a severe stammer, and paralysis. For these participants, a discussion group or telephone interview was not desirable. This method also proved useful for those in and out of the office regularly. The background of email participants is illustrated in Table 3.

**Table 3 Background of Email Participants**

Department and bodies under their auspices	Number of respondents
Agriculture, Fisheries and Food	3
Health and Children	2
Finance	2
Justice, Equality and Law Reform	1
Revenue Commissioners	1
Total	9

## **2.7 Telephone Interviews**

In addition to the discussion groups and email replies, 31 telephone interviews took place with employees with a disability within the public sector. A telephone interview schedule was drafted to facilitate these interviews. This was designed to allow the interviewer to take notes and quotes for each interview. Questions were similar to those sent by email and discussed in the discussion groups, and provided rich open answers from respondents. Data on the participant's gender, the department or agency in which they worked and whether they lived outside of Dublin was collected. A copy of the guided discussion topics is provided in Appendix 3.

The lengths of each of these interviews varied from as short as 11 minutes to 45 minutes for one participant. On average the telephone interviews lasted between 15 and 20 minutes. It was deemed appropriate to try and keep the time of the interviews to this length, as for some respondents participating in the research, the interview was taking place during work hours or on a lunch break. For some, a private mobile number was offered as a means of contact for the interview.

**Table 4 Background of Telephone Interview Participants**

Departments and bodies under their auspices	Number of respondents
Justice, Equality and Law Reform	12
Agriculture, Fisheries and Food	8
Health and Children	4
Finance	4
Office of Public Works	2
Community, Rural and Gaeltacht Affairs	1
Total	31

Table 4 shows the number of respondents that took part in telephone interviews according to their Department, agency or body.

Of the ten telephone respondents for the Department of Justice, Equality and Law Reform, agencies included the Courts Service, the Property Registration Authority, the Probation and Immigration Services. The telephone interviews used in this research proved to be very useful and allowed the research to reach out to participants in counties outside Dublin and engage with the hard-to-reach population. Of the 31 participants, 18 were based in Dublin, while 13

respondents took part from counties Cavan, Cork, Donegal, Galway, Laois, Limerick, Kerry, Kilkenny, Sligo, Tipperary and Waterford. Of those who participated in the telephone interviews 21 were male and 10 were female.

## 2.8 Public Bodies in the Research Process

Table 5 illustrates some of the public bodies and agencies employing participants included in the consultation process.

**Table 5 Public Bodies and Agencies with Participants in the Research**

Courts Service (Department of Justice, Equality and Law Reform)
Probation Service (Department of Justice, Equality and Law Reform)
Immigration Service (Department of Justice, Equality and Law Reform)
Office of the Refugee Applications Commissioner (Department of Justice, Equality and Law Reform)
Pobail (Department of Community, Rural and Gaeltacht Affairs)
Health Service Executive (Department of Health and Children)
Dr Stephens Hospital/EVE Holdings (Department of Health and Children)
South Dublin County Council (Department of Environment, Heritage and Local Government)
Central Bank (Department of Finance)
Veterinary Inspectorate (Department of Agriculture, Fisheries and Food)
Financial Regulator (Department of Finance)
Revenue Commissioners (Department of Finance)

## 2.9 Backgrounds of Participants

Participants in the research consultation across the various methods embraced a wide range of geographical origins illustrated in Table 6 below.

**Table 6 County of Residence of Participants**

County	
Dublin	Kerry
Cavan	Kildare
Cork	Kilkenny
Donegal	Sligo
Galway	Tipperary
Laois	Waterford
Limerick	Wexford

## 2.10 Occupations of Participants

Participants in the research consultation across the various methods embraced a wide range of occupations and, as far as could be ascertained – grades. At the top were experienced Principal Officers, some Executive Officers and several at Clerical Officer Grade. The occupations of the participants included working on front line services with offenders in the Courts Service, answering phone queries to customers, archival work, fire officer services, agricultural administrative work and corporate services.

## 2.11 Gender of Participants

Overall, more male than female public sector employees participated in the research. Overall, 35 males and 18 females participated in the telephone

interviews and/or discussion groups - excluding seven Disability Liaison Officers – and/or sent email responses.

## 2.12 Age Profile of Participants

The age profile of participants varied from those in their 20's recently hired following college through the special competition scheme, to those hired through the National Rehabilitation Board to those in their 60's near retirement age.

## 2.13 Types of Disability Among Participants

A number of older participants had entered the Civil Service through a special competition for Clerical Officers. This group included persons who were Blind or Visually Impaired and participants who were Deaf or partly Deaf. A participant volunteered the information that he had Dyslexia. Participants who had acquired a disability during their working lives included a mental health difficulty, degenerative health conditions or a significant injury in the course of work. Table 7 illustrates the types of disability among participants as defined within the Disability Act 2005.

**Table 7 Types of Disability among Participants as Defined within the Disability Act 2005**

Disability/long standing health condition
Specific learning disability
Deaf, Hard of hearing
Blind, Visually Impaired
Industrial accident affecting movement
Mental health difficulties requiring absence from work, including Depression, Schizophrenia and Bi-Polar Disorder
Degenerative conditions seriously affecting mobility such as Multiple Sclerosis and specific rare syndromes
Epilepsy
Paralysis
Speech disorder

A woman employee who expressed an interest in attending a discussion group decided not to attend on the day but did participate in a telephone

interview. Another also wished to attend but on the morning of the discussion group, she was unable to do so due to work commitments.

More males than females came forward to share their experiences throughout the course of the research. For females, one woman who came forward did not have a disability at present but experienced stress in the past.

At the start of one interview a woman had said that she did not have a disability or long-standing health condition. She was instead interested in the topic as she was concerned about a team member. However, during the interview she disclosed a mental health problem, for which she had received treatment for a few months previously.

**Table 8 Others Participating in the Consultation**

Public body advisor on disability	1
Trade Union officials/shop stewards	3
Disability Liaison Officers (group)	7
SIPTU member	1
Total	12

**Table 9 Summary of Contacts with Participants**

Contact	Number
Telephone interviews held	31
Email questionnaires returned	9
Discussion groups held	5
Number of public bodies/agencies responding	14
Number of Departments in contact	7
Number of representative bodies in contact	2

**Table 10 Breakdown of Participants by Method of Contact**

Discussion group DLOs	7
Discussion group employees	13
Telephone interviews	31
Email responses	9
Others participating in the research	5
Individual numbers in contact with research	65

### **2.14 Weaknesses and Strengths of the Research**

Focus groups have proven to be a difficult method to use when researching a sensitive topic, such as disability. Although they are more commonly used and are successful as a form of enquiry within market research and political attitude testing, they may not be ideal for a group of strangers to discuss their own personal issues or experiences, which they may not have brought into the public domain. As revealed in the course of the research, a significant number of employees had yet to disclose to their employer or work colleagues. A small number of those who had not disclosed to their employer saw no reason to do so, mentioning that it was a private matter or not restrictive in their job. For these particular individuals this method of research would not have been suitable. In our experience of research in collaboration with undocumented migrants and prisoners, a one-to-one interview method has proven more desirable to investigate more sensitive social issues, as it guarantees confidentiality and no involvement of intermediaries.

Offering persons the option of a telephone interview proved extremely beneficial and significantly increased the numbers of participants. This form of research proved extremely useful in making contact with employees within the public sector in different parts of Ireland. As a consequence, the methodology proposed in the consultation shifted from predominantly group based to one-to-one discussions. There are several advantages of such a method such as employees disclosing information in an anonymous and confidential structure.

The discussion groups were recorded on a tape recorder and were subsequently transcribed into a text format. The recorded conversations give no indication of who is speaking and preserves anonymity. However, as a consequence it is not possible to indicate the characteristics of those whose remarks are cited in the findings. For the purposes of consistency, a simple distinction is made between quotations from discussion groups, telephone interviews and email replies in reporting on the findings in chapter three.

The research method succeeded in reaching a broad range of staff, with a mix of gender, geographical origins, occupation and grade level.

Discussion groups did provide a much richer data source than provided in the telephone interviews and email responses and deepened the knowledge base of research in this topic. However, the use of the other two methods allowed the consultation process to include those who were geographically unsuited to travelling to Dublin for a discussion group or, due to the nature of the topic or their disability, preferred an alternative method to participating in the research. Consideration was given to means of inclusion such as travel journeys and meeting room facilities, similarly, the use of an Irish Sign Language interpreter ensured the views of one Deaf participant were included in the research.

## **2.15 Main Findings of the Empirical Research**

The findings section of the report incorporates the findings from discussion group participants, Disability Liaison Officers, email responses and guided telephone discussions. The research team found no difference in the range of topics discussed using each method.

For many who participated in the research, it was difficult to separate reporting of a disability within the public sector from disability issues in general.

Due to the volume of rich data gathered a lot of the themes emerging from the data collection are interconnected and therefore could be placed in more than one section. Consequently some overlapping of themes between sections may occur.

## **2.16 Information about Understanding the Reporting System**

Few participants discussed the current system as working well. A considerable part of their difficulty in replying to this question directly was due, it gradually emerged, to lack of information and understanding of the measurement and reporting system. The system itself was criticised for being too impersonal and without sufficient accompanying disability awareness training and promotion of the advantages for individuals that disclosure can have.

The 3% target obligation on all public bodies to employ people with disabilities was relatively unknown among participants or, for those who were aware, perceptions of whether the target was being met in their individual workplace was mixed. Although this is a positive action measure designed to ensure public service sectors provide employment to people with disabilities to counteract exclusion, a number of participants were unsure that discrimination against people with a disability in the workplace was being appropriately addressed. Reasons for this included reports of people with disabilities not being given the same tasks as other members of staff without a visible or disclosed disability or in effect, required to take on lesser roles. One participant reported a person with a disability in their Department '*counting paperclips in the corner.*'(discussion group)

A number of employees had difficulties understanding that the current reporting system is based on staff views or 'self disclosure' and not on the views of Human Resources, as in the past. There were some uncertainties as to whether they were or were not disabled under the Disability Act and census form.

One female civil servant stated that she felt that there is a level of confusion surrounding the area of reporting for employees with a disability in the public service. She queried:

*'...if someone with a disability enters the civil service through a normal open competition (not a competition for those with disabilities) should they be included in the numbers supplied particularly if they can do the job as well as someone without a disability?' (email reply)*

A number of instances were reported of staff including persons with a disability in the 3% employment target in the past, despite not having previously disclosed:

One female civil servant stated that:

*'...I was shocked to find a number of years ago that although I always competed in general competitions, Departments I worked in were including me in the number of disabled staff without my knowledge.'* (email reply)

In relation to the general system of reporting in place, some participants when asked how they feel that it is working were unable to comment as they were not aware of such a system in existence in their workplace. One female civil servant reported:

*'I am not aware of any current system of reporting therefore cannot comment on how it is working. I decided to consult my work colleagues just in case I'd missed out on it, they also had the same answer as me.'* (email reply)

A second participant was unsure of how the transfer policy of the public sector is catered for under the census form. Over the course of time a staff member may travel within different Departments with confusion as to whether these persons would be included twice in the reporting system. Similarly, one male civil servant felt that the current system is not working well. The reason being that if an employee discloses they will more than likely have to disclose again to a line manager in the future in line with the public service policy of job transfer. For him it was felt that once you are placed in your new position you are required to start back with disclosure.

Differences in managing the reporting system were mentioned by a number of participants at the meeting. For example in one Department, there may be a large number of bodies under its remit, creating extra work in circulating forms and gathering data.

One male civil servant stated that he felt that the current system reflected that the *'employer is only interested in numbers and how things are moving'*. (telephone interview)

One civil servant who is required to report to a line manager in a different county was asked how she felt about the current system of reporting, she stated that they *'don't have one.'* However, she felt that *'it is needed and they are obliged to have one.'* (telephone interview). Alternatively, a Health and Safety Committee is to be set up and she felt that a Disability Officer on this would be positive and of assistance to other staff.

Finally, in terms of consistency of data collection, the Disability Liaison Officers agreed that a standardised approach is needed. This opinion was also voiced by a male respondent who felt that the system has been improved in his particular Department in comparison to a previous Department in which he had worked:

*'The system has been improved to make it nearly compulsory. I'm not sure about other Departments but I think that this Department is doing all that it can. I feel that the system works a lot better in certain departments because they are trying to find out about people's conditions and fulfilling the 3 % target.'* (telephone interview)

Similarly, a female civil servant described the reporting system as 'ad hoc'. She stated that a lot of how the system is run depends on the line manager. This highlights the lack of uniformity in relation to managing the reporting system and collecting data throughout the different sectors and departments.

## 2.17 Issues with the Census Form

### 2.17.1 The Role of the Census Form

Under the Disability Act, 2005, employers in public sector bodies have a duty to promote and support the employment of people with disabilities and to ensure that 3% of their employees are people with disabilities. This data is collected through a staff census form. Disability Officers at the discussion group meeting complimented the simpler style census form than that previously released by the NDA (The census form is optional although NDA would like everyone to use it. The census form issued in 2007 by NDA for 2006 collection was amended and simplified in 2008 for 2007 collection. Some of the apparent confusion in the comments is that people were commenting on either of the two forms). Some participants thought that this new simpler version might be a contributory factor to higher levels of disclosure. Each Officer attending the DLO meeting discussed their roles and responsibilities as a Disability Liaison Officer, particularly those of ensuring the dissemination and completion of the census form. Officers at the meeting reported a high level of queries received regarding the definition of disability used and the language used.

A female participant thought that the system worked well as it was an anonymous form of disclosure. Instead of having to meet Personnel face-to-face, the census form allowed for a discreet type of disclosure for counting purposes:

*'I think because there is only a form to be filled in, rather than having to sit and discuss the matter with someone in the Department, it makes it a lot easier to disclose that you have a disability.'* (email reply)

She felt that the system and census form used provided a sufficient level of information to employees in the public sector:

*'I think the form is quite good. It gives plenty of information in plain wording to make it clear whether or not you should put down that you have a disability.'* (email reply)

### 2.17.2 The Language used in the Census Form

The question supplied on the census form is as follows:

Question:

Do you have a long-term condition (physical, sight, hearing or speech impairment, intellectual disability or mental health condition), which causes you substantial difficulties in areas of everyday life such as work or social life or leisure or cultural activities?

As noted earlier some DLOs reported receiving a high level of queries regarding the definition of disability and the language used on the form. The point was raised that the language used in the census form was too complex. A male participant stated:

*'It's too complicated, yes and also because ISL (Irish Sign Language) would be first language used and English would be their second language. A deaf person would not be able to understand what that meant...they might tick it and then make a fool of themselves doing it. I think you would need to translate the language...into simple plain English...'* (discussion group)

It emerged that many manual workers discuss whether to fill out forms with their Shop Steward first. We were told of one instance where the Shop Steward completed the forms for all the men in the Section as their reading abilities were not good enough to understand what the form required. This remark also highlights how completing the form is somewhat contingent on a person's relationship with a superior. This point will be explored further in section 2.30.2 Staff Attitudes and Knowledge of Disability Awareness.

Wording and the terms used in the census form was also an area of concern for many participants. One male civil servant described the form as badly worded, particularly the use of the word '*impairment*'. He felt that this implies that a person is incapable of doing their job. As a result '*there may be a legal implication of signing it*'. He stated '*if somebody asked me why I didn't sign I*

*would say that I didn't think that the question was asked right, and I didn't feel I had to answer.'* (discussion group).

Terms such as '*episodic*' and '*permanent*' (discussion group) in the one sentence were described as confusing. A number of participants referred to the term ability. For many, it was felt that there is too much focus on disability rather than ability. For others with health conditions such as a heart condition, diabetes or epilepsy, participants were unsure as to whether they had a disability unless they had had a relatively recent attack or ill turn. Despite the document Frequently Asked Questions supplied by the NDA, which goes into detail on many of these terms and definitions, participants revealed that they were unlikely to consult it for assistance when completing the form. Indeed some had no recollection of this document at all.

### **2.17.3 Distribution and Return of the Census Form**

The distribution method of the form by email was questioned by a number of participants. One participant stated:

*'I represent the type of civil servant who gets half a dozen forms a year, various types to fill in'* (discussion group)

One participant felt that an email is not enough '*as people would usually delete it*' (telephone interview). They recommended using media resources such as advertising and fliers to create more awareness of disability and disclosure.

The use of email to distribute the census form also proved problematic for those in manual occupations within the public sector. For these employees, educational background was key as to whether a form could be completed by an individual or accessed through computer.

The return method of the census form was a worry for employees. Some felt that using email to return the form was not the most suitable method while

others preferred using a collection system. For example, the line manager or supervisor could collect all completed forms from staff and place them in one envelope to return to the HR Department or Personnel.

Using reminders for staff to complete the form was also discussed. During the course of the research we became aware that in certain Departments the Disability Liaison Officer had only one opportunity to send the form by email. The short time slot is allocated in advance. No follow up emails or reminders were permitted under this system. This may have direct implications for the recording process. In the following example there were two emails:

*'... received a general email from the Disability Liaison Officer. Received another with a form and filled it in because it was compulsory.'* (telephone interview)

One female participant reported that since she has started in her position she has received only two or three emails. One female participant recommended more contact from managers as a possible way to reassure staff and promote disclosure.

*'Managers should contact each member of staff every six months or on a yearly basis to see how each person is doing...reassure staff first.'* (telephone interview)

#### **2.17.4 Confidentiality after Completing the Census Form**

Although the census form assures privacy, confidentiality remained a concern for participants. Employees were concerned whether the form would be kept within the HR or Personnel Department or if it would be filed alongside their own personnel file. Where the form was being returned to a separate person such as a Disability Liaison Officer, some employees were still not reassured as to confidentiality. Some staff had entered by Special Competition so they saw no reason not to disclose a disability at a later stage especially if it was clearly visible. Others disclosed to HR but not at the time requested on the census form, considering it a private matter between themselves and HR.

One female civil servant reported that trust is a major concern for her and due to staff turnover she is unsure as to whether her disability is kept confidential:

*'I do not trust our HR Department to treat any information I give them with confidentiality...The HR Department regularly changes staff and I would hate to think that my disability is being talked about or passed onto Departmental management without my consent.'* (email reply)

One male participant with a disability suggested adding a third question to the census form which would allow for persons to choose whether they wanted the information reused for purposes other than counting:

*'There actually should be a third question on that form, and I think that it should be asked, Do you wish this information to be stored separately or do you wish it to be on your Personnel file?'* (discussion group)

Another stated:

*'Disability is a private issue. Not sure, it is a confidential system. What does the employer want to know and need to know? From an employer perspective, what definitions are used and given to them?'* (telephone interview)

## **2.18 Problems with the Definition of Disability**

Confusion over the definition for many participants was cited as a problem and factor preventing disclosure. One individual with a heart condition was unsure as to whether he had a permanent health condition or a disability. He stated:

*'I'm not registered as having a disability...no definitions given or briefing on who would be included, or the implications on their future for filling it in or what was said.'* (telephone interview)

For many it was felt that the work situation might be the first time that someone is required to disclose. It was felt that a gentler way to inform others might be needed:

*'Report is a cold word, very formal.'* (telephone interview)

Another participant felt that there is '*no comfort factor if disclosing.*' (telephone interview).

From meetings with Disability Liaison Officers it emerged that there are those who are unsure of who is covered under the definition. Similarly, there are those who feel that they no longer have a reason to disclose a disability as they are working well in their position and are no longer restricted, perhaps through reasonable accommodations in place for them.

For those employed in the public service under the former National Rehabilitation Board or through Special Competitions, it was particularly obvious that their successful recruitment in the public service took account of having a disability or long standing health condition. The move to using the census form and asking employees to indicate whether they had a disability or long standing health condition based on the definition of disability in the Disability Act, 2005 proved problematic. However, as one participant stated:

*'I'm visually impaired; my disability does not stop me from going to the pub and having a good time. My disability does not stop me from going to a match and...listening, or listen to it on the radio, I mean my disability doesn't stop me from doing a days work so under the Disability Act, am I actually disabled?'*(discussion group)

Differences in the definitions of disability used by staff further contributed to confusion. For older members of staff hired through the NRB, awareness or acceptance of the new definition as outlined in the Disability Act, 2005 was minimal.

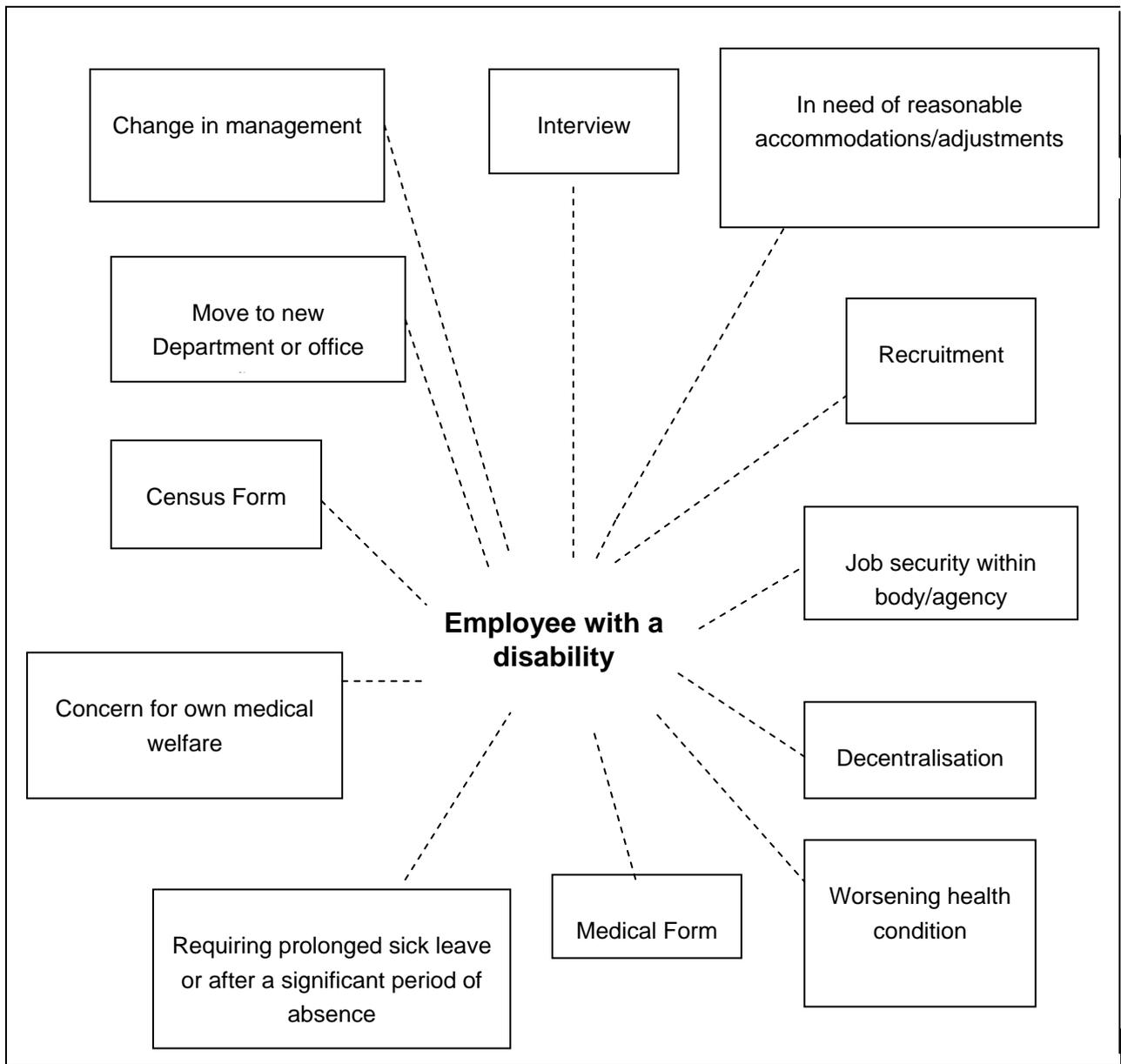
*'I cannot see anything changing unless the actual definition of a disability is changed from the one you're using from the Disability Act, 2005.'* (discussion group)

One civil servant felt that the target is not being met as too many employees camouflage their illnesses and are not counted in the 3% target. He believes that illnesses such as heart attacks are being described as a disability or long-standing condition to meet the target.

## **2.19 General Issues about Disclosing a Disability in the Workplace**

During the course of the consultation process, a number of instances where employees would generally disclose a disability were revealed. Chart 1 illustrates the points of a person's career in the public service where a person with a disability working in the public sector may disclose a disability, an acquired disability or long-standing health condition. Points of general disclosure vary from the point of interview, to recruitment, to a move within their Department or the worsening of their health condition. In relation to the opinions of employees with a disability hired under the Special Competition exam compared to those employed under the usual entry exam, the Disability Liaison Officers felt that those hired under in the usual circumstances were less likely to disclose a disability.

**Chart 1: Circumstances Where Disclosure is Likely to be Considered**



## 2.20 Factors Relating to Disclosure

One female civil servant reported that the individual's personality has a huge impact on whether a person discloses their disability. Disclosure may also be related to the type of disability:

*'The type of personality a person with a disability has. They may be very open and confident and have no issues about disclosing their disability or they may be more private and shy and therefore find it more difficult to disclose it, especially if it is a hidden disability.'* (email reply)

It was felt by many participants that individuals with invisible disabilities such as mental health issues or alcohol problems are often misunderstood or overlooked. A number of participants expressed concern at disclosing a mental health condition at present or in the future to other staff or management. A number of respondents felt this condition is a private issue and judged negatively in the workplace. However, generally participants felt that those with a mental health condition should not experience discriminatory action in the workplace.

A lack of discussions or conversations about disability makes it more difficult to disclose a disability in the workplace. A male participant with a history of mental illness stated:

*'I don't have mobility issues. It is a lot easier for me to hide and cope with my disability at work.'* (telephone interview)

However, his mental health illness was reported as having a direct affect on his ability to perform at work. He admitted that at times his disability affects his level of concentration and ability to perform effectively.

For people with a disability condition, which is treated or controlled by medication, a female respondent felt that they might no longer see themselves as disabled and in turn not obliged to disclose:

*'Others with a more medical type disability that is controlled by medication, diet or lifestyle might not see themselves disabled at all because it is controlled and consequently may not have informed their personnel section.'* (email reply)

She recommended that the terminology used should be more positive and explanations clearly made as to who and what is being looked for when reporting a disability in the public sector.

In direct contrast to this opinion a second female respondent felt that if a condition was controlled it might be easier to disclose:

*'As I have epilepsy and know that it is generally under control I have no problem with telling my colleagues. I would actually prefer that they are aware of it, in case I do happen to have a seizure during work.'* (email reply)

Depression levels were identified as worrying among manual staff and for many the eventuality of early retirement due to health was common. As one union representative stated: *'the job gets in on them'* (telephone interview). For these employees (who are generally men) full entitlement to their pension is unlikely.

According to Disability Liaison Officers there are those who have a mental health condition who feel it is still a 'taboo' issue. This concern will be explored further in the section 2.24 Perceived Consequences of Disclosure.

## **2.21 Strategies used to Hide Disability**

In relation to invisible disabilities, one man working as a Health and Safety Officer revealed that many employees used doctor's certificates to cover time off from work. He could not reveal as to how many of these were genuine but stated that it was extremely difficult to make a personal assessment without evidence. For him he felt that there might be repercussions of non-disclosure due to the nature of the jobs in his area.

*'Worse case scenario the Chief Medical Officer will make an assessment - this is then the general opinion given. I can't say anything, have to be careful'*

*how I approach the subject and only make a comment if certain. It seems fairly hard to disclose if you acquire a disability in a job.'* (telephone interview)

The perception of General Practitioner certificates being used to cover other illness was widespread, and revealed among some of those working at manager level.

One male participant revealed that the medication he is receiving to treat a mental health problem has negative visible side effects, such as tremors. He made an observation that those who are successful in the public service generally hide their disability:

*'On medication which gives me a tremor. Just perceived as nervous. After one meeting supervisor who is a good friend told me that another person attending thought I was afraid of him because of it. Told him that I have a family history of a shake - try to hide visible effects. Don't hear about those doing badly. Creates a false perception. Those who are successful hide it.'* (telephone interview).

## **2.22 Issues Regarding Benefits, Accommodations and Adjustments**

A number of participants commented on a person's leave of absence due to disability or long standing health condition having a direct impact on the level of pension a person is entitled to in the future. For others it may be the case that their working week has to be reduced to accommodate their disability. A reduction in working days per week was reported to affect a person's pension in the future.

There was mixed opinion expressed as to whose responsibility it was to provide and ensure that accommodations and adjustments were made available for employees. If a person had filled in a medical form stating they had a disability or long standing health condition, participants wondered was this adequate ground to enquire into the needs of that individual when recruited. For others, it was felt to be the responsibility of the line manager or

supervisor to ensure that these supports were provided. Interestingly, for some the view was that it was up to the individual to meet the line manager or supervisor halfway:

*'...you have to put reasonable arguments there as to why you should get it, and if you do, management, 90-95% of the time, will meet you half way, especially in this day and age.'* (discussion group)

The same participant stated:

*'If you meet management halfway, or even if you go quarter of the way to meet them you'd be surprised, you'd get a lot of assistance, but it's when you have the attitude that I should get it because I'm disabled or I'm a person with a disability... that gets people's backs up and people get annoyed.'* (discussion group)

Others reported that if they did disclose in general and not merely on census form, it would be of no greater benefit to them. Subsequently access to accommodations or adjustments required was not necessarily guaranteed following their disclosure.

## **2.23 Health and Safety Concerns**

It emerged through a number of telephone interviews that despite obligations on public sector bodies to have a Disability Liaison Officer, there were neither Health and Safety Committees nor an Officer available in some sectors.

Another representative for manual staff reported on a new Code of Practice just drafted by their Equality Committee, which incorporated health and safety risks for staff. These risks would be referred to once a person voluntarily disclosed a disability should any special requirements be needed in 'certain situations.' These situations may present a risk to all members of staff. He gave an example of a man with a visual impairment that was in fear of using toilet facilities in case he bumped into anyone. (telephone interview)

## 2.24 Perceived Consequences of Disclosure

As already highlighted the disclosure system itself was criticised for being too impersonal. Participants felt it lacked sufficient accompanying disability awareness training including promoting the advantages for individuals that disclosure has. These issues, along with a sense of fear present, were felt as among the main barriers to disclosure. The following section details what participants felt may occur upon disclosing a disability in the workplace thus highlighting fears about disclosure.

### 2.24.1 Fear of Being Demoted or Not Getting Promotion

Security of employment is important for many in the public service. Disclosing a disability or long standing health condition was felt as affecting the perception of others and, in turn, their job position or chances of promotion. Those who do disclose were described as usually employed in the lower level of the public service with little room for promotion:

*'If you disclose you fear being ridiculed. Fear factor present especially with Senior Manager. People with disabilities are usually employed in the lower level with no opportunity to be promoted.'* (telephone interview)

The point was also raised that disclosing a disability may impact on a person's current position:

*'If correspondence is made there is no guarantee that job may not be affected.'* (telephone interview)

There was a concern that the person will be seen as not being able to do the job following disclosure:

*'I suppose it depends on the disability. Access would be a problem at present for someone. Workplace needs to be restructured to facilitate a person with a disability. Work is performance rated; saying something personal may go against you. It is confidential.'* (telephone interview)

Similarly some participants felt disclosing could incur a threat from their manager of a move to another Department or move within Department:

*'People feel they cause trouble if they disclose to their senior person or line manager.'* (telephone interview)

Some individuals said they would not disclose due to damaging prospects of promotion. For many, it was stated that once they have disclosed they do not receive any further correspondence. Therefore it was described as of no benefit for them to put a promotional opportunity or their position at risk. One man recalled that he was turned down for a promotion because of his disability:

*'...after seventeen years in the system ... I was turned down [for a promotion] because of communication problems, but I don't think there is any communication problem in the section because I can communicate by email, I can use the mini-com, I can use the relay service, no problem...but I was turned down and I asked why and they said straight to me, because I was deaf'* (discussion group)

Employees who used up all their sick leave or more stated that as a consequence they could not gain promotion. A small number of participants felt that disciplinary action is directed at employees with health conditions in the workplace.

Those working in manual occupations were conscious of the implications of disclosure or non-disclosure. Reasons for non-disclosure included fear of pension loss in the future or a menial form of labour assigned to them. However, a number of employees working in the manual sectors of the public service did recognise the implications of non-disclosure in terms of safety of the employee and others, for example, those with acquired loss of hearing or full mobility.

To combat this problem and encourage disclosure participants felt that it would be important to be reassured that disclosure of a disability would not affect an individual in the future:

*'...more open atmosphere...Line managers who pretend to care would be helpful. Feel it's me driving everything. Start at top down.'* (telephone interview)

*'If support was there - people would be more open to report if systems in place. A policy statement on disability would be useful. Once the Disability Officer is appointed there will be someone people can report to.'* (telephone interview)

#### **2.24.2 Fear of Being Labelled**

A male civil servant who acquired a hearing impairment stated that acquiring a disability such as a hearing impairment is not easy to accept and may prove embarrassing:

*'...nothing easy about disclosing a disability, in particular when not born with one. Even with a hearing impairment and getting assistance from hearing aids, difficult to accept that one is disabled. Reality beckons with time and it is best for one to accept that you are different. Those disabled are not seeking sympathy and are unlikely to relate/inform relevant personnel of their condition forthwith where it comes upon them later in life. Hearing loss may prove embarrassing.'* (email reply)

This individual understands the reasons people may not want to disclose to their employers, particularly for fear of being 'labelled'. He later adds that:

*'...it is difficult for those abled who suffer a disability later in life to accept that they are in a different category from others regardless of how well they perform job wise.'* (email reply)

### **2.25 Participant's Experience of the Workplace after Disclosing**

The following section details participant's experience of the workplace after disclosure including situations where no accommodations were made as well as incidents of poor job matching.

### **2.26 Chief Medical Officer and Specialist Medical roles**

During the course of the research, a number of decisions came to light as to whether an employee was entitled to receive reasonable accommodations or adjustments. These were apparently based on the decision of the Chief Medical Officer. For some employees, despite having been diagnosed with a disability or longstanding health condition by their own General Practitioner,

following examination by the CMO they were deemed as not having a disability. In turn, access to accommodations or adjustments were denied<sup>7</sup>. In terms of the use of the Chief Medical Officer one participant recommended that 'it should be left up to the individual and the individual's doctor' to decide whether a person has a disability and is fit for work. (telephone interview)

For a number of participants it was reported that extra costs were incurred in applying for reasonable accommodations or adjustments. One civil servant reported that he was required to pay €40 for a General Practitioner referral letter to prove that he required a specific chair for a work related neck injury. When this application was followed up it was revealed that the letter had been misplaced and the said civil servant was required to reapply to their General Practitioner, as well as pay a fee. He is still awaiting the chair seven months later and no form of compensation for overpayment has been received to date.

Another participant reported that he was told he had to pay for a psychological assessment to prove that he was dyslexic in order to receive any accommodations to assist with a promotional process involving a lot of writing.

One female participant reported having a knee joint injury but still is required to use the stairs. She has previously told her manager that stairs were a major problem for her but still nothing was done about it and still no lift is available. That was three years ago:

*'My Consultant contacted the Regional Manager back in January 2005, since then manager has not contacted me about it even though my file is in Dublin...they are just not interested.'* (telephone interview)

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<sup>7</sup> The research was not in a position to ascertain the precise sequence of events in these cases. What was significant was the employee's belief that this had occurred.

Understandably, this individual feels she has not benefited from disclosing a disability.

## 2.27 Inappropriate Job Matching and Workload

A small number of participants reported incidents of extremely poor job matching between employees with disabilities and jobs. These examples include:

- An employee with a very visible mobility issue was allocated to an office job, involving going up and down ladders holding heavy folders
- An individual who was Deaf was allocated a job in the Courts where he sat with his back to the judge
- A Deaf employee was placed at a telephone switchboard
- An employee with a physical disability, which she had disclosed as posing a problem in using stairs, was given a job involving going up and down stairs
- One female employee with severe arthritis and stunted growth<sup>8</sup> was required to wait four years for switches to be lowered to allow her to open doors to her offices.

For manual workers the type of job or work allocated once a disability is disclosed varies considerably. Work in this area is generally described as '*hard graft*'. However, for many, once they have disclosed a disability, they may be taken off work using machines. One Union representative stated that their type of work would be likely to change to '*litter or small grass cutting on a small machine – doing the hedges or other work in a safe area.*' (telephone interview)

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<sup>8</sup> Respondent self-description.

There was evidence that many individuals with a disability felt that their workload was not determined by their performance or ability. Consequently many participants felt when tasks were being distributed amongst their section they were not consulted:

*'...If your line manager doesn't know anything about disability and his or her opinion is that you are not able to do something...they will sit there and say well we can't give that to Michael because he won't be able to do that, they don't ask you. They decide [for] you and it is a culture that has permeated all the way down from the top.'* (discussion group)

*'I would kind of have to fight and I say well no I want the 10 cases the same as everybody else because in the end it will end up as the same thing. Now if some people may be able to do it quicker than I can, some people may but in the end I will get the 10 cases. I'll start on them, I'll get as many done and if somebody finishes quicker than me, they can surely jump in and help me'.* (discussion group)

## **2.28 Access to Accommodations**

In terms of access to reasonable accommodations individuals expressed a number of difficulties. One female participant with a hearing impairment felt that assumptions are made on the severity of a person's disability despite what the disabled person has told them:

*'I have a hearing loss of 70%, and depend totally on lip-reading, which I am excellent at. Also my speech is very good; everyone I meet will at some point say that they wouldn't know by my speech that I am deaf. This unfortunately can add to my frustrations and create more problems for me because my colleagues don't realise how severe my disability is. I have had it said to me "Ah sure you're not that bad". Colleagues are inclined to forget (too quickly sometimes) that I need them to call my name before talking to me so that I am facing them. Also they themselves forget and cover their faces with hands, talk to me behind pc's etc so therefore I am unable to lip-read them and by these actions I am excluded.'* (discussion group)

One male employee outlined difficulties he encountered. This individual suffered a mental health disability while working and encountered a number of difficulties in gaining access to supports and accommodations on return to employment. For example, he reported that following his illness, in the course

of returning to a five-day working week from part-time; the application took seven months to be processed (telephone interview).

Another participant who is deaf gave an example of the effects of not being able to participate fully in a meeting if an interpreter is not provided for him. He has now adopted a policy of boycotting any meetings where no reasonable accommodation has been made for him. His motto is '*no interpreter, no meeting.*' (discussion group)

In terms of difficulties in gaining access to accommodations, one woman described it as '*trying to push a piano up the stairs.*' (telephone interview)

## **2.29 Difficulties Encountered While Working with a Disability**

One participant reported that his condition does not interfere with his work apart from needing time off to attend medical appointments. He felt that this was:

*'...probably one of the reasons I haven't said anymore about the accommodations...condition wouldn't hinder every day activities.'* (telephone interview)

This individual does need time off to go to the General Practitioner. However, fortunately for him this is not a problem with his employer:

*'My Senior is aware of my condition and I hope that if anything did happen at work, colleagues would know how to deal with it, therefore no restrictions.'* (telephone interview)

Another participant who is registered as blind reported difficulties of working with a visual impairment in the public service stated that management:

*'(don't)...even think about it. Registered as blind. At training days however, there are accessibility problems. No visual accommodations offered or special needs accommodated. Good thing that I am a good listener...usually just say that I can't see the notice board and ask for a handout. Buildings and lighting in office not*

*designed to cater for people with disabilities...no lift or special voicemail systems.'*  
(telephone interview)

The reporting of the difficulties of working with a deteriorating mobility disability was described by a male participant:

*'MS comes and goes. Get very tired but feel that I can do the job as well as anybody else. For some they do not take their sick time as they don't want to be seen as skiving but there is a risk of affecting their condition more.'*  
(telephone interview)

Finally, it was reported in the course of the research that staff working half-time, job-share or part-time in the public sector due to a disability or long standing health condition are referred to as 'half CO' or 'half EO'. This was done openly to their faces and was negatively portrayed by those participants who mentioned it. The term was also placed on civil servants choosing to work part-time due to family commitments.

### **2.30 Factors that could Facilitate Disclosure**

Generally participants felt it was a good idea to disclose a disability to management within one's section. One male civil servant with an acquired hearing impairment recommended that management should encourage staff members with a known disability/long standing health condition to report to the Disability Unit of each Department, body or agency. He felt that this may provide an opportunity for advice and access to accommodations, while at the same time increasing the level of reporting. On the same point another participant believed:

*'Disability is often seen as physical or mental not like mine. The office environment has a part...no contact with upper management. Although I have let senior management know of (my) condition, I feel it is a personal issue, but feel that it is important to disclose.'* (telephone interview)

Participants were asked to comment on what they felt would help facilitate disclosure. Issues raised include ensuring support was available for those who disclosed, increased disability awareness training, which would in turn

impact on attitude towards disability, having role models with disabilities working in the public sector and ensuring suitable work positions were put in place for those who disclosed a disability. This is examined in the following section.

### **2.30.1 Increase Support**

One response from a male civil servant highlighted the lack of acceptance or support that is available for staff who disclose, especially following an acquired disability. For him '*an acceptance by management that people's lives can change for the worse*' would improve the situation. (discussion group)

Support was also highlighted as a prerequisite for those to whom people will disclose to. Training is required so that management are aware of the best way to handle a disclosure from a member of staff. As this participant recalled:

*I actually lost a colleague to alcoholism ... in the last job I was doing and the alcoholism effectively was suicide by another name and they used to sneak back into the office and meet me on Saturdays in the office because they couldn't come in and face people and that, but to his grave he never admitted to anybody on the job he was an alcoholic, and I couldn't see it, no one in the department did, it was so well disguised. We knew from personal levels when I took over as manager I was aware and I was looking out for it but nobody would have picked up on it, and I'd have loved a bit more training and still what more could I have done? Did this man have to drink himself to death? Could we have done some things in the organisation?* (discussion group)

### **2.30.2 Staff Attitudes and Knowledge of Disability Awareness**

Changing the attitudes of all staff was one of the main recommendations put forward by participants to promote disclosure. One civil servant stated:

*'It has to be all staff because there isn't room for staff changes all the time, so there'd be no point in just having awareness for management because ... management changing from Department to Department...'* (discussion group)

Management in the civil and public service were criticised on numerous occasions in conversations. The rigid attitude of staff was remarked upon and

were identified as a huge contributor to the treatment of people with disabilities within individual Departments. One participant stated:

*'It's a very big task to change people's attitudes that have been there for 30 or 40 years.'* (discussion group)

Staff and particularly management were described as *'ignorant of disability issues'* (telephone interview) or having a lack of knowledge of disability issues.

A male civil servant feels that that he would like to get on with his own work as best as he can but would prefer if staff without a disability were made more aware of the difficulties and issues people with disabilities face in the public sector on a daily basis. He feels that it is important that management incorporate disability into the workplace and daily work plans to ensure that those with a disability are accommodated successfully *'so that they can carry out their work efficiently and effectively.'* (email reply)

The personal characteristics of an employer, such as understanding, awareness and empathy, were described as important in encouraging staff to disclose. The management and working environment were described as a significant factor in the level of disclosure within each public sector. Employers showing awareness and understanding of disability issues were viewed as extremely positive in promoting disclosure:

*'...you might get a much more positive response if other disabled people, or if their boss' were actually quite understanding of that particular disability.'*(discussion group)

*'If you feel comfortable with managers and they are sympathetic there is no difficulty.'* (telephone interview)

This individual felt that it would be more difficult to disclose in the private sector:

*'I have more confidence in the public rather than private sector. I think it would be a lot more difficult...I now have a reasonably secure job for life.'*  
(telephone interview)

For one participant it was felt that some line managers or supervisors may have a personal vendetta against people with disabilities:

*'maybe the person has a problem with someone with a disability, the person themselves.'* (discussion group)

A female participant suffering from long term back pain stated that for her and others in a similar position, difficulties arise with Human Resources as they are not as understanding or accommodating of conditions such as hers and she feels that this type of condition is viewed negatively. She stated:

*'The attitude by HR is that if you are not fit enough to do your job you should be out of work on a medical cert, there is no scope for any middle ground...they do not encourage people to report any ailments either physical or mental that might be impinging on people from giving their best performance. In fact something like back pain and various reports about the extent of the problem, I would be reluctant to say anything in case it might reflect badly on me in terms of promotion or transfers to other Departments. I suppose I am afraid of being perceived as a malinger even though I do not have a bad sick record over my 27 years of service.'* (email reply)

However, in direct contrast to the issues raised above, one participant in a discussion group described a positive experience of staff attitude towards disability:

*'You don't mind telling the managers, I understand the importance of telling the managers but I also remember when I was coming in first I didn't really want to tell the managers, because you felt you'd be, I don't know, you sort of felt you'd be sort of left to one side, you'd be the guy who'd be, have the disability, but no one's actually treated me like that wherever I've worked, its always been grand.'* (discussion group)

A male civil servant with a hearing impairment stated that more encouragement is needed to ensure that those who acquire a disability within the public service report to management or Personnel. He stated:

*'There is an apparent need while focussing on disability to ensure that those acquiring (disability) for whatever reason are encouraged to reveal (disability) so as to ensure there is no undue pressure placed on that individual to prevent him/her from performing their work as best he/she can.'* (email reply)

### **2.30.3 Disability Awareness Training and Clear System of Reporting**

It was felt overwhelming by participants that the delivery of awareness training might increase the levels of disclosure:

*'just for people to sit down and think outside the box, not be so rigid in what they do and the way they do it, just open themselves up to saying listen there might be another way of doing this where we can facilitate somebody, and if that does, I mean if it happens you will see disclosure'* (discussion group)

Other examples of references to the need for increased awareness raising include:

*'Status of disability needs addressing...anonymous way of reporting needed. No getting people with long-standing health conditions or disability together. If more awareness of specific conditions, people more comfortable in disclosing in the workplace.'* (telephone interview)

*'Need greater awareness. Should e-mail aspects of the Act to all employees to make clear knowledge to everyone on disability. If ill again will you lose your job? Reassurance is needed. My illness is covered in the civil service so hopefully I should be fine if condition affected employment. Employers could make it easier - reduce workload and not be under rigorous pressure.'* (telephone interview)

One participant stated that to increase awareness, this participant has previously organised for briefing sessions on disability issues to be included in meetings.

With regard to tackling mental health disclosure, one Disability Liaison Officer recommended introducing awareness training for staff members. Participants generally felt that there was not enough awareness of invisible disability within the public sector workplace. This would need to be addressed to combat fear of disclosure. To improve the current system of reporting would need the disability issue and culture in general to be addressed. This could be done

through better education and understanding of mental illness. One female participant stated that in Ireland, she feels there is a '*pull yourself together attitude*'. She feels that those with a mental health illness such as depression are often disregarded in the public service, as there is often the attitude that staff should be '*too busy to get depressed*'. (telephone interview)

Finally, as stated earlier, participants acknowledged the importance of disclosing a disability. The point was also raised that mechanisms should be in place so that people know who to report to and how to access information and support. The possibility of having an officer with overall responsibility for disability issues was suggested. This officer might help to ensure resources are in place. Some participants felt that having a designated person to disclose a disability to would be beneficial for those that are wary of other colleagues knowing about their disability:

*I think a designated person would actually be quite helpful for the fact that, better for one person to know than ten people to know if you're trying to encourage people to be open about it, if they choose to be open about it (discussion group).*

#### **2.30.4 Reasonable Accommodation**

As noted earlier ensuring that jobs are made suitable to a person's ability emerged as a key concern. A number of examples were provided during the course of the research of unsuitable jobs allocated to people with disabilities, despite having a visible disability or having disclosed previously. During the course of the research it was agreed that certain jobs might be unsuitable. However, for many in other jobs it was felt that it does not have to be restrictive in any way.

In terms of improvements to be made to increase the level of reporting, one female participant recommended improvements to be made in her Personnel Section. She felt that staff in this section gave little regard or consideration to the capabilities of a person with a disability and they were often placed in unsuitable positions. For her this was not acceptable:

*'Improvements could most definitely be made in the lines of communication between personnel and the person themselves. I know of cases where people with different disabilities have been placed in jobs totally unsuitable to their circumstances for example, a deaf person was placed on switchboard duties when transferred. These mistakes are totally unacceptable and are so easily avoided.'*  
(discussion group)

### **2.30.5 Societal Attitudes toward Disability**

As well as the need to change the attitudes of colleagues and management within the civil and public sector, the point was raised that in general societal attitudes need to be addressed. One male telephone participant felt that in general a level of prejudice, ignorance and a lack of knowledge prevailed. For him he felt a balance was needed. He stated that '(disability) *lobby groups can overdo it.*' In direct contrast to this point another participant suggested the increased use of self-help organisations such as Grow and Aware as they could '*help and advise on how illness should be treated.*'(telephone interview)

In relation to invisible disabilities many participants felt that public perception is important. One participant felt perception of others was directly related to stigma:

*'Society centres on stigma of condition. Perceived if you have mental illness you will make bad decisions. If someone has a heart condition they may also make bad decisions...'* (telephone interview)

### **2.30.6 Role Models in the Workplace**

For one woman who had a stammer history, for her the greatest opportunity in addressing recovery or information on recovery is exposure to others in a similar position working within their Department/body/agency. This may offer an opportunity for increasing the numbers of reporting:

*'I would like to see a situation where the stammerer is offered the opportunity to speak to other people who have speech impediments or, like me, have recovered from stammering and be made aware of the help that there is...I know myself that to speak to other people who stammer is the greatest inspiration and a mentor assigned to each stammerer to help them with their recovery and their challenges would be a wonderful advantage.'* (email reply)

## **2.31 Considerations for the Future System of Reporting**

### **2.31.1 System of Reporting**

- Understanding of the reporting system for employment targets was very poor.
- There were difficulties with understanding self-assessment of disability - a new system - compared to the previous third party reporting system.
- Words like 'enduring', 'permanent' and 'episodic' were difficult for some participants to apply to their own circumstances.
- 'Frequently asked questions' document was not familiar to staff and may not have reached some of them by email or along with the hard copy, or if it did, it was not read or remembered.
- Staff reported having no feedback on monitoring results for their Department or public body.
- Employees revealed they were concerned at how confidential the current system of reporting is. They reported that to increase levels of disclosure among the public sector would require greater reassurances of confidentiality and anonymity. It was queried on numerous occasions through telephone interviews whether their Forms would be accessible to other staff members such as their line manager.

### **2.31.2 Awareness Raising**

- A number of recommendations were made to include more disability awareness training for all staff members and further awareness of the definition of disability and disability legislation. Middle management and HEO levels were identified as important.
- Many participants viewed a one-day training session on disability as core to increasing awareness and understanding among staff. This

would in turn have an impact on disclosure levels in general and increase numbers in the reporting system.

- Access to reasonable accommodations via medical certificates and reported practices of the Chief Medical Officer appeared to sustain the ‘medical model’ of disability rather than the ‘social model’.

### **2.31.3 Disclosure in General**

- Participants had difficulty discussing the 3% target as an independent issue from discussing disclosure in general and its implications for their daily lives.
- Opportunities to meet and discuss disability issues in the workplace are rare and would be welcomed. Holding discussion sessions was recognised as an opportunity to hear opinions that have not been heard before and would further awareness raising: *‘You would probably get more people coming out of the woodwork should we say.’* (discussion group).
- Those working for the Department of Health and Children and Justice, Equality and Law Reform feel that they should be setting the standards for other Departments on disability issues.
- During the research the view was often expressed among participants that the DLO role should be allocated if possible to a person with experience of disabilities or with a disability. For those without a disability adequate training should be provided. The role should not be viewed as an ‘add on’ to an existing job, but should be a dedicated post.
- The type of disability an employee experienced had a significant influence on disclosure of a disability in general. In terms of visible versus invisible disabilities, there was a general perception among

employees that invisible disabilities such as mental health problems were viewed more negatively or even stigmatised.

#### **2.31.4 Working Environment and Disability**

- Employees felt that if access to accommodations and adjustments were to be improved, staff might be more inclined to report a disability to management or include themselves in the reporting system.
- Some of those who requested accommodations to assist their working life felt they were viewed as a nuisance or awkward. They did not get the accommodations they requested or were required to prove that they needed them.
- A number of participants with good accommodations no longer regarded themselves as significantly restricted at work.
- Greater considerations to health and safety implications of non-disclosure were recommended by a number of employees, particularly those working in manual sectors.
- In terms of first aid, a number of participants recommended that staff in each Department or body, receive some basic knowledge of how to handle incidents with co-workers who may have epilepsy or diabetes.
- Some staff believed that those with a disclosed disability are less likely to be promoted.
- Some employees with a disability felt staff without a disability may view them negatively or even associate them with favouritism if they were allocated adjustments or accommodations.

## Section 3: Discussion and Conclusion

### 3.1 The Monitoring System in Ireland

The current monitoring system in Ireland is relatively new and in a sense unique. Countries that aim to reach a target of people with disabilities in the workplace generally rely on a registration process in order to monitor their targets. As the WRC (2007) point out

‘Most countries with statutory employment quotas depend on registered disability status and the concept of “legal disability” to determine inclusion. Thus employees hold medical certificates and identity cards, labelling them as disabled independent of employment’ (p.17)

As Ireland no longer has a system of registration for people with disabilities, the target is based on a definition of disability and monitoring for the target is carried out by each public sector organisation in an individual way.

Consequently, the issues raised by participants in relation to the monitoring system may not necessarily be concerns that have been identified by previous research carried out in this area.

In relation to the monitoring system itself this research revealed that in general there was a high level of confusion about the system amongst participants. Some participants did not realise any monitoring was taking place while others were not clear that a self disclosure system was in use. It became clear that while NDA has recommended a system of data collection, this is not universally used nor uniformly applied. This research revealed that a standardised approach would be welcome by both participants with disabilities and those representing people with disabilities such as the Disability Liaison Officer group.

Some issues were raised about the census form recommended by the NDA to collect figures for the monitoring process. On a positive note participants felt the newer version of the census form was clearer than one previously used. Also, participants welcomed the use of a census form as opposed to disclosing a disability face-to-face. However, some found the language used on the census form confusing and felt it was not clear who was included under

the definition used. Some felt they did not have a reason to disclose as accommodations had been put in place and they no longer felt restricted in their workplace. One way to resolve this issue could be to include a question to establish if a person has already received an accommodation when collecting data for the purpose of monitoring.

Some participants asked their line manager to fill out the form on their behalf as they did not fully understand it. This illustrates the importance of having a good relationship with a manager in order to feel comfortable about disclosing. The distribution method of the census form was also critiqued, in particular distribution by email. Some participants felt an email could be overlooked. Again the need for a standardised approach to data collection was highlighted here. Similarly a clear procedure detailing the aims and objectives of the 3% should be made available to all staff if possible as part of their induction.

The final point raised in relation to the monitoring process was on the issue of confidentiality. Some participants did not trust their Human Resource department to keep the information private. The census form recommended for use by the NDA requires a person's signature, which enables each public body to track individuals who have completed a census form. This research highlights that individuals must have confidence that the system is confidential in order to make them feel secure about disclosing their disability. Furthermore, it also raises the issue that other departments where available could be considered as the base for data collection.

### **3.2 Barriers to Disclosing a Disability in the Workplace**

There was a general sense of fear about disclosing a disability in the workplace, which concurs with previous research on this topic. This sense of fear is threefold: fear of being treated differently after disclosure, fear of disclosure affecting promotional opportunities and fear of being labelled. This is a good example of how some participants feel disclosure can be what Rocco (2004) terms a 'catch-22' situation (p.2). In other words disclosure should lead to better working conditions but some people will not disclose due

to the perceived negative consequences of doing so. Like previous research on this topic these issues appear to be more pertinent for those with hidden disabilities such as mental health illness. One participant who suffered from epilepsy and depression combated this problem by only disclosing his epilepsy, which he felt was easier to do as he believed epilepsy is considered a 'real illness'. This practice of partial disclosure is a point also raised by previous research.

This research reveals that the sense of fear relayed by participants was very strong. This is illustrated by the common view among participants that people with disabilities who move up to the higher levels of the Irish Public Sector tend to hide their disability. This standpoint is in direct contrast to the main aim of disclosing: to secure a better working environment.

Finally, in terms of disclosing in the Irish context, like the monitoring process, there seems to be a level of confusion about the actual process of disclosing. A standardised approach to disclosing introduced to employees during their induction process could help with this issue.

### **3.3 Facilitators to Disclosing a Disability**

The research publicised some negative accounts about participants' experiences of disclosing. This included examples of inappropriate job matching and difficulties securing accommodations. To prevent further occurrences of this nature participants were asked what they thought could be done in order make people more comfortable about disclosing their disability. The main suggestion was to introduce disability awareness training encompassing all types of disabilities for all employees. Furthermore training should be made available for those to whom a disclosure may be made. In general participants felt it would be easier to disclose to a line manager who was sympathetic to disability issues. Participants felt if there was more disability awareness training this would increase discussion about disability in general. This may help people feel more comfortable about disclosing. It could also have a knock-on-effect of increasing the number of people with

disabilities working in the public sector, thus, increasing the number of role models.

Finally, it would appear that a clearer system for the purposes of disclosing is needed. This would also need to stipulate what employees can expect to happen once a disclosure has been made, particularly in terms of accessing accommodations.

### **3.4 Conclusion**

For effective monitoring of the 3% quota in the public service, the data collected must be valid (accurate, objective, relevant); reliable (consistent across time to identify trends); comparable for use in benchmarking diverse organisations; confidential; voluntary and informed consent must be obtained because the data is collected through a self-declaration procedure (WRC, 2007). Due to the unique system of monitoring in Ireland the issues raised in relation to the system of data collection in the empirical study are, for the most part, exclusive to Ireland. From these findings, it is clear that the following are required.

#### **A. Promoting the Monitoring System**

It is necessary to continue to explain to employers and employees 1) the purpose of the monitoring system and the benefits that one hopes will accrue from it; 2) the importance of collecting valid data in order to accurately monitor trends in the numbers of people with disabilities in the workplace; 3) that the current monitoring system relies entirely on employees with a disability disclosing their disability for the purpose of providing valid data. “One possible response to the issue of individual participation in the monitoring process might be to implement an awareness campaign specifically targeted at employees, highlighting their rights under current legislation and requesting them to play their part in ensuring that Part 5 of the Disability Act is implemented”( WRC, 2007, p.36).

#### **B. Continually Improving the Monitoring System**

This is a new system and therefore requires time in which the tools and supports used in the system are refined. The empirical study on disclosure can feed into this process.

### C. Promoting an ideal workplace culture

A workplace culture that is disability and equality aware and that embraces positive discrimination measures etc, will facilitate disclosure be it for monitoring or for obtaining needed accommodations. In this regard, the NDA promotes disability awareness, accessibility and equality in the workplace through a variety of measures, including supports and guidance provided to Departmental Monitoring Committees, initiatives with Access Officers appointed under the Disability Act and support provided through NDA's Excellence through Accessibility Awards.

Overall, participants in the empirical study felt it was a good idea to disclose their disability to a person in authority but like previous research on this topic there were fears about disclosing. It became apparent that some participants' experiences of disclosure were far from ideal and this needs to be rectified.

As highlighted in the literature review if the risk and negative consequences of disclosure are decreased and the benefits of disclosure are increased, it is likely that disclosure for the purposes of monitoring will improve.

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<b>I understand the purpose for which this information will be used</b>	<b>Please tick <input type="checkbox"/></b>
---	---

Name: \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 2 Email questionnaire

1. Do you think that the current system of reporting on disclosure of employees with a disability in the workplace is working well?
2. What factors make it easy or difficult to disclose a disability in the workplace?
3. Have you disclosed any form of restriction or long standing health condition to your employer?
4. If no, are you thinking of this in the future?
5. If yes, have you received any adjustments or accommodations that you may need in the workplace?
6. Can you remember anything from the NDA staff census form?
7. Have you any recommendations for the future system of reporting?

### **Appendix 3 Guided discussion topics for telephone interviews**

1. How do you feel the current system of reporting for employees with a disability in public sector employment is working?
2. Do you think that it is working? Give reason/s for your answer.
3. Did your employer know about the nature of your restriction on recruitment?
4. If NO, have you disclosed or are thinking of disclosing?
5. If YES, were you offered any adjustments/accommodations that you needed?
6. What kind of restrictions if any, does your disability place on you at work?
7. Are you aware of the procedures for reporting to your employer?
8. What factors would prevent/hinder people with a disability from disclosing in the workplace?
9. What factors make it easy for people to disclose a disability in the workplace?
10. Can you remember anything from the staff census form?
11. Have you any suggestions for improving the current system of reporting?

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