**Understanding Leadership from a Disability Perspective**

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**Abstract**

There is considerable evidence of widespread exclusion of disabled people from the labour market generally (Bebbington 2009); and in the lifelong learning sector Fullick described a situation of “widespread institutional discrimination against disabled staff” (2008:1). Furthermore, there is a lack of disabled people in senior and leadership positions in the sector.

This research project explored how disabled staff in one University perceive leadership, the barriers preventing them from taking on leadership roles and how they could be supported to overcome these challenges. Many participants aspired to leadership and reported positive experiences. But many identified barriers such as the nature of their impairments, lack of appropriate support, inadequate training and development and the competitive organisational culture that could impact on their health and work-life balance. Participants felt that investment in supportive opportunities for professional development was needed, along with improved awareness of equality and diversity among managers and colleagues.

**1. Introduction**

Any activity that affects disabled people should involve disabled people in leadership roles (Jorgensen et al., 2011). However, like in society more broadly, they are under-represented across the Higher Education (HE) sector in formal management positions. Participation in leadership (whether formal or informal\(^1\)) might be argued to be a form of professional development, yet unpublished research at one University found that disabled staff felt there were limited opportunities for them to acquire and hold leadership roles. Whilst other socially disadvantaged groups have similar under-representation at HE management level, for example women and Black and Minority Ethnic groups, the situation with disabled people is

\(^1\) Formal organisational leadership ‘differs from the informal in that it is associated with formal power such as the ability to reward or punish and with formal recognition (e.g., title) by management. Conversely, people perceived by their peers as informal (i.e., emergent) leaders may not be perceived by the management of the organisation as fit to formally occupy a managerial role (and vice versa)’ (Luria, Kalish and Weinstein, 2014: 749).
more complex, as some impairments have an impact on work performance if appropriate adjustments are not made. A social model perspective to disability suggests that it is not so much an individual's impairment that disables them, as the environment which creates barriers (an example would be a failure to provide large print material for a visually impaired person). Additionally, there is the issue of intersectionality, where disabled people also have a gender, a sexuality, a social class and an ethnicity, which may further disadvantage their potential to become leaders in HE institutions.

This paper reports research commissioned by the Leadership Foundation in Higher Education (LFHE), and conducted at a University in the midlands of England. The research builds on previous unpublished research carried out at the institution and aimed to answer four questions:

- How do disabled members of staff perceive leadership?
- Do they consider themselves to be leaders?
- What are the challenges to taking a leadership role for disabled members of staff?
- How could disabled members of staff be supported in taking a leadership role?

2. Leadership and disability in the context of HE

The number of disabled professionals in employment is small and the number of those occupying leadership positions remains even smaller (Wilson-Kovacs et al., 2008). Leadership diversity remains a significant challenge for the HE sector (Bebbington and Özbilgin, 2013: 14). Disabled people, women and ethnic minorities are, for example, still markedly under-represented in positions of authority, notably as Vice-Chancellors in UK HE institutions (Bebbington and Özbilgin, 2013: 15). A national survey conducted in 2008 by the Commission for Life Long Learning showed that few organisations employ disabled people in senior or strategic positions. This situation has been described as one of "widespread institutional discrimination against disabled staff" in the lifelong learning sector (Fullick 2008:1) and indicates the limits to further promotion and workplace inclusion for some disabled managers (Roulstone and Williams, 2014); these limits could be described as extrinsic and intrinsic barriers.

Extrinsic barriers, in relation to work and participation in general aspects of university life (including leadership) encompass working conditions that impede the professional practice of disabled staff, including their participation in leadership. Disabled staff within this institution also expressed concerns about the nature of disability support, which was often reactive and dependent on line managers as opposed to being proactively offered. More widely, staff attitudes have demonstrated resistance to allowing non-traditional groups (including disabled staff) to access power in the form of leadership and senior positions in academia (Bebbington and Özbilgin, 2013: 21). Such barriers may largely arise from broad societal stereotypes of disability, such that disabled people are seen as dependent, vulnerable and unable to make their own decisions or speak up for themselves (Shakespeare 2000). Society's dominant cultural norms regarding disability (which conceive it as an issue of individual restriction rather than societal barriers) are reflected in the organisation in terms of who occupies powerful positions of leadership and how they behave (Bebbington and Özbilgin, 2013: 18).

Intrinsic barriers, related to individual disabled staff in HE have also been identified. These include staff reluctance and low aspiration. A report by the Independent Commission for Disabled Staff in Lifelong Learning (2008) highlighted the fact that many disabled staff are reluctant to disclose impairments because they fear discrimination. Furthermore, the current level of support for disabled staff may be under-resourced and thus people may not be getting appropriate support and adjustments, or making use of Access to Work funding (Equality Challenge Unit [ECU], 2014). So, disclosure may be hazardous, then amount to no support after all. Disclosure of disability is more likely to take place if staff have confidence in
their employer's commitment to disability equality, and that their progression in the post will not be affected in any negative way (ECU, 2008:4). Previous research in the institution found a culture of low aspiration among disabled staff, which could alternatively be described as realistic pessimism.

Although the barriers were grouped under two separate headings (i.e. extrinsic and intrinsic), they are clearly intertwined, e.g. reluctance to declare disability might be a response to staff attitude/resistance to engage disabled staff in leadership. Similarly, their low aspiration might be a reaction to the above extrinsic barriers. However, HE institutions and disabled staff should be active players in this process.

Bebbington and Özbilgin discuss "the paradox of relying on leadership to deliver diversity when leaders tend to come from homogeneous backgrounds" (2007:18). This paradox helps to distinguish two issues that therefore need to be addressed, namely: ensuring equality of leadership opportunities available to individual disabled staff in HE; and promotion of disability equality within HE generally. In other words, both the leadership demographic and leadership practice (Bebbington and Özbilgin, 2013) currently lack diversity. Both these themes are encompassed within the many strategies that seek to address the barriers indicated by the literature.

Fundamentally there is a need to re-conceptualise and address unfounded assumptions about leadership (Chin and Sanchez-Hucles, 2007). Parallel to this, Kulkarni and Lengnick-Hall call for "investigations into the socio structural contexts [which] will help organisations become truly inclusive places that genuinely cultivate and use all available human potential" (2014: 29). Creating inclusionary and supportive climates for disabled staff involve, for example, the introduction of "clearly designated senior members of staff with responsibility for providing leadership and championing disability equality issues" (ECU, 2011: 9). Awareness raising at an institutional level, which challenges the stigma associated with disability will encourage disclosure by disabled staff (HEFCE, 2010: 40).

Further strategies are suggested to promote diversity within the leadership demographic. These include focussing on the professional development necessary for leadership, and the provision of individualised support to ensure equal access to training, development and promotion, even if it means treating disabled people more favourably (ECU, 2010: 27). The Equality Challenge Unit recommend structured mentoring/coaching programmes for disabled staff to help them progress in their career, and the use of a shadow senior management team: this acts as a development tool that will give talented individuals in underrepresented groups, such as disabled staff, the experience of senior collective decision-making (ECU, 2010). Finally, a number of organisations (e.g. NIACE, 2008; ECU, 2008; HEFCE, 2010) recommend the use of disabled role models, particularly in senior positions.

Based on the review of the literature on leadership and disability, this research considers leadership in HE to be about engaging all members of staff, whether disabled or not, in leadership and thus further promote the university's commitment to disability equality. It sees the professional development of disabled staff as central. Crucial to this is identifying any extrinsic or intrinsic barriers to the participation of disabled staff in this process, so that disabled staff can receive the support they need to actively engage in leadership.

3. Methods

The aim of this study was to explore perceptions and experiences of leadership amongst disabled members of staff working at a university in the Midlands, to promote reflection on how to build leadership capacity among this under-represented group, and to stimulate
policies at the university that aid current and future staff to be supported in the development of leadership skills.

The research questions were:

- How do disabled members of staff perceive leadership?
- Do they consider themselves to be leaders?
- What are the challenges to taking a leadership role for disabled members of staff?
- How could disabled members of staff be supported in taking a leadership role?

This study employed a mixed methods approach using an online questionnaire, focus groups and individual interviews. The online questionnaire was sent by email to all members of staff at the University who had declared a disabled status to Human Resources (n=66). Twenty two people completed the questionnaire (a return rate of 33%) of whom fifteen shared their contact details to indicate a willingness to participate further. The focus groups consisted of members of staff attending a specially convened networking event for disabled members of staff (n=12), with six attending each group. Focus groups were audio recorded for accurate transcribing, with permission from the participants. Participants were invited to have an individual interview with a researcher either face to face or by telephone after the focus group, and six accepted this offer.

We acknowledge a limitation of the research related to the sample of participants: only staff who had officially disclosed a disability to the university were invited to participate. We were aware (and this is supported by the data) of the likelihood of many people having reservations about disclosure: people whose opinions would have made a valuable contribution to the investigation. Unfortunately alternative or additional ways of inviting the participation of staff who had not disclosed their disability to the institution, were not possible within the parameters of the project.

The study was approved by the University's Ethics Committee. Throughout the project the researchers were guided by an inclusive ethic. However, it is acknowledged that this has been difficult to achieve; LFHE (not a disability organisation) commissioned the University (not a disability organisation) to carry out the project; so it cannot be claimed that the research was driven by disabled people or organisations representing them. This ethical issue (of potentially having non-disabled researchers carry out research on disabled participants) was partially rectified by the active involvement of the University’s Disabled Staff Network within the expert steering group. The project also builds on previous work addressing issues related to disabled staff, which instigated the setting up of the university's Disabled Staff Network, and subsequent work carried out through the Network.

The small numbers of participants and their distinctive features (personal and professional) mean that anonymity and confidentiality are threatened in a project like this. For that reason, we have taken steps to disguise participants, departments and organisations by altering non-essential details in some cases.

4. Results

How do disabled members of staff perceive leadership?

Focus group participants distinguished between management and leadership, expressing leadership as “how you work with people and interact” and “bringing people together to achieve a common goal”. These features might encapsulate what they referred to as ‘collective’ leadership (discussed further below). In contrast, participants talked of “management of people and resources, a clear principle is applied”, and suggested “Good managers have a lot of spreadsheets, it’s all about money, what are staff doing, tasks and resources, it is very functional.” However, leadership and management are clearly inextricably linked and the terms were occasionally used by participants interchangeably.
There was a shared feeling that disabled members of staff make as good, if not better, leaders due to their experiences of overcoming challenges, heightened problem-solving skills and their understanding of personal difficulties of their staff: "Disabled people make more enlightened decisions, are more inclusive by nature, they ignore smaller things to allow bigger things to happen." Some participants expressed their belief that leadership was part of natural career progression and therefore they emphasised the importance of having the opportunities to undergo professional development. An important issue for many participants was the high expectations of the institution that managers (and hence leaders) would make personal sacrifices (longer unpaid hours in particular) in return for senior status. This is discussed in some depth below.

Do they consider themselves to be leaders?

Just over a fifth of questionnaire respondents reported that they had a formal leadership role (e.g. Course Leader, Project Leader), while a third felt that some aspects of their job were clearly leadership focused. The remaining ten respondents reported having no leadership role, and two thirds of these did not want to be considered for such a role. Just under three-quarters of respondents reported having an informal leadership role, though less than half of these felt they were acknowledged for this.

50% of questionnaire respondents reported that they felt they had similar opportunities for attaining and progressing in leadership roles in comparison with non-disabled colleagues. Of the 11 who felt they did not, only two were not interested in such opportunities, and focus group participants echoed this. One focus group participant felt that they had been overlooked for a leadership role due to their disabled status: "I recently went for a promotion role and was not even shortlisted even though I had the qualifications. I did declare I had a disability". Another participant felt that their day-to-day responsibility for leading projects had been lessened since disclosing their disabled status.

What are the challenges to taking a leadership role for disabled members of staff?

Many participants reported experiencing barriers, for example, having fewer opportunities since disclosing their disability. Whether this is a perception or a reality is not as important as addressing the issue carefully to ensure no one feels it might ever be the case. In the focus groups and questionnaire free text responses, a distinction was made between personal restrictions on a disabled person's ability to act in a leadership role and external barriers, such as others' perceptions and opportunities available.

In relation to personal factors, some participants considered their condition to be a physical barrier to taking a leadership role and reported that they would need additional resources, support or a change in the structure of the role in order to carry it out. Examples offered included proofreading or support with academic writing (since weakness in such areas might reduce the quality or speed of their work), help with interview technique, equipment for those with visual impairments, and strategies to cover disability-related absences. However, participants did not like having to repeatedly ask for support: "I have encountered embarrassment and humiliation because I have needed support but I always have to justify it, which is not empowering". This was especially true in cases where the condition was not ‘visible’. Other types of impairments and conditions brought challenges to a leadership role that may be more difficult to support. For example, one participant reported having difficulty chairing meetings due to a hearing impairment, and considered this a barrier to excelling in a leadership role. Networking was also considered too great a challenge for some with e.g. visual or auditory impairments. Those with a mobility difficulty were not considered to have such additional needs, while others with a fluctuating condition may need support occasionally.
Some participants in the focus group discussed their preference for collective leadership, but also described how this approach could be detrimental for them: "...collective leadership can lead to others to take over and make decisions for people with disabilities. The danger is it can be abused, it can work against you. You have to find a balance, it’s difficult to rein it back when others take over".

It was suggested a lack of confidence among disabled staff may act as a barrier to applying for leadership roles, even if they have the necessary skills. This was especially true for positions that are particularly demanding, tiring or stressful. The long hours expected of leaders at the University was considered unreasonable for many, fearing that they did not have the energy or that it would be detrimental to their work-life balance. Some felt that they already worked extra hours or put in extra effort, either due to a demanding role or to compensate for their condition, and so could not give more: "I have to give 130% a day – the role demands it. When I get home I am literally good for nothing. It would be difficult to consider applying for a leadership role". Experiences of having to fight for leadership roles were shared in the focus group with participants suggesting that the stress caused would likely put most others off pursuing the role.

In many cases personal barriers interact with external ones. For example, the drive to work harder than they felt their non-disabled colleagues did also came from others’ perceptions of their ability, and individuals wanting to prove they could be as good as their colleagues. Being perceived as needing to take time off for their health was repeatedly cited as a view of management. Although this was considered by some to be a valid concern about some disabled members of staff, there was a feeling of a blanket prejudice on disabled people’s abilities that came from a lack of understanding and awareness.

Participants felt that managers struggled to look past their disability status to the unique skills and experience that they could offer to a role: "Little attention is paid to ‘disabled identity’ from an equality perspective therefore ‘added value’ e.g. being a role model is rarely acknowledged or rewarded". These preconceptions were felt to maintain a ‘glass ceiling’ through which disabled members of staff could not progress (a sentiment which echoes Roulstone and Williams, 2014). This was not always seen as purely due to prejudices; one participant described how they felt that others were afraid to ask questions for fear of causing offence. Current equality and diversity training to overcome these challenges was not deemed sufficient, with managers failing to attend ‘mandatory’ training and receiving no penalty for their omission.

It was reported that there seemed to be a lack of investment in staff development in general to facilitate progression into leadership, with some provision not considered to be accessible for disabled staff. This might be due to the nature of the training (e.g. involving team building exercises) or because of wider resource issues (e.g. heavy workload that is not covered during absence on training events).

Amongst these many problematic experiences there were also examples of a more positive nature. Twelve (54.5%) questionnaire respondents stated that they experienced satisfactory or positive discussions with managers related to their support needs, and a substantial majority find both co-workers and the wider university population to respond positively and supportively to disability. It should be pointed out that while the figures might seem encouraging, it could be argued that any number, no matter how small, of negative experiences is too many. Also, while these numbers suggest a positive outlook, these responses were not given specifically in relation to the theme of leadership; one person stated: "I believe that the more senior you get the more disabling the environment can be".

**How could disabled members of staff be supported in taking a leadership role?**

Participants identified various types of support, confirmed by much of the literature above, that could help them in progressing into leadership. They discussed the need for appropriate
strategies and processes to support them and their managers and encourage disclosure, staff development opportunities for them and others, better disability awareness and support from managers and colleagues, and promotion of disabled people as leadership role models.

A more formal process or strategy of support for staff disclosing disability, similar to those in place for students, and wider understanding of this, was suggested to help meet the needs of disabled members of staff and improve their professional development. It was considered that this process needed to account for time spent in development activities such that attendance was viable and did not add to their own workload or that of others. Having a mentor or more one-to-one support was also suggested to allow a more proactive approach to their professional development, especially as they did not want to discuss their disability during their appraisal.

Respondents wanted managers and colleagues to have better understanding and awareness so that they could see past the impairment or condition, trust the person's ability and offer more appropriate support. Confidence in a disabled person's ability to be a leader is perhaps often questioned by both parties. One questionnaire respondent stated "I think there is also often a lack of self-confidence amongst disabled staff – they ask themselves if they are up to the demands of a leadership role? Then there are also still attitudes amongst employers that ask the very same question." This contrasts with the stereotypical connotation of disability to mean 'not able'. One respondent said "If you feel confident in your own abilities then that will be visible to others and instil confidence in them".

Many respondents felt uncomfortable disclosing their disabled status, for fear of negative repercussions to themselves, or of causing embarrassment. Such reservations can, of course, lead to not receiving the necessary support or adjustments, thus compounding their negative experiences. Unwillingness to disclose might also prevent attendance at networking events, even though this was considered important and further opportunities were desired: "If you have the network then it gives you the opportunity to speak about things. Without it there isn't any way to share. We need some other ways to speak about things". The importance of networking between disabled leaders in providing a valuable source of support was also identified in research conducted by Foster-Fishman et al (2007). Creating a more sensitive environment in which individuals feel comfortable disclosing and being open about their additional needs may facilitate their professional development in this way as well as improve their confidence. Another individual referred to a bullying culture they believe is prevalent in higher management, which could cause stress and have a deleterious effect on their condition.

Regarding role models, only three of the 22 questionnaire respondents felt that disabled staff are prominently profiled by the institution, and are visible in its culture and publicity materials in a satisfactory way. Others felt that this happened very rarely or not at all, or that it was done in a tokenistic way. Just under half of respondents felt that attitudes towards disability would be improved if disabled people were represented in senior leadership roles; these people felt that high status/high profile disabled role models would make a big difference to disabled people, raising morale and sending a clear message that the University values disabled members of staff. However, this view came with a caveat that their influence would depend upon the individual and their own experiences. For example, a conspicuous impairment or condition was felt to send a bigger message than a non-visible one, even if that person was not in a top position. Participants felt that the person's background, opportunities and own coping experiences might affect how they viewed disability issues: "Some are supportive of the wider agenda, but others might think that they've done it, so others can too, because they've not had to struggle like others". Other respondents felt that a leader would need to recognise the importance of their role and to be proactive about disability issues: "They would also need to make promoting disability equality a real part of their agenda and avoid the classic 'triumph over tragedy' approach." The mix of views regarding role models expressed by participants is perhaps linked to whether the issue was
considered in terms of role models’ potential to change the organisational culture (an external barrier), or in terms of their potential to support the development of a disabled individual into a leadership role (thereby addressing a personal barrier). Regarding the latter, Foster-Fishman et al (2007) reported that, in fact, mentoring within an ongoing personal relationship by successful disabled leaders may be more effective than exposure to distant role models in publicity materials.

5. Discussion

Our study largely supports previous findings of the extrinsic and intrinsic barriers to disabled members of staff achieving leadership roles. However, one particular issue appeared especially salient and highly worthy of further interrogation. Participants provided some deep insights into the culture of management, both within the institution, and beyond it. In both interviews and free text questionnaire responses, they connoted leadership and management with ‘extra responsibility’, ‘commitment’, ‘additional work’, ‘above and beyond’, ‘long hours culture’, ‘less time for family’, ‘additional stress’ and ‘presenteeism’. These notions of formal leadership entail sacrifices made for career progression into leadership, for which the institution demands more effort than is reflected in any job description. There was a perception that the employer tacitly demands these sacrifices and additional unpaid overtime before bestowing leadership on its workers.

In contrast to this stands the negative stereotypical conceptions of disability (implying lack of ability and the need for help and support) held by society in general. Conventional conceptions of leadership are that it entails the selection of highly able individuals whose attributes (of strength, stamina, devotion to working long hours and so on) set them apart from non-leaders. This can result in the perception that leadership and disability are mutually exclusive or incompatible (Foster-Fishman et al 2007), and hence a lack of recognition of, and reward for, disabled holders of leadership positions. This is in addition to any disadvantage arising from having an impairment or condition that might require the disabled person to overcome a physical, mental or sensory barrier to simply succeed in their basic job. The exhausting nature of many impairments and conditions seem underestimated and unrecognised.

The specific nature of some participants’ additional needs sometimes presented particular challenges. For example, one disabled worker explained how formal leadership came with very traditional expectations, for example, chairing of committee meetings, which was impossible for him as he has hearing impairment. Superficially, one might expect straightforward adjustments such as having a substitute chair would address this. However, the deep leadership symbolism of being at the helm during a discussion, of guiding debate and adjudicating on arguments is tied to the identity of the chair, and any other arrangement results in a loss of credibility as a leader.

Similarly, the role of a formal leader would entail expectations of semi-social professional networking at public events, and other occasions where one has to mingle and socialise with strangers. This not only draws heavily upon the time (often evenings, weekends) of leaders, but also their social agility, which may be made more difficult by communication impairments, and by exclusionary attitudes to disabled people in general. These issues are not trivial, and although they may not affect every disabled person, they are a consideration for many, and are more difficult to resolve than just asking for more time per task or adaptive equipment.

We might describe this set of tacit expectations of formal leadership, the totality of experience not expressed formally in job descriptions but considered essential for success, as a masculinist culture, characterised by competition, aggression and adversarial practices,
rather than consensual ones (an even more extreme example of which is identified by Whitehead (1999 in Bebbington and Özbilgin, 2013) within the House of Commons in relation to female MPs). Such a culture is likely to be highly hostile to disabled individuals, as it demands sacrifices above and beyond the call of duty. Within this climate, a disproportionate number of disabled people will be excluded simply due to their personal circumstances and the nature of their impairment or condition. In order to effect change, therefore, a less masculinist and more collaborative management culture is needed from the very top of the HE management hierarchy. A useful model in that respect is taken by Athena SWAN in its approach to achieving more inclusive and respectful relations in higher education in relation to gender inequality. The Athena SWAN Charter acknowledges “that academia cannot reach its full potential unless it can benefit from the talents of all” (Equality Challenge Unit, n.d.) - a statement which applies equally to disability as it does to gender.

6. Conclusions
This research was conducted within a widely recognised context of underrepresentation of disabled people within leadership roles within Higher Education. This lack of diversity within HE leadership and management reflects that related to gender and ethnicity, and was recognised by the institution investigated to be an equality and diversity concern. The research project used a mixed methods approach to explore the perspectives of disabled staff in that university, in relation to leadership. Findings of this study suggest that disabled members of staff are positive about how disability is viewed by the university generally. Many consider leadership to be a key part of their career and something that they can/want to do (or are already doing), but also many do not feel that they have adequate opportunities or support from the university to engage in leadership. Several barriers to achieving a leadership position were identified, even by those who already had this role. These barriers included the nature of their condition and additional needs; a lack of appropriate attitudes and support strategies; lack of confidence; the demanding nature of the role and the impact of that on their health and work-life balance; lack of awareness of (and training in) equality and diversity issues among managers and colleagues; and a lack of investment in professional development activities. The culture of the university and its processes were considered key to improving leadership opportunities for disabled members of staff.

Considerable progress in addressing the needs of disabled students has been made in recent decades; but similar progress in supporting disabled staff in HE has not been achieved. The purpose of this small scale research was not to identify a discrete set of recommendations. Nevertheless, a number of practical strategies appear to be indicated by the data and supported by the literature. Readily accessible information and guidance e.g. about legal duties and processes to support disclosure of disability is important to both disabled staff and their managers. The importance of mentoring schemes to provide peer support for existing and potential disabled leaders was suggested, along with increased investment in supportive opportunities for professional development. Training for all staff about disability equality could further improve the culture of the organisation. Some of these interventions already exist in the university in question, but perhaps lack prominence and 'clout', which may account for the strong message conveyed by participants about the prevailing ethic related to leadership.

This message is that leadership as a set of institutional expectations are excessive, and exist within a competitive culture, which places disabled people at a disadvantage. Of key importance is the apparent need for a realignment of the culture of leadership and management within the organisation to make it more compatible with the full inclusion of disabled staff in HE so that leadership is not exclusive to non-disabled people. Culture change in relation to disability is also needed within HE, such that the disabling barriers of attitudes, inadequate infrastructure, and lack of visibility are addressed so that disabled people's unique contributions to the organisation are valued.
7. References


