

## Introduction

Nearly one in five people of working age in Britain are disabled (according to the British Labour Force Survey, cited by HEFCE, 2010, 40). In higher education (HE) however, the proportion of academic staff who declared as disabled is much lower, despite increasing from 2.2% to 3.9% between 2003-04 and 2012-13 (Equality Challenge Unit (ECU) 2014); the proportion occupying leadership positions remains even smaller (Wilson-Kovacs et al. 2008, 705). According to the Higher Education Statistics Agency (HESA) fewer than 3% of managers, professors and non-academic professionals in HE declare as disabled (reported by PA Consulting Group 2010, 38), and the numbers have shown little change between 2008 and 2012 (HEFCE 2012, 13-14). A report by the Leadership Foundation for Higher Education (LFHE) indicated that *'despite changes in the student demographic, the social makeup of senior management and the academic workforce is still mainly white, non-disabled, middle-class and male'* (Blue Alumni, 2010). 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).

Whilst other socially disadvantaged groups are also under-represented at HE management level, for example women and Black and Minority Ethnic groups, the situation with disabled people is more complex, as some impairments have a clear impact on work performance, particularly in a traditional un-adjusted working environment. Additionally, there is the issue of intersectionality (Sanchez-Hucles and Davis 2010), where disabled people also have a gender, a sexuality, a social class and an ethnicity etc., people's responses to which may combine to impact upon their potential for career progression in HE institutions. The problem of *'disabled identity'* is further complicated by the heterogeneous political and personal characteristics of any grouping of disabled people; as Williams-Findlay (2011, 776) states *'It is often assumed that by having an impairment or the label "disabled" thrust upon you, you become part of a specific community with a distinct culture – this is far from the case.'*

Building on a number of unpublished consultations, reports and internal policy documents compiled between 2006 and 2014 relating to equality for disabled staff in one institution, the research reported here focusses specifically on the views of disabled staff in relation to their career progression into participation in leadership activity. The literature makes a distinction between leadership and management although for the purposes of this research, we explored participants' own interpretations of the term 'leadership'. This encompassed informal leadership as well as more formal management; both can be regarded as aspects of career progression. Indeed, for academic staff, leadership is often not provided by people in managerial roles but rather colleagues within one's own academic discipline (Bolden et al. 2012).

The conceptualisation of disability adopted by the research is social: disability arises because of society being organized in a way that disadvantages certain people, rather than being the direct result of their impairment or health condition. Hence the term 'disabled people/staff' is the preferred term of many disabled people (Ewens et al. 2011). While the process of formally notifying the workplace of 'a disability' has typically been referred to as 'disclosure', this word is seen by some to have negative connotations, so the more neutral term 'declaration' is the word used here.

### **Barriers and enablers to career progression into leadership for disabled staff in HE**

There is still resistance to enabling disempowered groups to access power in the form of leadership in academia, according to Bebbington and Özbilgin (2013). These authors suggest that society's dominant cultural norms concerning impairment (such as regarding disabled people as a burden) are reflected in the organisation in terms of who occupies powerful positions of leadership and how

they behave. Similarly, Foster-Fishman et al. (2007) suggest that stereotypical conceptions of disability and leadership are in fact incompatible.

There is little evidence in the literature pertaining to HE to suggest a different picture to that relating to schools, where Wilson et al. (2006) found that many disabled teachers believed their personal characteristics disadvantaged their career progression. Such beliefs help explain reluctance to declare a disabled status. The Independent Commission for Disabled Staff in Lifelong Learning (Fullick 2008) highlighted the fact that many disabled staff are reluctant to declare because they fear discrimination. Further, the current level of support for disabled staff may be under-resourced, thus people may not be getting appropriate support and adjustments; declaration may be hazardous, and still amount to no/insufficient support after all. The level of staff declaration of impairment within the HE sector is important because it allows accurate monitoring of the recruitment, retention and promotion of disabled staff as part of Higher Education Institutions' (HEI) Disability Equality Schemes (Lucas, 2008). Declaration of impairment is more likely to take place if staff have confidence in their employer's commitment to disability equality, and that their progression in the institution will not be affected in any negative way (ibid).

Bebbington and Özbilgin discuss *'the paradox of relying on leadership to deliver diversity when leaders tend to come from homogeneous backgrounds'* (2013,18). This paradox helps to distinguish two issues that need to be addressed, namely:

- ensuring equality of opportunities for career progression available to individual disabled staff in HE, and
- the advancement of disability equality within HE generally, and the importance of appropriate leadership at the highest levels of HE to drive equality and diversity throughout their organisations ( Ross, Schneider and Walmsley 2014)

In other words, both the leadership demographic and leadership practice (Bebbington and Özbilgin 2013) currently lack meaningful diversity. The strategies discussed below encompass these two intertwining themes.

HEFCE aims to support the achievement of a diverse and representative HE workforce and the LFHE also progress this with programmes on diversity in leadership, governance and management (HEFCE, 2013, 3). And yet there is a systematic failure in public policy to address the needs of all disabled staff, and effective leadership and management will be needed to counter this and achieve disability equality (Fullick 2008, 11).

At an institutional level, the literature offers a number of indications of how the environment can be changed to enable the career progression of disabled staff in HE. Employers can examine if and how social barriers (e.g., co-worker reactions) influence overall integration of disabled staff to engender more inclusive and diverse workplaces (Kulkarni and Lengnick-Hall 2014, 29). This could help to dispel perceptions of stigma associated with disability (HEFCE 2010, 40) and encourage staff to declare their condition and thereby access support. Senior disabled staff who are open about their own disabled status can send a powerful message to all staff (HEFCE 2010, 40). Furthermore, one of ECU's recommendations (Ewens et al. 2011, 9) is to *'Introduce clearly designated senior members of staff with responsibility for providing leadership and championing disability equality issues'*.

As well as creating an appropriate culture and environment, there is much that can be done to support the career progression of disabled individuals. For example, the ECU recommended the introduction of structured mentoring/coaching programmes for disabled staff to help them identify their career goals and achieve career progression (Ewens et al. 2011, 33). These authors found that

only 4% of disabled staff reported that they received positive support, provisions or reasonable adjustments in career development and promotion; they recommend ensuring equal access to training, development and promotion, even if it means treating disabled people more favourably (Ewens et al. 2011). Further practical strategies suggested in the literature include the introduction of *'a shadow senior management team... to give talented individuals in underrepresented groups, such as disabled staff, the experience of senior collective decision-making'* (Ewens et al. 2011, 9); and increasing the number of disabled role models, particularly in senior positions (Fullick 2008 and Lucas 2008). At a local level, this University set up the Disabled Staff Network as a direct response to the issues identified by disabled staff regarding their experiences (both positive and negative) of being a disabled employee of the institution. The purpose of the network is threefold: to promote improved working conditions for disabled staff at the University; to share good practice in recruiting and supporting disabled staff; and to act as an engagement and consultation forum.

A notable absence from the literature reviewed here is discussion of the potential impact of certain types of impairment on work and career progression, the emphasis tending to be on the societal barriers noted above. Policy at the University researched here indicates that disabled staff should not be excluded from employment, promotion or staff development opportunities because they are disabled unless legitimate impairment or health restrictions apply and reasonable adjustments cannot be made. Legal compliance can be regarded as a minimum first step, but as the research data to follow will demonstrate, the experience of disabled staff is complex and varied, and not yet one of equality with their non-disabled counterparts.

## **METHODS**

The research aimed to find out

- How disabled staff perceived leadership
- Whether they considered themselves to be leaders
- What the challenges to career progression are for disabled members of staff
- How the professional development of disabled staff could be supported.

With such low numbers of disabled people in HEIs, our total population was small to begin with. Furthermore, some disabled colleagues prefer not to declare themselves disabled in any official way, and others eschew activities such as 'disability projects' as a matter of course, thereby reducing to a small pool those who we might invite to participate. The process of recruiting eligible participants was therefore facilitated by the chair of the Disabled Staff Network who was also part of the research team, and aimed to provide best protection of the anonymity and dignity of colleagues.

The study employed a mixed methods approach using an online questionnaire, focus groups and individual interviews. The questionnaire invitation enabled participants to see for themselves the direction and tone of the study, and to opt out without identifying themselves at any point; it was sent by email to all members of staff at the University who had declared a disabled status to the University's HR department (n=66). The questionnaire was presented in two parts; the first part pertained to participants' experiences of working at the University in general, and some of the data are used here for descriptive and contextualising purposes. The second part of the questionnaire surveyed participants' views of career progression into leadership as it relates to their experiences of impairment and disability.

The focus groups were held at a specially convened networking event for disabled members of staff arranged by the University's Disabled Staff Network. Six participants attended each of the two focus groups (n=12). Participants were also offered the option of speaking to a researcher individually, either face to face after the focus groups or by telephone at a later date. In all, six individual interviews were conducted.

Throughout the project the researchers were guided by an inclusive ethic; however, we acknowledge that this was not fully achieved. LFHE (not a disabled people's organisation) commissioned the University (not a disabled people's 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 research team.

Participants who agreed to being further involved were invited to comment on the draft report prior to its final revisions and wider circulation. Two responses were received, which were enthusiastically positive towards the report. The small numbers of participants and their distinctive features, personal and professional, meant that anonymity and confidentiality were 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.

## RESULTS

Twenty two people completed the questionnaire (a return rate of 33%) of whom fifteen shared their contact details to indicate a willingness to participate in the study further. Respondents worked in a range of roles: academic (9), support (7), technical (1) and administration (5). The number of years they had lived with an impairment or condition ranged from 3.5 years to 64 years, with around two thirds of respondents reporting having had their condition for over 10 years. (Given the small sample size and the scope of this paper, further analysis of these dimensions of the data will not be discussed.) Data from the various collection methods was synthesised to provide responses to each of the research questions.

### How do disabled staff perceive leadership?

Focus group participants described leadership as '*how you work with people and interact*' and '*bringing people together to achieve a common goal*'. Although some participants distinguished between management and leadership, these tended to be conflated, and participants regarded both as potential avenues for career progression. There was a shared feeling that disabled members of staff make as good, if not better, leaders due to their experiences of overcoming challenges, having 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 a natural progression as a member of staff, and they therefore placed a high level of importance on having the opportunities to undergo professional development in this area. An important issue for many participants was the expectation of the institution that managers would make personal sacrifices (longer unpaid hours in particular) in return for senior status. This is discussed in some depth later in this paper.

### Do they consider themselves to be leaders?

Just over a fifth of questionnaire respondents (5) reported that they had a *formal* leadership role (e.g. Principal Lecturer, Course Leader, Project Leader) while a third (7) felt that some aspects of their job were clearly leadership focused. The remaining (10) respondents reported having no leadership role, but only a third of these (3) said that they would like to be considered for such a role. Just under three-quarters (16) of questionnaire respondents reported having an *informal* leadership role, though less than half of these (7) felt they were acknowledged for this. Such roles included leadership when their own manager was away and taking on leadership responsibilities for certain projects.

Only half of questionnaire respondents reported that 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 2 were *not* interested in such opportunities, and focus group participants reinforced this, identifying various challenges (explored in the next section). One focus group participant stated 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 declaring their disabled status (this was not something that they had wanted or to which they had agreed).

### **The challenges to career progression for disabled staff**

Many participants reported experiencing barriers to career progression, having fewer opportunities since declaring their status. 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. Participants made a distinction between restrictions associated with their specific impairment, and social barriers, such as others' perceptions of their abilities, although as will be seen below these factors often interact in complex ways.

Some participants identified the need for adjustments such as additional resources, support or a change in the structure of the role; for example, proofreading or support with academic writing for those with dyslexia, equipment for those with visual impairments, and strategies to cover impairment-related absences. They 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'*.

One participant reported having difficulty chairing meetings due to a hearing impairment, and considered this to be a barrier to excelling in a leadership role. Networking was also considered to be too great a challenge for those with e.g. visual or auditory impairments. 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'*. However these challenges depended on the nature of the person's impairment or condition: those with a mobility impairment might have different additional needs, while others with a fluctuating condition may need support occasionally.

Some disabled members of staff suggested that, even if they have the necessary skills, they doubted their capacity to deal with the increased workload associated with formal leadership. *'It can be very difficult for disabled people to attain some of the intense time demands of some leadership responsibilities.'* The long hours expected of leaders at the University was considered unreasonable by 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 they could not give any 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 promotion to formal leadership positions were shared in the focus group, with participants suggesting that the stress caused would likely put most others off pursuing the role.

The drive to work harder than their non-disabled colleagues also came from others' perceptions of their ability, and individuals wanting to prove they could be as good as their colleagues. For example, being perceived as needing to take time off for their health was repeatedly cited as a view of management: *'Management think that disabled people are not capable of taking on a leadership role as they could take time off from work or that they don't have the mental capacity to cope in such a*

*role.* There was a feeling of a blanket prejudice against disabled people's abilities that came from a lack of understanding and awareness. Managers are unlikely to notice the additional efforts expended on successful accommodation of one's condition, but very likely to notice when they are unsuccessful.

Participants felt that managers struggled to look past their disabled 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. This was not always seen as purely due to prejudices; one participant described how they felt that some colleagues were afraid to ask questions for fear of causing offence. Current equality and diversity training to overcome these challenges was not deemed effective, with managers failing to attend 'mandatory' training but receiving no penalty.

Participants perceived a lack of investment in professional development for leadership for all staff-non-disabled individuals included. Furthermore, not all opportunities for professional development were considered to be accessible for disabled staff. Under-resourcing with no protected time or workload management further precluded uptake of such opportunities: *'I was encouraged to join a management training scheme offered in the University, but the role I'm currently doing is so under-resourced it is not possible to plan to take time away. So this is not a realistic proposition'*. It was widely felt that disability awareness and provision for staff was inferior to that for students and that there was no prescribed process to assist managers with supporting staff through their development: *'If a student discloses a disability to me, straight away I know how I can support them... I don't know what the strategies are, there is no one for staff'*.

Amongst these many problematic experiences there were also examples of a more positive nature. Twelve of 22 questionnaire respondents stated that they experienced satisfactory discussions with managers related to their support needs. Several respondents made positive comments such as: *'I have found my manager to be very sensitive to my support needs'*. Almost two-thirds of respondents found their managers usually supportive and aware of impairment related issues, with the same number finding that the wider University population usually responded positively to disabled people. Similarly, about half the respondents felt co-workers in the main were supportive and understanding, but as one person stated: *'I believe that the more senior you get, the more disabling the environment can be'*.

### **How could the professional development of disabled staff be supported?**

Participants felt the key means of support that would help them in progressing into and succeeding in a leadership role were:

- the development of processes to guide disabled staff and their managers;
- opportunities for training;
- understanding and support from managers and colleagues; and
- positively promoting disabled people as leadership role models.

A more formal infrastructure of support processes for staff declaring as disabled, similar to those in place for students, was mooted to help meet the needs of disabled members of staff, and time for development activities without adding to their own workload or that of others: *'There needs to be a strategic view for developing staff, to give space in which to grow. We need time out to do other things but my workload is too vast and not covered'*. Having a mentor or more one-to-one support was also suggested, as they did not always want to discuss their personal condition during their appraisal.

The role of training in the career development of respondents was considered at two levels. In terms of professional development opportunities for disabled staff, the barriers identified in the previous section often prohibited their participation, even when such opportunities existed. Managers and colleagues were also deemed in need of training in relation to equality and diversity (and disability in particular), it being too easy to avoid. For both groups, it is not that existing provision is inadequate or unavailable but there is a need to support the uptake of appropriate training.

Respondents wanted colleagues to have better understanding and awareness so they could see the impairment or condition as simply an ordinary aspect of human diversity, trust the person's ability and offer appropriate support. Confidence in a disabled person's ability to be a leader was thought to be too 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.'*

Many respondents felt uncomfortable declaring their disabled status for fear of negative repercussions to themselves, perhaps leading to not receiving the necessary support or adjustments and compounding their negative experiences. Unwillingness to declare might also prevent attendance at the Disabled Staff Network events. However, attendance at networking events 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'*. Creating a more sensitive environment in which individuals feel comfortable declaring and being open about their additional needs may facilitate their professional development in this way as well as improve their confidence: *'It's a very bad culture if we can't disclose or don't want to, if we don't feel proud of who we are. We shouldn't have to keep explaining ourselves, that's where the culture is going wrong. People are not feeling proud of who they are and what they can bring to the job'*. Another individual referred to a 'bullying culture' they believed is prevalent in higher management, which could cause stress and have a deleterious effect on their condition and impact on their career aspirations.

Views on the significance of disabled role models for career progression were varied. Only 3 of the 22 questionnaire respondents felt that disabled staff were already prominently profiled by the University, and were visible in its culture and publicity materials in a satisfactory way. Just under half of respondents (10) felt that attitudes towards disabled people *would* be improved if disabled people were represented in senior roles. Some participants felt that high status and 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. Some specific individuals were mentioned who had had a big impact on respondents for the recognition they had brought for disabled people. 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 very senior position.

Participants felt that the would-be role model's background, opportunities and own coping experiences might affect how they viewed career progression in relation to 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 increasing the visibility of disability thereby changing the organisational culture, or in terms of role models' potential to mentor a disabled individual to support their career progression.

## **DISCUSSION**

The data from this study offer an interesting set of comments and perspectives of disabled staff on leadership and career progression in HE, and the findings largely support those from previous studies in the field. We found that overall, disabled members of staff were predominantly positive about their jobs. The majority of respondents had formal and/or informal leadership roles already, although many felt their leadership contribution was under-appreciated. Also, a number of barriers to achieving a leadership position were identified even by those who already held one. These barriers included a lack of appropriate support strategies; lack of confidence; the demanding nature of the role and its impact on their health and work-life balance; lack of awareness among managers and colleagues and inadequate uptake of equality and diversity training; a lack of positive role models; a lack of investment by the University in supporting staff through professional development activities; and the nature of their additional needs. There was evidence of individuals choosing not to apply for leadership positions, as a coping strategy (described in Shah et al. 2005; cited in Wilson-Kovacs et al. 2008).

Recommendations made by the ECU (Lucas 2008) are supported by these findings, for example, around providing ongoing opportunities for declaration of disabled status, providing training for all staff on providing more inclusive environments, and having non-demeaning support mechanisms available for staff who need them. Disabled members of staff and their managers must be made aware of legal duties on making reasonable adjustments, to afford the same rights to disabled staff as are currently offered to disabled students. A participant in this study suggested having a flowchart resource to assist disabled members of staff and their managers in accessing relevant training, support and information. Disability equality should be mainstreamed into strategic and day-to-day decision-making in all HE activity, and this requires collaboration between the Disabled Staff Network and generic departments such as Human Resources.

An interesting recommendation made by the ECU, and as yet untried in this institution is that of the shadow senior management team (discussed above) (Ewens et al. 2011). This would be an opportunity for the professional development of disabled staff as well for those currently holding the power to make decisions, by requiring greater appreciation of equality and diversity considerations within those decisions. In other words, it has the potential to address both the lack of diversity in the leadership democratic (Bebbington and Özbilgin 2013) by equipping more disabled staff with the skills and experience necessary for their career progression, and the lack of diversity in leadership practice.

One particular issue arising from our data appeared especially salient and highly worthy of further interrogation, regarding how disabled staff perceive leadership, and the challenges to taking a leadership role. Interestingly, most participants tended to conceive of leadership as tending to be associated with a degree of formality: their insights related to the culture of management, both within the institution and beyond it. The characteristics of less formal leadership, as identified by Bolden et al (2012) did not feature highly in their discussions. The participants in both interviews and free text responses to the questionnaire connoted leadership and management with '*extra responsibility*', '*commitment*', '*additional work*', '*above and beyond*', '*long hours culture*', '*less time for family*', '*additional stress*' and '*presenteeism*'. Arguably, informal leadership might not entail the same levels of stress and negative impact on work/home life balance.

Their notions of formal leadership were imbued with the very personal sacrifices necessary for career progression, and of the institution's (and the wider HE sector's) demands for more effort than is acknowledged in any job description. There was a perception that the employer tacitly demands these sacrifices and additional unpaid overtime from its leaders. The increasing pressures on academics in HE may inadvertently impede disabled staff from career progression even if they identify as being a leader and have all the necessary skills. We surmise this is likely to be a problem throughout the HE sector.



The negative stereotypical conceptions of disabled people (that they lack ability and need help and support) held by society in general were noted above. In contrast, stereotypical conceptions of leadership are that it entails the selection of exceptionally 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 disabled status are mutually exclusive (Foster-Fishman et al. 2007), and result in 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 appears to be poorly understood, underestimated and in need of recognition.

Indeed, many of our participants identified how the impact of their particular impairment or condition interacts in complex ways with social barriers resulting in them being disadvantaged in terms of their prospects for career progression. In one telling reference, a disabled worker explained how formal leadership came with very traditional expectations in terms of performance, for example, chairing of committee meetings, which was very difficult for her as she has hearing impairment. This prosaic fact is so much deeper a problem than it might first appear. Superficially, one might expect an easy workaround by having a substitute chair, perhaps. However, the deep leadership symbolism of being at the helm during a discussion, of guiding debate and adjudicating on arguments is tied to the power-identity of the chair, and any other arrangement results in a loss of credibility as a leader.

Similarly, the role of a formal leader could entail expectations of semi-social professional networking. Attending public events, openings, celebrations, and other occasions where one has to mingle and socialise with strangers important to the University's mission, 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 social 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 for 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 type of 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; cited 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 makes demands above and beyond the call of duty, requiring personal sacrifice in exchange for corporate goals. 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.

'Leadership' is not value-neutral but prone to a range of biases (related not only to disability, but also gender, ethnicity etc. [Bebbington and Özbilgin 2013]). 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. Such culture change may be required before a more representative proportion of disabled people hold senior positions in HE, but it may also be that a critical mass of disabled leaders is needed to effect that very culture change. A useful model may be that of Athena SWAN in its approach to achieving more inclusive and respectful relations in higher education in terms of gender inequality. The Athena SWAN Charter acknowledges 'that academia cannot reach its full potential unless it can benefit from the talents of all' (ECU n.d.) - a statement which applies as much to disability as it does to gender. Hence, equality and diversity are increasingly viewed as a

priority by many HE institutions (Ross et al. 2014).

We acknowledge a limitation of the research related to the self-selected sample of participants: only staff who had officially declared themselves as disabled to the University were invited to participate, and the sample may also have also been skewed towards those interested in having a leadership role. We were aware (and this is supported by the data) of the likelihood of many people having reservations about declaration: people whose opinions would have made a valuable contribution to the investigation. Unfortunately, alternative or additional ways of inviting the participation of any staff member who recognised themselves as disabled, regardless of whether this had been declared to their employer, were not possible within the parameters of the project. Further research addressing this would be very worthwhile.

## **CONCLUSION**

In the context of under-representation of disabled staff in HE (especially in senior management positions) the findings of this study largely support those of previous projects within the same institution and those reported in published literature, but extend our understandings along several dimensions. Some participants were already engaged in leadership or aspired to such roles. Many reported positive experiences but alongside these, a variety of barriers were also identified including lack of appropriate attitudes and support, inadequate training and development and, crucially, the competitive corporate culture that could impact on their health and work-life balance. In addition, some barriers that were identified related to the nature of their specific impairments, which resulted in varying implications for participation in leadership roles. Despite this complexity, an equality and diversity perspective is valuable in making sense of the lack of diversity in leadership and management positions and the limited opportunities available to disabled staff- a situation shared by other strands of diversity, in particular ethnicity and gender.

The data indicate, and indeed disabled staff themselves identified, the need for a number of interventions to address these issues. A support structure that provides disabled staff with similar resources to those provided to disabled students should be implemented. This could entail processes and tools to support managers in the provision of appropriate support for disabled staff, and reminders of legal entitlements. This might encourage disabled staff to declare their disabled status, and provide reassurance of a positive response.

Investment in appropriate and supportive opportunities for professional development for disabled staff is crucial; this could include provision of individual mentoring for disabled staff, and support for networking opportunities between disabled colleagues. For their managers and colleagues, improved awareness of equality and diversity is called for and this might entail (enforced) mandatory participation in Equality and Diversity training.

It is hoped that this paper will stimulate dialogue between networks of disabled staff, trades unions, and Human Resources departments, about institutional management culture in relation to disabled staff, and the recognition/reward of leadership roles. 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 such that their unique contributions to the organisation are valued.

Word count: 6,217

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