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# Assessments and decisions relating to 'fitness' for employment within teaching, nursing and social work: A survey of employers

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CTI	Computer Telephony Integration
DDA	Disability Discrimination Act
DRC	Disability Rights Commission
FI	Formal Investigation
HEI(s)	Higher Educational Institutions
HR	Human Resources
LA	Local Authorities
LEA	Local Educational Authorities
NHS	National Health Service
NMC	Nursing and Midwifery Council
OH	Occupational Health
PCT	Primary Care Trust
SPSS	Statistical Package for the Social Sciences

# 1. Introduction

This report presents the findings of a survey of employers in Teaching, Nursing and Social Work and forms part of the Disability Rights Commission's (DRC) Formal Investigation (FI) into fitness standards. The DRC launched the Formal Investigation on 22 May 2006, comprising a multi-prong approach to exploring the issues around how fitness standards affect disabled people studying, qualifying, registering and working in the three professions. A programme of research was commissioned, complementing other areas of FI activity, looking into three main areas:

1. The regulatory frameworks in relation to fitness standards that operate within the Teaching, Nursing and Social Work professions
2. The way that fitness is assessed in practice, at various stages during the process of studying, qualifying, registering and working within these professions
3. The approach that disabled people and people with long-term health conditions take towards disclosing their conditions to colleges, regulatory bodies and employers; and the policies and practices of these organisations in relation to disclosure

In addition, a call for evidence was also issued to key organisations, and a series of Inquiry Panel sessions were also convened.

This report is one part of the DRC's research into how fitness is assessed in practice. Previously, the DRC commissioned a research team based at the University of Hull to conduct research into decision-making and assessments around fitness (Wray et al 2007). This project was intended to include both higher education institutions (HEIs) and employers in Teaching, Nursing and Social Work. Wray et al (2007) reported that:

“It is evident that the response rate from employers (only 12%) in all professions was much lower than those from their education provider counterparts (39%). In addition, a higher percentage (24% compared to 12% of education providers) formally declined to complete the survey. With more and more research using surveys to access information on wide-ranging topics, it is likely that ‘questionnaire fatigue’ is a contributing factor. The most common feedback from respondents was that they had ‘other commitments or pressing priorities’ and consequently the questionnaire was de-prioritised. Given that the response rate from employers was low, it was deemed insufficient for any robust analysis to be undertaken. In addition, it would not be possible to make generalisations from the employer data therefore a decision was made not to include the data collected from employers in this report.”

In this survey, the DRC considers alternative approaches to understanding the perspectives and practices of employers in Teaching, Nursing and Social Work. This report should be read as a compendium to the report by Wray et al (2007) as the latter provides the context and policy background underpinning the wider programme of research, and this information will not be duplicated here. However, the employers’ data collected from Wray et al is attached in Appendix B in this report.

## **1.1 Aims and objectives**

Educational institutions, qualifications bodies, and employers often make decisions for and about disabled people in the three professions in regard to their fitness to study, qualify, register and work. Employers are subject to Part 2 (employment) of the DDA, and they have duties not to discriminate against disabled people, and to make reasonable adjustments.

The aim of the survey of employers is to examine those formal and informal decision-making processes within the three professions across England, Scotland and Wales.

The survey of employers was designed to gather information using an approach broadly consistent with Wray et al’s (2007) research.

Information was therefore solicited on applicants declarations relating to their health and/or disability; personnel involved in decision making; appeal mechanisms against decisions, formal and informal guidance used, formal procedures in making decisions and support and staff training around disability.

## 1.2 Methodology

The methodology adopted for this survey of employers was influenced by a number of key considerations. Crucially, lessons were learned from Wray et al's (2007) experience, and alternative methods of contact and of research instrument design were considered. Wray et al's approach is summarised below:

- (1) "the principal tool for collecting data was a two-part questionnaire (the second part of which comprised a case study)" (ibid, p. 25). The latter was intended to solicit more qualitative material in consideration of the severe time constraints imposed by the timescales of the FI.
- (2) "Two questionnaires were developed - one for education providers and one for employers - to reflect their slightly differing structures and status. The questionnaires were initially informed by a review of the literature". (ibid, p. 25)
- (3) Questionnaires were sent to education providers after potential participants had been identified. "As the project had to be completed in six months, it was not feasible to develop a sampling frame for public services employers in Teaching, Nursing and Social Work. In order to address this, education providers were asked to name up to three partner agencies/employers, and these were included in the research. This route was chosen to facilitate access to contact names and addresses and constituted a form of 'snowball' sampling". (ibid, p. 77).

It was felt that a postal questionnaire approach, and the solicitation of written case studies, may have influenced, to some extent, the poor response rates for employers, although the DRC accepted that there may be other factors at play.

Given the key consideration of timescales, a decision was taken to solicit information from employers using telephone interviews based on a structured questionnaire (with few open-ended questions). The questionnaire (Appendix A) was designed by Jane Wray and her team at the University of Hull to ensure consistency of approach and to facilitate broad comparability with the material generated by the study on HEIs.

Time and budget considerations led to a decision to strive for a target sample of 60 employers. In order to ensure that the professions from Scotland and Wales were adequately represented in the survey, numbers were boosted. The distribution of the target sample is set out in Table 1 below.

**Table 1: Distribution of targeted sample by countries and professions**

	Profession			
	Nursing	Teaching	Social Work	Total
England	10	10	10	30
Scotland	5	5	5	15
Wales	5	5	5	15
Total	20	20	20	60

Data Captain Ltd. was commissioned to conduct the telephone interviews. Objectives of the research were stated clearly and Data Captain was briefed adequately. Key issues were also highlighted. Piloting of the questionnaire took place from 13 to 29 March, leading to refinement of the research instrument and the approach.

The actual interviewing took place between 2 and 13 April 2007. The sampling frame used by Data Captain was a commercial database of employment organisations within Nursing, Teaching and Social Work, across England, Scotland and Wales. 1495 calls were made through a computerised automatic dialler system to a random selection of employers, in order to ascertain that contact was made with appropriate employers and that contact details on record are accurate.

For the purpose of this survey, personnel in Human Resources (HR) departments were key contacts. HR managers or members of HR staff with responsibility for equality and diversity issues in NHS Trusts or Primary Care Trust (PCT) were targeted for nursing. In relation to teaching, personnel in HR departments in the Local Education Authorities (LEA) or Local Authorities (LA), as well as Head Teachers in schools, were targeted. For Social Work, the Director of Social Services and members of staff from HR departments in City or District Councils, who make decisions on whether or not to employ social workers, were contacted.

As a result of the telephone screening process, 542 employers were identified as being relevant for the purpose of this FI (see Table 2 below). The sample was stratified according to professions and countries, with quotas set for each.

Each responding employment organisation was contacted up to three times. The first contact was to verify that the organisation met the inclusion criteria for the survey, and to identify the appropriate person to speak to in the organisation. The second was to arrange for an interview to be conducted at an appropriate date and time, and the third to conduct the actual interview.

**Table 2: Distribution of the number of employers contacted**

	Profession			
	Nursing	Teaching	Social Work	Total
England	121	68	87	276
Scotland	36	35	56	127
Wales	23	65	51	139
Total	180	168	194	542

### 1.3 Response Rates

The response rate for the telephone survey was 12.7% (69 out of 542). Table 3 illustrates the distribution of response. The highest response rate was Nursing in Wales (21.7%) and the lowest response rate was Teaching in Wales (7.7%).

**Table 3: Distribution of response rates from the three professions in three different countries**

Notes: The response rates (i.e. percentage figures in brackets within each cell) were calculated against the figures in Table 2. For example, 17 employers in nursing in England responded to the survey out of 121 employers contacted. Therefore, the response rate for nursing in England is 14%.

	Profession			
	Nursing	Teaching	Social Work	Total
England	17 (14%)	10 (14.7%)	11 (12.6%)	38 (13.8%)
Scotland	6 (16.7%)	5 (14.3%)	5 (8.9%)	16 (12.6%)
Wales	5 (21.7%)	5 (7.7%)	5 (9.8%)	15 (10.8%)
Total	28 (15.6%)	20 (11.9%)	21 (10.8%)	69 (12.7%)

The distribution of response is broadly consistent with our intended sample composition (see Table 1 above). The overall response rate is almost identical to that reported by Wray et al (2007) for employers in their study (Appendix B). The overwhelming majority of employers contacted in this survey were not interested in participating. Some indicated that they were too busy. As the period of telephone survey straddled the Easter Bank holiday period, some of the targeted personnel were on annual leave and unavailable to participate.

Of the 20 employers in the Teaching profession that responded to this survey, 19 responses came from schools and only one was from a LA. It is important to note that although potential respondents from schools, LEAs and LAs were approached, most of the LAs contacted denied any role in employing teachers. They claimed that schools

were the decision makers for the employment for teachers, and therefore, declined to participate in the survey.

## **1.4 Analysis and structure**

Computer Telephony Integration (CTI) software was used to facilitate the telephone survey. All responses to the questionnaire were entered instantaneously into a computerised data recording system during the interviews. Data was subsequently uploaded into a programme called Statistical Package for the Social Sciences (SPSS v15), a software program for managing and facilitating analysis of quantitative data, in which the data was 'cleaned' in preparation for analysis.

A statistical test, the chi-square test, was performed in the SPSS programme for those relevant research questions in order to identify if there was a significant association in relation to the different professions and countries. However, unless otherwise stated, there are no statistically significant relationships between different variables and different professions/countries, except the discussion in 4.2 in below.

For the purpose of this survey, and as a result of the type of variables collected, most of the analysis is based on descriptive statistics reporting primarily on frequencies ( $n=x$ ) and percentages (%). The first part of the report focuses on employers' decision-making in relation to disabled applicants during the pre-employment stage. The second part discusses the formal procedures and existing support for disabled staff employed within the three professions.

## 2. Declaration of health and/or disability

### 2.1 Stage at which declaration solicited

All the employers (n=69) in this survey asked job applicants to declare their health status and/or disability at the pre-employment stage or at commencement of employment. 68 out of the 69 responding employers indicated that such declaration was solicited “on application form”. Only one indicated that it solicited such information “at commencement of employment”. No responding employer indicated that it solicited such information “after short listing”, “during an interview”, “after the job has been offered”, “at periodic intervals throughout employment”, or any other stage.

### 2.2 Format of declaration

Nearly half of the employers (n=32, 46.4%), across these three professions, solicited declarations of health status and/or disability through self-completion health questionnaires issued with the application form. Self-declarations statement of good health, and health references are also used by 23.2% (n=16) and 17.4% (n=12) of responding employers respectively.

Self-completion health questionnaires seemed to be the preferred format for employers within nursing (n=13, 46.4%) and social work (n=14, 66.7%), whilst employers in teaching tended to rely on a self-declaration statement of good health (n=7, 35%). Table 4<sup>1</sup>.

Wray et al (2007) reported, in comparison, that for HEIs, self-completion health questionnaires tended to be used more frequently in nursing and teaching but self-declaration statements of good health was the preferred format for soliciting information on health and/or disability for HEIs in social work.

As Wray mentioned, this was consistent with the guidance from different professional and statutory bodies. In particular in nursing as

the [Nursing and Midwifery Council] NMC requires registrants to: “self-declare their ‘fitness to practise’ for entry to the register, on re-registration and when returning to the register.” (NMC 2006, p.3). It seems that both HEIs and employers choose the same approach of using the self completion health questionnaires in soliciting information on health and/or disability.

The findings here complement the main finding reported by Ruebain et al (2006), that in nursing across Great Britain there is a requirement for “good health” in order to study and to be registered. In social work in England and Wales, there are similar requirements. In teaching in England and Wales there is a requirement for good health to study and to work as a teacher. The situation in Scotland is different, where for teaching and social work there are no generalised health requirements, although there are regulations concerning the health of social workers to do specific jobs (which are less likely to lead to discrimination than general health requirements). The detailed discussions on regulations and guidance covering the three professions in different countries can be found in the Formal Investigation Final Report.

**Table 4 Format of declaration in the three professions**

Notes: Percentage figures in brackets are calculated against the total number of responding employers in each profession. Each responding employer was asked to select one option.

	Nursing	Teaching	Social Work
Self-completion health questionnaire	13 (46.4%)	5 (25%)	14 (66.7%)
Self-declaration of good health	7 (25%)	7 (35%)	2 (9.5%)
Health reference	4 (14.3%)	4 (20%)	4 (19%)
Other formats, e.g. occupational health questionnaires, human resources forms	4 (14.3%)	4 (20%)	1 (4.8%)
Total	28 (100%)	20 (100%)	21 (100%)

England- and Wales-based employers were more likely to rely on a self-completion health questionnaire, (n=18, 47.4% and n=7, 46.7% respectively) while Scotland-based employers relied equally on both self-completion health questionnaires (n=7, 43.8%) and self-declaration statements of good health (n=7, 43.8%). (see Table 5 below)

**Table 5 Format of declaration in the three countries**

Notes: Percentage figures in brackets are calculated against the number of responding employers from each country. Each responding employer was asked to select one option.

	England	Scotland	Wales
Self-completion health questionnaire	18 (47.4%)	7 (43.8%)	7 (46.7%)
Self-declaration of good health	6 (15.6%)	7 (43.8%)	3 (20%)
Health reference	9 (23.7%)	2 (12.5%)	1 (6.7%)
Other formats, e.g. occupational health questionnaires, human resources forms	5 (13.2%)	0	4 (26.7%)
Total	38 (100%)	16 (100%)	15 (100%)

# 3. Employers' decision-making in relation to disabled applicants at the 'pre-employment stage'

## 3.1 People involved in initial decision-making around fitness at 'pre-employment stage'

When an applicant's 'fitness' was a concern at the application stage, the overwhelmingly majority of employers indicated that occupational health was involved in the decision making process around fitness. The role of occupational health in decision-making around fitness was similarly reported for HEIs (Wray et al 2007). However, the involvement of occupational health in HEIs was more likely to be in terms of discussions around the types of support, equipment or adjustments to be made (ibid, p.39). In comparison, the role of occupational health professionals in decision-making around fitness issues within the employment setting seems different. 72.5% of employers indicated that they would seek occupational health advice in deciding if an applicant was fit to be employed.

The involvement of occupational health in these decisions in nursing is more prevalent than in the other two sectors. This mirrors the situation in higher education, where occupational health is more involved in fitness decisions for nursing students than for students in social work or teaching. In higher education, Wray et al (2007) noted that institutions follow closely the procedures laid down in guidance by the regulatory body for nursing, the NMC.

Employers in the social work setting similarly have a tendency to indicate that OH professionals are involved in decision-making around fitness, although not to the extent of employers in the nursing sector. Fifteen (out of 21, 71.4%) employers in social work named OH as one of the major decision-makers. This compared with 5 cases (23.8%) where HR, and one case (4.8%) where the social service directorate were involved if an applicant's fitness was of concern. Table 6.

Although there is no overall health or fitness requirement for registration, there are regulations about fitness for specific jobs in social workers in Scotland. Four out of 5 (80%) responding employers from Scotland mentioned the use of OH professionals in initial decision-making around fitness in social work.

For teaching, although OH (n=7, 35%) was involved quite heavily in the process of decision-making about an applicant’s fitness to work, employers also named the involvement of LEAs (n=6, 30%), Head teachers (n=4, 20%) and Board of Governors (n=3, 15%) in decision-making around fitness in the context of employing teachers.

**Table 6 Personnel involved in decision making in the three professions.**

Notes: Responding employers indicated one option each.

	Nursing	Teaching	Social Work	Total
Occupational Health	28 (100%)	7 (35%)	15 (71.4%)	50 (72.5%)
Board of Governors	NA	3 (15%)	NA	3 (4.3%)
Local Education Authority	NA	6 (30%)	NA	6 (8.7%)
School Head Teacher	NA	4 (20%)	NA	4 (5.8%)
Human Resource Staff	-	-	5 (23.8%)	5 (7.2%)
Social Service Directorate	NA	NA	1 (4.8%)	1 (1.4%)
Total	28 (100%)	20 (100%)	21 (100%)	69 (100%)

### 3.2 Personnel involved in making the final decision on fitness

While OH plays a very important role in the initial decision-making around fitness, final decisions on whether the applicants are fit to employ are often made with the involvement of a wider spectrum of personnel. This is consistent across the three professions.

Quite often, OH was involved in the final decision together with other different people, i.e. OH and head teacher, OH and departmental manager, etc. Once again, the involvement of occupational health appears more frequently in nursing and social work. For teaching, while OH is involved in the decision-making process, the final decision often came from the school with advice from the LEAs.

In Wray et al’s (2007) study, HEIs indicated that the disabled candidate was also involved significantly in the decision-making process around the determination of fitness. More specifically, the involvement of disabled people was more likely to be in nursing (90%) and social work (78%), but less likely in teaching (37%). In contrast, none of the employers surveyed here mentioned that they would involve a prospective disabled candidate in discussions around fitness.

**Table 7 Personnel involved in making the final decision on fitness.**

Notes: Employers can indicate more than one option. The percentage figures in brackets are calculated in relation to the number of responding organisations in the relevant profession.

	Nursing (n=28)	Teaching (n=20)	Social Work (n=21)	Total (n=69)
Departmental Manager	19 (67.9%)	NA	14 (66.7%)	33 (47.8%)
Occupational Health	12 (42.9%)	7 (35%)	11 (52.4%)	30 (43.5%)
Human Resources	5 (17.9%)	-	2 (9.5%)	7 (10.1%)
Head Teacher	NA	7 (35%)	NA	7 (10.1%)
Governors	NA	6 (30%)	NA	6 (8.7%)
Local Education Authorities	NA	5 (25%)	NA	5 (7.2%)
Others, i.e. Interview Committee, Diversity & Equality Manager	1 (3.6%)	1(5%)	1(4.8%)-	3(4.3%)

Table 7 above shows that, for nursing, most final decisions on employment were made by departmental manager, followed by OH. Of the 28 responding nursing employers, 19 (67.8%) indicated that departmental managers made the final decision, either exclusively or together with other personnel.

A similar finding is revealed for social work. Fourteen (out of 21, 66.7%) responding employers indicated that departmental managers were involved in the final decision in employment for disabled applicants. This was followed by 11 (52.4%) that indicated the involvement of OH professionals.

In teaching, against the context that 19 (out of 20) respondents came from schools, thirty-five percent of responding employers indicated that decisions were made by the head teachers (n=7). Echoing the findings from other professions, OH (n=7, 35%) also played an important role in making the final decision on fitness to work in the profession. Governors (n=6, 30%) and LEAs (n=5, 25%) were also reported as playing a role in making final decisions. HR was not mentioned by any respondents as a decision maker in teaching.

### 3.3 Appeal mechanisms

The majority of responding organisations from all professions indicated that they have appeal mechanisms in place. 53 out of 69 employers (76.8%) stated that they have procedures and systems in place for applicants who wish to appeal against a decision. This is especially so within the teaching profession where 17 out of 20 (85%) respondents indicated that they have appeal mechanisms. (see Table 8 below).

**Table 8: Existence of appeal mechanisms across the three professions.**

	Nursing (n=28)	Teaching (n=20)	Social Work (n=21)	Total (n=69)
Yes	21(75%)	17 (85%)	15 (71.4%)	53 (76.8%)
No	7 (25%)	3 (15%)	6 (28.6%)	17 (23.2%)

In addition, employers based in Scotland and Wales (81.3% and 86.7% respectively) were also more likely to indicate that they have appeal mechanisms in place compared to employers based in England (71.1%). (see Table 9 below).

**Table 9 Existence of appeal mechanisms across the three countries**

	England (n=38)	Scotland (n=16)	Wales (n=15)	Total (n=69)
Yes	27 (71.1%)	13 (81.3%)	13 (86.7%)	53 (76.8%)
No	11 (28.9%)	3 (18.7%)	2 (13.3%)	17 (23.2%)

While it is common for respondents to indicate that there are mechanisms for appeal, it is also clear that there are a variety of ways through which an appeals process can occur (Table 10). The most common process is for an affected individual to file a formal complaint via an employer’s complaint and grievance procedures. This is particularly so for nursing (61.9%), compared to 46.7% in social work and 29.4% in teaching.

Although OH professionals were involved to a large extent in decision-making around fitness at the initial stages, employers’ response indicated that OH did not have much involvement in the appeals process. In comparison, HR staff figured prominently in handling appeals.

Forty per cent of the responding employers in social work mentioned that the appeals process would go through HR. It is also the second biggest channel of appeal in nursing (23.8 %).

In teaching, it seems that although the initial decisions around fitness tended to be made locally in schools by the head teachers and governors, decision-making at the appeals stage tends to be handled equally by the HR departments in both the school and the LEA (29.4%), and also by staff in other departments in the LEA in general (29.4%). (see Table 10 below)

**Table 10 Appeal mechanisms**

Notes: The percentages do not add up to 100 because some employers have more than one channel of appeal mechanisms

	Nursing (n=21)	Teaching (n=17)	Social Work (n=15)
Appeal to Human Resources	5 (23.8%)	5 (29.4%)	6 (40%)
Appeal to Departmental Manager	1 (4.8%)	-	2 (13.3%)
Appeal to Occupation Health	1 (4.8%)	1 (5.9%)	-
Appeal to LEA	NA	5 (29.4%)	NA
Follow an internal complaint/grievance procedure	13 (61.9%)	7 (41.2%)	7 (46.7%)
Appeal to Head Teacher or Governing Body within school	NA	2 (11.8%)	NA
Others, independent body, recruitment committee	2 (9.5%)	-	2 (13.4%)

### 3.4 Guidance used to underpin decision-making

Across the three professions, none of the employers named a specific guidance from regulatory bodies which their organisations used or referred to in order to inform decision-making around fitness. Only 5 employers (out of 69, or 7.2%) mentioned that they would refer to guidance issued by the relevant regulatory body if they have concerns on appointing a disabled applicant, four of which were schools (Table 11).

Perhaps unsurprisingly, near half of the responding employers indicated that they relied on guidance from HR (30 out of 69, or 43.5%). Most of these (n=24) referred to guidance relating to OH issued by HR. This was particularly so for nursing (n=12, 42.9%) and social work (n=9, 42.9%), but did not appear to be significant in the case of teaching (n=3, 15%).

Only 4 responding employers (2 in nursing, 2 in social work) mentioned that they used DRC Guidance. However, closer scrutiny of responses indicated that reference was made to the Disability Discrimination Act (the DDA) and not to any specific guidance produced by the DRC.

**Table 11 Guidance used to underpin decision-making**

Notes: Numbers and percentages do not add up to the total number of responding employers in nursing (n=28), teaching (n=20) and social work (n=21) because some employers did not name any guidance. The percentage in each category is calculated in relation to the number of responding organisations in the relevant profession in the column.

	Nursing (n=28)	Teaching (n=20)	Social Work (n=21)	Total (n=69)
Professional Body Guidance	1 (3.6%)	4 (20%)	-	5 (7.2%)
Human Resources Guidance	15 (53.6%)	5 (25%)	10 (47.6%)	30 (43.5%)
DRC Guidance	2 (7.1%)	-	2 (9.5%)	4 (5.8%)

# 4. Formal procedures and existing support for disabled staff in employment

## 4.1 Formal procedures to make decisions about fitness on an ongoing basis

Respondents were asked if they had a formal procedure to assess fitness if they had concerns regarding an employee’s mental or physical fitness. Over 70 per cent of the employers (52 out of 69) stated that they had formal procedures to make decisions about fitness to work. Among different countries, England (81.6%) and Wales (86.7%) are more likely to have formal procedures to make decisions than Scotland (50%). Table 12.

**Table 12: Formal Procedures across the three professions in three countries.**

	Nursing (n=28)	Teaching (n=20)	Social Work (n=21)	Total (n=69)
Nursing (n=28)	14 (36.8%)	3 (18.8%)	5 (33.3%)	22 (78.6%)
Teaching (n=20)	8 (21.1%)	2 (12.5%)	5 (33.3%)	15 (75%)
Social Work (n=21)	9 (23.7%)	3 (18.8%)	3 (20%)	15 (71.4%)
Total (n=69)	31 (81.6%)	8 (50%)	13 (86.7%)	52 (75.4%)

Of the 28 employers in nursing that responded to this survey, 22 (78.6%) mentioned that they had formal procedures in place for assessing ‘fitness’ of employees, 19 of which described this formal procedure as referral to OH (see Table 13 below). This finding echoes the previous discussion on the involvement of OH in making decisions concerning fitness to work in nursing at the application stage.

**Table 13: Formal procedures to assess fitness to work**

Notes: Only 22, 15 and 15 responding organisations in Nursing, Teaching and Social Work respectively mentioned a specific formal procedure to assess fitness to work. The percentages in the table are calculated in relation to the number of responding organisations in the respective profession.

	Nursing (n=22)	Teaching (n=15)	Social Work (n=15)
Follow sickness policy	1 (4.5%)	-	2 (13.3%)
Monitoring existing staff	-	1 (6.7%)	-
Referral to counselling service	-	-	1 (6.7%)
Referral to HR	1 (4.5%)	1 (6.7%)	-
Referral to LEA	NA	5 (33.3%)	NA
Referral to line management	-	-	1 (6.7%)
Referral to advisory inspector for assessments	1 (4.5%)	2 (13.3%)	-
Referral to OH	19 (86.4%)	6 (40%)	11 (73.3%)

Similarly, in social work, 11 out of 15 employers (73.3%) indicated that referral to OH would form part of their formal procedures, while 2 would deal with cases using sickness policies. Seven of these 11 employers were from England, while two were from Scotland and two from Wales.

Interestingly, out of 17 employers that indicated the absence of formal procedures in assessing fitness within employment, 11 indicated that they would refer the individual to OH. Therefore, in practice, OH appears to be a significant function in assessing fitness in employment regardless of whether employers have formal procedures in place.

## 4.2 Support for disabled staff in employment

Employers were asked whether they have any members of staff who have specialist skills and training to support disabled staff or employees who develop a condition/disability during employment in their organisations. Just over half (57.8%) of the employers indicated that they have trained members of staff to support disabled employees. This support is more likely to exist in nursing (67.9%) and social work (70.6%) than in teaching (31.6%)<sup>2</sup> (Table 14).

**Table 14: Support for disabled staff in employment**

Notes: 5 responding organisations answered ‘not sure’ for this question and therefore, there were 64 employers in total.

	Nursing (n=28)	Teaching (n=19)	Social Work (n=17)	Total (n=64)
Yes	19 (67.9%)	6 (31.6%)	12 (70.6%)	37 (57.8%)
No	9 (32.1%)	13 (68.4%)	5 (29.4%)	27 (42.2%)

Of the 37 responding organisations that indicated the existence of support for disabled staff in their organisations, a disability advisor (n=11, 29.7%) was most commonly identified. Although the number is small, it was more frequently mentioned in nursing (42.1%) and social work (25%). This was followed by HR staff (n=7, 18.9% in total), Health and Safety Officers (n=4, 10.8%) and Access to Work and Assistants (n=4, 10.8%) (Table 15).

**Table 15 Members of staff who provide support to disabled staff**

Notes: Only 37 responding organisations mentioned the existence of staff support for disabled employees. The percentages in the table are calculated in relation to the number of responding organisations in the respective profession.

	Nursing (n=19)	Teaching (n=6)	Social Work (n=12)	Total (n=37)
Disability Advisor	8 (42.1%)	-	3 (25%)	11 (29.7%)
Diversity and Equality Officer	1 (5.3%)	-	1 (8.3%)	2 (5.4%)
Health and Safety Officer	1 (5.3%)	2 (33.3%)	1 (8.3%)	4 (10.8%)
Human Resources	5 (26.3%)	-	2 (16.7%)	7 (18.9%)
Access to work and assistants	1 (5.3%)	1 (16.7%)	2 (16.7%)	4 (10.8%)
Staff with disability training	1 (5.3%)	-	2 (16.7%)	3 (8.1%)
Through LEA	NA	1 (16.7%)	NA	1 (2.7%)
A group of staff including Disability Officer, manager, OH, Health and Safety Officer	2 (10.5%)	2 (33.3%)	1 (8.3%)	5 (13.5%)

### **4.3 Staff training around disability**

51 employers (73.9%) indicated that they provided training related to disability to their staff. Employers in nursing have the highest tendency to indicate so, with 85.7% of respondents indicating that they had provided training to their staff on disability-related issues. Table 16.

**Table 16: Provision of disability training for staff**

	Nursing (n=28)	Teaching (n=20)	Social Work (n=21)	Total (n=69)
Yes	24 (85.7%)	14 (70%)	13 (61.9%)	51 (73.9%)
No	4 (14.3%)	6 (30%)	8 (38.1%)	18 (26.1%)

However, only 2 (3.9%) of these mentioned that training was specifically in relation to disability awareness. More commonly, training was in relation to generic Diversity and Equality training (39.2%) , general staff training (27.5%) and training materials on the intranet (11.8%) that might include components on disability (Table 17). Training directly related to disability in working with disabled staff was in general lacking in the three professions. For example, 5 employers in teaching mentioned that the provision of disability training for teachers was only in relation to working with disabled pupils (See Table 17 below).

**Table 17: Types of staff training related to disability**

Notes: The percentages in the table are calculated in relation to the number of responding organisations in the respective profession.

	Nursing (n=28)	Teaching (n=20)	Social Work (n=21)	Total (n=69)
Disability Awareness	2 (8.3%)	-	-	2 (3.9%)
Diversity and Equality training	11 (45.8%)	4 (28.6%)	5 (38.5%)	20 (39.2%)
General staff training	7 (29.2%)	2 (14.3%)	5 (38.5%)	14 (27.5%)
Self training on intranet	3 (12.5%)	2 (14.3%)	1 (7.7%)	6 (11.8%)
Staff training to manager only	1 (4.2%)	-	2 (15.4%)	3 (5.9%)
Upon request	-	1 (7.1%)	-	1 (2%)
Disability training related to working with disabled pupils	NA	5 (35.7%)	NA	5 (9.8%)

#### **4.4 Other mechanisms for supporting disabled staff**

Only one-third of responding employers (n=23, 33.3%) mentioned that they had other mechanisms for supporting disabled staff. While numbers are small, teaching (45%) is more likely than nursing (21.4%) and social work (38.1%) to indicate the existence of other mechanisms for support (Table 18).

**Table 18 Availability of other mechanisms for supporting disabled staff**

	Nursing (n=28)	Teaching (n=20) (n=21)	Social Work	Total
Yes	6 (21.4%)	9 (45%)	8 (38.1%)	23 (33.3%)
No	22 (78.6%)	11 (55%)	13 (61.9%)	46 (66.7%)

Making reasonable adjustments and improving the physical accessibility of building were the two items most commonly mentioned by the employers (see Table 19 below).

**Table 19: Different forms of support for disabled staff**

Notes: More than one form of support was named by the employers. The percentage in each category is calculated in relation to the number of responding organisations in the relevant profession.

	Nursing (n=6)	Teaching (n=9)	Social Work (n=8)	Total (n=23)
Health and Safety support	2 (33.3%)	-	1 (12.5%)	3 (13%)
Making the building accessible	3 (50%)	3 (33.3%)	4 (50%)	10(43.5%)
Provide professional development training	-	1 (11.1%)	-	1 (4.3%)
Reasonable adjustment to role	3 (50%)	5 (55.5%)	2 (25%)	10 (43.5%)
Risk assessments	-	1 (11.1%)	1 (12.5%)	2 (8.7%)
Use outside agencies for support	-	1 (11.1%)	2 (25%)	3 (13%)
Liaison with LEA	NA	2 (22.2%)	NA	2 (8.7%)

# Conclusion

To conclude, in the sample of 69 employers, 68 indicated that they asked the job applicants to make a declaration of health and/or disability on the application form. One employer in nursing in Wales asked applicants to declare their health and/or disability at commencement of employment.

When an applicant's 'fitness' was a concern at the application stage, the overwhelmingly majority of employers (72.5%) indicated that OH was involved in the decision making process. The involvement of OH is particularly striking in the nursing profession where all employers stated that decisions concerning fitness to work involved OH.

Although most of the final decisions on whether a disabled person was employed were made by departmental managers, the involvement of OH remains prevalent. The decision making process also involves staff from HR, although the involvement of HR staff was more likely in the appeals process.

Employers tended to declare that they have formal procedures and trained staff in place to support disabled employees. The most common procedure, however, was referral to OH. Although many employers claimed to provide training related to disability to their staff, most of the training was in relation to generic Diversity and Equality training or general staff training.

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# Appendix A: Employers' Survey

Your name:

Your organisation:

Purpose of your call: calling on behalf of the Disability Rights Commission, to examine how decisions are made regarding an employee's 'fitness' to work within the professions of Teacher, Nursing and Social Work.

Look for: Someone makes decision on employment

Confirm that they are the sector you are calling to

Make sure they employ Teacher, Nurse, and Social Worker: Do you employ Social Worker/Teachers/Nurse?

It is a semi-structure, informal interview. All the information you give will remain anonymous. Please feel free to talk as much as you want and to ask for clarification if it is needed.

## The Questions

### Profession

- Nursing       Trust       Primary Care Trust  
 Teaching       School       Social Work  
 Local Authority / Local Education Authority

**1. Does your organisation ask applicants for a declaration of health and/or disability?**

- YES       NO

If yes,

- a) On application form
- b) After short listing
- c) During an interview
- d) After job has been offered
- e) At commencement of employment
- f) At periodic intervals throughout employment
- g) Other (Please State)

**2. What format does this take?**

- a) in a self completed health questionnaire
- b) the applicant declare his/her 'good health' or fitness
- c) Applicant give a health reference
- d) Other (Please State)

**3. Who is involved in making the decision about an applicant's fitness to work? (Please provide job title or role e.g. Director of Social Services, Nurse Manager, Chair of the Board of Governors)**

<b>For nursing only</b>	Who: Job title / Role
a) Primary Care Trust	<input type="checkbox"/> .....
b) Occupational Health - Nurse, Doctor, other Medical Advisor	<input type="checkbox"/> .....
c) Human Resource Staff/Personnel	<input type="checkbox"/> .....
d) The prospective applicant	<input type="checkbox"/> .....
e) Regulatory Body	<input type="checkbox"/> .....

**For teaching only**

Who: Job title / Role

- a) Local Education Authority/  
Children Service within  
Local Authority .....
- b) School Head Teacher .....
- c) Board of Governors /  
School Board .....
- d) Occupational Health – Nurse,  
Doctor, other Medical Advisor .....
- e) Human Resource Staff/Personnel .....
- f) The prospective applicant .....
- g) Regulatory Body .....
- h) Other (please specify) .....

**For social work only**

Who: Job title / Role

- a) Social Service Directorate  .....
- b) Occupational Health – Nurse,  
Doctor, other Medical Advisor  .....
- c) Human Resource Staff/Personnel  .....
- d) The prospective applicant  .....
- e) Regulatory Body  .....
- f) Other (please specify) .....

**4. Who makes the final decision?**

**5. Is there any appeal mechanism?**

YES                       NO

**6. If you have concerns regarding a Nurse / Teacher / Social Worker' mental or physical fitness to undertake their role, do you have a formal procedure to assess this?**

YES                       NO

If "Yes", What is your procedure?

If "No" How do you access this?

**7. Does your organisation use and / or refer to any of the following guidance from a professional or regulatory body to help you make a decision as to whether or not to appoint an applicant, whose physical and mental fitness is in concerns?**

Professional Body Guidance .....

YES                       NO Please name .....

Human Resource Guidance

YES                       NO Please name .....

DRC Guidance

YES                       NO Please name .....

Other Guidance e.g. statutory or non-statutory guidance

YES                       NO Please name .....

Other (please specify) .....

**8. Does your organisation have any members of staff who have specialist skills and training to support new and existing disabled staff (disabled refers to physical impairment, sensory impairment, mental health condition, learning disability / difficulty and long-standing illness or health condition) ?**

YES                       NO

**9. Do all of your staff receive training around disability?**

YES                       NO, none of them  
 NO, only some of them

**10. If you do not have staff with specialist skills to support disabled employees, do you have another mechanism for meeting the needs of disabled staff?**

YES                       NO

If yes, please state what this is

**11. Is there anything you feel we have not discussed but that is relevant to your decision making process regarding someone's physical and mental fitness to undertake their job?**

## **Conclusion**

Thank them for their co-operation and time. If they ask about the details of this project, give them this website address:

<http://www.drc.org.uk/fitness>

# Appendix B – Research findings from “Research into Assessments and Decisions relating to ‘fitness’ in training, qualifying and working within Teaching, Nursing and Social Work”

## **i) Key Findings from the data collected from Employers**

### **(A) Policy**

At local level, i.e. within the immediate workplace, the majority of professions had policies relating to the Disability Discrimination Act (n = 10) and all the professions stated that they had Equal Opportunities Policies. In relation to other types of specific policy (reasonable adjustments, health/fitness criteria and disclosure) all three professions were least likely to have a disclosure policy (n = 4).

Although there were only 3 respondents from Teaching, they stated that their school did not have policies in relation to health and fitness criteria or disclosure. See table below for a summary of types of policies available.

## Type of policy by profession

Type of Policy	Profession			
	Nursing	Teaching	Social Work	Overall
	YES	YES	YES	YES
Disability Discrimination	75% n = 6	100% n = 3	100% n = 1	83% n = 10
Reasonable adjustments	75% n = 6	33% n = 1	100% n = 1	67% n = 8
Equal Opportunities	100% n = 8	100% n = 3	100% n = 1	100% n = 12
Health/ Fitness Criteria	63% n = 5	0% n = 0	100% n = 1	50% n = 6
Disclosure	38% n = 3	0% n = 0	100% n = 1	33% n = 4

Teaching did not mention any other specific policies that they had that were relevant to disabled applicants or staff. However, Nursing and Social Work referred to the following:

Nursing:

- Employing people with disabilities
- Positive about disability organisation “Two ticks” symbol
- Recruitment and selection
- Attendance management
- Rehabilitation policy
- Redeployment policy

Social Work:

- Accommodation at interviews. Adjustments following treatment/disability

In relation to policies, the findings from employers were generally consistent with that of the education providers; that is, generic policies were the most common. Whilst the number of responses from the employers was low, this is perhaps an indication that the sector has responded positively and developed policy in response to legislative demands. However, it is of concern that specific policies that might better address the needs of disabled employees (e.g. reasonable adjustments policy) or make the decision making process more transparent are neglected.

In relation to employers, having a formal procedure to assess mental or physical fitness was available in half of workplaces that responded (n= 6). If there were concerns regarding an employee's mental or physical fitness, Nursing (4/7) was more likely than Teaching (1/3) or Social Work (0/1) to have a formal procedure to assess this. (See Table 1, Appendix B ii). Whilst it is surprising that not all employers had a formal procedure in place, it is important to bear in mind the small number of respondents; hence this finding should not be seen a representative of the wider picture.

In the case studies, fitness to practise issues was identified as a common initial concern regarding disabled applicants or employees. These related to concerns about an employee with a physical disability having "difficulty working in [a] nursing role providing direct patient care". Accessibility, type of disability and absence from work received one response each; one Nursing respondent (England) reported their initial concern about the employee's "inability to hear the telephone or lip-read people they cannot achieve face-to-face contact with." The Social Work case study identified absence from work as the initial concern, as the subject had suffered a "traumatic accident [and] needed a lengthy period of absence from work". One Nursing respondent reported no initial concerns.

## **(B) Declaration of health and/or disability**

Across all professions, declaration of health/disability was most frequently asked for at the application stage (n = 9). Within Nursing (n = 3) and Teaching (n = 2) a declaration of health/disability was also requested at commencement of employment. This reflects the approach formalised by the relevant regulatory bodies and the format of this declaration is generally a self-completed health questionnaire from the applicant. From the examples we were given (which were mainly from nursing) the application process (short listing, interviewing and requesting a health declaration) was generally the same for disabled applicants in the workplace. The one response from Social Work did not ask for a declaration of health/disability at commencement to employment. (See Table 2, Appendix B ii).

In each profession, a declaration of health/disability was requested for monitoring purposes only (Nursing n = 6, Teaching n = 2, Social Work n = 1). None of the professions make the declaration of health/disability available only to the selection panel (see Table 3, Appendix B ii).

To gather information about health/disability, all professions tended to focus on a self completed health questionnaire from the applicant (Nursing n = 6, Teaching n = 2, Social Work n = 1) (see Table 4, Appendix B ii). Other examples were given of formats in which a declaration of Health / disability was requested. These included: Workplaces Equality and diversity information (Nursing), or on the application form if relevant (Nursing) and a medical with Occupational Health (Teaching).

## **(C) People involved in decision-making**

The table below summarises staff involved in short listing applicants for all three professions.

**Staff involved in short listing applicants by profession**

Short listing	Profession		
	Nursing	Teaching	Social Work
	YES	YES	YES
Head Teacher	n/a	100% n = 3	n/a
Board of Governors	n/a	67% n = 2	n/a
LEA/LA	n/a	67% n = 2	n/a
Head of Service	88% n = 7	n/a	100% n = 1
Personnel	50% n = 4	n/a	n/a
Social Services Directorate	n/a	n/a	100% n = 1
Other Staff	50% n = 4	33% n = 1	0% n = 0

In schools, the same staff were generally involved in both short listing and interviewing (Head teacher n = 3, Board of Governors n = 3). The LEA/LA tended not to be involved as often in interviewing as they were in short listing (n = 1). For Nursing, the Head of Service was generally involved in interviewing (n = 7); however, personnel were involved less in interviewing than they were in short listing (n = 3) (see Table 5, Appendix B ii). The one response from Social Work did not indicate who was involved in interviewing applicants.

In addition to the staff listed in the questionnaire, the following staff were also reported as being involved in interviewing:

Teaching:

- Head and Deputy Posts involve the LA or Governors
- Other posts are delegated to the head and deputy

Nursing:

- Line manager
- Line manager and independent manager

- Line manager, and personnel are required to form part of panel as a matter of policy; panels would consist of at least two managers

In the case studies, the personnel most often involved in the decision-making process were Occupational Health (3 responses out of 5 from Nursing). The disabled employee was mentioned as being involved in the decision-making process by one employer (Nursing) out of six examples, compared to over half of education providers (20/38 responses).

When it came to who made the final decision as to whether to appoint a disabled applicant or not; it was generally personnel and the Head of Service (n = 7) in Nursing. For Teaching it was the head teacher/faculty head that made the decision (n = 3). The one response from Social Work stated that the Head of Service, Social Services Directorate and 'other' staff made this decision.

A number of other staff were also noted as being involved in making the final decision as to whether or not to appoint an applicant. These included: Deputy Head in the absence of Head (Teaching), Interview Panel and Line Manager (Nursing), and Human Resource director/senior personnel (Social Work).

Fitness to work decisions were made exclusively by Occupational Health in Nursing (n=8), and this was also reflected in the case study examples. This is similar to the high level of involvement of Occupational Health in decision-making as stated in part one of the questionnaire by education providers (Nursing). In half of all cases, Human Resources, the disabled applicant and the Head of Service (n = 4) were also involved. With the exception of Occupational Health very few of the other staff reported as being involved had had Disability Equality Training (see Table 6, Appendix B ii). Within Teaching, Human Resources are always involved in the decision regarding whether an applicant was fit to work. However, only one out of three responses from Teaching stated that Human Resources staff had had Disability Equality Training (see Table 6, Appendix B ii).

Within Social Work, Occupational Health, Human Resources staff and the Head of Service made the decision as to whether an applicant was fit to work. None of these staff had had Disability Equality Training.

Additionally, the response from Social Work noted that one member of staff and the applicant were involved in the decision; neither of these had had Disability Equality Training (see Table 6, Appendix B ii).

Having a formal procedure to assess mental or physical fitness was available in half of workplaces that responded (n= 6). If there were concerns regarding an employee's mental or physical fitness, Nursing (4/7) was more likely than Teaching (1/3) or Social Work (0/1) to have a formal procedure to assess this. Whilst it is surprising that not all employers had a formal procedure in place, it is important to bear in mind the small number of respondents; hence this finding should not be seen a representative of the wider picture. In addition, it may well be that decision making takes place in Occupational Health rather than by Head of Service or Human resources.

Both Teaching and Social Work stated that they had a fitness committee or assessment panel. For Teaching, the committee tended to be at LEA / LA level (n = 2) and comprised an LEA representative, disability officer or advisor, Occupational Health and Human Resource staff. Additionally, one respondent from Teaching commented that they "don't know much about this".

The Social Work fitness committee comprised of Occupational Health, Human Resources staff, union representation, lay representation and the social service directorate. The regulatory body was not involved in either of the two professions' fitness committees. None of the Nursing respondents (the most common) stated they had such a Committee or Panel. Whilst this is surprising it might be explained by the fact that decisions regarding fitness to work fitness decisions are made by Occupational Health.

In instances where respondents indicated that the process was not the same for disabled applicants a number of positive examples of adjustments were given.

## (D) Evidence used to underpin decision-making

Across the three professions, guidance from a professional body or from the DRC was not widely referred to. Human Resource guidance was most frequently referred to across all three professions (n = 5), see table below.

### Type of guidance used in decision-making by profession

Type of guidance document	Profession			
	Nursing	Teaching	Social Work	Overall
	YES	YES	YES	YES
Disability Discrimination	75% n = 6	100% n = 3	100% n = 1	83% n = 10
Reasonable adjustments	75% n = 6	33% n = 1	100% n = 1	67% n = 8
Equal Opportunities	100% n = 8	100% n = 3	100% n = 1	100% n = 12
Health / Fitness Criteria	63% n = 5	0% n = 0	100% n = 1	50% n = 6
Disclosure	38% n = 3	0% n = 0	100% n = 1	33% n = 4

Although the number of responses from employers was low, this may suggest that guidance from the professional and statutory bodies is not suitable for their needs. It may also reflect organisational structures and the fact that guidance on decision making in the workplace is located in Human Resources. A number of other sources of guidance were referred to:

Teaching:

- L/A / Department For Education and Skills / Union
- Board of Trustees
- Would ring LA department for advice

### Nursing:

- Disability Discrimination act (x2)
- Local policies drawn up to reflect HR Guidance
- Occupational Health guideline

### Social Work:

- Refer to DRC website

Respondents from all three professions (n = 12) stated that they used Occupational Health and/or medical advisor interviews to base a decision on, see Table 7, Appendix 1. Other types of information used to base a decision whether or not to appoint a disabled applicant included:

### Nursing:

- Disability Employment Advisor
- More info from doctor (with consent)

### Teaching:

- Advice from the LA

### Social Work:

- One member of staff and the applicant themselves

In the case studies respondents made particular comments regarding advice and guidance. Two responses related to guidance being 'unclear or of limited use' with a further two responses reporting their source of guidance as their professional body: "references were made from all documents from Professional bodies. Some were very fuzzy and not very useful," (Nursing, England). 'Guidance available' and 'guidance not sought' received one response each, as did the source of the guidance being the DRC or the HR department of the organisation.

Nursing were more likely than Teaching or Social Work to refer to DRC guidance (3/8). This differs from that of the education providers where guidance from the professional body and the DRC was more regularly referred to. Occupational Health and Medical Advisor interviews also featured, again predominantly in Nursing.

## (E) Support for Disabled Staff

The application process, i.e. short listing, interviewing and requesting a health declaration, was generally the same for disabled applicants across all three professions (see Table 9, Appendix B ii). In instances when respondents indicated that the process was not the same, the following examples were given: guaranteed interview if applicant possessed essential criteria, special arrangements re car parking etc, Positive about disabled people (Two ticks) applies. These were all from Nursing.

As with the education providers all the workplaces stated that they took into account the support, equipment or other adjustments that could be made to enable a disabled employee to participate in the workplace. See table below for a summary of staff involved in discussing adjustments in each of the professions.

### Staff involved in discussing adjustments

	Staff involved in discussing adjustments		
	Nursing	Teaching	Social Work
Head Teacher	n/a	100% n = 3	n/a
Board of Governors	n/a	67% n = 2	n/a
LEA/LA	n/a	67% n = 2	n/a
Occupational Health	100% n = 8	100% n = 3	100% n = 1
Human Resource staff	88% n = 7	67% n = 2	100% n = 1
Prospective disabled applicant	88% n = 7	33% n = 1	100% n = 1
Regulatory Body	25% n = 2	0% n = 0	0% n = 0
Head of Service	75% n = 6	n/a	100% n = 1
Social Services Directorate	n/a	n/a	0% n = 0

Nursing (n =7) was more likely than Teaching (n =1) to involve the prospective disabled applicant in discussing support, equipment or other adjustments.

Other examples (all for Nursing) were given of people involved in discussing adjustments. These included: Disability employment advisors (two), Line manager, Estates and Remploy. In relation to who met the cost incurred when providing adjustments, the following examples were given by each profession:

Nursing:

- Access to work
- Employer with grants where available, e.g. access to work
- Head of Service, speciality budget
- Local area
- Manager and/or Jobcentre Plus
- The Trust, sometimes with contributions arranged via organisations like Remploy
- Trust and employment service
- Trust, sometimes with support from government

Teaching:

- Delegated school budget
- LA and the School

Social Work:

- No clear guidance, often comes from the central purse

In relation to meeting the costs of adjustments, these came mainly from central service budgets and the Access to Work Scheme. Many of the adjustments were minor and inexpensive and this is consistent with the literature: "almost half of work-place adjustments cost less than £50, and in some cases, the cost is zero" (Employers' Forum on Disability 2002, p6).

The adjustments cited in the case studies included adaptations to the workplace, adaptations to the work role, and human assistance (two responses each). Physical relocation and technology received one response each (both from Nursing). Adaptations to the workplace included simple alterations, such as rearranging “the desk and telephone to face the entrance” (Nursing, England) but also more major changes: “flexible working hours [were] offered...[the] post-holder reduced working hours to 0.5fte” (Social Work, Wales). Adaptations to the work role meant assessing the ongoing suitability of a given role; in one case it was “considered via Occupational Health and [the] line manager whether adjustments could be made to current job. Then, alternative employment for the post holder [was considered]...a second post became available which was a managerial/ training role [requiring] a professional nursing background. Following discussion with the post-holder it was agreed to redeploy to this post with appropriate equipment provided ... This case worked well - often difficulties are encountered with the availability of suitable alternative work for existing nursing staff who become disabled.” (Nursing, England).

Human support included a “buddy system” (Nursing, England) and support from the “counselling service” (Nursing, England).

The majority of Nursing workplaces (n = 6) had disabled staff working within the organisation. However, only two nursing workplaces had members of staff who had specialist training to support disabled staff (see Table 10, Appendix B ii). None of the three Teaching workplaces stated they had disabled staff within the workplace or any members of staff with specialist skills and training to support disabled staff. The one response from Social Work stated that there were disabled staff within the organisation and members of staff with specialist skills and training to support them (see Table 10, Appendix B ii). All Nursing and Social Work workplaces made use of the Access to Work scheme; however, none of the Teaching workplaces made specific reference to this. Of the eleven employers who completed the case study section, five of these had no experience of working with a disabled employee (two from Nursing, three from Teaching), compared to only one of the 39 education providers.

Only one employer (Nursing) stated that support systems were available in the workplace. The following examples were provided:

- Access to work scheme
- External support including counselling – legal advice
- For all staff – redeployment, return to work, psychological support, risk assessment of need
- Occupational Health (five)
- Trust well-being at work service
- Help via the unions

In the employer data, four respondents from Nursing provided numerous examples of areas of practice that they considered might not be suitable for employees with certain types of impairment (not specified). Most of these were acute areas or high dependency units; for example

- A&E, Theatres, Paediatrics, infectious disease ward
- Acute areas of high dependency e.g. resuscitation, accident and emergency, delivery and neonatal, intensive care unit.
- Clinical posts, depends on severity of impairment
- Theatres, epilepsy
- Where the persons impairment would place him / her or others at an unacceptable level of risk of harm e.g. forensic service
- A&E, all categories of impairment
- ITU, all categories of impairment

This view of disabled people as being incapable of delivering healthcare as opposed to receiving it is commonplace within the health service where the medical model of disability appears to be still evident (Scullion 2000). If a health condition is effectively managed most of these areas should not pose difficulties for most disabled people. In addition, with the widely publicised approach by the government to locate health and social care within community

settings (Department of Health 2006, Department of Health 2004), this would mean that much of nursing practice takes place outside of these acute areas.

One respondent from the Teaching workplace stated they: “would be able to accommodate a teacher in a wheelchair or on crutches but not a sight/deaf impairment or mental disability.”

The response from Social Work did not identify any areas of practice that they believed would not be suitable for an applicant with an impairment or disability.

### **(F) Additional and/or miscellaneous information**

Across the professions, workplaces would most frequently request further information about a mental health condition. The three responses from Teaching would request further information about all types of disability or impairment listed in the questionnaire except for a long standing illness or health condition. The one example from Social Work would only request further information about a physical impairment, see Table 8, Appendix B ii. Workplaces were also asked what other types of disability or impairment they would need more information on. These were: “Multiple Sclerosis” (Teaching) and “(potentially) all depending on the post being recruited to” (Nursing) and “the decision to request additional information would be with Occupational Health” (Nursing). This was in contrast to the responses from education providers.

### **Outcome of the case study**

Of the six case studies completed, in four of the cases the employee was employed or retained with no change of role (three from Nursing, one from Social Work). In one other case, the employee was retained but with a change of work role. One respondent did not state the outcome of the case study.

### **Obstacles and challenges faced during the process**

With regard to the obstacles and challenges faced in dealing with the employee, a majority of respondents (four out of six) felt there had been no obstacles or challenges (all from Nursing). The one case study

from Social Work raised an issue around other employees: “supporting [the] rest of the staff in the phasing in of the post-holder was distressing and time consuming.”

**Lessons learnt from the process**

The most common response with regards to lessons learnt from dealing with their case studies was to treat each case individually (two responses). One Nursing respondent (England) stated it was important for “each case to be reviewed on its own merits”, whilst the Social Work respondent commented: “physical disability (acquired) to an employee is extremely difficult to accept, but the post-holder was treated with dignity and assessed as an individual.” This respondent went on to speak about teamwork: “disability acquired during employment is extremely distressing, but the advantage is understanding a health assessment and working with relevant Trust personnel to obtain the best employment package for the post-holder.” A Nursing respondent (England) reported that they: “work closely with relevant expert staff.”

A number of respondents spoke positively of their experience: “this case worked well” (Nursing, England), and: “there were challenges but we overcame them...[I am] confident that we handled the case efficiently” (Nursing, England).

**ii) Additional Tables from Analysis of Quantitative Data (Employers)**

**Table 1: Procedure for assessing mental and physical fitness by profession**

	Profession			
	Nursing	Teaching	Social Work	Overall
	YES	YES	YES	YES
If concerns about fitness do you have a procedure to assess this?	50% n = 4	33% n = 1	100% n = 1	50% n = 6

**Table 2: Stage at which declaration of health/disability is requested by profession**

Stage at which declaration of health / disability requested	Profession			
	Nursing	Teaching	Social Work	Overall
	YES	YES	YES	YES
On application form	88% n = 7	33% n = 1	100% n = 1	75% n = 9
At interview	25% n = 2	33% n = 1	0% n = 0	25% n = 3
Commencement of employment	38% n = 3	67% n = 2	0% n = 0	42% n = 5

**Table 3: To whom is declaration of health/disability made known by profession?**

	Profession			
	Nursing	Teaching	Social Work	Overall
	YES	YES	YES	YES
To selection panel only	0% n = 0	0% n = 0	0% n = 0	0% n = 0
Monitoring purposes only	75% n = 6	66% n = 2	100% n = 1	75% n = 9
To selection panel and human resources	13% n = 1	0% n = 0	0% n = 0	8% n = 1

**Table 4: Format of declaration of health/disability**

Format	Profession			
	Nursing	Teaching	Social Work	Overall
	YES	YES	YES	YES
Self complete health questionnaire	75% n = 6	67% n = 2	100% n = 1	75% n = 9
Self declaration of good health	0% n = 0	33% n = 1	0% n = 0	8% n = 1
Health reference	13% n = 1	33% n = 1	0% n = 0	17% n = 2

**Table 5: Staff involved in interviewing applicants by profession**

Interviewing	Profession		
	Nursing	Teaching	Social Work
	YES	YES	YES
Head Teacher	n/a	100% n = 3	n/a
Board of Governors	n/a	100% n = 3	n/a
LEA/LA	n/a	33% n = 1	n/a
Head of Service	88% n = 7	n/a	0% n = 0
Personnel	38% n = 3	n/a	n/a
Social Services Directorate	n/a	n/a	0% n = 0
Other Staff	38% n = 3	33% n = 1	0% n = 0

**Table 6: Staff involved in decision-making and Disability Equality Training by profession**

	Staff involved in decision-making			Staff has had Disability Equality Training		
	Nursing	Teaching	Social Work	Nursing	Teaching	Social Work
Head Teacher	n/a	67% n = 2	n/a	n/a	0% n = 0	n/a
Board of Governors	n/a	0% n = 0	n/a	n/a	0% n = 0	n/a
LEA/ LA	n/a	67% n = 2	n/a	n/a	0% n = 0	n/a
Occupational Health	100% n = 8	33% n = 1	100% n = 1	63% n = 5	0% n = 0	0% n = 0
Human Resource staff	50% n = 4	100% n = 3	100% n = 1	25% n = 2	33% n = 1	0% n = 0
Prospective disabled applicant	50% n = 4	33% n = 1	0% n = 0	n/a	n/a	n/a
Regulatory Body	25% n = 2	0% n = 0	0% n = 0	0% n = 0	0% n = 0	0% n = 0
Head of Service	50% n = 4	0% n = 0	100% n = 1	13% n = 1	0% n = 0	0% n = 0
Social Services Directorate	n/a	n/a	0% n = 0	n/a	n/a	0% n = 0
Other Nursing Staff	0% n = 0	n/a	n/a	n/a	n/a	n/a
Other Teaching Staff	n/a	0% n = 0	n/a	n/a	n/a	n/a
Other Social Work Staff	n/a	n/a	100% n = 1	n/a	n/a	0% n = 0

**Table 7: Information used to base decision whether or not to appoint a disabled applicant by profession**

Type of Information	Profession			
	Nursing	Teaching	Social Work	Overall
	YES	YES	YES	YES
Health and Safety assessment	50% n = 4	100% n = 3	100% n = 1	67% n = 8
Risk assessment	63% n = 5	67% n = 2	100% n = 1	67% n = 8
Occupational Health and/or medical advisor interviews	100% n = 8	100% n = 3	100% n = 1	100% n = 12
Self declaration of health/disability	88% n = 7	33% n = 1	0% n = 0	67% n = 8
Advice from applicants own doctor or specialist	88% n = 7	33% n = 1	0% n = 0	67% n = 8

**Table 8: Type of impairment or disability would need more information on by profession**

Type of disability/ impairment	Profession			
	Nursing	Teaching	Social Work	Overall
Physical impairment	63% n = 5	100% n = 3	100% n = 1	75% n = 9
Sensory impairment	75% n = 6	100% n = 3	0% n = 0	75% n = 9
Mental health condition	88% n = 7	100% n = 3	0% n = 0	83% n = 10
Learning disability/ difficulty	63% n = 5	100% n = 3	0% n = 0	67% n = 8
Long standing illness or health condition	75% n = 6	33% n = 1	0% n = 0	58% n = 7

**Table 9: Are processes the same for disabled applicants**

	<b>Profession</b>			
	Nursing	Teaching	Social Work	Overall
	YES	YES	YES	YES
Short listing	88% n = 7	100% n = 3	100% n = 1	92% n = 11
Interviewing	63% n = 5	100% n = 3	100% n = 1	75% n = 9
Health declaration condition	88% n = 7	100% n = 3	100% n = 1	92% n = 11

**Table 10: Does workplace have any members of staff who have specialist skills and training to support disabled staff?**

	<b>YES</b>	<b>Overall</b>
Nursing	25% n = 2	25% n = 2
Teaching	0% n = 0	0% n = 0
Social Work	100% n = 1	100% n = 1

### iii) Categorisation of Case Study Responses for Employers

Category	All	Nurs	SW	Teach
<b>Total number of responses</b>	12 <sup>3</sup>	8	1	3
<b>By country</b>				
England	9	6		3
Scotland	1	1		
Wales	2	1	1	
<b>Respondent details</b>				
<b>Role</b>				
● administrative	5	4	1	
● employment related	1	1		
● undisclosed role	6	3		3
<b>Case study details</b>				
<b>Gender</b>				
● female	6	5	1	
● male				
<b>Impairment</b>				
● physical impairment	2	1	1	
● sensory impairment	2	2		
● mental health condition	1	1		
● learning disability/ difficulty				
● long standing illness	1	1		
● other, not listed				

<b>Category</b>	<b>All</b>	<b>Nurs</b>	<b>SW</b>	<b>Teach</b>
<b>Ethnicity</b>				
● white British	6	5	1	
● Asian or British Asian				
● black or black British				
<b>Point at which case occurred</b>				
● upon application for employment	2	2		
● during employment	4	3	1	
<b>Initial concerns</b>				
● accessibility issues	1	1		
● fitness to practise issues	2	2		
● absence from work	1		1	
● no initial concerns	1	1		
● type of disability	1	1		
<b>Adjustments considered</b>				
● adaptation to workplace	2	1	1	
● adaptations to work role	2	2		
● human assistance, support, mentoring	2	2		
● physical relocations or access	1	1		
● technology	1	1		
<b>Decision-making process</b>				
● employer staff	2	2		
● occupational health, GP	3	3		
● student	1	1		
● other	1		1	

<b>Category</b>	<b>All</b>	<b>Nurs</b>	<b>SW</b>	<b>Teach</b>
<b>Personnel involved in process</b>				
● employer staff	6	5	1	
● occupational health, GP	4	3	1	
● student	1		1	
<b>Guidance/advice</b>				
● guidance available	1		1	
● guidance lacking availability				
● guidance not sought	1	1		
● guidance unclear or limited use	2	2		
● source - DDA				
● source - DRC	1	1		
● source - human resources	1	1		
● source – professional / statutory bodies	2	2		
<b>Outcome</b>				
● employee employed/retained	4	3	1	
● employee retained but change of role	1	1		
● outcome not known/stated	1	1		
<b>Obstacles and challenges</b>				
● issues around other employees	1		1	
● issues around time	1		1	
● no obstacles/challenges	4	4		
● positive comments on obstacles	1	1		

<b>Category</b>	<b>All</b>	<b>Nurs</b>	<b>SW</b>	<b>Teach</b>
<b>Lessons learnt from the process</b>				
● problems with availability of suitable alternative work	1	1		
● confidence in existing practice	1	1		
● treat each case individually	2	1	1	

# Endnotes

- 1 Although the differences in formats are statistically significant for HEIs in Wray et al's report, the difference between using the self completion health questionnaire and the self-declaration of good health among the three professions is not statistically significant in employment.
- 2 The difference in the existence of support for disabled staff within employment is statistically significant amongst the three professions ( $p=0.022$ ). Nursing and social work are more likely to have support for disabled staff in place than in teaching.
- 3 Of the 12 responses, 6 gave a case study example. Five of the remaining six were unable to provide a case study as they had yet to deal with a disabled employee. Only one respondent gave a blank case study section without explanation.