


Insight:

Work fit for all - disability, health and the experience of negative treatment in the British workplace



The 2008 British Workplace Behaviour Survey finds that disabled people and people with long-term illnesses experience more negative treatment in the workplace compared to their non-disabled counterparts. This may have implications for Government policies helping people to access and remain in work.

Introduction



The number of people claiming incapacity benefits in Britain has more than doubled over the last 20 years.¹ By comparison with other countries, Britain has large numbers of disabled people and people with long-term illnesses, and proportionately fewer of these people are employed. The Government intends to reverse this trend and move more disabled people and people with long-term illnesses into employment, as outlined in its plans for the new equality bill and the welfare reform green paper.²

This research shows that disabled people and people with long-term illnesses are more likely to perceive themselves as subject to negative treatment at work, and this has implications for Government policy:

- Negative treatment at work may frustrate Government policy by deterring disabled people and people with long-term illnesses from accessing, or remaining in, employment.
- Moving more disabled people and people with long-term illnesses into workplaces where they may experience such negative treatment, may have negative effects on their health and welfare and be an unintended consequence of Government policy.³
- If ill-treatment at work causes long-term ill-health, then appropriate measures to tackle such behaviour may be an important part of the effort to reduce the numbers moving out of work and onto Employment and Support Allowance.

Any legislative action is likely to enjoy public support. The most recent survey on attitudes towards equality legislation suggests that the public is more inclined to accept further legislation to prevent discrimination against disabled people compared to legislation to protect the other equality strands.⁴

Background

This report is based on findings of the 2008 British Workplace Behaviour Survey⁵ and has been prepared for the Equality and Human Rights Commission by Cardiff University.

The Commission will give active consideration to these findings and to the report's recommendations in its work, including on the equality bill. The survey shows that disabled people and people with long-term illnesses are more likely to report experiencing several different types of negative treatment. It identifies managers and supervisors as responsible for some of this behaviour, but also co-workers, clients and customers.

The survey reports on people's perceptions of negative treatment. This does not mean that negative treatment, discrimination or harassment definitely occurred. An employment tribunal or a court of law, rather than a social survey, can determine this. Indeed, we have no way of knowing from our survey whether other people in the same workplace as someone who reports ill-treatment would agree with this perception. Only intensive case study research could examine this, but case studies are not representative of the British population.

This survey is designed to gather representative data and this means data on perceptions. The data tell us nothing about what 'actually' happened, but tell us a great deal about people's attitudes and feelings. The Government uses such data as the basis to measure the effectiveness of many different strands of public policy.

Our survey follows this lead since it is the perceptions that disabled people and people with long-term illnesses hold that will have effects on their attitudes towards, and their experience of, employment. For example, the perception of ill-treatment may cause people to leave, or fail to return to employment and such a 'discouraged worker' effect is of obvious relevance to Government policy.

Table 1. Experiences of negative behaviour at work amongst disabled employees and employees with long-term illnesses

Type of negative behaviour	Reports any disability or long-term illness	No disability or long-term illness
1 - Someone withholding information which affects your performance	18.9%	15.6%
2 - Pressure from someone else to do work below your level of competence	19.3%*	13.5%
3 - Having your opinions and views ignored	36.6%*	29.8%
4 - Someone continually checking up on you or your work when it is not necessary	25.0%*	19.4%
5 - Pressure from someone else not to claim something which by right you are entitled to	15.8%*	9.8%
6 - Being given an unmanageable workload or impossible deadlines	41.1%*	31.1%
7 - Your employer not following proper procedures	35.2%*	22.4%
8 - Being treated unfairly compared to others in your workplace	21.5%*	16.7%
9 - Being humiliated or ridiculed in connection with your work	13.4%*	8.7%
10 - Gossip and rumours being spread about you or having allegations made against you	21.8%*	12.1%
11 - Being insulted or having offensive remarks made about you	27.4%*	16.2%
12 - Being treated in a disrespectful or rude way	34.7%*	24.8%
13 - People excluding you from their group	14.1%*	8.7%
14 - Hints or signals from others that you should quit your job	14.4%*	8.1%
15 - Persistent criticism of your work or performance which is unfair	22.5%*	13.4%
16 - Teasing, mocking, sarcasm or jokes which go too far	18.7%*	13.2%
17 - Being shouted at or someone losing their temper with you	37.3%*	25.9%
18 - Intimidating behaviour from people at work	25.4%*	15.2%
19 - Feeling threatened in any way while at work	19.4%*	12.3%
20 - Actual physical violence at work	11.6%*	5.5%
21 - Injury in some way as a result of violence or aggression at work	8.8%*	4.7%

Asterisks (*) denote statistically significant differences between the two types of employees ($p < .05$ or less).

Survey methodology

Face-to-face interviews were held with a representative sample of UK employees (or those with experience of employment in the previous two years) over the winter months of 2007-2008. The total weighted numbers were 3,979, including a boost for non-White and non-Christian employees. Taylor Nelson Sofres (TNS) Social conducted the fieldwork using their regular Omnibus Survey. This uses a random location sampling method to select sample points for the survey, and quotas to ensure a balanced sample of adults within effective contacted addresses.

Interviewees were asked about 21 kinds of negative treatment in the workplace.⁶ They were also asked questions about their demographic characteristics, the type of work they did, and the workplace in which they were employed. All interviewees were asked questions about their attitudes and opinions on their work and workplace. Those who reported that they had experienced three or more types of negative treatment were asked a number of follow-up questions about the frequency of this treatment, the person or persons responsible for it and the reasons why they thought it had happened.

The findings

Our research resulted in four key findings, which are discussed in greater detail in this section.

1. Disabled employees and employees with long-term illnesses are more likely to report a range of negative experiences at work

Table 1 summarises the experience of negative behaviour amongst those who reported having **any** type of disability or a long-term illness (n=284).⁷

Across all 21 types of negative behaviours, larger percentages of employees with any type

of disability or long-term illness are affected by negative behaviour at work compared to their non-disabled counterparts. In 20 of the comparisons, the difference is statistically significant. Furthermore, in many cases the difference is also substantial. For example, more than double the proportion of disabled people or people with long-term illnesses reported experiencing physical violence at work.

These results indicate that disabled employees and employees with long-term illnesses had profoundly different experiences at work from the rest of the people who were interviewed. Since this finding confirms the results of earlier studies, such as the Government's own Fair Treatment at Work Survey,⁸ this is unlikely to be a rogue result.

Nevertheless, these descriptive statistics do not give an accurate impression of differences between the experiences of disabled people and people with long-term illnesses, and those without. In fact, they underestimate differences between the groups for two reasons. Firstly, they do not control for other factors such as sector of employment or region – these may affect people's experiences of negative behaviour. Secondly, Table 1 aggregates disabled people and people with long-term illnesses into a single group – this hides some of the most substantial differences relating to particular long-term conditions.

Figure 1 shows the differences between three broad areas of disability, across the many types of negative behaviour studied. Only those differences that were statistically significant in our multivariate models are included in the graph.⁹ The graph also highlights how substantial the results are.

Each bar in the graph shows how much more likely you were to report one of the types of negative behaviour listed in Table 1 if you had a disability or long-term illness. An increase of 100 per cent meant you were twice as likely, and an increase of 500 per cent meant you were six times as likely to report this particular kind of negative behaviour.

In Table 1 there is only one type of ill-treatment which disabled people and people with long-term illnesses are twice as likely to report. In Figure 1 there are 16 types of ill-treatment disabled people or people with long-term illnesses are twice as likely to report. Indeed, there are seven types of ill-treatment that they are three times as likely to report.

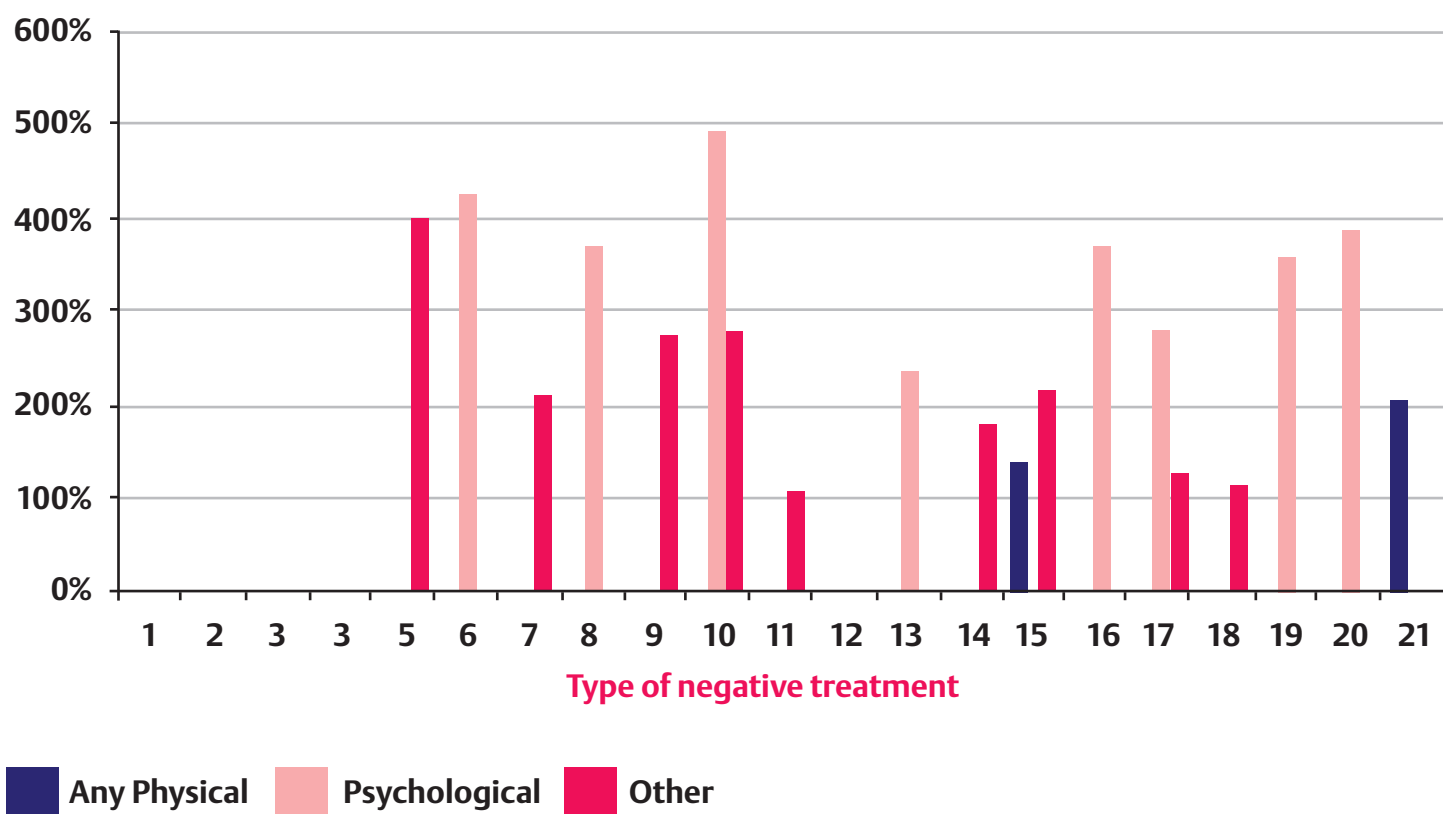
Respondents reporting three or more types of ill-treatment, were asked who was responsible for the three types of negative behaviour the researchers judged to be the most serious. Disabled respondents and respondents with long-term illnesses said clients or customers were responsible for 25-31 per cent of this serious ill-treatment. Employers, line managers or supervisors were said to be responsible for 41-47 per cent, and co-workers or colleagues for 17-21 per cent. It is however, important to remember that these figures refer to the more serious kinds of ill-treatment and may not be a reliable guide for other kinds of negative behaviour.

2. The type of disability reported by an employee is an important predictor of the kind of negative behaviours at work that he or she will have experienced

Figure 1 also shows that different negative workplace experiences are associated with different types of disability or long-term illness. Three groups are represented:

- Employees who reported deafness or severe hearing impairment, blindness or severe visual impairment, or a condition that substantially limited one or more basic physical activities (n=117)
- Employees with learning disabilities, psychological or emotional problems (n=52)
- Employees with some other (unspecified) type of disability or long-term illness (n=115).¹⁰

Figure 1. Impact of disability, across 21 types of negative treatment



For all 21 types of behaviours, those with a psychological disability or illness were the most likely to perceive negative actions being taken against them at work. But since the numbers in this group were relatively small, we combined them with employees with learning disabilities in the multivariate analyses which follows.

Table 2 provides the results from the multivariate analyses which confirm that disabled people and people with long-term illnesses are a heterogeneous group in their reports of negative behaviour at work. The lists beneath each category of employee indicate which negative behaviours at work are significantly more likely for them, while holding constant the effects of all other variables in the model.

Statistical analyses show that the **type** of disability or long-term illness does matter, as each category of employee had different negative experiences. There is no kind of negative behaviour which is common to all three groups and the amount of overlap between the lists is limited to: items 10 and 17 (gossip and rumours; being shouted at), which were significantly more likely amongst both the ‘psychological’ and ‘other’ categories; and item 15 (persistent criticism), which was significantly more likely amongst both the ‘physical’ and ‘other’ categories.

3. The reasons why disabled people and people with long-term illnesses report more negative treatment are complex

‘Other’ disabilities or long-term illnesses

Of the three categories of disabled employees and employees with long-term illnesses, those with ‘other’ disabilities or long-standing illnesses are (either because of discrimination or some other reason) the ones experiencing the most varied negative behaviour at work. They reported significantly higher rates in 9 of the 21 types of negative behaviour studied, compared to those non-disabled employees and employees without a long-term illness.

It is certainly possible that some of the conditions reported in this category of disability or long-term illness (for example, heart, blood pressure and circulation problems, or skin conditions and allergies) might be the **consequence** of experiencing negative behaviour at work.

Table 2. Experiences of negative behaviour at work, by type of disability

Physical disability or illness	Learning or psychological disability or illness	Other type of disability or illness
15. Persistent criticism	6. Unmanageable workload	5. Pressure not to claim
21. Sustaining injury	8. Being treated unfairly	7. No proper procedures
	10. Gossip and rumours	9. Being humiliated or ridiculed
	13. People excluding you	10. Gossip and rumours
	16. Teasing, mocking, sarcasm	11. Being insulted or offended
	17. Being shouted at	14. Hints that you should quit
	19. Feeling threatened	15. Persistent criticism
	20. Physical violence	17. Being shouted at
		18. Intimidating behaviour

However, it is also plausible that the kinds of negative experiences listed (for example, ‘pressure from someone else **not** to claim something which by right you are entitled to’ or ‘your employer not following proper procedures’) appear where ill-health is resulting in disputes over attendance or performance.

Other published research¹¹ suggests that negotiations over the ‘reasonable adjustments’ required of employers under the Disability Discrimination Act can be a flashpoint for this kind of negative behaviour. Another flashpoint might be the management of sick leave and the process of returning to work after a sickness absence, or returning to work from lengthy periods of being classed as unfit for work.

Learning or psychological disabilities or illnesses

Employees with learning disabilities or psychological or emotional problems also experience significantly more negative treatment at work. In 8 of the 21 types of negative behaviour, these employees had significantly higher rates compared to their non-disabled counterparts. Again, it is possible that some of the disabilities or health problems reported here, are a consequence of the ill-treatment, but it is also possible that the disability or health problem pre-dates the ill-treatment that is being reported.

It is certainly plausible that discrimination against employees with learning disabilities or psychological or emotional problems may be a contributing factor to ill-treatment. Another contributing factor could be the direct effect of a psychological or emotional condition on people’s perceptions - if people feel generally negative about their lives they may be more likely to interpret the behaviour of others towards them as negative. Our survey data are cross-sectional and thus we are not able to conclusively identify which interpretation of the data is most accurate.

Physical disabilities or illnesses

The survey results do not suggest that there is widespread discrimination against, or harassment of people who have a very obvious disability. Of the three categories of disabled employees and employees with long-term illnesses, people with a ‘physical’ disability are more similar to their non-disabled counterparts than to employees with ‘psychological’ or ‘other’ types of disability or illness.

Employees who reported deafness or a severe hearing impairment, blindness or a severe visual impairment, or a condition that substantially limited one or more basic physical activities, were only more likely to report negative treatment in 2 out of 21 types of negative behaviours. These were:

- Persistent criticism of your work or performance which is unfair
- Injury in some way as a result of violence or aggression at work.

It is plausible that injury in the workplace may be the cause of the reported disability or long-term illness. In this case, persistent criticism would be the only area in which there would be reason to suspect that employees with more visible physical disabilities are being targeted for negative treatment in the workplace.

The complex relationship between disability or illness and experience at work

In all three groups of disabled employees and employees with long-term illnesses, some of the negative treatment reported may be the cause of the disability or illness, but the relationship between disability and experience at work is obviously complex. Thus, the causal mechanism underpinning this relationship cannot be untangled by this phase of our research.¹²

For example, we cannot rule out the possibility of a long-standing illness pre-dating the negative behaviour while at the same time, negative treatment at work may be contributing to the person's disability or illness.¹³

Equalities legislation has to accommodate this complexity and this is a particularly challenging task when the fundamental principle of the legislation is recognising categories of victims rather than categories of ill-treatment. In passing, it should be noted that this principle sometimes restricts public understanding and acceptance of equalities legislation.

4. The relationship between disability and negative behaviour is strong and pronounced, even holding constant other relevant demographic, attitudinal, and workplace characteristics

The multivariate models used in this research can also show us the overall effect of disability or long-term illness on negative treatment at work compared to other important individual and workplace characteristics. In our models we included a variety of:

- Demographic variables - gender, sexuality, ethnicity, religion, age, education, income
- Workplace variables - such as, time in job, manager / supervisor, part-time worker, permanent staff, trade union member, size of organisation, sector
- Attitudinal variables - for example, what employees thought of the type of work they did and the demands it made on them.

Compared to all other variables, long-term illness or disability is the strongest predictor across the 21 types of negative behaviours. Measuring the total impact of disability or long-term illness across all the types of negative behaviours also reveals the robust nature of this finding. For example, for those with:

- A learning difficulty, psychological or emotional condition, the likelihood of negative experiences at work was increased by 167 per cent
- 'Other' conditions, the likelihood was increased by 128 per cent
- 'Physical' conditions the likelihood was increased by 3 per cent.

In contrast, other important variables were:

- Sexuality - being gay increased negative behaviour by 55 per cent
- Public sector - working in the public sector increased negative behaviour by 57 per cent
- Third sector - working in the third sector increased negative behaviour by 118 per cent
- Feeling that the pace of work was too intense - this increased negative behaviour by 60 per cent.

Policy implications



The evidence that disabled people and people with long-term illnesses experience disproportionate negative treatment in the workplace, has six implications for policy makers.

If acted on, these recommendations may make it easier for Government to achieve its policy goal to increase employment of disabled people and people with long-term illnesses. Reducing the amount of negative treatment at work perceived by disabled people and people with long-term illnesses would:

- Make it easier for disabled people and people with long-term illnesses to move into work, or remain there
- Reduce any unanticipated negative effects on the health of this group when they are in the workplace
- Have a direct effect on reducing the numbers of people reporting disabilities or long-term illnesses.

We believe each of the following recommendations also accord well with the orientation of wider public policy.

Reasonable adjustments

Employers and their disabled employees would benefit from improved guidance and a framework for discussing reasonable adjustments, to prevent negotiations from becoming a flashpoint. Consideration should also be given to designating differential arrangements for sick pay and sick leave as a reasonable adjustment for disabled people and people with long-term illnesses. We believe this will serve as a good example of the kind of positive action which the new equality bill will seek to promote.

Since this will be a provision which the public understands and supports, it may help to build the foundations for wider public understanding of, and support for further positive action in this and other areas. We would also support the amendments to the Employment Rights Act (1996) contained in the private members Employment Retention Bill, which failed to reach the statute book in 2007. The Bill provided for a 'right to rehabilitation leave for newly disabled people and people whose existing impairments change'.

Workplace discrimination

Some of the negative behaviour we have discovered may be discrimination that is not related to pay. The new equality bill should do more to recognise that non-pay discrimination within the workplace (rather than within the labour market) is a potentially serious problem which helps to entrench the patterns of disadvantage that Government policy is intended to address. Much more could be done to develop policy in this area, but our initial recommendation concerns the public and third sectors where our research shows that non-pay discrimination in the workplace is a particular problem. The elimination of this kind of discrimination should be one of the key features of the restated public sector equality duty (and with agreement, would feature in a similar duty on the third sector).

In addition, the collection of information on this kind of discrimination should be incorporated into the recommendations for greater transparency across all sectors. If it is correct for information on pay to be made available to employees, the same applies to information on non-pay discrimination. Many organisations now conduct surveys which capture this information. They would simply be required to publish a range of standard data from these surveys, or from alternative off-the-peg surveys, which could be provided as a free web-based service by the Equality and Human Rights Commission.¹⁴

Employer liability

In April 2008, changes were made to employer liability for third party harassment, under the Sex Discrimination Act 1975. Our research shows that disability and long-term illness are at least as likely to be associated with harassment at work as gender is. Therefore, it makes obvious sense to extend the employers' liability for harassment (by third parties, including clients and customers) to this category of employee.

The widespread and serious nature of some of the negative experiences we have uncovered, suggests that employers' liability should be extended beyond those occasions where the employer has 'knowledge of harassment of an employee by one or more third parties on at least two other occasions'.¹⁵ Thought should also be given to extending this protection to sexual orientation.

Back to work action plans

Finally, we turn to a series of recommendations which are relevant to the welfare reform green paper. Provision should be made to include action points on ill-treatment for employers in back-to-work action plans between employers and employees.¹⁶

Provision should also be made to include action against ill-treatment at work in Employment Retention Assessments.¹⁷ For example, if someone left work due to mental distress brought on by bullying, or by a dispute over reasonable adjustments, this circumstance would form a part of the action plan.

The requirement to address any evidence of ill-treatment in employment should be explicit in contracts with providers of back-to-work support from the public, private and voluntary sectors.¹⁸ This would ensure that the employability of the individual must be matched by the ability of workplaces to adjust and welcome disabled people.

Mental health conditions are the focus of separate reforms which provide opportunities for action against ill-treatment in the workplace.¹⁹ For example, ill-treatment of the kind detailed in this report, should be an explicit priority of attempts to improve mental health at work²⁰ and dealing with stigma and discrimination. In addition, the prevention of ill-treatment would feature in the practical support given to managers and employment support advisers who help people with mental health conditions to find more suitable job roles.

Engaging employers

More generally, it is recognised that engaging employers is vital to the new specialist disability employment provision.²¹ Again, a priority of this activity should be the prevention of ill-treatment in the workplace. More generally still, the welfare reform green paper discusses employers' investment in the health of their employees and this area provides another opportunity to highlight the importance of action against ill-treatment in the workplace.²² At the very least, more should be done to facilitate employer-to-employer campaigns and good practice exchange. For example, one of the case studies of good practice mentioned in 'Health, Work and Well-Being', is of an NHS Trust which promotes a dignity at work ethos as a way of meeting one of the report's three key themes.²³

Occupational health

Occupational health services can play an important role in preventing ill-treatment and mitigating its effects. In order to fully address the causes of ill-health in the workplace, they should be required to look at issues of ill-treatment. The welfare reforms should also recognise that the presence of occupational health services may help people to return to work quickly by minimising ill-treatment in the workplace, and that further support may be necessary to prevent ill-treatment in the absence of such services.²⁴

It is also important to note that nothing should be done which would encourage occupational health services to take a risk-averse approach to employing people with health conditions / disabilities. The approach recommended here is not intended to reinforce risk aversion, but rather to equip occupational health services to support employers to minimise ill-treatment at work.

Endnotes

¹ 'Great Britain has relatively low employment rates among disabled people. This position is even less impressive when considering that Britain has one of the largest number of people reporting disability. Furthermore, Britain has a relatively low unemployment rate and high employment of non-disabled people. Taken together, it appears that Britain is among the less successful countries in employing disabled people in Europe.' Blekesaune, M. (2007) *Have Some European Countries Been More Successful At Employing Disabled People Than Others?* ISER Working Paper 2007-23. Colchester: University of Essex, p.27.

² Government Equalities Office (2008). *Framework for a Fairer Future – The Equality Bill*. Presented to Parliament by The Lord Privy Seal, Leader of the House of Commons and Minister for Women and Equality by command of Her Majesty, Cm 7431, June; Department for Work and Pensions (2008). *No One Written Off: Reforming Welfare To Reward Responsibility – A Public Consultation*. Presented to Parliament by the Secretary of State for Work and Pensions by Command of Her Majesty, Cm 7363, July.

³ Department of Trade and Industry (2006). *Success at Work – Protecting Vulnerable Workers. Supporting Good Employers* DTI, March.

⁴ Creegan, C. and Robinson, C. (2008) *Prejudice and the Workplace*, in Alison Park et al *British Social Attitudes Survey, 24th Report*. London: Sage.

⁵ This report summarises some findings from research which began in April 2007 with funding from the Economic and Social Research Council (ESRC, Award No. RES-062-23-0312), and support from the Commission for Racial Equality (CRE) and the Advisory, Conciliation and Arbitration Service (Acas). The CRE, along with the Disability Rights Commission and the Equal Opportunities Commission, closed in October 2007, and were replaced by the Equality and Human Rights Commission (EHRC).

⁶ For further details of the way these questions were compiled, see the authors' forthcoming paper in the *International Journal of Social Research Methodology*.

⁷ We used a standard survey question to collect these data: 'Do you have any of the following long-standing conditions? 01 Deafness or severe hearing impairment; 02 Blindness or severe visual impairment; 03 A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying; 04 A learning difficulty; 05 A long-standing psychological or emotional condition; 06 Other, including any long-standing illness; 07 No, I do not have a long-standing condition'.

⁸ 'More than one in every ten employees with a disability or long-term illness (...) said they had been bullied or harassed in the last two years' and '(a)mongst disabled women the rate was even higher'. These rates were significantly higher than those for the population as a whole (Grainger, H. and Fitzner, G. *The First Fair Treatment at Work Survey – Executive Summary, Updated*. Employment Relations Report Series, No. 63. London: Department for Business, Enterprise and Regulatory Reform, 2007).

⁹ Multivariate modelling allows researchers to look at many of the factors they think might be causing the problem under investigation, at the same time. The advantage of this technique is that it allows researchers to see which factors are the strongest or the most important. For example, imagine that non-disabled people are more likely to live in a region where ill-treatment is high for everyone. The effect of this on the figures reported in Table 1 would be to increase the reporting of ill-treatment by that group, thereby decreasing the difference between them and those who are disabled.

Multivariate modelling allows us to control for regional differences, and any other factors that might affect experience of ill-treatment, so that we can isolate the effect of disability or ill-health. Because Figure 1 is based on multivariate analyses which include all the other factors which we think might cause variations in ill-treatment, we can assess the impact that disability has on this, relative to all other factors. Technical note: each type of ill-treatment was separately modelled as the dependent variable in logistic regression. The Exp(B) values from each of the 21 models were converted into a percentage for ease of interpretation. Overall percentages were calculated by summing across the 21 models, using the formula $[\text{percent}=(1-(\text{SUM}(\text{expb})/1))^* -1]$, see Long (1997: 228).

¹⁰ This category includes problems with: heart, blood pressure and circulation; diabetes; stomach, liver, kidney and digestion problems; a progressive illness not elsewhere classified; skin conditions and allergies; and epilepsy.

¹¹ Foster, D. (2007) Legal obligation or personal lottery? Employee experiences of disability and the negotiation of adjustments in the public sector workplace. *Work, Employment and Society* 21, 1, p.67-84.

¹² This will be addressed in the qualitative research now being undertaken by the authors of this report.

¹³ See the legal arguments made in one of Britain's most celebrated cases of workplace bullying and harassment: *Helen Green v DB Group Services (UK) Ltd.*

¹⁴ On the model of the National Student Survey.

¹⁵ Government Equalities Office (2008). Factsheet: Sex Discrimination Act 1975 (Amendment) Regulations 2008: SI 2008/656 (2008 Regulations).

¹⁶ No One Written Off: Reforming Welfare To Reward Responsibility - A Public Consultation, 3.57 and 3.58.

¹⁷ No One Written Off: Reforming Welfare To Reward Responsibility - A Public Consultation, 3.64.

¹⁸ No One Written Off: Reforming Welfare To Reward Responsibility - A Public Consultation, 3.45 to 3.47.

¹⁹ No One Written Off: Reforming Welfare To Reward Responsibility - A Public Consultation, 3.65 to 3.70.

²⁰ As recommended in Health, Work and Well-Being – Caring for our future. A strategy for the health and well-being of working age people. Department for Work and Pensions, Department of Health and the Health and Safety Executive. October 2005.

²¹ No One Written Off: Reforming Welfare To Reward Responsibility - A Public Consultation, 3.49.

²² No One Written Off: Reforming Welfare To Reward Responsibility - A Public Consultation, 3.54.

²³ Health, Work and Well-Being – Caring for our future. A strategy for the health and well-being of working age people. Department for Work and Pensions. Department of Health and the Health and Safety Executive. October 2005, p.15.

²⁴ No One Written Off: Reforming Welfare To Reward Responsibility - A Public Consultation, 3.60.

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A new survey, the 2008 British Workplace Behaviour Survey, reports that disabled people and people with long-term ill-health experience more negative treatment in the workplace.

What is already known on this topic:

- Government policy encourages access to employment rather than dependence on welfare benefits for disabled people and people with long-term illnesses.
- Disabled employees and employees with long-term illnesses experience harassment and discrimination in the workplace.

What this report adds:

- Disabled people and people with long-term illnesses are more likely to report a range of negative behaviours at work.
- When three broad areas of disability and long-term illness were compared, it was those who were physically disabled who were least likely to report negative behaviour.
- To make it easier for disabled people and people with long-term illnesses to move into work and remain there, Government should: improve guidance about reasonable adjustments; prevent non-pay discrimination; extend employers liability for harassment of employees; and improve return to work action plans.