Abstract

This article is based on the findings of an externally funded mixed-methods research project conducted at one English university. This small scale project aimed to examine leadership, barriers to becoming a leader and the support needed to overcome them, from the perspectives of disabled staff. An online questionnaire was sent to all 66 members of staff who had disclosed their disabled status to the University and 22 responses were received. Twelve participants were then interviewed as two focus groups to discuss their views on leadership and its relation to their role. Six more respondents opted for individual face to face/telephone interviews. The findings indicated over half of the respondents were already engaged in 'formal' leadership and even more exercised 'informal' leadership. This key finding seems to contradict the under-representation of disabled academics in leadership reported in the literature. Despite their engagement in leadership, disabled staff faced several institutional and personal barriers. The findings suggest that having an impairment *per se* might not necessarily deter disabled staff from exercising leadership. A number of support strategies are recommended to facilitate their participation in (formal) leadership.

Introduction: Leadership and disability in the context of higher education (HE)

It is generally argued that 'leadership' is about influencing others' actions in achieving desirable ends' whereas 'management' is 'maintaining efficiently and effectively current organisational arrangements'[1] (Cuban, 1988: xx). Bush (2003) draws some similarities by categorising the main theories of management and leadership into a few major models where he compares formal management to managerial leadership (cited in Bush 2007). In formal management, authority is seen as a 'product' of the 'official positions within the organisation' (Bush, 2006: 5). Formal management is 'most closely associated' with managerial leadership (Bush, 2006: 6). In managerial leadership too, 'authority and influence are allocated to formal positions in proportion to the status of those positions in the organisational hierarchy' (Leithwood Jantzi and Steinbach, 1999: 14). Thus it may fail to recognise individuals' skills unless these are endorsed by their formal status. Likewise, one of the limitations of formal management and similar models is that they 'ignore or underestimate the contribution of individuals. They assume that people occupy preordained positions in the structure and that their behaviour reflects their organisational positions rather than their individual qualities and experience' (Bush, 2006: 7).

Therefore, this research argues there should be scope for individuals in organisations to exercise 'authority'

[1] Exploring the differences and/or similarities between leadership and management was beyond the scope of the research project informing this article.

beyond their 'formal' status, i.e. 'informally'. 'Formal' exercise of authority refers to individual's 'ability to reward or punish and with formal recognition (e.g., title) …. Conversely, people perceived by peers as 'informal' (e.g. emergent) leaders may not be perceived by the management of the organisation' as fit to exercise authority formally (Luria et al., 2014: 749). The focus might then be shifted from 'leadership versus management' to 'formal versus informal' exercise of authority. For this reason, and to be consistent the term 'leadership' will be used throughout this article. Not only may the 'formal' status determine the level of 'authority' allocated to individuals, but also the characteristics of those individuals (Bebbington and Özbilgin, 2013) in relation to their gender, ethnicity and the level of ability/disability through the under-representation of those demographics in leadership.

In the more traditional 'medical model' of disability, disability is regarded as solely the individual's problem, for which they are expected to seek expert (e.g. medical) intervention. On the other hand, the conceptualisation of disability adopted by the research is social: disability arises when interaction between an individual's impairment or health condition and societal barriers (of a physical or attitudinal nature) effectively disable an individual (Vehmas, 2004). Hence the term 'disabled people/staff' is the preferred term of many disabled people. In line with the research argument, 'leadership' and 'disability' should not be seen as incompatible for a number of reasons. First, any activity that affects disabled people should involve disabled people in leadership roles (Jorgensen et al., 2011). Secondly, participation in leadership (formal or informal) might be argued to be a form of professional development. However, at the University of The Midlands (UoTM), where the research was conducted, 'staff development is not accessible for all disabled staff' (UoTM, 2008a: 2), thereby limiting opportunities for them to acquire and hold leadership roles. Under UK legislation (e.g. the Equality Act 2010), employers must consider making 'reasonable adjustments' for disabled (potential) employees to ensure they are not disadvantaged (ACAS, 2015: 8). Thirdly, thus, staff should not be excluded from employment, promotion or staff development opportunities simply because they are disabled unless health restrictions apply and reasonable adjustments cannot be made (UoTM, 2014: 2). Although this may show the importance of engaging disabled staff in leadership, in reality the situation seems different.

Indeed, the proportion of disabled professionals in employment including the HE sector (Bebbington and Özbilgin, 2013) is small, despite a small increase from 2 per cent in 2003-04 to 4 per cent in 2013-14

according to a report by the Higher Education Funding Council for England (HEFCE, 2014). The proportion of those in leadership positions is even smaller (Wilson-Kovacs et al., 2008: 705). Whilst other socially disadvantaged groups have similar under-representation at HE leadership level, e.g. women and Black and Minority Ethnic groups, the situation with disabled people is more complex (Sanchez Hucles et al., 2010) as some impairments have an impact on work performance (particularly in a traditional un-adjusted working environment). These groups are still markedly under-represented in positions of authority, notably as Vice-Chancellors in UK HE institutions (Bebbington and Özbilgin, 2013: 15). This situation has been reported since 2006. A national survey by the National Institute of Adult Continuing Education (NIACE, 2008) showed that few organisations employ disabled people in senior or strategic positions. Proportions of disabled staff at senior levels in HE remain low compared to non-disabled staff, and have shown little change between 2008 and 2012 (HEFCE, 2012a: 13-14). This situation has been described as one of 'widespread institutional discrimination against disabled staff' in the lifelong learning sector (NIACE 2008:1), and indicates the limits to further promotion and workplace inclusion for some disabled leaders (Roulstone and Williams, 2014). This highlights the importance of doing this research to understand the views of disabled staff on leadership and address the potential barriers (discussed below) that might prevent them from becoming leaders.

Institutional barriers

Although the barriers were grouped under two separate headings (i.e. institutional and personal), the discussion suggests these are intertwined, e.g. reluctance to disclose disability might be a response to staff attitude/resistance to engage disabled staff in leadership. Similarly, their 'low aspiration' might be a reaction to the institutional barriers. However, HEIs and disabled staff should be *active* players in this process. A number of institutional barriers experienced by disabled people, i.e. those beyond the control of disabled staff, have been identified in the literature in relation to work and participation in general aspects of university life (including leadership) such as working conditions, reactive support and staff attitude.

The professional practice of disabled staff, including their participation in leadership can be hampered by **working conditions**. Therefore, the aim of establishing the Disabled Staff Network (DSN) at the University was to identify such barriers and to 'promote improved working conditions for disabled staff' (UoTM, 2009: 1). The majority of the University respondents, based on an internal report published in 2006,

believed that **support is 'reactive'** and dependent on line managers as opposed to being proactively offered (UoTM, 2006). For some disabled members of staff, the promotion of disability equality (which should include participation in leadership) means having an equal chance to participate in all and any activities of the University (UoTM, 2006: 9), but this seemed to be hindered by **staff attitude**. There is still resistance to enabling non-traditional groups (including disabled staff) to access power in the form of leadership and senior positions in academia (Bebbington and Özbilgin, 2013: 21). Such barriers may largely arise from broad societal stereotypes of disability, e.g. seeing disabled people as dependent, vulnerable and unable to make their own decisions or speak up for themselves (Shakespeare, 2000). Society's dominant cultural norms regarding disability are reflected in the organisation in terms of who occupies powerful positions of leadership and how they behave (Bebbington and Özbilgin, 2013: 18).

Personal barriers

Many disabled teachers believe their personal characteristics disadvantaged their career progression (Wilson et al., 2006). Two personal barriers facing disabled staff in HE have been identified: staff reluctance and low and aspiration. Although data from the British Labour Force Survey show that nearly one in five people of working age (7 million, or 18.6%) in Britain are disabled (HEFCE, 2010: 40), HE staff are **reluctant** to disclose their disability[1]. According to a report by the Equality Challenge Unit (ECU, 2009) the percentage of those who were keen to do so was so small. Fewer than 3% of managers, professors and non-academic professionals disclosed their disability (PA Consulting Group, 2010: 38). This reluctance might be due to two reasons. First reason is fear of discrimination[2]. Secondly, the current level of support for disabled staff may be under-resourced and thus people may not be getting appropriate support and adjustments (ECU, 2014). Therefore, disclosure may not necessarily mean they will get the support they need which might impact on participation in leadership eventually. A culture of '**low aspiration'** was also perceived among disabled staff in one university, although this might be widespread. One might describe this culture variously as low aspiration, or as realistic pessimism. Failing to employ disabled people in senior or strategic positions leads to a waste of talent, untapped potential and a lack of role models throughout lifelong learning (UoTM, 2008b: 5).

[1] The proportion of academic staff in the sector who disclosed their disability increased from 2.3% to 3.3% between 2003-04 and 2012-13 (HEFCE, 2012b).
[2] As an example of disability-related discrimination, some disabled staff reported being excluded from promotion rounds (ECU, 2011: 35).

Support strategies for disabled staff to participate in leadership in HE

A number of support strategies to facilitate the participation of disabled staff in leadership and overcome the above barriers are evident from the review of literature (Figure 1). For example, there is a need to **re-conceptualise leadership** (Chin and Sanchez-Hucles, 2007), address unfounded assumptions about the typical leader, and eventually engage disabled individuals in leadership (Smith et al., 2001). This is in line with the Leadership Foundation for Higher Education's (LFHE) mission to promote equality and diversity by creating a larger pool of leaders. One way of doing this is to explore leadership from their perspective and create strategies/policies to support their leadership development. It would also suggest further training to recognise informal leadership (Bolden et al., 2012) and the special 'hybrid' forms of academic and administrative leadership identified by Lumby (2012).

Employers can examine how to **eliminate social barriers** (e.g., co-worker reactions) and assist the integration of disabled staff 'throughout their socialisation period as well as their entire organisational tenure. Such investigations into the socio-structural contexts will help organisations become truly inclusive places that genuinely cultivate and use all available human potential' (Kulkarni and Lengnick-Hall, 2014: 29).

To encourage disclosure and support disabled staff in HE, Higher Education Institutions (HEIs) will need to **create a positive culture** that challenges perceptions of stigma associated with disability (HEFCE, 2010: 40). Senior disabled staff who are open about disability can send a powerful message to all staff (HEFCE, 2010: 40). Also, starting with awareness-raising, there is a need for stronger interventions at the institutional level to challenge homogeneity amongst leaders in the sector (Bebbington and Özbilgin, 2013: 22). Creating inclusionary and supportive climates for disabled staff involves a 'careful consideration of all these aspects of employee treatment' (Kulkarni and Lengnick-Hall, 2014: 30). One of the recommendations of ECU's report (2011: 10) is to 'introduce clearly designated senior members of staff with responsibility for providing leadership and championing disability equality issues'.

As mentioned above, the demographic profile of leaders in HE is not diverse enough. Despite 'changes in the student demographic, the social makeup of senior management and the academic workforce is still mainly white, non-disabled, middle-class and male' (Blue Alumni, 2010). Hence the need to address the

under-representation of disabled staff in HE and further **promote disability equality**.

Participation in leadership might be a form of professional development since developing as a leader involves 'complex learning activities from classroom education to lived experience' (Day, 2001 and Kempster, 2006; cited in Luria, Kalish and Weinstein, 2014: 743). The skill sets that leaders of HEIs will need are likely to shift, requiring **more focus on the professional development** that will support financial health, e.g. strategy formulation and cost control (HEFCE, 2010: 36).

Disabled staff want (more) support than currently offered, and feel it should be centrally organised rather than being dependent on their line manager[1] (UoTM, 2006: 4). Elsewhere, only 4% of disabled staff in several other HEIs reported that they received positive support, provisions or reasonable adjustments in career development and promotion. **Individualised support** will ensure equal access to training, development and promotion, even if it means treating disabled people more favourably (ECU, 2011: 27). With sufficient support disabled individuals have changed the way people perceive their human potential (Braunstein, 2009). An ECU report (2011: 27) recommended the introduction of a structured **mentoring/coaching programme** for disabled staff to identify their career goals and help in achieving them.

There is a requirement for **long-term planning programmes** to train leaders for succession and the retention and development of talent from diverse backgrounds (Bebbington and Özbilgin, 2013: 22). Investments in leadership development may be 'effective for all the potential leaders' including disabled individuals (Luria et al., 2014: 755). Indeed, it may be possible to train disabled individuals for leadership, which 'could be very meaningful for them' (Luria et al., 2014: 757). When disabled staff engage in leadership they can be as effective as their non-disabled counterparts. This was found in the above study where the researchers examined leaders in a military setting to explore differences in regard to leadership effectiveness between those with a learning difficulty and those without. According to supervisor and peer feedback and evaluation, there were no significant differences. There is also a benefit in introducing a **shadow senior leadership team**, a development tool that will give talented individuals in underrepresented groups, such as disabled staff, the experience of senior collective decision-making (ECU, 2011: 10).

[1] Managers are still key figures in the fulfilment of accommodation requests (Kulkarni and Lengnick-Hall, 2014: 15).

Two separate reports by NIACE (2008) and ECU (2008) recommended increasing the number of **disabled role models**, particularly in senior positions to address their long term under-representation (PricewaterhouseCoopers, 2009: 9). HEFCE will be in a better position to achieve their aims as an organisation if they have a more diverse staff (HEFCE, 2012a: 22). Encouragingly, research focusing on leadership and organisational development across the whole of UK HE, reveals a growth in investment in leadership development in HE (2005-10): 58% of institutions reported that spending on leadership development had increased at or above the rate of inflation year-on-year (HEFCE, 2010: 36).

Although the development of leadership of disabled individuals has become a priority in the USA (National Council on Disability, 2000) and New Zealand (Neilson and Brink, 2008), there have been few training programmes in the UK to develop disabled staff in this regard (Imperial College London, 2013). In the UK context, there is a need to change the demography of the leadership towards a group of people that is more diverse and inclusive. This recommendation is not easy to achieve as it requires **political will** (Bebbington and Özbilgin, 2013: 22). There is a systematic failure in public policy to address the needs of disabled staff. Effective leadership will be needed to counter this and achieve disability equality (NIACE, 2008: 11). The development of policy and practice in this area could become a tool for change in the disabled community (Kamm-Larew et al., 2008).

Figure 1: support strategie

Conceptual framework

Based on the above literature review on leadership and disability, the conceptual framework in this research reconceptualises disability leadership in HE as follows:

- It is about giving disabled staff opportunities to engage in **formal and/or informal leadership**;
- Recognising those who **perceive themselves as having leadership potential**;
- Identifying any likely **institutional** or **personal barriers** which might hinder the participation of disabled staff in leadership; and
- Providing disabled staff with the **support** they need to overcome remaining barriers and engage in leadership.

Methodology

The aim of this research project was to examine the views of disabled staff working at an English university about leadership, barriers to becoming a leader and the support needed in this regard. Purposive sampling enabled the research team to target this 'specific group of cases [which is the] major focus of the investigation' (Teddlie and Yu, 2007: 81). The project was conducted with four research questions in mind:

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

It employed a mixed-methods approach generating quantitative and qualitative data using an online questionnaire, follow-up focus groups and semi-structured individual interviews. This 'sequential' approach was adopted to provide a comprehensive and 'better understanding' of the topic in question (Terrell, 2012: 262).

One of the benefits of using a questionnaire is that it has the 'potential to reach a large number of respondents….and special groups such as individuals with a disability' (Hartas, 2015: 260) without compromising their identities. The questionnaire was emailed to all members of staff at the University who

had disclosed a disabled status to the human resources department (n=66[1]). The first part of the questionnaire included questions pertaining more generally to participants' experiences of working at the University, and some of the data are used here for descriptive and contextualising purposes. The remaining questions in this first part, which are not reported in the findings, were for another research study that was being carried out at the same time. To avoid respondent fatigue and the risk of having poor response to the two surveys, the research teams of both studies agreed to combine the questions into one questionnaire. The second part of the questionnaire surveyed participants on their views of leadership as it relates to disability and their experiences.

Focus groups were then used to obtain multiple perspectives about leadership and disability in a cost and time effective way (Gibbs, 2012). The focus groups consisted of members of staff, not necessarily the ones who completed the questionnaire, attending a specially convened networking event for disabled members of staff (n=12), arranged by the DSN.

In addition to questionnaire and focus groups, semi-structured interviews provided a more informal atmosphere which can encourage openness (Flick, 2009). Participants were also offered the option of speaking to a researcher individually, either face to face after the focus groups or by telephone at a later date. In all, six individual interviews were conducted. Focus groups and semi-structured interviews were audio recorded for accurate transcribing, with permission from the participants.

Before the data collection started, specialists in leadership and disability had been consulted over the design and wording of these methods, which were designed specifically for this research. These methods were piloted with participants similar to those in the target group, but at other universities, with no major issues. The aim of piloting these methods was to enhance their credibility and trustworthiness (Thiel, 2014). This was consolidated further by forwarding the draft research findings to the questionnaire respondents for their feedback (Wellington, 2015), which was positive.

The participants were informed (Cohen, Manion and Morrison, 2011) about the research aim and their right to withdraw during the research and remain anonymous (BERA, 2011). They were contacted by the

[1] In 2009/10 the proportion of staff who disclosed their disability was 1.3 % compared with 3 % for the UK HE sector.

University's Human Resources department and DSN on behalf of the research team. Although the small number of participants and their distinctive features, personal and professional, mean that anonymity and confidentiality are threatened in a project like this, steps were taken to disguise participants, departments and organisations e.g. altering non-essential details in some cases.

Research findings

Twenty two people completed the questionnaire (a response rate of 33%) of whom fifteen expressed interest to participate in the follow up focus groups and interviews. Respondents worked in a wide range of roles, including academic (n=9), support (n=7), technical (n=1) and administration (n=5). Number of years they have been disabled ranged from 3.5 years to 64 years. Around two thirds of respondents reporting having had their condition for over 10 years. Analysis of the data by job role or length of condition was beyond the scope of this project and could be explored in further studies. The research findings are presented under the four research questions:

How do disabled members of staff perceive leadership?

Some (5 out of 12) focus group participants referred to 'formal' leadership, e.g. associated with '*status'* and '*formal authority'*, as part of a natural progression and they therefore placed a high level of importance on having the opportunities to undergo professional development in this area. However, four out of twelve participants referred to the '*high expectations'* of the institution that formal leaders would make personal sacrifices such as '*longer unpaid hours'* in particular in return for '*formal'* leader status. Same number of participants associated formal leadership with '*extra responsibility'*, '*commitment'*, '*additional work'*, '*above and beyond'*, '*long hours culture*', '*less time for family'*, '*additional stress*' and '*presenteeism'*. These notions of 'formal leadership' were heavy with the sacrifices made for career progression in that direction, and of the institution's (and the wider HE sector) demands for more effort than actually appears in any job description. This might have impacted on the number of disabled staff who exercise this form of leadership (discussed in the next section).

In addition to 'formal' leadership, three participants referred to what is conceptualised in the leadership literature as 'dialogical', 'transformational' and 'collective' leadership styles (Goddard, 2003). The first two leadership styles might be inferred from the following quotes: leadership is about '*how you work with*

people and interact' whereas transformational leadership is concerned with '*bringing people together to achieve a common goal*'. Two participants in the focus group discussed their preference for 'collective' leadership, but also described how this approach could be detrimental for them: '*...collective leadership can lead others to take over and make decisions for people with disabilities. The danger is it can be abused, it can work against you. You have to find a balance, it's difficult to rein it back when others take over*'. They pointed to 'informal' leadership too, which is discussed in the next section.

Do they consider themselves to be leaders?

More than two thirds (n=16) of questionnaire respondents reported having an *informal* leadership role, and about half of them (n=7) felt they were acknowledged for this. These roles included leadership when their '*own manager was away'* and taking on leadership responsibilities '*over colleagues for certain projects'*. This is interesting as just over one quarter (n=7) had 'informal' leadership responsibilities before they joined the University, which suggests they now have more opportunities to exercise this type of leadership.

Similarly, over half of questionnaire respondents (n=12) reported that they either had a *formal* leadership role (e.g. 'Principal Lecturer', 'Course Leader', 'Project Leader') or some aspects of their job were clearly leadership focused. This is almost identical to the number of respondents who had had formal leadership opportunities in previous roles prior to joining the University. The remaining (n=10) respondents had no formal leadership role, but a third of these (n=3) said that they would like to be considered for such a role. These findings (about the respondents being formal and informal leaders) suggest that having an impairment per se might not deter disabled staff from exercising leadership. This was further evident in their shared belief that disabled members of staff make as good, if not better, leaders (which supports the literature, e.g. Luria et al., 2014), due to their experiences of their condition and their understanding of personal difficulties of their staff: '*Disabled people make more enlightened decisions, are more inclusive by nature, they ignore smaller things to allow bigger things to happen*'.

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

The analysis of the focus groups and questionnaire findings distinguished between institutional and personal barriers.

Institutional barriers

Several institutional barriers have been identified. The first barrier was **managers' attitudes**, which supports Bebbington and Özbilgin (2013). Managers are '*unlikely to notice the additional efforts expended on successful accommodation of one's condition, but very likely to notice when they are unsuccessful'*. Participants believed managers struggled to recognise the unique skills and experience that they could offer to a leadership role: '*Management think that disabled people are not capable of taking on a leadership role as they could take time off from work or that they don't have the mental capacity to cope with such a role'.* Although this might be valid to some extent, there was a feeling of stereotyping disabled people's abilities due to lack of understanding of how they coped with their condition. This in itself might be down to an inferior disability awareness and provision (discussed below).

In the above literature review, 'staff reluctance' to disclose their disability was listed as a potential 'personal' barrier to engage in leadership. However, it is not the disclosure of disability per se that is a barrier, but rather, staff attitude towards disability and capability of disabled staff as discussed above. One focus group participant felt that they had been overlooked for a formal leadership role due to disclosing their disability, which might be inferred from the following quote: '*I recently went for a leadership role and was not even shortlisted even though I had the qualifications. I did declare I had a disability*'. Another participant felt that their '*day-to-day responsibility for leading projects had been lessened*' against their wish, since disclosing their disability. Such attitude was perceived to hinder their progress. However, this was not always seen as purely due to prejudices; one participant described how they felt that some colleagues were '*afraid to ask questions*' for '*fear of causing offence*'.

The second barrier was **inferior disability awareness provision**. Disability awareness and provision for staff were perceived to be '*inferior to that for students'* and that there was no process in place to assist managers with supporting staff through their development: '*If a student discloses a disability to me, straight away I know how I can support them… I don't know what the strategies are, there is no one for staff*'. Current equality and diversity training was deemed insufficient which resonates with the literature (ECU, 2014), with managers failing to attend '*mandatory'* training but receiving no penalty, which might explain their attitude towards disabled staff.

Insufficient and inaccessible professional development opportunities was another barrier. When professional development opportunities exist (e.g. '*team building exercises'*), these were considered to be '*inaccessible'*, '*I was encouraged to join a management training scheme offered in the University, but the role I'm currently doing is so under-resourced it is not possible to plan to take time away. So this is not a realistic proposition*'. Disabled staff not receiving appropriate support and adjustments has been reported in the literature (ECU, 2014).

There was also a **lack of disabled role models across the university.** Half of the questionnaire respondents were not aware of disabled people as leadership role models at the University, with a further nine aware of very few, which might suggest there is a lack of role models (Wilson-Kovacs et al., 2008). While 3 of the 22 questionnaire respondents were satisfied with how current disabled role models are widely acknowledged by the University, two thirds (n=15) thought this happened very rarely/not at all.

Despite their ability to demonstrate 'informal' leadership through the available opportunities at the University, only half of those who exercised 'informal' leadership received acknowledgement for it. This **lack of acknowledgement/rewards** might imply that the acknowledgement of their leadership skills is likely to vary from one line manager to another. Failure to acknowledge/reward more disabled staff for their leadership skills might be a reflection of the societal stereotypes about leaders (Bebbington and Özbilgin, 2013).

In addition to the lack of disabled role models, there was a **lack of succession/long-term planning** represented by a tendency to rely on '*external expertise being bought in as and when needed'*, which affects all staff, not just disabled staff. Nearly half of the questionnaire respondents reported that they did not have similar opportunities for attaining and progressing in leadership roles in comparison with non-disabled colleagues. This might not be a very effective strategy for succession/long-term planning and creation of more diverse senior leadership teams. This is likely to lead to a waste of talent [and] untapped potential, as noted in a previous internal report at the University (UoTM, 2008b).

Personal barriers

A few personal barriers have been referred to in the findings. The first relates to their **expectations of**

negative experience. Experiences of having to '*fight'* for leadership roles were shared in the focus group, with participants suggesting that the stress caused would likely to put most others off pursuing the role: '*Managers are there to support you, not to restrict you or put you down. If I was in that situation I would have given up, I wouldn't want it'*. Nevertheless, their perseverance to exercise leadership shows they are 'actively' pursuing such opportunity to demonstrate their potential.

Formal leaders at the University are expected to work long hours, which was considered unreasonable for four participants: '*With the academic year becoming increasingly shortened and more pressurised it can be very difficult for disabled people to attain some of the intense time demands of some leadership responsibilities*.' Four participants were concerned they did not have the energy or that it would be detrimental and thus having **negative impact on their work-life balance** (Shah et al., 2005; cited in Wilson-Kovacs et al., 2008). They already worked extra hours or put in extra effort, either due to a demanding role or to compensate for their condition, and so they could not give any more: '*I have to give 130% a day; the role demands it. It would be difficult to consider applying for a leadership role*'.

Due to the above mentioned managers' attitudes, participants (n=4) were **reluctant to repeatedly ask for support**, which is reliant on them: '*I have encountered embarrassment and humiliation because I have needed support but I always have to justify it, which is not empowering'.* This was particularly pertinent in cases where the condition was not obvious, which could be an example of the poor disability awareness provision. Interestingly, this 'reactive' support has been highlighted in a previous internal report (UoTM, 2006).

Yet, there were positive examples too. Twelve out of 22 questionnaire respondents were satisfied with their line-managers' support: *'I've found my manager to be very sensitive to my support needs'*. Almost two-thirds of the respondents found 1) their managers to be supportive and aware of their needs and 2) the wider University population responding positively to them. While these figures might seem encouraging, it could be argued that any number in this limited sample, no matter how small, of negative experiences, is too many. Also, two respondents work in a department supporting disabled students and thus are more positive perhaps towards disability than other staff. It might be also the case that this 'positivity' runs out as someone attempts to move upward into leadership roles.

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

The questionnaire and focus group participants identified the following suggestions for support. A **more formal process of support** for staff disclosing disability, similar to those in place for students, and wider understanding of this was suggested to overcome their reluctance to ask for support, help meet their needs and improve their professional development and confidence (discussed below). This is likely to transform the support provided from being 'reactive' (UoTM, 2006) to 'proactive'.

Three respondents were uncomfortable disclosing their disabled status for fear of negative consequences to themselves, which echoes the ECU (2011) findings. Disabled staff are likely to disclose their disabled status and get the support needed to engage in leadership if **positive culture** is created: '*It's a very bad culture if we can't disclose or don't want to'*. Others (n=3) called for the **elimination of socials barriers, e.g.** staff should have a more positive attitude (Shakespeare, 2000) and understanding so they could see '*past their disability'* and what they can bring to a leadership role. Confidence in a disabled person's ability to lead was often questioned by both parties.

A process is needed to account for time spent in development activities: '*There needs to be a strategic view for developing staff, to give space in which to grow. We need time out to do other things but my workload is too vast and not covered*'. This **professional development strategy** should be complemented by the formal process of support.

Four participants suggested that having a '**mentor'** (ECU, 2011) or **individualised support** would allow a more proactive approach to their professional development and help them progress towards their career goals. This support also includes **networking with disabled leaders.** Unwillingness to disclose disability might prevent attendance at the DSN events. Attendance at such events was considered important: '*Without it there isn't any way to share. We need some other ways to speak about things*'. The importance of networking between disabled leaders was identified in research by Foster-Fishman et al. (2007).

One respondent stated *'there is often a lack of self-confidence amongst disabled staff, they ask themselves if they are up to the demands of a leadership role'*. However, this lack of self-confidence might be the result

of working in a negative culture, which could lead disabled staff to be *'not proud of who they are and what they can bring to the job'.* Another respondent said *'If you feel confident in your own abilities then that will be visible to others and instil confidence in them'.* Hence the need to **increase their self-confidence** (Foster-Fishman et al., 2007).

Under half of respondents (n=10) believed attitudes towards disability would be improved if there were **more disabled role models**. High status disabled role models (ECU, 2008; NIACE, 2008) would make a big difference to disabled people, i.e., '*others might think they've done it, so others can too'.* This will raise staff morale and send a clear message that the University values disabled staff. However, a visible disability will send a bigger message than a non-visible one.

Discussion

The fact that at least half of the disabled members of staff at the University had formal and/or informal leadership roles implies that being disabled might not necessarily prevent their engagement in leadership, or at least some forms of it. In spite of the little discussion about certain models of leadership, such as 'collective', 'dialogical' and 'transformational' (Goddard, 2003), it could be inferred from the findings that disabled staff were more focussed on the formal-informal leadership dichotomy in terms of being engaged in (one of) these forms, its likely impact on them and whether or not they have been acknowledged for such leadership role.

They considered leadership to be a key part of their career and something they can/want to do, but some did not feel they have adequate opportunities or support from the University to do so due to a number of barriers, which largely confirm the literature discussed above. It appears they were more likely to face institutional than personal barriers (the former was cited more often). This further emphasises that the engagement of disabled staff in leadership was more likely to be hindered by factors beyond their control, e.g. attitude towards disabled staff that they lack ability and need help and support. Such attitude shows that leadership is not value-neutral but prone to a range of biases (Bebbington and Özbilgin, 2013). These barriers might indirectly impede them from disclosing their disability and being assigned 'formal' leadership responsibilities in particular even if they exercise 'informal' leadership and have all the necessary skills.

Yet, as mentioned above, over half of the respondents were already engaged in 'formal' leadership and even more exercised 'informal' leadership. This is a key finding and seems to contradict the under-representation of disabled academics in leadership which is reported in the literature. However, it must be stressed these findings are based on a small sample. It was not clear from the data whether the recognition they referred to was about their wish to be offered 'formal' leader titles or simply be acknowledged by peers as emergent 'informal' leaders (Luria et al., 2014).

To promote further engagement in leadership at the University, the research findings support the recommendations of the ECU (2008) about providing training for all staff including individualised support, environments with sufficient and accessible support structures for disabled staff and continuing opportunities for disclosure of disability. Disclosure of disability in the HE sector is important because it allows for more accurate monitoring of the recruitment, retention and promotion of disabled staff and the collection of statistical information required both for the Higher Education Statistical Agency, and as part of' HEIs' Disability Equality Schemes (ECU, 2008: 4). Disclosure of disability is more likely to take place if staff have confidence in their employer's commitment to disability equality, and that their career progression will not be affected in any negative way (ECU, 2008: 4).

Disabled staff and (more) managers should be made aware of legal duties on making reasonable adjustments similar to what disabled students get. What might be needed is the University continuing to acknowledge more widely the contribution of all disabled staff in leadership and eliminate barriers they face to taking (formal) leadership. Unless HE leadership is reconceptualised, which is in line with the conceptual framework, the perception that leadership and disability are incompatible (Foster-Fishman et al., 2007) and lack of recognition of disabled leaders are likely to continue.

Research limitations

The small size of the research sample means the findings are not generalisable. In addition, only staff who had officially disclosed themselves as disabled to the University were invited to participate in this research. The research team was aware (and this is supported by the data) of the likelihood of many people having reservations about disclosure: people whose opinions would have made a valuable contribution to the

investigation. Unfortunately, other ways of inviting the participation of any staff member who recognised themselves as disabled, regardless of whether this had been disclosed to their employer, were not possible within the parameters of the project. Further research addressing this topic on a large scale would be very worthwhile.

Conclusion

This research aimed to explore the perspectives of disabled staff in one English university in relation to leadership. The main key finding is that over half of the respondents (12 out of 22) were already engaged in 'formal' leadership and the vast majority in 'informal' leadership; and this is not in line with the under-representation of disabled academics in leadership found in the literature. This might also suggest that having an impairment might not necessarily influence their engagement in leadership or even how they perceive themselves in relation to leadership. However, participation in leadership was hindered by institutional and personal barriers, e.g. lack of acknowledgment and negative experience respectively. Disabled staff identified the need for a number of interventions such as a) implementation of a 'formal' support process that provides disabled staff with similar resources to those provided to disabled students b) investment in supportive opportunities for professional development strategy (including mentoring) and c) an improved awareness of equality and diversity among managers and colleagues to challenge attitudes towards disabled staff and encourage wider disclosure of disabled status. The interventions proposed in this article might indirectly reconceptualise leadership at the University and increase the current level of participation of disabled staff in (formal) leadership eventually. While the small sample size means the findings are not generalisable, it is hoped this research might raise awareness of other HEIs about the potentials of disabled leaders.

References

1. Advisory Conciliation and Arbitration Service (2015) Equality and discrimination: understand the basics. Report, ACAS, UK. Available at: http://bit.ly/1Svdu0O (accessed 20 December 2015).
2. Bebbington D and Özbilgin M (2013) The paradox of diversity in leadership and leadership for diversity. *Management International* 17. Available at: http://bit.ly/1vaSrDT (accessed 20 December 2015).
3. Blue Alumni (2010) *Evaluation of the Leadership Foundation for Higher Education*. Report, HEFCE, UK. Available at: http://bit.ly/1zatDD8 (accessed 20 December 2015).

4. Bolden R Gosling J O'Brien A Peters K Ryan M and Haslam A (2012) Academic leadership: changing conceptions, identities and experiences in UK higher education. Report, LFHE, UK. Available at: http://bit.ly/1PdsNcF (accessed 20 December 2015).
5. Braunstein L (2009) It's not just a job... it's a career: the Arc of Northern Virginia's co-executive director program serves as a national model for "creative supported employment. *Exceptional Parent* 39(10): 26-28.
6. British Educational Research Association (BERA) (2011) Ethical guidelines for educational research. Available at: http://bit.ly/1PkgWXS (accessed 25 March 2016).
7. Bush T (2006) Theories of educational management. OpenStax-CNX. Available at: http://1.usa.gov/1PvvKTG (accessed 25 March 2016).
8. Bush T (2007) Educational leadership and management: theory, policy, and practice. *South African Journal of Education* 27(3): 391-406. Available at: http://bit.ly/1WOwtVG (accessed 25 March 2016).
9. Chin J and Sanchez-Hucles J (2007) Diversity and leadership. *American Psychologist* 62(6): 608-609.
10. Cohen L Manion L and Morrison K (2011) *Research Methods in Education*. Seventh edition. Oxon: Routledge.
11. Cuban L (1988) *The Managerial Imperative and the Practice of Leadership in Schools*. Albany, NY: State University of New York Press.
12. Dimmock C (1999). Principals and school restructuring: conceptualising challenges as dilemmas. *Journal of Educational Administration* 37(5): 441-462.
13. Equality Challenge Unit (2008) Disclosure and support issues for disabled staff in higher education. Report, ECU, UK. Available at: http://bit.ly/1hqeVk5 (accessed 20 December 2015).
14. Equality Challenge Unit (2009) The impact of the process to promote equality and diversity in the Research Assessment Exercise 2008. Report, ECU, UK. Available at: http://bit.ly/1yZ4lEI (accessed 20 December 2015).
15. Equality Challenge Unit (2011) Enabling equality: furthering disability equality for staff in higher education. Report, ECU, UK. Available at: http://bit.ly/13pxQF3 (accessed 20 December 2015).
16. Equality Challenge Unit (2014) Understanding adjustments: supporting staff and students who are experiencing mental health difficulties. Report, ECU, UK. Available at: http://bit.ly/1DofCBh (accessed 20 December 2015).
17. Flick U (2009) *An Introduction to Qualitative Research*. Fourth edition. London: Sage.
18. Foster-Fishman P Jimenez T Valenti M and Kelley T (2007) Building the next generation of leaders in the

disabilities movement. *Disability and Society* 22(4): 341-356.

19. Gibbs A (2012) Focus groups and group interviews. In: Arthur J Waring M Coe R and Hedges L (eds) *Research Methods and Methodologies in Education*. London: Sage, pp. 186-192.
20. Goddard J (2003) Leadership in the (post) modern era. In: Bennett N and Anderson L (eds) *British Educational Leadership, Management and Administration Society, Rethinking Educational Leadership: challenging the conventions*. London: Sage, pp.11-27.
21. Hartas D (2015) Survey research in education. In: Hartas D (ed) *Educational Research and Inquiry: qualitative and quantitative approaches*. London: Continuum, pp.257-269.
22. Higher Education Funding Council for England (2010) The higher education workforce framework 2010: Overview report. Report, HEFCE, UK. Available at: http://bit.ly/15wQVFs (accessed 20 December 2015).
23. Higher Education Funding Council for England (2012a) HEFCE equality and diversity scheme 2012-2014. Report, HEFCE, UK. Available at: http://bit.ly/15Avy6o (accessed 20 December 2015).
24. Higher Education Funding Council for England (2012b) Staff employed at HEFCE-funded HEIs: trends and profiles 1995-96 to 2010-11. Report, HEFCE, UK. Available at: http://bit.ly/1IU5ItN (accessed 20 December 2015).
25. Higher Education Funding Council for England (2014) Staff employed at HEFCE-funded HEIs: trends and profiles. Report, HEFCE, UK. Available at: http://bit.ly/1HSD2C3 (accessed 20 December 2015).
26. Imperial College London (2013) The calibre leadership programme. Available at: http://bit.ly/1AExlEa (accessed 20 December 2015).
27. Jorgensen C Bates K Frechette A Sonnenmeier R and Curtin J (2011) Nothing about us without us: including people with disabilities as teaching partners in university courses. *International Journal of Whole Schooling* 7(2): 109-126.
28. Kamm-Larew D Stanford J Greene R Heacox C and Hodge W (2008) Leadership style in the deaf community: An exploratory case study of a university president. *American Annals of the Deaf* 153(4): 357-367.
29. Kulkarni M and Lengnick-Hall ML (2014) Obstacles to success in the workplace for people with disabilities: a review and research agenda. *Human Resource Development Review* 13(2): 158-180.
30. Leithwood K Jantzi D and Steinbach R (1999) *Changing Leadership for Changing Times*. Buckingham: Open University Press.
31. Lumby J (2012) What do we know about leadership in higher education? Report, LFHE, UK. Available at:

http://bit.ly/1OXHqQL (accessed 20 December 2015).

32. Luria G Kalish Y and Weinstein M (2014) Learning disability and leadership: becoming an effective leader. *Journal of Organizational Behaviour* 35(6): 747-761.
33. National Council on Disability (2000) Carrying on the good fight: summary paper from think tank 2000--advancing the civil and human rights of people with disabilities from diverse cultures. Report, Think Tank 2000, USA. Available at: http://1.usa.gov/1DcSsPU (accessed 20 December 2015).
34. National Institute of Adult Continuing Education (2008) From compliance to culture change: disabled staff working in lifelong learning. Report, Commission for Disabled Staff in Lifelong Learning, UK. Available at: http://bit.ly/1IstSbr (accessed 20 December 2015).
35. Neilson W and Brink A (2008) The importance of educating student teachers in inclusive education: a disability perspective. *Kairaranga* 9(2): 16-21.
36. PA Consulting Group (2010) The future workforce for higher education. Report, HEFCE, UK. Available at: http://bit.ly/1uMCZmU (accessed 20 December 2015).
37. PricewaterhouseCoopers (2009) Review of the Equality Challenge Unit. Report, HEFCE, UK. Available at: http://bit.ly/1B9LUeU (accessed 20 December 2015).
38. Roulstone A and Williams J (2014) Being disabled, being a manager: 'glass partitions' and conditional identities in the contemporary workplace. *Disability and Society* 29(1): 16-29.
39. Sanchez-Hucles J and Davis D (2010) Women and women of colour in leadership: complexity, identity and intertextuality. *American Psychologist* 65(3) 171-181
40. Shakespeare T (2000) *Help: Imagining Welfare*. Birmingham: British Association of Social Workers and Venture Press.
41. Smith R Salend S and Ryan S (2001) Watch your language: closing or opening the special education curtain. *Teaching Exceptional Children* 33(4): 18-23.
42. Teddlie C and Yu F (2007) Mixed methods sampling: a typology with examples. *Journal of Mixed Methods Research* 1(1): 77-100. Available at: http://bit.ly/1nZ2a2z (accessed 25 March 2016).
43. Terrell S (2012) Mixed-methods research methodologies. *The Qualitative Report* 17(1): 254-180. Available at: http://bit.ly/1LMaChc (accessed 25 March 2016).
44. Thiel S (2014) *Research Methods in Public Administration and Public Management.* Oxon: Routledge.
45. University of The Midlands (2006) Consultation with disabled staff. Report, University of The Midlands, UK.

46. University of The Midlands (2008a) Disabled staff report: summary of discussions from disabled staff follow up meetings. Report, University of The Midlands, UK.
47. University of The Midlands (2008b) Towards equality for disabled staff: summary of national and internal recommendations. Report, University of The Midlands, UK.
48. University of The Midlands (2009). The disability staff network report. Report, University of The Midlands, UK.
49. University of The Midlands (2014) Policy statement on disability equality. Report, University of The Midlands, UK.
50. Vehmas S (2004) Dimensions of disability. *Cambridge Quarterly of Healthcare Ethics* 13: 34–40.
51. Wellington J (2015) *Educational Research: Contemporary Issues and Practical Approaches.* Second edition. London: Bloomsbury.
52. Wilson-Kovacs D Ryan M Haslam S Rabinovich A (2008) Just because you can get a wheelchair in the building doesn't necessarily mean that you can still participate: barriers to the career advancement of disabled professionals. *Disability and Society* 23(7): 705-717.
53. Wilson V Powney J Hall S and Davidson J (2006) Who gets ahead? The effect of age, disability, ethnicity and gender on teachers' careers and implications for school leaders. *Educational Management Administration and Leadership* 34(2): 239-255.