Disability discrimination: a population health issue

The Family Resources Survey 2007–08 estimated that about 18% of adults have a physical disability or sensory impairment, some one in seven adults of working age and one in two adults over the age of 65 [1]. Increasing life expectancy will lead to an increase in these proportions over time. People with disabilities are more likely to live in poverty, are less likely to be in employment, and have lower educational attainment. Those who gain employment earn an average 16% less than nondisabled people. Disabled people have more health problems, are more likely to be overweight, take less exercise, and are more likely to have mental health problems [2].

Discrimination limits productivity by excluding potentially productive workers from the workforce and failing to capitalize on their full potential. It limits living standards by excluding individuals from the labour market, consigning them to low-paid, low-quality, or insecure jobs; subjecting them to victimization, harassment, or violence; or inhibiting their promotion opportunities, training, or personal development, simply because of gender, race, ethnicity, sexual orientation, age, disability, or other group characteristic. Although some consider antidiscrimination laws as a burden on business [3–5], others argue that equality laws are capable of serving economic and efficiency-based ends [6,7]. For instance, the European Union includes sex equality within its strategy for economic competitiveness [8]. Around 46% of working-age people with a disability are in employment compared with 76% of the nondisabled population. The employment rate for those with depression or anxiety is just 27% [9]. Knowledge of discrimination law, particularly disability discrimination, is crucial for occupational health (OH) professionals delivering vocational rehabilitation services effectively.

Mainstreaming aims to inject equality concerns into all decision-making processes, whether at the state or employer level. Instead of reactive response to complaints through an adjudicative process, mainstreaming is a proactive approach, which (a) assesses new policies and laws for their impact on discrimination and adjusts them accordingly; (b) detects and remedies unlawful discrimination without the need for litigation; and (c) actively pursues equality, for example, through training, limited positive discrimination, reasonable accommodation, or structural change. Mainstreaming requires effective monitoring of data to assess the impact of mainstreaming policies and programs, timetables, and targets. Most importantly, mainstreaming requires involvement with stakeholders, including trade unions, employers’ associations, civil society organizations, and affected individuals and employers.

The recent public sector equality duty, Joint Strategic Needs Assessments, and increased partnership working present the optimum time to assess the needs of working-age disabled persons [10]. OH professionals are well placed to engage the key stakeholders so that disabled people of working age have their needs heard and addressed.

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References