



Report of IP Ability survey 2022 / 2023



Working for diversity and inclusion in IP

Executive summary

We performed the IP Ability survey across winter 2022-2023 to help us shape our future plans, allowing us to target support and awareness-raising to the areas where they are most needed. As a similar survey was performed in December 2019, we were also able to compare any changes that have occurred over the past few years. The survey was open to all IP professionals, whatever their role and career level. Importantly, it was just as much for people who do not have disabilities or caring responsibilities as for those who do: this gives us valuable information about the extent of any problems that the responses identify.

Fifty-five people responded to the survey, of whom about 58% have a disability or condition and 10% have caring responsibilities. One of the survey questions focused on how individuals preferred to be identified. The range of answers varied, indicating that the terms used should be tailored to the individual's preferences.

The majority of respondents did not have their disability (or were not aware of their disability, around two-thirds of respondents) or caring responsibility (around 97% of respondents) at the time of entering the profession. Of those who did have a disability at the time of entering the profession, only half were open about their disability at the time, with embarrassment being noted as a reason for not disclosing. This suggests that stigma still impacts the ability of people to speak openly about their conditions.

Positively, there was an increase in the number of respondents that had told their employer/line manager about their disability/caring responsibilities (59% and 56%, respectively) compared to the 2019 survey where less than half of the respondents had told their employer/line manager. In addition, there was an increase in the percentage of respondents reporting that the line managers understood, or tried to understand their disability/caring responsibility, but there was still a large proportion of respondents who felt that their line managers were not willing to understand (around 18% for disabilities and around 29% for caring responsibilities). In addition, there was an increase in the number of respondents reporting that their employers make information regarding support for people with disabilities or caring responsibilities available. However, only a third of respondents reported that their employer made such information available regarding disabilities, and only a fifth of respondents reported that their employer made such information available regarding caring responsibilities, suggesting that there is still room for improvement.

55% of the respondents had workplace adjustments in place. There were a wide range of adjustments that included: adjustments to working patterns (e.g., flexible working, home working or reduced hours) or specialised equipment (e.g., a desk, a chair, computer hardware or software). However, it was clear from the responses that getting these adjustments had not been straightforward in every case. Some respondents reported that it was relatively easy to obtain adjustments. However, many respondents have had to overcome barriers. These appeared to centre around themes of a lack of understanding (e.g., regarding the benefit of adjustments to both the individual and employer and the type of adjustments available) or an issue with the attitude/culture (e.g., requiring a high burden of evidence, adjustments only being applied informally or not being

implemented once agreed, questions as to the individuals' performance if the adjustments were applied etc). This was supported by comments by respondents as to why they felt they were receiving inadequate support.

Many respondents reported that working from home made it significantly easier to manage their working life in the context of their condition or caring responsibilities due to, for example, greater flexibility, ability to manage their own time, improved concentration, time to process tasks/issues before responding, the option to attend events/courses online, no travel time, the option to work in your preferred way e.g., warmth, position, frequent breaks etc. The ability to work from home also allowed people to feel safer with regards to exposure to illnesses where they lived with someone who was immunocompromised. Many appreciated the choice to work remotely and/or value hybrid working, although some reported that remote working during the COVID-19 pandemic made their condition worse, often due to isolation, lack of connection, lack of routine, lack of face-to-face interaction, uncertainty, etc.

Around two-thirds of respondents reported that they felt career development opportunities were generally accessible to people with disabilities and caring responsibilities. However, it was noted that by some respondents that this is difficult to assess this because they were not aware which colleagues had a disability or caring responsibility, indicating that there may be some benefit to transparent policies for career progression, mentoring from senior members of staff with disabilities or caring responsibilities, and or the availability of role models. In addition, people were unclear how the difficulty in meeting targets, in part hindered by a lack of adjustments, could affect their career development. People also noted that there is a barrier to becoming EP or UK qualified as a patent attorney due to the length of the exams and the requirement for a certain amount of time in practice for the EQEs.

The final questions in the survey asked what IP Ability could provide that would be helpful for disabled people, carers and their employers, and the responses provided lots of great ideas which will help us to shape what IP Ability does in 2024 and beyond. These can generally be grouped into five areas:

- Raising awareness and visibility of different disabilities and caring responsibilities;
- Education on adjustments available, including for exams;
- Networking / support groups;
- Lobbying firms, exam boards, training providers and events to be more inclusive; and
- Improving accessibility to events.

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1 Introduction

1.1 Background

During December 2022 and early 2023 [IP Ability](#), the [IP Inclusive](#) community for disabled people, carers and their allies, ran a survey to get a better idea of current levels of support in the IP sector for disabled people and carers. We wanted to know how much awareness and understanding there was, among both employers and employees, about suitable workplace adjustments; whether people felt comfortable asking for support; and generally how “disability-confident” our organisations were. It also explored the impact of the Covid-19 pandemic on working life and employer support.

This survey was based on our inaugural survey, launched in November 2019, which was used to explore issues around disability and the workplace to help inform what shape the new community should take.

The survey was open to all IP professionals, whatever their role and career level. Importantly, it was just as much for people who don’t have disabilities or caring responsibilities as for those who do. We are extremely grateful to everyone who took part.

1.2 The survey

The survey was run online using IP Inclusive’s SurveyMonkey account. Participation was voluntary. Responses were collected and analysed anonymously.

The survey questions were compiled by IP Ability with help from Andrea Brewster, Chartered Patent Attorney and IP Inclusive Lead Executive Officer.

The questions were divided into five categories:

- Information about the respondents (see section 3 below);
- Responses by those with a disability or condition (section 4);
- Responses by those with a caring responsibility (section 5);
- Workplace adjustments and belonging (section 6);
- The impact of Covid-19 (section 7);
- Career development (section 8); and
- Feedback for IP Ability (section 9).

The survey links were sent out to CIPA and CITMA members (including members of the CIPA Informals) and subscribers to the “IP Inclusive Updates” mailing list. They were also publicised through the IP Inclusive and Jonathan’s Voice websites and social media channels ([see the post on the IP Inclusive website here](#)).

The survey was open from December 2022 to February 2023.

1.3 This report

This report, which is publicly available, summarises the key outcomes. It is intended for use by IP Inclusive, IP Ability and other interested parties to address problem areas in the professions. It was

prepared for IP Inclusive by its Executive Support Helen Smith, with input from IP Ability committee members Laura Cassels, Chris Clarke and Marianne Privett.

In reporting the survey responses, all tabulated figures are percentages of the respondents who answered the relevant question, unless otherwise indicated. Percentages are quoted to the nearest whole number.

Data has not been cross-linked between survey questions. It is felt that in such a small population, anonymity could be compromised if the results were to be analysed in this way. However, this has affected conclusions that we can draw from the data because it is unclear whether the respondent(s) to any question consider themselves to be disabled, have a condition, have caring responsibilities, any combination of these, or none of these. Whilst it was intended that certain questions in the survey be answered only by (e.g.) those with a disability or condition, it is clear from the number of respondents that this was not the case. Likewise, the questions regarding workplace adjustments and the effect of Covid are not linked to disability / caring responsibilities.

2 The respondents

2.1 Response rates

There were 55 respondents to the survey. This was lower than in 2019 (70 respondents).

2.2 Disability or condition

In the survey, where we referred to having a "disability or condition", we meant to include people with any long-term physical or mental health condition, neurodiversity or neurodevelopmental condition.

This includes anyone with a "disability" as defined under the UK Equality Act 2010 (anyone with a physical or mental impairment lasting, or likely to last, at least a year which has a more than minor/trivial adverse effect on their ability to carry out normal day-to-day activities). Specific examples include (but are not limited to):

- dyslexia, dyspraxia, Tourettes syndrome, ADHD and autism;
- mental health conditions including anxiety, depression, PTSD and OCD;
- sensory impairment including blind/low vision or deaf/hard of hearing;
- long-term health or autoimmune conditions including arthritis, fibromyalgia;
- ME/CFS, Crohn's, cancer, HIV and irritable bowel syndrome; or
- mobility or physical impairments including musculoskeletal conditions, limb differences, or the use of aids such as crutches or a wheelchair.

The participants were asked:

“In view of this definition, do you have a disability or condition (be it mental or physical, visible or invisible, permanent or temporary, sudden onset or progressive)?”

No. of respondents = 55	% Respondents
Yes	58
No	40
Prefer not to say	2

58% of respondents (32 respondents) indicated that they do have a disability or condition; 40% (22 respondents) indicated they do not.

The proportion of respondents with a disability or condition was higher than in 2019: fewer people without a disability or condition responded to the survey.

A handful of people specified their disability/ies or condition/s and these included autism, ADHD, dyspraxia, anxiety, chronic back issues, arthritis, diabetes, irritable bowel syndrome.

2.3 Caring responsibilities

The participants were asked:

“Do you have caring responsibilities for a disabled person or someone who has a condition (be it mental or physical, visible or invisible, permanent or temporary, sudden onset or progressive)?”

No. of respondents = 48	% Respondents
Yes	10
No	90

10% of respondents (5 respondents) indicated that they do have caring responsibilities; 90% (43 respondents) indicated they do not. 7 people skipped the question, although 2 of these made free text comments: one indicated occasional caring responsibilities (e.g. during flare ups of a condition) and the other noted that living with neurodivergent family members can take up a fair amount of energy, whilst also emphasising that they were in no way equating this to the clearly far more onerous responsibilities of some carers.

This was significantly lower than in 2019, when around a quarter of respondents had caring responsibilities. This does not necessarily mean that there is a reduction in the number of people with caring responsibilities in the profession, and only indicates that a smaller number of people with caring responsibilities responded to the survey in 2022.

3 Responses by those with a disability or condition

The questions at 3.1-3.5 were intended to be answered by those with a disability or condition. However, it is clear from the numbers of respondents that some of these questions were answered by people who previously indicated that they do not have a disability or condition.

3.1 Who at work knows

The participants were asked:

“Which of the following know about it (tick as many as applicable)?”

No. of respondents = 32	% Respondents
All your colleagues	19
Your organisation's HR team	50
Your line manager	59
Only your closer colleagues	47
At least some of your clients	9
No one at work	16
Prefer not to say	0

Around a fifth of respondents indicated that all of their colleagues know about their disability or condition. 50% had told their HR team. 59% had told their line manager. 47% had told only close colleagues. 9% had told at least some clients. 16% had told no one at work.

These figures are broadly in line with the data collected in the 2019 survey.

3.2 Support at work

The participants were asked:

“Does your line manager understand your needs and support you appropriately?”

No. of respondents = 28	% Respondents
Yes	32
No, but they try to do so	43
No, and they do not try to do so	18
Prefer not to say	7

Only 18% of respondents indicated an unwillingness from their line manager to support their needs, the majority of managers being willing to try to understand and provide appropriate support. However, only half of those willing line managers were successful in understanding their needs and providing appropriate support, suggesting that the managers themselves lack knowledge / know how and could themselves benefit from appropriate training. This view was supported by some of the individual comments made. Other comments suggested that barriers to providing appropriate support include:

- extreme work pressures making it difficult to support anyone in the team;
- if an understanding of a condition is required, particularly if there is also the need for a different way of thinking;
- if the employee is hindered when explaining what would work best for them due to concerns of creating the impression of being unable to cope.

The number of respondents answering no to this question appears to be significantly higher than in 2019, perhaps indicating greater awareness of entitlement to support / adjustments in the workplace.

3.3 Value and inclusion

The participants were asked:

“Do you feel like a valued and/or included colleague?”

No. of respondents = 36	% Respondents
Yes, both valued and included	53
Valued but not included	17
Included but not valued	22
No, neither valued nor included	3
Prefer not to say	6

More than half of respondents felt both valued and included, which appears to be fewer than in 2019. 17% felt valued but not included and 22% felt included but not valued. Note that the number of respondents to this question is greater than the number of respondents who indicated that they have a disability or condition and for the sake of anonymity we have not cross-linked the data.

The free text responses suggested that inclusion can be limited at times. Work culture and environment appears to contribute to feelings of not being a valued colleague. For example, being told that you’re not working at the level expected, and yet not being given the tools to get to that level. Another noted how a lack of self-confidence can lead to feelings of not being valued, for example when joining a close-knit team it can be hard to fit in. Also, some people find lots of positive feedback helpful to boost their confidence and feel valued, but this is not always forthcoming.

The number of respondents indicating that they do not feel valued and/or included appears to be significantly higher than in 2019, perhaps indicating greater awareness of the importance of these feelings in the workplace and their relevance to performance.

These responses suggest that whilst many managers are aware of the benefits of helping their team members to feel valued and included, and are successful in achieving this, others require more support or training.

3.4 Information to support people with disabilities or conditions

The participants were asked:

“Where do you find information, if you need it, about support for people with disabilities or conditions?”

The most common responses were:

No. of respondents = 17	% Respondents
Internet, e.g. ACAS, Access to Work, looking for examples of “reasonable adjustment”.	65
Relevant charities / organisations	17
Workplace intranet / social channel	13
NHS / GP / Occupational Health	13
Online communities / support groups	9
Friends	9
IP Inclusive	9
Employee handbook	4

Free text responses also mentioned Twitter, podcasts and ‘ADDitude’ magazine.

Next the participants were asked:

“Does your employer make information available to your colleagues about how to support people with disabilities or conditions?”

No. of respondents = 36	% Respondents
Yes	33
No	39
Not sure	25
Prefer not to say	3

Only around a third of employers are now making this kind of information available. Specific examples given included mental health training and training about autism. This is a significant improvement since the 2019 survey, yet there is still room for a lot of improvement in this area.

3.5 Identification

Not everyone who has a disability or condition that impacts their life identifies in the same way. For example, some people who meet the definition in the UK Equality Act 2010 do not identify as disabled. Others may prefer to be described in relation to their specific health condition or neurotype, such as "person with autism", "autistic person" or "neurodivergent".

The participants were asked:

“If you have one or more conditions that (at least at times or in some ways) impact your life, how do you prefer to be identified?”

Of the 29 respondents, nearly half of the respondents indicated that they do not wish to be identified by their condition or do not consider themselves to have a disability.

Only a third of respondents identified as disabled, and one respondent specified that this was in respect of their physical disability, but not their neurodivergence.

Over a third of the respondents identified as neurodivergent, and others identified as autistic, dyslexic or dyspraxic.

Some respondents identified as a person with ... [anxiety / depression / IBS / ADHD]. However, other respondents did not like this language. One commented that they prefer the language of “having ...”. However, another commented that they prefer terms such as “autistic” or “depressed” compared to “with..” because the disability or condition felt core to who they are.

One person was not concerned by the terms applied, as long as they are not used in a derogatory manner.

3.6 Circumstances on entering the IP professions

The participants were asked:

“Did you have a disability or condition (be it mental or physical, visible or invisible, permanent or temporary, sudden onset or progressive) when you entered the IP professions?”

No. of respondents = 45	% Respondents
Yes, and I was aware	33
Yes, but I was not aware	29
No	38
Prefer not to say	0

A third of respondents were aware of their disability or condition when they entered the IP professions, 29% had a disability or condition but were not aware of it at that time, and 38% did not have a disability or condition when they entered the IP professions.

The free text responses indicate several individuals who received ADHD diagnoses after entering the IP professions.

The participants were then asked:

“If you answered “Yes, and I was aware”, were you open about that disability or condition at the time?”

No. of respondents = 16	% Respondents
Yes	44
No	50
Prefer not to say	6

Slightly less than half of respondents were open about their disability or condition when they entered the IP professions; half were not open about it at that time, and 6% preferred not to say.

Some were open about it to HR in order to obtain information about the interview process ahead of time or access reasonable adjustments. Another disclosed their disability when offered a position. Embarrassment was a reason given for not being open.

4 Responses by those with a caring responsibility

The questions at 4.1-4.5 were intended to be answered by those with a caring responsibility. However, it is clear from the numbers of respondents that some of these questions were answered by people who previously indicated that they do not have a caring responsibility.

4.1 Who at work knows

The participants were asked:

“Which of the following know about it (tick as many as applicable)?”

No. of respondents = 9	% Respondents
All your colleagues	11
Your organisation's HR team	22
Your line manager	56
Only your closer colleagues	44
At least some of your clients	33
No one at work	11
Prefer not to say	0

Over half of respondents had told their line manager about their caring responsibilities. This is significantly more than in the 2019 survey, where less than half had told their line manager about their caring responsibilities.

Around 20% had told HR, 44% had told only closer colleagues, a third had told some colleagues, and 11% had told all their colleagues. 11% had told no one at work.

Note that the number of respondents to this question is greater than the number of respondents who indicated that they have a caring responsibility and for the sake of anonymity we have not cross-linked the data.

4.2 Support at work

The participants were asked:

“Does your line manager understand your needs and support you appropriately?”

No. of respondents = 7	% Respondents
Yes	29
No, but they try to do so	43
No, and they do not try to do so	29
Prefer not to say	0

Although, nearly a third of respondents indicated an unwillingness from their line manager to support their needs, the majority of managers are willing to try to understand and provide appropriate support. However, less than half of those willing line managers were successful in

understanding their needs and providing appropriate support, suggesting that the managers themselves lack knowledge / know how and could themselves benefit from appropriate training. No free text comments were included in response to this question, but as in section 3.2, other barriers may include work pressures making it difficult to support anyone in the team, a lack of understanding on behalf of the line manager, or indeed the employee in terms of what adjustments may be available.

The number of respondents answering no to this question appears to be significantly higher than in 2019, perhaps indicating greater awareness of entitlement to support / adjustments in the workplace.

Note that the number of respondents to this question is greater than the number of respondents who indicated that they have a caring responsibility and for the sake of anonymity we have not cross-linked the data.

4.3 Value and inclusion

The participants were asked:

“Do you feel like a valued and/or included colleague?”

No. of respondents = 8	% Respondents
Yes, both valued and included	50
Valued but not included	0
Included but not valued	13
No, neither valued nor included	13
Prefer not to say	25

Half of respondents felt both valued and included; none felt valued but not included; 13% felt included but not valued, and 13% felt neither valued nor included.

The number of respondents indicating that they do not feel valued and/or included appears to be significantly higher than in 2019, perhaps indicating greater awareness of the importance of these feelings in the workplace and their relevance to performance.

These responses suggest that whilst many managers are aware of the benefits of helping their team members to feel valued and included, and are successful in achieving this, others require more support or training.

Note that the number of respondents to this question is greater than the number of respondents who indicated that they have a caring responsibility and for the sake of anonymity we have not cross-linked the data.

4.4 Information to support people with caring responsibilities

The participants were asked:

“Where do you find information, if you need it, about support for people with caring responsibilities?”

The responses included the internet, relevant charities and IP Ability.

The participants were also asked:

“Does your employer make information available to your colleagues about how to support people with caring responsibilities?”

No. of respondents = 16	% Respondents
Yes	19
No	56
Not sure	25
Prefer not to say	0

Less than 20% of respondents indicated that their employer makes information available about how to support people with caring responsibilities, with more than half indicating that such information is not made available, and 25% being unsure. This is an improvement since the 2019 survey where no one answered this question positively.

4.5 Circumstances on entering the IP professions

The participants were asked:

“Did you have caring responsibilities when you entered the IP professions?”

No. of respondents = 38	% Respondents
Yes	3
No	97
Prefer not to say	0

Only 3% of respondents (1 person) had caring responsibilities when they entered the IP professions.

The participants were then asked:

“If you answered "Yes", were you open about those caring responsibilities at the time?”

No. of respondents = 2	% Respondents
Yes	0
No	100
Prefer not to say	0

Neither of the two people who responded to this question was open about those caring responsibilities when you entered the IP professions. No reasons were given.

5 Workplace adjustments and belonging

5.1 Workplace adjustments

The participants were asked:

“Do you currently have any workplace adjustments, or adjustments to your working pattern, to enable you to work at your best?”

No. of respondents = 44	% Respondents
Yes	55
No	43
Prefer not to say	2

55% of respondents indicated that they do currently have workplace adjustments, or adjustments to your working pattern, to enable you to work at your best; 43% responded that they do not. This data has not been cross-linked with other questions, in particular whether the respondents have a disability or condition, or a caring responsibility.

The participants were then asked:

“If so, what kind of adjustments do you have and what if any problems did you experience when applying for those adjustments?”

The kinds of adjustments mentioned included:

- Flexible working hours, including working part-time, shorter days, later starts;
- Frequent breaks / longer lunch break;
- Working from home;
- Focus on hours recorded, rather than the time periods worked;
- Time off for medical appointments;
- Ergonomic assessment/ergonomic equipment;
- Specific equipment, e.g. adjustable desk, specialist chair, footrest, elbow rest, kneeling mat, ergonomic mouse, smaller keyboard, dictation software;
- Use of noise-cancelling headphones when in office;
- Being able to record meetings;
- Regular / more frequent check ins with line manager;
- Acceptance of far more sick days than average;
- Permanent desk in the office rather than hot desking;
- Adjustment to output requirements;
- Communication adjustments, e.g. written feedback rather than verbal;
- Accommodations for training (e.g. large print, breaks, special chair); and
- Flexible dress code, e.g. trainers.

The adjustments therefore seem to focus on flexible working arrangements, and specialised equipment. However, the range of the type of adjustments indicates that adjustments should be

personalised to the individual’s needs, and that it may be difficult to adopt a “one-size-fits-all” approach.

Some of the difficulties faced when requesting adjustments were stated by respondents as including:

- Not being allowed adjustments above what is offered to other staff;
- Adjustments only being applied informally;
- Adjustments not being implemented once agreed;
- Refusal by some employers to allow adjustments;
- Having to show proof of appointments or additional letters from medical professionals;
- Lack of trust or belief of the impact of the disability or condition;
- Not knowing what adjustments will actually work without testing them out;
- Not knowing what adjustments are available; and
- Questions as to whether the individual can perform the role when working from home.

The responses indicated a theme that the type of adjustments that could benefit an individual may not be fully understood by the individual themselves, nor the employer. Even when adjustments are agreed, it seems that there can be a failure to fully put these into practice, or have them formalised. It also seems that there is a theme of a lack of understanding as to the impact of a disability or condition on an individual. For example, a lack of understanding how both the individual and employer can benefit from adjustments, including adjustments beyond the normal working practice offered to staff.

5.2 Supportiveness of manager / colleagues

The participants were asked:

“How supportive is your line manager of the adjustments?”

No. of respondents = 23	% Respondents
Very	52
Fairly	35
Not very	4
Not at all	4
Prefer not to say	4

Half of respondents indicated that their line manager was very supportive and a further 35% that they were fairly supportive. 4% thought that their line manager was not very supportive and 4% responded that they were not at all supportive.

Individual comments included:

- These are personal adjustments to how I work, so I don't share information with others.
- In theory they are supportive, but not necessarily in practice (e.g. too busy, other priorities, etc).
- I get what I need but sometimes feel like a nuisance.

The participants were then asked:

“How supportive are your other colleagues of the adjustments?”

No. of respondents = 22	% Respondents
Very	32
Fairly	55
Not very	4
Not at all	0
Prefer not to say	9

A third of respondents consider their colleagues to be very supportive of the adjustments and a half think they’re fairly supportive. 4% felt their colleagues were not very supportive. A few respondents indicated that they choose not to share information about their personal adjustments with others, so colleagues are unaware. Another indicated that there is enormous variation. Another indicated that those who are aware are respectful and don’t ask any intrusive questions. Another reported that there are only a few people who might not be supportive, but that they believe this is mainly because they do not understand the reasons behind the adjustments.

5.3 Inadequate support

The participants were asked:

“If you are receiving inadequate workplace support, why do you think that is? (For example, does your line manager think it unnecessary, or too costly? Do you feel unable to ask? Please be as candid as you can; remember your survey responses are anonymous.)”

12 people responded to this question. Themes included:

- A lack of understanding / stigma / bias – an attitude of ‘why go to the trouble to provide X with extra support when someone else could do the job without support?’
- Not wanting to start a precedent.
- Defensive behaviour and not being open to looking for or trying anything new, particularly when that involves new behaviours (rather than assistive technologies).
- Not knowing what to ask for and what would make a difference – by both the employee and the employer.
- Too busy – providing support / adjustments is never a priority.

5.4 Belonging

The participants were asked:

“Please share any thoughts you have on the things that make you feel safe, supported and valued as a disabled person or carer at work.”

11 people responded to this question. Themes included:

- Taking inclusion seriously:
 - Active D&I committee with a budget.
 - Active promotion / positive reinforcement of inclusion, e.g. through intranet, seminars etc.
 - Training to help managers and staff understand different types of disabilities.
 - Senior people being open about disabilities and accommodations.
 - Supporting relevant charities.
 - Remembering differing needs, designing events to be accessible, etc.
- Helping everyone to feel safe to speak out and feel heard:
 - Asking for the opinions of staff and listening to their responses.
 - Creating a culture of openness, eliminating stigma and bias.
 - Safe spaces to talk.
 - Lack of judgement around adjustments.

6 Covid-19

The participants were asked:

“If you had a disability or condition (be it mental or physical, visible or invisible, permanent or temporary, sudden onset or progressive) or caring responsibilities before 2020, how has the Covid-19 pandemic affected your working life? (For example, did working remotely make it easier to manage your disability or condition, or to manage your caring responsibilities? Please provide as much detail as you can.)”

30 people answered this question. This data has not been cross-linked with other questions, in particular whether the respondents have a disability or condition, or a caring responsibility.

Many respondents noted difficulties that arose during Covid-19 pandemic, in particular that remote working made their condition worse, often due to isolation, lack of connection, lack of routine, lack of face-to-face interaction, uncertainty, etc. Others noted difficulties in work remotely in terms of training, contact with supervisors and feeling involved.

On the other hand working from home made it significantly easier for many to manage their working life in the context of their condition or caring responsibilities due to, for example, greater flexibility, ability to manage your own time, improved concentration, time to process tasks/issues before responding, the option to attend events/courses online, no travel time, the option to work in your preferred way – warmth, position, frequent breaks etc. Safety was also a concern for those at high risk or living with someone at high risk.

Many now appreciate the choice to work remotely and/or value hybrid working.

The participants were then asked:

“If you continue to experience negative effects from the existence of Covid-19 (e.g. long-Covid after having had Covid-19, or health anxiety), how supportive has your employer been? (Please be as candid as you can; remember your survey responses are anonymous.)”

8 people responded to this question. It was noted those struggling with long-Covid can feel unsupported, often due to a lack of understanding. Whilst employers may be supportive in principle, this may not translate in practice due to poor communication and/or high workloads. Sick pay can also be inadequate.

Others noted that their employer was supportive to those having additional requirements post-Covid.

Link to IP Inclusive article: [Covid-19 and Disability](#).

7 Career development

The participants were asked:

“In your organisation, as far as you can tell, how accessible are career development opportunities to disabled colleagues, colleagues with conditions and colleagues with caring responsibilities?”

No. of respondents = 35	% Respondents
Very	17
Fairly	49
Not very	23
Not at all	3
Prefer not to say	9

17% of respondents thought that career development opportunities are very accessible to disabled colleagues, colleagues with conditions or caring responsibilities, and 49% thought they were fairly accessible. 23% thought they were not very accessible and 3% responded that they were not at all accessible.

There were a number of free text comments. Several indicated that it was hard to tell because they are not aware which colleagues have disabilities, conditions or caring responsibilities. Others indicated that there are no obvious barriers / it looks good on paper, but they are unsure how good things are in practice, particularly when they only know a few colleagues with disabilities / caring responsibilities in senior positions.

Others noted that career development opportunities for disabled colleagues appear to be good but could be improved with more awareness. It was suggested that career development opportunities for those with caring responsibilities are less accessible, and there can be little sympathy for carers (although there often is sympathy towards working parents).

It was noted that promotions are often based on meeting targets and producing the required output. However the ability to meet those goals can be hindered by a lack of support. Or anyone who does things slower / needs more breaks etc, will be judged as producing less output and therefore not being up to scratch when it comes to promotion.

It was noted that the pressure can be hard for people with mental health issues.

One person explained that there are massive barriers to being EPA qualified for disabled employees, both in terms of sickness absence (affecting when you can sit the EQE) and extra time requirements. The lack of guidance from the exam board on these issues is particularly frustrating. Also, the long format of the exams means you are not able to take the breaks you need for your health, and cannot reflect the normal working pattern of a disabled employee who works short days for their health.

The participants were then asked:

“As far as you can tell, to what extent are adjustments made in your organisation to ensure development opportunities are accessible and available to disabled colleagues, colleagues with conditions and colleagues with caring responsibilities?”

No. of respondents = 31	% Respondents
A great deal	16
A moderate amount	55
Not much	19
Not at all	3
Prefer not to say	6

More than half of respondents thought that a moderate amount of adjustments were made in their organisation to ensure development opportunities are accessible and available to disabled colleagues, colleagues with conditions or caring responsibilities, and 16% thought a great deal of adjustments were made. About 20% responded that the extent of adjustment was ‘not much’ or ‘not at all’. Again, it was noted that it is hard to tell / little transparency / hasn’t been fully tested.

8 Feedback and suggestions for IP Ability

8.1 Feedback

The participants were asked:

“Do you have any feedback on the webinars, articles, etc that IP Ability have provided to date and their usefulness for disabled people, people with conditions, carers, their allies and employers in the IP professions? If so, please share it with us here.”

The 12 responses were largely positive. Respondents commented that the webinars and articles have been very informative and great for raising awareness and encouraging discussion. The 3 part article on ADHD by Sophia Karim was mentioned as a highlight, as were the Women in IP / Neurodiversity webinar, and the UKIPO speakers (particularly hearing about the UKIPO approach to neurodivergence).

One person thought that there has been a lot of focus on mental health and that this means that other disabilities are not as well discussed. Another found that some of the discussion does not align with their experience and some can be tiresome or annoying.

One ally commented how useful it has been to attend webinars discussing people's issues and needs and how to make reasonable adjustments in order to address these. Another person commented that it was an IP inclusive seminar that first led them to explore and seek a diagnosis, and a later IP Ability seminar was really helpful in making them understand that neurodivergences do not prevent people from being good attorneys, and can in fact add helpful qualities.

The participants were also asked:

“What do you think of this survey? (Please be constructive and provide suggestions so that your feedback can be used in our future surveys.)”

There were 14 responses. Positive feedback included that the survey was well thought out and thorough with some great thought-provoking questions. However some found the survey to be long and personal and / or was not confident of real anonymity given the small size of the profession.

Several people noted the need for a ‘n/a’ option as many of the questions were directed to a specific group of people, yet it was not stated clearly enough that only those people should answer. Ideally the survey should automatically take you to next relevant question. This has also affected the conclusions that we can draw as set out in sections 1.3 and 9.1.

8.2 Suggestions

The participants were asked:

“What would you like IP Ability to provide in the future for disabled people, people with conditions, carers, their allies and employers in the IP professions?”

The 11 responses included:

- Raising awareness and visibility, e.g.
 - Webinars* to hear about different types of disabilities, from perspectives of those who the issue directly affects.
 - Articles* about how people have dealt with their disability.
 - Increase visibility of the many disabled/neurodivergent individuals already in the profession.
- Education
 - Information about asking for support.
 - Practical tips on what true support can look like.
 - Showcasing employers who are supportive.
 - A hub of information for trainees, especially for help with UK and EP exams.
- Networking / support
 - Disability networks to share experiences and ideas.
 - A mental health group in its own right, as many who suffer from mental health conditions don't consider themselves disabled (even if lasts for longer than 12 months) and so may not look to IP Inclusive/IP Ability.
 - A hot line or chat where people can ask questions.
- Lobbying:
 - Firms to be more proactive about accommodations.
 - Exam boards / training providers / events to be inclusive.
- Improve accessibility to events, both geographically and the facilities in which they are held.

*Some people prefer webinar format and others articles, so thinking about more frequently making the information content available in multiple formats – written reports of webinars, podcasts/interviews with article authors, etc.

9 Discussion

9.1 Caveats

Firstly, the response rate to the survey was relatively low. There may have been various reasons for this, including potentially the very problems that the survey set out to explore, for example lack of awareness or a reluctance to discuss the subject.

Secondly, the respondents to an IP Ability survey could to an extent be “self-selecting”: people who have experienced disability or caring responsibilities may be more likely to understand the importance of engaging with the issues, whereas those with no experience may think the exercise unnecessary. Equally, we should be open to the opposite possibility: that disabled respondents or those with a condition or caring responsibility were unwilling to participate, e.g. for fear of disclosing sensitive information, even in an anonymous survey.

It is always possible, of course, to view statistics either optimistically or pessimistically. Our starting point is that if significant numbers are struggling then that is a problem that needs addressing, even if the others are fine, but our analysis should be read in that light.

Data has not been cross-linked between survey questions. It is felt that in such a small population, anonymity could be compromised if the results were to be analysed in this way. However, this has affected the conclusions that we can draw from the data because it is unclear whether the respondent(s) to any question consider themselves to be disabled, have a condition, have caring responsibilities, any combination of these, or none of these. Whilst it was intended that certain questions in the survey be answered only by (e.g.) those with a disability or condition, it is clear from the number of respondents that this was not the case. Likewise, the questions regarding workplace adjustments and the effect of Covid are not linked to disability / caring responsibilities.

Subject to these caveats, however, we believe that the results of this survey have value in painting a picture of the problems faced and in directing the future direction of IP Ability.

9.2 Key outcomes

The responses to many of the questions appear to be in line with the responses used to generate Legally Disabled’s reports, including the report on the impact of Covid-19. Given the relatively small number of respondents it is difficult to draw firm conclusions but, even where responses indicate positive change (e.g. a decrease in the number of people answering “no” in response to the question “Does your line manager understand your needs and support you appropriately?”) IP Ability believe there continues to exist a need to raise awareness and encourage employers to support employees who are disabled, neurodivergent or have caring responsibilities.

We thank those who provided feedback and suggestions. We will review these in greater detail and aim to incorporate them into our future plans.

Annex I:

Links to 2019 survey reports

Blog post of 2019 survey launch: <https://ipinclusive.org.uk/newsandfeatures/ip-ability-launch-survey-disability-caring-in-the-ip-sector/>

Article setting out key findings of 2019 survey in World Trademark Review: <https://www.worldtrademarkreview.com/article/increased-need-disability-support-in-ip-profession-shows-ip-ability-survey>

IP Ability article reflecting on their first year: <https://ipinclusive.org.uk/wp-content/uploads/2021/01/210113-First-year-reflections-IP-Ability.pdf>