



Disability and Reasonable Adjustments

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Equality, Diversity and Inclusion Team

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Introduction

The Equality Act 2010 (EqA) can protect large numbers of people with invisible, as well as obvious and visible disabilities. It may also protect those with temporary, but long-term, injuries or ill-health, who would not normally think of themselves or be considered by others of having a disability.

A claim of disability discrimination can be brought by existing employees, job applicants, employees employed on a contract personally to undertake/complete any work, apprentices and contract employees, e.g. agency employees or those working for contracted-out services. There is no minimum qualifying amount of service or hours required for an employee to make a claim. While this guide focuses on workforce issues, it is not to say the examples of reasonable adjustments cannot be used for patients and service users, this guidance provides some examples of reasonable adjustments which support the NHS England Accessible Information Standard.

Many employees may not identify themselves as disabled and may be reluctant to do so. This can be a sensitive matter. Yet employees covered by the EqA may gain greatly improved employment rights.

The legal definition of disability can sometimes be difficult to apply, this guide aims to help advisers and managers identify when an employee is covered by the EqA and to find the necessary evidence. The general legal principles are set out on pages 3 – 24. A number of specific medical conditions/long term illnesses are considered on pages 25 – 76.

The Equality and Human Rights Commission has published several Codes of Practice (listed in the bibliography) which explain in detail the application of the EqA with relation to recent case law. These documents will be referred to as the 'Code of Practice' from this point forward. The two main codes or practice look at disability in employment and the other in the provision of goods and services.

These guidelines fully support the Equality, Diversity and Inclusion Policy and Supporting Staff and Patients Language and Communication Needs Policy. When thinking about adjustments that could be made in relation to communication you should cross reference this document with the Accessible Communications Guidelines. These documents are available on the Trust Info-net website: <https://www.bsuh.nhs.uk/working-here/equality-diversity-and-human-rights/>

The intention of these guidelines is to aid discussions between employees and their line manager(s) in determining ways in which the effect of disadvantage caused by medical conditions or long-term illnesses can be either removed or reduced. For issues that are complex and cannot be resolved without expert advice, a referral to Occupational Health is strongly recommended. Any difficulties and issues experienced by an employee should be clearly documented with what appropriate reasonable adjustments have been put in place.

1. The Equality Act 2010

1.1 Who is 'Disabled' Under the Equality Act 2010?

To gain the protection of the Equality Act, an employee must prove they meet the legal definition of disability in the Act.

Whether or not the employee is recognised as disabled in other contexts, e.g. for the purpose of social security benefits, is a different legal test. The employee is not automatically covered just because they are in receipt of disability related state benefits or because they have a statement of Special Educational Needs as a child.

The Equality Act does not simply cover visible disabilities such as the need to use a wheelchair. It can cover invisible disabilities, e.g. diabetes, depression, temporary illnesses, injuries, (e.g. severe back disorders) and conditions where the impairment may fluctuate.

Sometimes employees with seemingly obvious disabilities do not identify as having a disability.

The question is not whether the named disability is covered by the Equality Act. It is whether the particular employee with the disability is covered. This will depend on the nature, severity and duration of the disability in the employee's individual circumstances.

The legal definition: overview

Section 6(1) of the Equality Act states:

The Act defines a disabled person as a person with a disability. "A person has a disability for the purposes of the Act if they have a **physical or mental** impairment and the impairment has a **substantial** and **long-term** adverse effect on their ability to carry out 'normal' **day-to-day activities**."

This means that, in general:

- the person must have an impairment that is either physical or mental;
- the impairment must have adverse effects which are substantial;
- the substantial adverse effects must be long-term; and
- the long-term substantial adverse effects must have an effect on 'normal' day-to-day activities. (See code of practice for a list of activities/capabilities).

Schedule 1 provides further guidance into definitions and exclusions, and clarification can be sought by reviewing the Code of Practice produced by the Equality and Human Rights Commission: <http://www.equalityhumanrights.com/>

Remember!

- In most cases an employee will develop a condition rather than be born with it, so at some point an employer is likely to have a member of staff who becomes disabled.

- An employee's disability can affect their work because of the way the workplace is set up and/or because of some work practices or expectations – this is where a reasonable adjustment can come in to eliminate or reduce the impact.
- If an employer disagrees that an impairment is a disability and the case goes to an Employment Tribunal, the tribunal will assess the matter discounting the medication and/or treatment the employee has to help with their condition.

'Normal' day-to-day activities

The Act does not define what a 'normal' day-to-day activity is. In general, day-to-day activities are things people do on a regular or daily basis, examples include shopping, reading and writing, having a conversation or using the telephone, watching television, getting washed and dressed, preparing and eating food, carrying out household tasks, walking and travelling by various forms of transport, and taking part in social activities. Generally only factors relating to the following would be considered: mobility, manual dexterity, physical co-ordination, continence, ability to lift, carry or otherwise move everyday objects, speech, hearing, vision, perception of risk of danger and memory or ability to concentrate, learn or understand.

Substantially affecting 'normal' day-to-day activities

The requirement that an adverse effect on 'normal' day-to-day activities should be a substantial one reflects the general understanding of disability, as a limitation going beyond the 'normal' differences in ability which may exist among people. A substantial effect is one that is greater than the effect which would be produced by the sort of physical or mental conditions experienced by many people which have only 'minor' or 'trivial' effects (this is stated in the Act, **S212(1)**).

The following considerations should be reviewed when assessing this:

- **The time taken to carry out an activity**
- **the way in which an activity is carried out**
- **cumulative effects of an impairment**
For example, a person whose impairment causes breathing difficulties may, as a result, experience minor effects on the ability to carry out a number of activities such as getting washed and dressed, preparing a meal, or travelling on public transport. But taken together, the cumulative result would amount to a substantial adverse effect on their ability to carry out these 'normal' day-to-day activities.
- **effects of behaviour**
Account should be taken of how far a person can reasonably be expected to modify their behaviour to prevent or reduce the effects of impairment on 'normal' day-to-day activities. If a person can reasonably be expected to behave in such a way that the impairment ceases to have a substantial adverse effect on his or her ability to carry out 'normal' day-to-day activities, the person would no longer meet the definition of disability. For example, when considering modification of behaviour, it would be reasonable to expect a person who has back pain to avoid extreme activities such as parachuting.
- **effects of environment**
- **effects of treatment**

- **progressive conditions**

The initial effect of the condition may not have a substantial impact on the person being able to carry out 'normal' day-to-day activities and therefore does not amount to a substantial adverse effect. However, given the nature of the condition the likely result is the condition will eventually deteriorate to such an extent the person's capability for carrying out 'normal' day-to-day would amount to a substantial adverse effect. As such the person would be treated as having a disability. Examples of such conditions may include dementia, muscular dystrophy and motor neurone disease.

- **severe disfigurements.**

Long term

The Act states that, for the purpose of deciding whether a person is protected under the act, a long-term effect of impairment is one:

- which has lasted at least 12 months; or
- where the total period for which it lasts, from the time of the first onset, is likely to be at least 12 months; or
- which is likely to last for the rest of the life of the person affected.

(Equality Act 2010 - Sch1, Para 2)

Conditions that are automatically protected by the Act

There are conditions where protection under the Act will be automatically granted, without the person having to demonstrate their condition has a substantial and long-term adverse effect on their ability to carry out 'normal' day-to-day activities. These include:

- Cancer
- HIV Infection
- Multiple Sclerosis (MS)
- People who are blind, severely sight-impaired, sight-impaired or partially sighted (where certified by a consultant ophthalmologist)

Conditions that are excluded from the Act

Certain conditions are not to be regarded as impairments for the purposes of the Act. These are:

- Addiction to, or dependency on, alcohol, nicotine, or any other substance (other than in consequence of the substance being medically prescribed) however, for example should alcoholism lead to an associated condition e.g. cirrhosis of the liver – the cirrhosis may in itself be considered a disability providing it meets the requirements of the legal test as set out in the Equality Act 2010.
- The condition known as seasonal allergic rhinitis (e.g. hay fever), except where it aggravates the effect of another condition.
- Tendency to set fires (pyromania).
- Tendency to steal (kleptomania).

- Tendency to physical or sexual abuse of other persons.
- Exhibitionism.
- Voyeurism.

NB: In an employment sense, Obesity within itself is not usually considered a disability – but it may cause or be a contributory factor to impairments e.g. mobility issues, depression or diabetes. Where the impairment is a disability, considerations should be given to reasonable adjustments e.g. providing a special chair or desk or adjusting working practices. Naturally employers are expected to protect employees as they should not be subject to offensive comments or behaviour because of their weight and that obese job applicants are not discriminated against because of their weight.

1.2 Types of Discrimination under the Equality Act 2010

There are a number of different forms of discrimination under the Equality Act. The following is only a brief summary.

1. **Failure to Make Reasonable Adjustments**

This duty is at the heart of disability discrimination law. Where any workplace practice or feature of the premises puts a disabled employee at a disadvantage, the employer must make all adjustments which are reasonable to remove or minimise that disadvantage.

A reasonable adjustment is a change or adaptation to the working environment that helps to remove or minimise the impact of the individual's impairment in the workplace. This should enable the individual to undertake their job duties, or apply for a job, without being at a disadvantage.

An employer can lawfully treat employees and job applicants who are disabled more favourably than employees or applicants without a disability through making reasonable adjustments. But, employees or applicants who are not disabled are not able to claim discrimination on the grounds they have been treated less favourably because of the reasonable adjustment made for a disabled colleague or applicant.

Many employees and employers do not realise quite how far employers must go to meet this duty. Pages 13–24 of this guide set out the legal requirements relating to reasonable adjustments. Pages 25-76 suggest adjustments which may be relevant to a variety of different medical conditions or long-term illnesses. Failure to make a reasonable adjustment is potentially discriminatory.

2. **Direct Discrimination**

It is unlawful for an employer to treat an employee less favourably *on grounds of their* disability than they would treat a person without that particular disability. For example, an employer dismisses a disabled employee because they have taken 3 months sickness absence, the employer does not dismiss a non-disabled employee who has taken the same amount of sick leave.

It is worth noting that protection against direct discrimination has also been amended to include, discrimination outside the employment field. This would include the provision of goods, facilities and services.

If the reason for the different treatment is the person's disability, there is no defence.

3. **Discrimination by Association**

This is direct discrimination against someone because they associate with another person who has a disability.

For example: June works as a project manager and is looking forward to a promised promotion. However, after she tells her boss that her mother, who

lives at home, has had a stroke, the promotion is withdrawn. This may be discrimination against June because of her association with a disabled person.

Typically, this type of discrimination occurs in cases involving people with caring responsibilities for those with disabilities.

4. Discrimination by Perception

This is direct discrimination against an individual because others think they possess a particular disability. It applies even if the person does not actually possess that disability.

For example: Jo is a lecturer at a college and some of her colleagues have complained that her behaviour can be very unpredictable. There are rumours that she has a serious mental health issue. As a result she has noticed that she is no longer invited to social gatherings and some college meetings, she has not been offered any training or career development opportunities for nearly 2 years.

Jo has apologised to her colleagues for her outbursts explaining she feels under pressure because of a private matter outside of work. However, she believes her apologies have made no difference, and the college is trying to 'get her to leave'.

5. Indirect Discrimination

Indirect discrimination occurs when a practice, criterion or provision is applied in the same way to everybody but has an effect which particularly disadvantages, for example, disabled people. Indirect discrimination may be justified if it can be shown to be a proportionate means of achieving a legitimate aim i.e. it is the least discriminatory way of meeting a valid business/service need or aim.

The Equality Act 2010 does not provide a clear definition for 'criterion, practice or provision'. However, within a workplace environment the term will include policies, procedures, rules and requirements, whether written down or not e.g. recruitment and selection criteria, contractual benefits, redundancy scoring matrix or any other work or employment practice.

For example: Abdul works in an outpatient booking hub at a hospital where it is policy that administration staff are in the call handling room for a set number of hours a day, so that they are available to take patient's calls. However, Abdul has Crohn's disease and flare-ups can mean that he spends less time in the call handling room.

He asks his manager to allow more time for toilet breaks on the days his Crohn's disease flares up, and also to make allowances as it can make him very tired. The manager is sympathetic and makes reasonable adjustments so Abdul can spend less time in the call handling room during flare-ups, and assigns him a 'buddy' who will cover for him during these periods.

Had the manager insisted Abdul adhere to the policy on hours, this may have been indirect discrimination, unless the policy could be objectively justified as 'a

proportionate means of achieving a legitimate aim'. Sticking to the policy may also have been a failure to make reasonable adjustments.

6. Discrimination Arising from Disability

Discrimination arising from disability occurs when a disabled person is treated unfavourably because of something connected with their disability, and the unfavourable treatment cannot be justified (i.e. if it can be shown that it is proportionate means that is intended to meet a legitimate aim).

Whereas with direct (disability) discrimination, claimants would need to demonstrate that they have to be treated 'less favourably' in comparison to others. Claimants raising a complaint of discrimination arising from disability are required to demonstrate they have been treated 'unfavourably' which does not require a comparison with someone else.

Discrimination arising from disability is different from direct discrimination. Direct discrimination occurs when a person is treated less favourably because of the disability itself. In the case of discrimination arising from disability, the question is whether the disabled person has in practice been treated unfavourably because of something connected with their disability e.g. the level of sickness absence or the tendency to make spelling mistakes due to dyslexia which leads to a person being selected for redundancy over others.

7. Harassment

Harassment takes place where, for a reason that relates to the disabled person's disability, the harasser engages in unwanted conduct which has the purpose or effect of violating the disabled person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.

This type of behaviour is protected in both employment and the provision of goods, facilities and services.

8. Victimisation

Essentially it is when an employee is punished or treated differently as a result of complaining of disability discrimination or that the employer has not made reasonable adjustments. For example, an employee raises a grievance about disability discrimination and is dismissed as a result.

It does not matter whether the employee raised the issue formally or informally, in a grievance or a tribunal case, on their own behalf or on behalf of a colleague who is disabled.

The employer has a defence if the employee's allegation is false and made in bad faith.

9. Asking pre-employment health related questions

The Equality Act prevents employers asking questions about a candidate's health prior to a conditional or unconditional offer being made. This provision will help prevent disabled candidates from being unfairly screened out at an early stage of the recruitment process.

However, there are limited circumstances where an employer can ask such questions providing that information would help to:

- Decide whether you need to make any reasonable adjustments for the person to undertake the recruitment selection process.
- Decide whether an applicant can carry out a function that is essential (intrinsic) to the job.
- Monitor diversity among people making applications for jobs.
- Take positive action to assist disabled people.
- Assure yourself that a candidate has a disability where the job genuinely requires the jobholder to have a disability, this is otherwise known as a 'Genuine Occupational Requirement'.

But in any of the above exceptions, information collected on disability or impairments, should generally be not available to the interview panel, and must be on a separate and detachable part of the application form.

10. Discrimination because of a past disability

The Act protects employees and job applicants who are no longer disabled, but who had a disability in the past. So, it would be unlawful to discriminate against them because of their past impairment, or because of debilitating effect resulting from the treatment for the past impairment.

For example: refusing a promotion to a candidate who had cancer, on the basis of the amount of time they had taken off as sickness absence for treatment.

1.3 Checklist on Confirming that the Employee has a Disability

- ✓ Identify the medical condition, long-term health issue, physical or mental impairment.
- ✓ Is the condition automatically deemed a disability, e.g. certified visual impairment, HIV infection, multiple sclerosis or cancer?
- ✓ Is it an excluded condition e.g. hay fever? (see p.5)
- ✓ Identify the related paragraphs of the Equality and Human Right Commission '*Code of Practice*'.
- ✓ Is the effect substantial? (e.g. the effect is not trivial or minor in nature).
- ✓ If the effect is minor, is it likely to become substantial in the future (e.g. is this a progressive condition)?
- ✓ Is it a condition which is deemed to have substantial adverse effect, e.g. severe disfigurement?
- ✓ When considering the adverse effect, focus on what the employee cannot do, or can only do with difficulty or tiredness, as opposed to what they can do.
- ✓ Consider the effect on 'normal' activities, not hobbies. Include both work and non-work activities.
- ✓ Consider the deemed effect without any medication or aid.
- ✓ Is the substantial adverse effect long-term (12 months) or recurrent?
- ✓ Could the substantial and adverse effect be fluctuating (are there any patterns or predictability to when they may become an issue?)
- ✓ Consider what medical evidence is necessary, e.g. to prove:
 - the nature of the impairment
 - the nature and seriousness of the effects
 - when the effects started and how long they are likely to last
- ✓ Consider the cost of medical evidence and whether to instruct an expert jointly with the employers.
- ✓ Consider the appropriate medical expert: GP, treating consultant or independent consultant.

1.4 Good Practice for Advisers / Managers

- ✓ Make sure the location, timing and the provision of advice and assistance is accessible.
- ✓ Do not make assumptions about the effect of an impairment. The employee is the person who knows best the effect of their condition on them.
- ✓ Where the employee does not identify themselves as having a disability, raise the possibility of them falling within the Equality Act with sensitivity. Explain the broad coverage of the Act.
- ✓ Ask questions sensitively. Explain why the law requires a negative approach i.e. the focus is on the impairment and the detriment experienced, rather than what the employee can do.
- ✓ Be aware that many employees may 'play down' the effects of their disability. Do not rely on employees to provide lots of examples. Make gentle suggestions.
- ✓ The employee may only give examples of their inability to do their job or a favourite hobby. It is essential to find out what 'normal' activities they cannot do.
- ✓ Do not simply ask what the employee is unable to do. Ask them if there is anything that is painful or tiring to do.
- ✓ It helps to know something about the relevant disability before interviewing an employee. There are specialist organisations for many medical conditions and long-term health conditions which can give useful information. Some key websites are listed on pages 25-76.
- ✓ When obtaining medical reports, ask precise questions of the medical experts.
- ✓ When writing a witness statement for an Employment Tribunal proceeding, if disability needs to be proved, give as many examples as possible, especially (but not exclusively) those which reflect the examples in the *Code of Practice*.
- ✓ Be careful that the employee does not give a misleading impression to the Employment Tribunal by the way they conduct themselves at the hearing. For example, if they have taken painkillers in order to be able to sit still for long periods, ensure the employee explains this during their evidence.
- ✓ Use regular one-to-ones as a mechanism to check with the employee how they are coping with their workload, and that the reasonable adjustments are working and still relevant and plan for any forthcoming challenges and what support might be needed.
- ✓ ACAS has produced some useful practical information on managing staff with mental ill health which can be found on their website:
<http://www.acas.org.uk/index.aspx?articleid=6064>

2. Reasonable Adjustments

2.1 The Duty to Make Reasonable Adjustments

The most important part of the law against disability discrimination is the duty on employers to make reasonable adjustments. Basically this means employers must take reasonable steps to eliminate or reduce the disadvantage between disabled people and people without a disability, e.g. to adjust hours of duties, buy or modify equipment or allow time off, so that the employee can carry out their job.

The duty is set out in Section 20 of the act, and employers are expected to take reasonable steps to:

- Avoid the substantial disadvantage where a provision, criterion or practice applied by or on behalf of the employer puts a disabled person at a substantial disadvantage compared to those who are not disabled. s.20(3).
- Remove or alter a physical feature or provide a reasonable means of avoiding such a feature where it puts a disabled person at a substantial disadvantage compared to those who are not disabled. s.20(4).
- Provide an auxiliary aid (which includes an auxiliary) where a disabled person would, but for the provision of that auxiliary aid, be put at a substantial disadvantage compared to those who are not disabled. s.20(5).

Employers are expected to act positively and constructively. In the key case of *Archibald v Fife Council* [2004] IRLR 651, HL The House of Lords said:

“The DDA (Disability Discrimination Act, this was replaced by the Equality Act 2010) does not regard the differences between disabled people and others as irrelevant. It does not expect each to be treated in the same way. The duty to make adjustments may require the employer to treat a disabled person more favourably to remove the disadvantage which is attributable to the disability. This necessarily entails a measure of positive discrimination.”

The House of Lords’ use of the term “positive discrimination” is unfortunate. It is simply a case of removing unnecessary barriers, to place disabled people on an equal footing. However, it does illustrate how far employers must go.

What types of adjustments?

The Code of Practice issued by the Equality and Human Right Commission provides a comprehensive selection of scenarios which could be applied in many situations. When considering a reasonable adjustment you may wish to consider the factors below:

- (a) making adjustments to premises;
- (b) allocating some of the disabled person’s duties to another person;
- (c) redeployment;
- (d) altering hours of working or training;
- (e) assigning them to a different place of work or training (base);

- (f) allowing absence during working or training hours for rehabilitation, assessment or treatment;
- (g) giving, or arranging for, training or mentoring (whether for the disabled person or any other person);
- (h) acquiring or modifying equipment;
- (i) modifying instructions or reference manuals;
- (j) modifying procedures for testing or assessment;
- (k) providing a reader or interpreter;
- (l) providing supervision or other support.
- (m) modifying disciplinary or grievance procedures.
- (n) adjusting redundancy selection criteria.
- (o) modifying performance-related pay arrangements.

These are only suggestions, a tribunal may expect the employer to have made other appropriate adjustments, which are not in the list.

Where an employee becomes so disabled that they are no longer able to do their job, a reasonable adjustment may be made to move the employee to another job, even at a slightly higher grade, without competitive interview. *Archibald v Fife Council* [2004] IRLR 652, HL

An employer must not give priority to other categories of redeployment, e.g. those at risk of redundancy, over a disabled employee. *Kent County Council v Mingo* [2000] IRLR 652 HL

Paying full pay is a **potential** reasonable adjustment, where the employee is off sick because other reasonable adjustments have not been made. *Nottinghamshire County Council v Meikle* [2004] IRLR 90, EAT. This would also be true where there have been unreasonable delays in implementing reasonable adjustments.

In other circumstances, it will rarely be a reasonable adjustment to pay full pay for disability-related absence if there is no contractual entitlement.

2.2 Reasonable Adjustments: Some Ideas Appropriate to Many Disabilities

Any of the options could be carried out on a temporary, occasional or permanent basis. As most conditions vary greatly in their severity and in the symptoms for every individual, it is essential to ask the employee what areas of difficulty they have at work and which solutions might be useful. It is also important that an employer does not make assumptions. An employer should start by carrying out a proper assessment (sometimes known as a 'risk assessment') of what may be required. Failure to do such an assessment is not usually regarded in itself as a failure to make reasonable adjustment, but it is likely to lead to such a failure.

There is no definition within the Equality Act of the term 'reasonable' but an article in *Personnel Today* suggested that employers should be aware of the following factors in relation to reasonable adjustments:

1. It can involve treating a disabled person more favourably than non-disabled people.
2. There is no obligation on an employee to suggest adjustments.
3. The duty to consider adjustments is on the employer.

4. The cost of complying with the duty falls on the employer – although Access to Work may be able to help with costs.
 5. There is no exemption for small employers.
 6. Adjustments are to the work and workplace but redeployment can be considered.
 7. There is no duty to make adjustments if the employer does not know or could not reasonably have known that the employee is disabled.
 8. Adjustments are designed to reduce or remove the disadvantage caused.
- <https://www.personneltoday.com/hr/determining-reasonable-adjustments-for-disabled-staff/>

Other measures should be considered when assessing if a suggested reasonable adjustment is actually reasonable:

- Are they practical for the employer to make?
- Does the employer have the resources to pay for them? (Depending on the adjustment and cost Access to Work may be able to meet some of these costs)
- Will they be effective in overcoming or reducing the ‘disadvantages’ in the workplace?
- Will they have an adverse impact on the health and safety of others?
- Adjustments generally will only be reasonable if its effect is either to keep the disabled employee in work or enable them to return to work.

In all cases of disability these suggestions should be reviewed to see if they will make a relevant reasonable adjustment. However, in the sections that detail specific conditions, adjustments that are pertinent to that condition should also be considered.

Making recruitment processes fair

During recruitment an employer should only ask an applicant if they need any reasonable adjustment (or access requirement), for any part of the recruitment process. This is **not** the same as asking the applicant if they are disabled. It is only lawful to ask health-related questions, before making a job offer in very limited circumstances (see 1.2.9).

Key points in considering and making reasonable adjustments in recruitment processes include:

- **Planning a recruitment campaign**, job descriptions and adverts should only include criteria that is required for the role, and avoid using phrases such as ‘excellent communication skills’ instead focus on the exact competencies the postholder will need to undertake the role.
- If a job applicant has indicated a disability in their application, or the employer becomes aware of it, or the applicant asks for a reasonable adjustment, the employer must consider and make reasonable adjustments to the recruitment process. For example, if there is a practical test that could disadvantage the applicant, consideration should be given what would be a reasonable adjustment given the candidate’s circumstances. The reasonable adjustment may go beyond allowing more time but by providing an alternative test or method of responding – this was noted in *Government Legal Service v Brookes* UKEAT/0302/16/RN.
- **Before offering a job**, an employer must only ask a disabled applicant what reasonable adjustments (this guide has many ideas of reasonable adjustments in this section and the directory of impairments) are needed:

- for any part or of the recruitment process and once those are in place, whether they are suitable; and/or
- to determine whether the applicant could carry out a function essential to the role with reasonable adjustments in place.
- **Only after offering the job** should an employer ask the successful applicant what adjustment they will need to do the job and progress at work.
- If adjustments are reasonable, the employer must make sure that workplace requirements or practices do not disadvantage a disabled applicant. An employer should be ready to discuss with the applicant what reasonable adjustments should be put in place.

Flexible hours, work schedules and breaks

This may entail allowing the employee to work part-time, fewer hours or to job share, or to alter hours, e.g. to avoid rush-hour travel or because they feel less well in the mornings or evenings. The employee may find it suitable to spread the work over a longer period with more frequent breaks. Employees with only episodic attacks e.g. asthma or migraine, may be happy to make up the hours on occasions, although this is not to suggest that they are not entitled to sick leave.

Flexible working might be a reasonable adjustment for an employee with a disability. Employers should be careful when considering flexible working requests to make sure they handle them consistently and do not discriminate, including requests to change working arrangements because, away from work, an employee is also a carer.

Employees who have worked for their employer continuously for 26 weeks have the right to ask if they can work flexibly for personal reasons. Under these rules, an employer should agree to flexible working where the organisation can accommodate such a request.

While employers can generally, turn down requests on certain business grounds – it could not do so if the request amount to a reasonable adjustment regarding disability. A disabled employee would not have to wait until they have worked for their employer continuously for 26 weeks before asking for a reasonable adjustment which amounted to flexible working.

Further details can be sought from the Flexible Working Policy which is available on the Info-net.

Where there is no diagnosis or awaiting diagnosis

Where an employee has an illness or condition that has not yet been diagnosed. However, the detrimental impact of the condition/illness affects their performance at work, it is good practice to start looking at reasonable adjustments for the employee which will remove or reduce the detrimental impact as if they were covered by the disability element of the Act.

Sickness and Absence Policy

Depending on the medical condition or illness, it may be reasonable to make adjustments to the triggers of the stages. Also where there is a medical condition or illness that

requires multiple appointments throughout the year, consideration should be given to the number of days granted to attend these and any other method of granting the time of. For example as a reasonable adjustment, 7 days a year could be granted for medical appointments, any other time can be taken from annual or unpaid leave or time taken of in lieu.

Support available to those with caring responsibilities

An employee is a carer if they look after a child, relative, partner or friend who needs help because of their age, illness or disability.

Staff with caring responsibilities have the right to request for flexible working. Flexible working includes flexible starting/finishing, part-time and compressed hours, term-time and home working or job sharing. Further details can be sought from the Flexible Working Policy which is available on the Info-net.

The Court of Appeal confirmed in the 2014 case of Hainsworth v the Ministry of Defence that there is no legal requirement to make reasonable adjustments for a non-disabled employee who cares for someone with a disability. However, any request for flexible working should be given fair and consistent consideration to ensure the process is fair.

Employees have the right to unpaid time off for families and dependants. They can request reasonable time off to deal with an emergency involving a dependant. It has to be a genuine emergency to “arrange” and not to “provide” care. A “dependant” is a partner, relative or someone dependant on the employee. Please refer to the ‘Special Leave Policy’, time off for emergencies can be taken off as unpaid leave, paid leave or a mixture of both. The Employment Break Policy also provides information about career breaks; this is where an extended period of time is required (3-12 months) to be taken and falls outside any leave that has been mentioned.

Parents may be eligible for ‘parental leave’ to look after a child’s welfare, please see the Parent Leave and Pay Policy on the Info-Net for further information.

Home working

This method of reasonable adjustment is entirely dependent on the job, but with the advent of sophisticated IT technology, it is becoming more commonplace. Home working, on a temporary, occasional, permanent or part-time basis, is a very useful solution for a number of conditions, because it gives increased flexibility in hours, cuts out difficult travel and may provide a more conducive environment. Despite the reluctance of employers, it is a suggestion which comes up frequently in employment tribunals. Home working, at least temporarily, is suggested as a possibility in some circumstances by the *Code of Practice* and by the Employment Appeal Tribunal in several cases. In one particular case, it was said that an employee should be allowed to work from home on a temporary basis to maintain their skills, even if the job could not permanently be done from home. Royal College of Nursing v Ehdia EAT/0789/00.

Preparing for absences

With a number of health conditions there might be the need to take time off for treatment and/or surgery. In these instances it is worth planning with the member of staff, how their

role and duties will be undertaken in their absence. This will help provide assurance to both the manager and staff member that key duties will be completed in their absence. This will also help to reduce the pressure on their member of staff who will be taking sick leave.

This is particularly important for staff who are on a waiting list for surgery, since the notification period of surgery can be very short. Having a plan in place reduces the amount of stress and disruption.

Disability leave

It is wrong to assume that a disabled employee will be absent from work anymore than anyone else. However, it is possible in some cases that the employee will need additional time off, either because of illness related to the disability, e.g. asthma or migraine attacks, or for routine medical checks, e.g. to have a hearing aid checked with an audiologist.

Many employers have a sickness attendance policy whereby employees are monitored, counselled, disciplined and eventually dismissed, as their absence level reaches certain levels. An employer would probably be expected to make a reasonable adjustment by not counting a certain amount of leave for disability related reasons into such a scheme or, even better by having a separate scheme for disability-related absence. This was observed by the Court of Appeal in *Griffiths v Secretary of State for Work and Pensions* [2016] IRLR 216 CA, with the addition that the individual circumstances of the sickness absence should be measured to assess if the triggers for sanctions under a sickness attendance policy will need a reasonable adjustment. However, this is not complete protection. Employment tribunals are unlikely to accept that an employer can never act on any absences, however long, just because they are disability-related. There is no clear guidance in the *Code of Practice* as to how much extra absence it would be reasonable for an employer to allow. It all depends on the individual circumstances of the situation.

It will rarely be a reasonable adjustment to pay an employee for disability-related absence, if they have no general contractual right to paid sick leave *O'Hanlon v Commissioners for HM Revenue & Customs* [2007] IRLR 404, CA. But if the whole reason the employee is off sick is because the employer has failed to make the reasonable adjustments which would enable them to return to work, there is a good argument that they should receive full sick pay. *Nottinghamshire County Council v Meikle* [2004] IRLR 703, CA.

Gradual return to work

Where the employee has been absent for some time due to their disability, a phased return to work is likely to be a desirable option. The return can be phased in terms of number of days/weeks or daily hours worked or type of duties. It can be combined with partial home working. In a case where a secretary had been absent with depression, the EAT suggested that a phased return to work might be a reasonable adjustment. *Cosgrove v Caesar & Howie* [2001] IRLR 653, EAT. However, an employment tribunal is unlikely to accept that this is a reasonable adjustment if the employee cannot suggest a date when they will be ready to start the phased return. *Home Office v Collins* [2005] 144 EOR 29, CA.

Reallocation of some duties

It may also be possible for the employee to swap certain duties with a colleague on a temporary or permanent basis.

Transfer to another job

It is unlikely that a tribunal would expect an employer to create an entirely new job for a disabled employee, but it may be a reasonable adjustment to reallocate or swap duties (see above), or to transfer the employee to a different location or to an existing vacancy.

Other adjustments may also be needed to ensure the employee can successfully apply for a post. For example, in a case concerning an employee with colitis (inflammation of the colon lining), the employer failed to make reasonable adjustment because the interview panel was not informed of the employee's disability so that the panel could assist the employee. The employee performed badly at the interview because they felt unwell with stress as a result of the failure to make reasonable adjustments.

The duty to make reasonable adjustments may go further than enabling the employee to apply for vacancies. It would be unlawful to give redundant employees priority over any vacancies ahead of an employee needing redeployment due to a disability. (*Kent County Council v Mingo* [2000] IRLR 90, EAT).

Moreover, many tribunals expect an employee to be slotted into an existing suitable vacancy without being interviewed or having to compete for it against employees who do not have a disability. There are strong arguments for this following the positive action approach urged by the House of Lords in the key case *Archibald v Fife Council* [2004] IRLR 652, HL. Indeed, in *Archibald*, the House of Lords said it could be a reasonable adjustment, depending on circumstances, to move an employee to a slightly higher grade without competitive interview. In that case, a manual employee at the lowest grade had to be transferred to office-based duties, but the lowest grade of the non-manual scale was higher than the lowest manual grade.

Acquiring or modifying equipment

The range of equipment available is enormous and specialist disability organisations provide the best advice on what is suitable. Whether or not an employer is expected to provide special equipment will depend on its effectiveness, the cost and the employer's resources. However, the Access to Work Scheme may cover the cost of some equipment, and can provide advice on products. Also, if an employer takes an employee on, knowing adjustments will be needed, they should see these through. *Williams v J Walter Thompson Group Ltd* [2005] IRLR 376, CA.

Surprisingly, many cases involve employers failure to take relatively inexpensive and easy steps to provide specialist equipment. The following difficulties are common and could amount to failure to make reasonable adjustments:

- The equipment is not ready and in place when the employee starts the new job, even though the employer knew when they recruited the employee of the need to acquire such equipment. Often it is left to the employee to make the arrangements.

- It takes a considerable time following a request by an employee for the equipment to be supplied. Delays often occur in getting an appropriate assessment or in following up on an assessment and recommendation. The employee often has to make repeated requests.
- When the equipment eventually arrives, there are delays in getting it installed, and further delays in training the employee on its use.
- All the above delays lead to stress for the employee, which can exacerbate their disability and work performance, and lead to tensions or worse in the working relationship.

Access to Work

Is a scheme funded by government which aims to help employers with costs associated with reasonable adjustments. The amount of financial assistance will vary depending on the type of adjustment required and the length of service the employee has with the employer.

The application process is managed by an Access to Work Adviser, who will investigate the employee's needs and produce a support package that will enable the employee to undertake/continue within their role.

Once a support package has been decided upon, the Access to Work Adviser will submit the proposal to Jobcentre Plus for approval. Once approved, Jobcentre Plus will contact the employer and employee to tell them the approved level of support and the grant available. It is the responsibility of the employer to arrange the agreed support and buy the necessary equipment. The employer can then claim repayment of the approved costs from Access to Work.

Access to Work can also provide financial assistance with: support workers, transportation costs to work (if the employee is not able to use public transport) and communicator support for interviews. It should be noted that Access to Work will not fund items that should be provided as standard equipment for the post e.g. a computer for secretary.

Work coaches are based at the local Jobcentre Plus office:

Jobcentre Plus
Windsor House
30/35 Windsor House
Edward Street
Brighton, BN2 0LN

Jobcentre Plus
Kingsley House
31 Boltro Road
Haywards Heath
West Sussex
RH16 1BP

To apply for Access to Work funding please go to <https://www.gov.uk/access-to-work>. On this page there is also information about using an online British Sign Language service for BSL users.

Telephone: 0800 121 7479 or Textphone: 0800 121 7579 – lines are open Monday to Friday 08:00-18:00.

Training of managers and co-employees

Much discrimination against disabled employees occurs due to lack of awareness of the barriers they face. Training at the outset could make a big difference. Employment tribunals often suggest that awareness training for managers or co-employees would have been helpful. The Employment Appeal Tribunal in Scotland has said the provision of deafness awareness training for other employees can be a reasonable adjustment, although attendance need not be compulsory. *Simpson v West Lothian Council* [2005] 137 EOR 26, EAT. The EAT is probably wrong to add this qualification. Compulsory training, at least of supervisors and managers, would surely be a reasonable adjustment in certain circumstances.

Linked to this is the need in some circumstances to ensure the co-operation of co-workers with any adjustments.

Reasonable adjustments in disciplinary or grievance procedures

There have been several cases where tribunals have expected a flexible approach to the handling of disciplinary or grievance procedures (e.g. depending on the nature of the disability):

- relaxing the time limits for lodging grievances and appeals against disciplinary action
- relaxing requirements for the format of grievances, e.g. not insisting on forms being completed
- ensuring the employee fully understands the issues. Providing interpreters/signers as necessary. Allowing a friend or helper outside work to accompany the employee
- establishing preferred mode of communication, e.g. allowing written submissions before or after the hearing rather than relying on an oral representation
- flexibility regarding hearing dates. Waiting until the employee is well enough to attend.
- allowing full preparation time. The employee should be informed well in advance of the hearing date and sent all relevant papers well in advance
- not leaving the employee waiting a long time in the waiting room
- adopting a non-threatening manner and mode of speech
- allowing more time during the hearing and breaks
- if travel is difficult, conducting the hearing by telephone, at home or at another suitable venue
- ensuring the employee is not disciplined for conduct which can be reasonably explained by their disability, e.g. a deaf person apparently disobeying a verbal instruction or someone losing their temper when in pain.

The fact that disciplinary proceedings are pending is not necessarily a reason not to proceed with other reasonable adjustments such as relocation *Home Office v Beart* [2003] IRLR238, CA.

Life-threatening disabilities

Some disabilities such as cancer and HIV may be life-threatening. The law covering sickness absence, for these conditions is the same as for other disabilities. However, employers might bear in mind that the more severe the impairment the more likely it may be that an adjustment, if it reduces the disadvantage, will be seen as reasonable. But it also needs to be reasonable in all the circumstances of the individual case.

Other considerations may include:

- Managers being trained in how to practically and sensitively handle circumstances where an employee has a potential or actual life-threatening condition.
- The employee wanting to carry on working, if in-line with medical and health and safety advice.
- Employer and employee agreeing how to keep in touch during spells when the employee is off work.
- Employer and employees agreeing that colleagues can be told some limited information so they understand the situation.
- The employee needing time off for treatment and/or counselling.
- The employer supporting the employee's colleagues as well, because of any emotional impact and extra work they may take on.
- Taking on a temporary replacement to cover for the employee while they are off.
- At an appropriate stage, employer and employee together planning the start of a return to work when the employee is ready – and making necessary reasonable adjustments.
- Understanding that on a return to work, it may take the employee weeks or months to get back full-time – for example, because of on-going treatment or the nature of their job.
- That there may be circumstances where the employee does not return to work.
- That there may be circumstances where the employee does not survive their condition.

Keeping in touch

If an employee is on long term sickness absence leave due to a disability, it is important to maintain contact with the member of staff. The method and frequency of the contact should be mutually agreed between the employee and their line manager(s). These periods of contact provide an ideal opportunity to check how the employee is, update on any relevant developments and to gain a rough idea as to when the employee might be fit to return to work.

However, if there are changes going to be made to the workplace which may affect the employee's role, working conditions or employment status, the employee on sickness absence leave must be involved in the consultation process. Failure to do so could be regarded as discrimination, as was seen in *Ham v Surrey and Sussex Healthcare NHS Trust* [2017].

Making a redundancy process fair

To avoid the risk of not being discriminatory, consideration must be given to reasonable adjustments so that employees are not disadvantaged in a redundancy process because of disability.

The risk of discrimination usual occurs in two main key areas:

- the criteria used to select employees for redundancy; and
- how the redundancy process is managed.

Redundancy selection criteria that is intended to be used must be checked to ensure it includes:

- **Absence** – consider whether it might be a reasonable adjustment to disregard some or all of an employee’s disability-related absence, or use another period of time. Failure to do so might be discriminatory.
- **Working hours** – avoid simply selecting part-time staff or those with other flexible working arrangements. They could include employees who work part-time or flexibly because of their disability or because they care for someone with a disability. Also, do not alter scores through making assumptions about their performance or output because of these arrangements.
- **Job performance** – scoring of this factor might need a reasonable adjustment to take into account an employee’s disability. For example an employee’s stroke has slowed the speed at which they work, and their score may need to be adjusted upwards. This can be a legally complicated area. An employer should ensure it scores comparable periods, and can clearly show that adjusting a score upwards is proportionate, appropriate and necessary so an employee is not at a disadvantage because of disability.
- **Skills, experience and qualifications** – for example, an employee may have had time off related to their disability and missed important exams for a qualification to help further their career – a reasonable adjustment to their score here should be considered.

However, this can be a complicated area, particularly where the qualification is critical to the success of the organisation. Ultimately, it might come down to an employer being able to convince an employment tribunal what adjustment here was reasonable or unreasonable.

The redundancy process should be managed carefully, especially in areas concerning:

- **Communication** – ensure that disabled employees are not disadvantaged in getting or understanding information about the redundancy process. For example, they may be on long-term sickness
- absence and unable to attend meetings or assessments. It may be suitable to see them at their home if they are agreeable to a home visit. Or the employee’s disability may mean they need information in Braille, audio format, Easy Read or have the process explained to them verbally.
- **Tests for alternative roles** – making reasonable adjustments to suitable alternative roles so disabled employees feel they can apply, and to an interview or assessment process for disabled employees applying for an alternative role in a restructuring of the organisation.

In some circumstances, it has been ruled by a court to be reasonable for an employer to transfer a disabled employee to a suitable vacancy at the same level, a lower position or slightly higher position, if the employee can show they are capable and qualified for the job. Subsequent case law, has indicated that an employer does not always have to redeploy employees who are or become disabled. Neither does it have to give them favourable treatment in promoting them to jobs beyond their qualifications or experience. However, what is reasonable will always depend on all the circumstances of an individual case.

- **Offering an alternative role** – ensuring the new role does not include tasks the employee could not do, or would struggle with, because of their disability – unless a

reasonable adjustment would remove a disadvantage. However, an employer does not have to create a vacancy for a disabled employee.

Dismissing a disabled employee

An employer might be able to justify dismissing a disabled employee if it can show the relevant following points in an individual case:

- It has made all possible reasonable adjustments and there are no more it can reasonably make – and it can show that the disabled employee is no longer capable of doing their job.
- There are no other lighter duties or different job(s) it can offer them as a reasonable adjustment.
- It can show that the outcome was ‘a proportionate means of achieving a legitimate aim’.
- The employee is on long-term absence, they have exceeded an agreed time limit on disability-related absence (where the employer has such an allowance), and the employer can show occupational health/medical evidence that there is no prospect of a return to work within a reasonable period of time and that the on-going absence is causing difficulties for the organisation.
- It has followed a fair capability procedure, and can provide evidence that it has carefully considered and discussed the disability/capability issue – for example, notes of meetings, conversations and phone calls, emails, the occupational health report, the investigation of the matter, the disciplinary or capability procedure meetings, and any appear – to show its actions were justified.

When things go wrong

It is always advisable that an informal solution should be sought in the initial instance, in most cases a discussion with line management, the Human Resources or the Equality, Diversity and Inclusion team can help to address issues. However, when this is not possible a more formalised approach can be taken using the Dignity at Work Policy which is available on the Info-net.

3. Directory of Impairments

AGORAPHOBIA

NHS Choices estimate that up to 2% of the population suffer from Agoraphobia, which is the most common of all phobias.

Agoraphobia is a complex phobia which can manifest itself in several different ways and with greatly varying severity. Most commonly it entails fear of travelling away from a person's "safe" place (usually their home), but it is often linked to fear of being trapped somewhere (similar to claustrophobia). A person with agoraphobia may fear being far from home or leaving home altogether or fear unfamiliar routes and places, wide open spaces, crowded places, confined spaces such as shops, restaurants, trains or lifts, standing in long lines, or being left alone. When in a feared place, they will often suffer a panic attack (p.26), with severe physical symptoms (palpitations, chest or stomach pain, headache, fast breathing). They may become anxious even thinking about going to such places and will tend to avoid them.

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee's condition. Possibilities are:

- Home-working
- Ensuring the employee does not need to travel to unfamiliar places or attend other offices or restaurants, or providing trusted colleagues to travel with the employee
- Suitable workspace, neither too confined, nor open-plan.

Sources of Further Information

Anxiety UK's website can be found here: <http://www.anxietyuk.org.uk>. They can be contacted by calling: 08444 775 774 (Monday to Friday 09:30-17:30).

No Panic's website can be found here: www.nopanic.org.uk Tel: 0844 967 4848 (confidential helpline – open every day 10:00-22:00). There is also a youth helpline for 13-20 year olds which is open Monday-Friday 15:00-18:00 and Thursday and Saturday 18:00-20:00, which can be contacted by calling 0330 606 1174.

ANXIETY

Mind estimates that 5.9 in 100 people are affected by anxiety some time in their lives. Anxiety is a term which describes feelings of unease, worry and fear. It can manifest itself in both physical and emotional symptoms when we are nervous or worried about something. Anxiety is linked with the natural 'fight or flight' response.

In everyday life it is normal to feel a level of anxiety when facing a life changing or big event e.g. moving home, getting married or divorced etc. However, once the event has passed the feelings of worry stop.

Anxiety becomes a mental health issue when the feelings are very strong and last for a long time, which can impact on everyday life – this can in fact be very debilitating, for example:

- A person with anxiety issues may worry about things that are part of everyday life, or about things that might happen.
- Regularly experience physical and psychological effect of anxiety, and panic attacks.

Depending on the type and severity of the problems might lead to a diagnosis of a specific anxiety disorder.

Information taken from MIND website

Panic Attacks

Panic attacks occur often in situations that make people feel anxious, it is a sudden and intense attack of anxiety which comes on suddenly and reach a peak in 10 minutes or less. The attack may also leave the person feeling that they are going to die, frightened or losing control or short of breath and choking.

Whilst the symptoms are similar as those of a generalised anxiety disorder, they are much more powerful and only last a short time.

Information taken from Royal College Psychiatrists website

Phobias

A phobia is the most common type of anxiety disorder in the UK. A phobia is an extreme or irrational fear or dread aroused by a particular object or circumstance, to the point it is restrictive. It is restrictive in the sense that those with a phobia will go to great lengths to avoid coming into contact, or even thinking about the object or circumstance of the phobia.

Phobias can be specific such as the fear of spiders, heights or dentists or more generalised such as the fear of open spaces or the fear of interacting with other people.

Anxiety UK state that the top ten phobias affecting people in the UK are:

- Social phobia – fear of interacting with other people

- Agoraphobia – fear of open public spaces (p.25)
- Emetophobia – fear of vomiting
- Erythrophobia – fear of blushing
- Driving phobia
- Hypochondria – fear of illness
- Aerophobia – fear of flying
- Arachnophobia – fear of spiders
- Zoophobia – fear of animals
- Claustrophobia.

Based on information taken from Royal College Psychiatrists website

The majority of anxiety related conditions will be treated with talking therapies and/or medication.

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee's condition. For some general ideas see agoraphobia (p.25) and depression (p.39).

Sources of Further Information

ACAS has produced some useful information in managing and supporting employees with anxiety, the content can be accessed by going to:

<http://www.acas.org.uk/index.aspx?articleid=5880>

Anxiety UK's website can be found here: <http://www.anxietyuk.org.uk>. They can be contacted by calling: 08444 775 774 (Monday to Friday 09:30-17:30).

No Panic's website can be found here: www.nopanic.org.uk Tel: 0844 967 4848 (confidential helpline – open every day 10:00-22:00). There is also a youth helpline for 13-20 year olds which is open Monday-Friday 15:00-18:00 and Thursday and Saturday 18:00-20:00, which can be contacted by calling 0330 606 1174.

Mind has a range of information relating to conditions and treatment which can be accessed by going to: <http://www.mind.org.uk>.

ARTHRITIS

Arthritis is a leading form of disability and affects many people of all ages. NHS Choices states that over 10 million adults in the UK have long-term health problems due to arthritis and related conditions. There are over 200 types of arthritis and rheumatic disease. Arthritis is the second most common cause of time off work.

Arthritis primarily affects areas in and around the joints, e.g. in hands, knees and hips. By far the most common form is osteoarthritis, a degenerative joint disease. Rheumatoid arthritis is one of the most disabling types, where the joints become inflamed. Lupus is also a serious disorder, which mainly affects young women, particularly those of African Caribbean origin. Gout affects small joints, especially the big toe. Ankylosing Spondylitis affects the spine.

Arthritis causes pain, stiffness and inflammation in the joints, which can lead to permanent damage and weakness. Systemic forms of arthritis can damage the whole body. Certain forms of arthritis can cause limb shortening or deformity. Arthritis can cause difficulty standing, walking, sitting, lifting, reaching, making repetitive movements, dressing, taking a bath, gripping things, opening packages, washing hair, brushing teeth, lifting dishes out of an oven, using a pair of scissors, cutting food, lifting a baby etc. Systemic arthritis may be treated by steroids, which can also cause health problems.

Reasonable Adjustments

Always consult the employee. As with other invisible conditions, employers and colleagues may not take arthritis seriously. It tends to be associated with older people complaining about small aches and pains. Appropriate adjustments will be of the kind suited to conditions such as repetitive strain injury (p.67), shoulder, arm or hand impairment (p.72), back impairment (p.32) or mobility impairment (p.59).

Sources of Further Information

Useful websites: The Arthritis Research UK at <http://www.arthritisresearchuk.org> and Arthritis Care at <http://www.arthritiscare.org.uk> are full of information. Also look at the National Rheumatoid Arthritis Society at <http://www.nras.org.uk>.

Particularly good on workplace accommodations are two American sites: the Arthritis Foundation at www.arthritis.org and Job Accommodation Network at www.jan.wvu.edu/media/arth.htm.

ASTHMA

Asthma is very common. Approximately 5.4 million people in the UK have asthma, of which 4.3 million are adults.

Asthma involves a narrowing of the airways of the lung due to tension or spasm of the muscles in the bronchial walls. It can be triggered by various factors including allergies (e.g. to animals or house-dust mites), irritants (e.g. cigarette smoke, chemical fumes, aspirin and other drugs, air fresheners and furniture polish), viral infections (colds or flu), exercise, stress or excitement. Poor ventilation, damp and building work can aggravate these factors.

The symptoms, which vary from very mild to very severe, include tightness in the chest, shortness of breath, coughing and wheezing, fatigue and in severe cases, cessation of breathing. An asthma attack can seem to occur very suddenly and symptoms can become progressively worse if untreated. Asthma is usually controlled by minimising contact with triggers and use of medication, normally a short-acting reliever inhaler which can immediately relieve symptoms, and often a long-acting preventer medication (inhaler or tablets).

Many employees who have asthma may find they suffer from work aggravated asthma. This occurs when things at work trigger their symptoms. This work-related asthma is very commonly triggered by cigarette smoke, but other factors can be latex gloves, paints and dyes, chlorine, dust and cold air.

It is estimated that Occupational Asthma makes up 9-15% of all adult asthma cases in the UK. This is triggered in people who did not previously have asthma, and breathing in substances at work. Early diagnosis is important as it is potentially curable. Common causes are wood dust, spray-painters, and people working with chemicals or in baking and the flour industry.

Reasonable Adjustments

The employer should consult the employee about triggers and take steps, for example:

- Clean, smoke-free work environment; non-toxic and un-perfumed cleaning products and office supplies.
- The employee should be moved if there are any building or repair works causing dust.
- If necessary, relocation away from irritants.
- If the employee is sensitive to humidity, hot or cold air, these should be controlled by air conditioners, humidifiers or heaters.
- There should be ready access to fresh air by means of windows which open and additional rest breaks.
- Exposure to known causes of occupational asthma should be avoided by special equipment, cleaning, supervising and training.
- If the employee finds movement difficult, possibilities are ground floor working, lifts or home-working.

Sources of Further Information

Asthma UK's website lists symptoms, triggers and treatments at www.asthma.org.uk. In 2004, it launched "Asthma at Work – Your Charter" in partnership with the Health and Safety Executive, employers and trades unions. The January 2009 version is available by going to: <http://www.hse.gov.uk/pubns/asthma-at-work-your-charter.pdf>, and sets out 5 recommendations to employers to reduce asthma in the workplace.

There is a section on occupational asthma on the Health and Safety Executive website at www.hse.gov.uk/asthma.

Although an American website, the Job Accommodation Network site at www.jan.wvu.edu/media/Respiratory.html has useful suggestions on its fact sheet about respiratory impairments.

AUTISM OR AUTISTIC SPECTRUM DISORDER

Autism is not a mental illness, it is a developmental disability. Its effects range enormously from mild to severe. A minority of people with autism also have learning disabilities, but others have average or above average intelligence. Asperger's Syndrome is a form of Autism with many similarities.

It is estimated that there are 700,000 people in the UK with Autism, of whom only 16% of adults are in fulltime work. Only 15% of adults with Asperger's Syndrome or high functioning Autism are in work.

Autism affects the way people process information and how they interact with others. People with autism find it hard to think in the abstract, adapt to change, interpret body language and tone of voice, empathise with others and communicate socially.

Reasonable Adjustments

Suitable adjustments, depending on the individual, could include:

- Communication in clear non-ambiguous terms, when asking questions try to use closed questions.
- Following verbal instructions with written instructions.
- Giving clear guidance and explanations for everything; explicitly requesting any necessary action. Regimented routines can be useful, changes in the routine should be avoided.
- Giving feedback during work.
- Identified priorities; breaking down tasks into smaller tasks and stages.
- Giving more time to learn new tasks; providing a colleague to work alongside in early stages; clear and structured training.
- Flexible hours if rush hour traffic is stressful.
- In interviews, specific and closed questions, e.g. about employee's experience; no abstract questions. Consider having an advocate present in interviews to re-word questions.
- Consider if the environment is busy in terms of noise and decoration.
- Audit training and development programmes to make sure it is accessible and available in different formats such as pictorial diagrams.
- When considering implementation of performance management, ensure that the process does not disadvantage autistic employees.

Sources of Further Information

The National Autistic Society is on tel: 0808 800 4104 Monday-Thursday 10:00-16:00, Friday 09:00-15:00, web: www.nas.org.uk.

'The Undiscovered Workforce: information for employers' and 'The Undiscovered Workforce: Looking for a Job' can be downloaded from the National Autistic Society's website, by searching 'The undiscovered workforce' on the site's search engine. It explains the key effect of the disability and is full of useful tips and adjustments.

BACK IMPAIRMENT

A 2005 survey carried out for the Chartered Society of Physiotherapists found 68% of adults had been struck down with back pain at least once in the previous 12 months. A third of those affected experienced five or more episodes over the course of a year. Although back pain is widespread, it is extremely variable in its severity and duration. Whether an employee has a disability under the Equality Act very much has to be assessed on a case-by-case basis.

Reasonable Adjustments

The Health and Safety Executive says on its website “tackling back pain needs good management and a partnership approach”, always ask the employee. Adjustments, depending on the nature and degree of disability, may include:

- Training on proper lifting techniques
- Assistance with lifting or mechanised lifting
- Light duties only
- Ergonomic chair and workplace design
- If there is a need to stand for prolonged periods – anti-fatigue mat and stools to lean against
- Automatic stapler
- Trolleys to move files
- Locating frequently used supplies and tools to waist height
- Automatic door opening
- Reduction of physical exertion
- Mobility aids if long-distance walking is necessary
- Accessible parking
- Nearby toilets
- Providing an occupational physiotherapy service.

Reasonable Adjustments

The Health and Safety Executive has a brief section on musculoskeletal disorders including back pain on its website: www.hse.gov.uk.

Although an American website, the Job Accommodation Network site at www.jan.wvu.edu/media/Back.html has useful suggestions on its fact sheet about back impairments.

BIPOLAR (DISORDER)

About 1 in 100 adults have bipolar (previously known as manic depression) at some point in their adult life, and it usually starts between the ages of 15-19 but not normally after 40.

The condition causes severe mood swings which may last several weeks or months, and will be beyond what most people experience. These moods are low or depressive, or high or manic or a mixture of the two.

During a depressive episode symptoms may include: a sense of hopelessness; emptiness; guilt; feeling worthless; chronic fatigue; sleep issues (e.g. difficulty in dropping off or too much sleep); weight or appetite changes; loss of interest in daily life; lack of concentration; being forgetful or having suicidal feelings.

During a manic episode symptoms may include; euphoria, restlessness, irritability, talking very fast; racing thoughts; lack of concentration; lots of energy; reduced need for sleep; a sense of own importance; poor judgement; excessive and inappropriate spending; increased sex drive; risky behaviour; alcohol/drug abuse or aggressive behaviour.

If an episode of mania or depression becomes very severe, psychotic symptoms (p.66) may develop e.g. in a manic episode the person may have very grandiose beliefs about themselves. Whilst in a depressive episode the person may feel they are uniquely guilty, worse than anyone else or that they do not even exist.

There are different types of bipolar which include:

Bipolar I: This is when at least one high or manic episode is experienced which lasts longer than one week. Some people may only experience manic episodes, although most with bipolar will have episodes of depression. If the condition is left untreated manic episodes last 3-6 months, whilst depressive episodes last about 6-12 months.

Bipolar II: This is when a person has one or more episodes of severe depression, but with mild manic or high episodes (which are called hypomania).

Rapid Cycling: This happens when someone has more than four mood swings in 12 months. This affects 1 in 10 of those with bipolar and can affect either type I or II.

Cyclothymia: The mood swings are not as severe as full bipolar, but can last longer. This has the potential to develop into full bipolar.

Some people get back to normal between mood swings, others may experience mild depressive symptoms and have problems thinking, even when they seem better.

Bipolar is treated using a range of talking therapies and/or medication.

Information based on Royal College Psychiatrists and MIND

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee's condition. For some general ideas see depression (p.39).

Sources of Further Information

The following websites have a wealth of information about the condition, support and managing bipolar in the workplace.

Bipolar UK: <http://www.bipolaruk.org.uk>.

Mind UK: <http://www.mind.org.uk>.

Rethink: <http://www.rethink.org>.

An American Site, the Job Accommodation Network, has a factsheet that provides some useful ideas on reasonable adjustments: <http://askjan.org/media/BiPolar.html>.

CANCER

Although many people get discriminated against because they have or have had cancer, it has been difficult to fit many instances of cancer within the artificial definition of disability in previous legislation. Cancer is now deemed a disability as soon as it is diagnosed.

The most common forms of cancer in the UK are:

- Breast Cancer
- Bowel Cancer
- Lung Cancer, and
- Prostate Cancer

Reasonable Adjustments

Always ask the individual, but the most likely adjustments to be required would be those to alleviate stress and fatigue or weakness, e.g.:

- Reduced or changed working hours or flexi-time
- Increased rest periods and self-paced workload
- Reduction in stress
- Arrangement of workplace so less physical exertion is necessary
- Controlled workplace temperature
- Time off to go to medical appointments or for rehabilitation
- Changing your job description to remove tasks that cause problems or (temporarily) allocating some of your work to a colleague
- Changing your performance targets to take into account the effect of any sick leave or treatment side effects, such as fatigue
- Moving you to a role with more suitable duties (with your agreement)
- Making sure your work environment is accessible
- Using equipment that might help, such as voice-activated software if you can't type
- Temporarily letting you work from home if possible
- Close proximity to toilets.

Sources of Further Information

There is a cancer fact sheet on the American website, the Job Accommodation Network at <http://askjan.org/media/Cancer.html>.

A guidance report, "Cancer and working: guidelines for employers, HR and line managers" produced jointly by Cancer backup, the CIPD and the Working with Cancer group, is on the Macmillan Cancer Support website:

<https://www.macmillan.org.uk/documents/cancerinfo/cancerworkingguidelines.pdf>

Additional information is available from the MacMillan Cancer Support website:

<http://www.macmillan.org.uk/information-and-support/organising/work-and-cancer/the-impact-cancer-may-have-on-work/index.html>.

CARDIOVASCULAR DISEASE (CVD)

Approximately 7 million people live with CVD. CVD is a collective term which describes all diseases of the heart and circulation. It includes a wide range of conditions that are diagnosed at birth, or inherited, to developed conditions such as coronary heart disease, atrial fibrillation, heart failure and stroke (p74).

CVD accounts for one in four deaths in the UK.

Information taken from the British Heart Foundation

Reasonable Adjustments

Always consult the employee, but these may include reducing stress, physical exertion or tiredness and could be similar in some respects to those who have issues relating to fatigue, breathing difficulties, mobility or lifting difficulties. For ideas, see suggestions on pages 29 (asthma), 32 (back), 54 (ME), 74 (strokes).

Sources of Further Information

There are a wide range of resources available from the British Heart Foundation, further details can be found on their website: <https://www.bhf.org.uk/>.

There are specific suggestions regarding reasonable adjustment in “Heart Conditions” fact sheet on the American website, Job Accommodation Network at www.jan.wvu.edu/media/Heart.html.

CEREBRAL PALSY

Cerebral palsy is not an illness. It is a physical impairment, usually caused by failure of part of the brain to develop before birth or in early childhood. The main effect is difficulty in movement, which may affect hands, arms, legs or feet, and sometimes face and tongue muscles, causing grimacing and drooling. Muscles may be stiff, weak or shaky. There are different types of cerebral palsy and the level of disability can vary enormously. Some people may simply move a little awkwardly. Others may be unable to walk at all. As well as difficulty maintaining balance or walking, the effects can include poor coordination; abnormal movements; loss of control of posture; difficulty eating; incontinence; difficulty with fine motor tasks, e.g. writing, using scissors, turning pages or doing up buttons, speech difficulties, etc.

Sometimes other parts of the brain are also affected, causing difficulties with sight, hearing, touch and concentration. About 10% of adults also have epilepsy. Mental abilities are not necessarily impaired at all, but a proportion of people will have moderate or severe learning difficulties.

Reasonable Adjustments

Always consult the employee. Suitable reasonable adjustments will vary but could include some of those suitable to people with MS (p.60), visual impairment (p.75), hearing impairment (p.47), repetitive strain injury (p.67), learning difficulties (p.51) or mobility impairments (p.59).

An employer may be under a duty to make physical arrangements for the employee to go to the toilet or to accommodate an external carer to help the employee do so. However, this does not go as far as a duty actually to provide the carers to attend to an employee's personal needs *Kenny v Hampshire Constabulary* [1999] IRLR 76, EAT.

Sources of Further Information

Useful websites are Scope at www.scope.org.uk, the National Institute of Neurological Disorders and Stroke (cerebral palsy section) at <http://www.ninds.nih.gov>, and the cerebral palsy fact sheet on the Job Accommodation Network site: www.jan.wvu.edu/media/cere.htm.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

COPD is a collective term for a number of lung conditions which cause breathing difficulties. COPD includes:

- Emphysema – damage to the air sacs in the lung
- Chronic bronchitis – long term inflammation of the airways

The main symptoms of COPD are:

- Increased breathlessness, particularly when active
- A persistent chesty cough with phlegm
- Frequent chest infections
- Persistent wheezing

The symptoms will usually get gradually worse over time and make daily activities increasingly difficult, although treatment can help slow the progression. Sometimes there may be periods when the symptoms get suddenly worse – known as a flare-up or exacerbation. It's common to have a few flare-ups a year, particularly during the winter.

Reasonable Adjustments

- If it is possible, providing a parking space near to the working environment.
- Moving the member of staff working area closer to the entrance of the building.
- Where possible, allowing members of staff to work from home when breathing becomes difficult.
- Providing a smoke-free, dust-free, fume-free environment. This can even mean asking other employees not to wear heavy colognes or perfumes.
- Providing adequate ventilation, and allowing the member of staff to use the medication/treatment as prescribed when needed.
- Allowing a flexible schedule, to accommodate doctors appointments.
- Giving advanced notification of any dusty work such as construction or cleaning that will be going on in particular work areas used by the member of staff.
- Where a member of staff is a smoker and wants to give up smoking, allow them time to complete their smoking cessation programme.
- Allowing the use of a mobility scooter if needed to increase mobility while in the workplace, or to move from one building to another during work hours.
- Where the COPD has advanced, consider reallocation of strenuous duties to other members of staff, or consider redeployment where this is not practical or possible.

Sources of Further Information

The British Lung Foundation, website: <https://www.blf.org.uk/>, they have a helpline which offers advice, information and support during Monday to Friday. The helpline telephone number is: 03000 030 555.

DEPRESSION

Depression is a very common mental health issue. Although everyone feels sad or fed up on occasions, for some people depression can be an illness interfering with their ability to live a normal life. 1 in 4 British adults experience at least one diagnosable mental health problem in any one year and 1 in 6 experiences this at any given time. (The Office for National Statistics Psychiatric Morbidity report, 2001). GPs often write “stress” on a sick note to avoid stigma, when they are in fact treating depression.

The World Health Organisation’s International Classification of Diseases (WHO ICD) says the most typical symptoms of depression are depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatigability and diminished activity. Marked tiredness after only slight effort is common. Other symptoms are reduced concentration and attention, disturbed sleep, diminished appetite, reduced self-confidence, ideas of guilt and unworthiness, bleak views of the future and ideas of self-harm.

Depression is often triggered by traumatic life events which are unrelated to the workplace situation. However depression, anxiety and related mental health issues can also be caused or exacerbated by problems at work, e.g. unrealistic workloads, too high expectations, long hours and bullying. The Health and Safety Executive (HSE) says stress at work is a serious problem. It defines stress as the adverse reaction people have to excessive pressure or other types of demand placed on them. The HSE has commissioned research which indicates that up to 5 million people in the UK feel “very stressed” by their work, with about half a million experiencing work-related stress at a level they believe is making them ill.

As well as general depression, there are specific conditions such as post natal depression (p.64), manic or bipolar depression (p.33) and seasonal affective disorder (p.70).

The Act does not require employees to prove they had a clinical well-recognised condition. It will still be useful if a particular condition can be identified, but it should be enough just to prove substantial adverse effects on ‘normal’ day-to-day activities. It will not be enough to show the tribunal a series of medical certificates with such loose terms as “stress” or “anxiety”. Even “depression” written on a medical note may not mean it was a formal diagnosis. A more specific medical report will be necessary.

Reasonable Adjustments

Always consult the employee. Appropriate adjustments depend on each individual and the nature of their difficulties. Possibilities include:

- Shorter, adjusted or flexible hours
- Longer or more frequent breaks
- Full or partial home-working
- Time-off for counselling; allowing personal telephone calls at work for support
- Allowing the employee to listen to soothing music, through headphones if necessary
- Natural light in workspace
- To help with concentration: reducing distraction and interruptions; private office or workspace; breaking large tasks down into small stages

- Allowing meetings to be recorded or providing written notes/minutes afterwards.
- Not ignoring symptoms of stress or depression
- If the employee is off sick, not pressurising them by setting deadlines for return
- Staged or phased return to work in terms of hours, days and workload
- Ensuring the employee received welcome from colleagues and managers on return; training supervisors on positive response; ensuring no isolation or bullying from colleagues
- Ensuring employee returns to an empty in-tray
- On return, reviewing physical environment; briefing employee on social and work developments; planning workload and support; discussing possible adjustments
- Dealing with any underlying cause of stress e.g. bullying, excess workload
- Provision of on-going positive support
- Careful handling of any disciplinary hearings, with flexibility and good notice of dates, allowing a companion of choice, giving full detail and information in advance.

Sources of Further Information

MIND has a useful website at www.mind.org.uk. There are a wide range of useful guides and products on supporting employees with mental health from the resources section or by going to: <http://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/useful-resources/>.

There is a fact sheet on depression as well as on different disorders on the informative website of the Mental Health Foundation, www.mentalhealth.org.uk. Shift (a five year, DoH funded initiative to tackle the stigma and discrimination surrounding mental health issues in England). Shift has published the “Line Managers’ Resource” – a booklet and website that gives advice and information for managing and supporting people with mental health problems in the workplace. It also gives advice and information for employees to help them assess their own needs and plan for meetings with their manager. To access this document please go to:

http://www.mindfulemployer.net/files/1714/3764/4224/MINDFUL_EMPLOYER_Line_Managers_Resource_Revised_2014.pdf.

The Health and Safety Executive has published ‘Management Standards’ regarding stress, which are a useful measure for assessment and support. These are available on its website at www.hse.gov.uk/stress/index.htm there is a companion ACAS booklet “Stress at Work” available at www.acas.org.uk/index.aspx?articleid=782.

The TUC’s ‘Representing and supporting members with mental health problems at work: Guidance for trade union representatives’ is available at www.tuc.org.uk/extras/mentalhealth.pdf.

DIABETES

Diabetes UK estimates that 3.5 million people in the UK have diabetes and nearly 555,000 people have it without realising.

Diabetes mellitus is a condition when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Insulin is the hormone which helps glucose correctly enter the cells of the body. There are two main types of diabetes. Type 1 (also known as insulin dependent diabetes) occurs when the body is unable to produce any insulin, and usually appears before the age of 40. Type 2 (non-insulin dependent diabetes) occurs when the body cannot make enough insulin or use it properly. Type 2 tends to develop over the age of 40 and its symptoms are usually less severe.

Depending on the severity, diabetes may be controlled by insulin tablets or by diet alone. Type 2 may not need insulin injections or tablets. Without treatment, people with diabetes may feel tired all the time and need constantly to pass urine. This is caused by the high levels of blood glucose (technically known as “hyperglycaemia”).

Reasonable Adjustments

Always ask the employee. A few jobs are barred to people on insulin and some others may be dangerous to someone with a history of severe hypos. In general, however, a person should be perfectly able to work normally if appropriate adjustments are made. Depending on the individual, these could include:

- Allowing food and drink at the workstation, to help regulate blood sugar
- Allowing the employee time away from their desk so they can test sugar levels or take an injection
- Timing between insulin injections and food ingestion can be crucial and the employee should be given flexibility as well as reliable breaks
- A suitable location for blood testing and injecting, and somewhere to dispose of lances and needles
- Avoiding variable shifts, particularly overnight, as these disrupt timing of meals and injections and provide irregular stress levels
- Making an allowance regarding sickness absence, including general viruses and infections.

Sources of Further Information

Diabetes UK has a good website: www.diabetes.org.uk, there is also an informative website run by the West Suffolk Hospitals NHS Trust: <http://www.diabetesuffolk.com/>.

Although an American website, the Job Accommodation site at www.jan.wvu.edu/media/Diabetes.html has useful suggestions on its diabetes fact sheet.

DISFIGUREMENT

The charity Changing Faces estimates that over 1.34 million people in the UK have a disfigurement to the face, hands or body from many different causes. 1 in 111 people have a significant disfigurement to their face from birth, scars from accidents, cancer surgery, skin conditions and facial paralysis, e.g. caused by stroke, cleft lip and palate, to name just a few. Just the simple act of using public transport to get to work can be daunting and awful experience due to staring, comments and sometimes even outright rudeness.

Unfortunately, a public attitude survey conducted in 2008 suggests that 9 out of 10 people have unconscious (or conscious) negative attitudes towards people with disfigurements, This can translate into considerable disadvantage at work.

Reasonable Adjustments

The most important adjustment is for employers to ensure that disfigurement is considered and included in relevant policies and to change the culture of the workplace to ensure there is no harassment or teasing and that workplace decisions, e.g. as to recruitment, promotion, client assignments, are not consciously or unconsciously based on physical appearance. In some cases, flexibility regarding dress codes will be appropriate if requested by employees, but there is a fine line between allowing a self-conscious employee to dress in a way they feel comfortable or, for example avoiding public speaking, and imposing such requirements on them. Changing Faces can work with both the employee and the employer to develop appropriate support and strategies ensuring that the employee with the disfigurement can do their job with confidence and to the best of their ability. For example, a swimming instructor with a disfigurement on their back may need reasonable adjustments such as awareness training for colleagues, whilst someone with a facial disfigurement, in a patient facing role, may need a strategy in place if a patient refuses to be served by them as reasonable adjustment.

Sources of Further Information

Changing Faces has a useful website at www.changingfaces.org.uk and is a good source of advice, or contact them directly on 0300 012 0275 Monday to Friday 10:00-16:00. They also have self-help literature which is free to those with a disfigurement.

DYSLEXIA

The British Dyslexia Association says around 4% of the population is severely dyslexic and a further 6% have mild to moderate dyslexia. This means up to 3.25 million employees may be affected.

There is no universally accepted definition of dyslexia, although it is a widely recognised condition, which is included in the World Health Organisation's International Classification of Diseases. Essentially, it is a neurological condition which affects the way the brain processes information and causes specific difficulty in writing, reading and spelling, numeracy, verbal and listening skills, organisational and non-verbal skills may be affected. The employee may have difficulties, e.g. sustained concentration, organising activities, expressing ideas clearly, presenting thought succinctly, keeping track of appointments, reading maps, remembering phone numbers, completing forms, finding their way around a strange place, remembering where things have been put, reading timetables, reading recipes, writing letters or cheques and remembering messages. Dyslexia is categorised as a specific learning difficulty and not a learning disability, and the Equality Act 2010 defines it as a disability (subject to meeting the tests within the act).

It is possible that the employee will have been diagnosed as Dyslexic while at school and may have been 'statemented' at the time (received a statement of Special Educational Needs). This may not be enough for the tribunal, but it will be very helpful.

The British Dyslexia Association provides an "adult dyslexia checklist" as a first self-diagnosing step. For a formal diagnosis of dyslexia, there are screening tests and full assessments which can be undertaken by specialists. If you obtain a medical report for the tribunal, it is likely that your expert will carry out some of the recognised tests.

Reasonable Adjustments

Discuss options with the employee. Depending on the nature and severity of their dyslexia, there are numerous adjustments which could include:

- Provision of assistance devices or techniques
- Using clear typefaces and pastel or matt paper for documents and application forms
- Sending application forms by email or other electronic means
- Notifying interview questions in advance in the waiting room
- Allowing time to read and complete tasks
- Providing dictionaries and electronic spell-checks, or colleagues to proof-read documents
- Giving verbal or written instructions according to which is easiest
- Using voicemail rather than written memos
- Communicating verbal instructions slowly and in a quiet location
- Recording important instructions
- Offering help with prioritisation of tasks
- Providing a quiet work environment without distractions
- Providing appropriate technology, e.g. computer with pastel background to screen
- Support software including voice-activated software, hand-held tape recorder, digital camera, portable writing aids, scanning pen or a talking calculator

- Allowing the employee to be accompanied to meetings and/or providing notes of content in well in advance and minutes afterwards
- Allowing more time for written tests
- Rather than handing out policy documents by way of induction, talking them through with the employee
- Not requiring written qualifications for a post, when general ability can be measured in a different way.

Sources of Further Information

The British Dyslexia Association: www.bdadyslexia.org.uk, Tel: 0333 405 4567 (Tuesday 10:00-13:00, Wednesday and Thursday 10:00-15:00) – The website includes a description of the effects of dyslexia plus the adult (self-diagnosis) checklist. It also has a guide for employers including a detailed list of possible adjustments and descriptions of available technology.

Dyslexia Action: <http://www.dyslexiaaction.org.uk> has a range of useful guides in the employers section of the website.

For a related condition, see the website of the Dyspraxia Foundation: www.dyspraxiafoundation.org.uk, their helpline 01462 454986 is open Monday to Friday 09:00-13:00.

The TUC has produced a useful guide for unions, 'Dyslexia in the Workplace – a TUC Guide' which is available from the TUC's publications department. To order, search at https://www.tuc.org.uk/sites/default/files/Dyslexia_In_The_Workplace_2013_LR.pdf. It contains useful checklists for identifying the impact on dyslexia on day-to-day activities; workplace difficulties; and ideas for reasonable adjustments. It also contains a small section on dyspraxia.

Ability Net is a charity providing free information and advice on computer technology for people with disabilities: Tel: 0800 269545 or www.abilitynet.org.uk.

EPILEPSY

According to the Epilepsy Action, over 600,000 people in the UK have epilepsy. There are many myths, fears and misconceptions around its effects. In general, one would expect the law to accept that epilepsy fell within the definition of disability under the Equality Act.

There are many different types of seizure and individuals are affected very differently. Most people are familiar with 'tonic-clonic' ('grand mal') seizures, where the person loses consciousness, falls to the ground, and has jerking movements for a couple of minutes. However, other forms of seizure can have quite different symptoms, e.g. 'atonic' (sudden loss of muscle tone causing the person to fall), 'myclonic' (brief forceful jerks, which may not lead to the person falling) or 'simple partial', where the person remains conscious but suffers disturbances to hearing, vision, smell or taste, or other symptoms which are often not apparent to onlookers. In some people, seizures may only occur at night. Under the law, people with any form of epilepsy may well be disqualified from driving on a temporary or permanent basis.

Anti-epileptic medication may reduce a person's seizures significantly or remove them altogether. In such a case, the effects on a person if they were not taking the medication should be assessed.

Reasonable Adjustments

As always, adjustments depend on the nature and severity of the impairment and the employee should be consulted. Employers need to provide safeguards against certain dangers for those whose seizures are uncontrolled, e.g.:

- Guards on machinery
- Protection for working at heights
- Chairs with arm rests and no casters
- Rubber mats on floor
- Ensuring the employee does not work alone at isolated sites

If the employee has photo-sensitivity:

- Avoiding fluorescent lights
- Anti-glare guard on the computer and a flicker-free monitor

Sources of Further Information

British Epilepsy Association's website www.epilepsy.org.uk, the site includes a detailed explanation of many different forms of seizure; the rules regarding driving; a list of occupations where there are statutory restrictions on employing people with epilepsy.

Ability Net is a charity providing free information and advice on computer technology for people with disabilities, including those with photo-sensitive epilepsy Tel: 0800 269545 or www.abilitynet.org.uk.

Although an American website, the Job Accommodation Network site at www.jan.wvu.edu/media/Epilepsy.html has useful suggestions on its epilepsy fact sheet.

FIBROMYALGIA

Fibromyalgia is thought to be more common than rheumatoid arthritis, affecting between 3-6% of the UK population, although not everyone develops extreme symptoms. It is about 7 times more common in women. Those with mild symptoms are able to manage the pain using combination therapies. If the symptoms are severe however, a person may not be able to enjoy a social life.

Fibromyalgia is considered to be a neurological disorder with people experiencing pain amplification due to abnormal sensory processing in the central nervous system. Some people may be genetically predisposed to developing the condition and a traumatic illness can trigger Fibromyalgia. It usually develops in those aged between 30 to 60 years. It can also be caused by micro-trauma and repetitive strains. Sufferers feel pain which they describe as an aching or burning sensation of varying severity. They can suddenly feel completely drained of all energy – often described as if someone just ‘pulled the plug’. They may become dizzy or disoriented and suffer from considerable fatigue and clinical depression.

Associated symptoms include: anxiety (p.26), depression (p.39), disturbed restorative sleep, increased sensitivity to environmental factors such as noise and light, irritable bowel syndrome (p.50), migraines, Raynaud’s phenomenon, restless leg syndrome and visual disturbance.

Reasonable Adjustments

- Keep the work area at a comfortable temperature.
- Have efficient extraction, if fumes or strong smells are produced in the workplace.
- Ergonomic workstation design with adjustable seating to reduce twisting and awkward seated positions.
- Allow the employee to take regular short breaks to stretch and move. This arrangement may need to be adjusted on days when the pain is more severe.
- Allow time for medical appointments, rehabilitation and pain therapy.
- Consider arrangements for short notice cover as Fibromyalgia symptoms can increase in severity suddenly.
- Provide a secure and confidential space for medication.
- Allowing employees to work flexible hours as a reasonable adjustment. This may be so that employees can avoid the rush hour or work from home on days when their symptoms are particularly severe.

Sources of Further Information

Fibromyalgia Action UK have useful information available on their website: <http://www.fmauk.org/> they also have a helpline 0300 999 3333 which is open 10:00-16:00 Monday-Friday.

HEARING IMPAIRMENT

Action on Hearing Loss estimates that there are about 11 million people who are living with hearing loss, of whom 900,000 have severe or profound hearing loss. There are four levels of deafness, measured by the level of decibels which can be heard by a person's better ear: mild, moderate, severe and profound. People with moderate deafness will usually need a hearing aid and those with severe or profound deafness will usually rely on lip reading or sign language. Tinnitus is a buzzing, ringing or other noise heard in the ear or head. It can be temporary or permanent and vary in its severity.

The term "pre-lingually deaf" is used for those who were born deaf or lost their hearing in early childhood, before they acquired spoken language. People who are pre-lingually deaf are the most likely to use sign language. BSL (British Sign Language) is the preferred language of approximately 30,000-70,000 people in the UK, but deaf people from different countries will have their own sign language. Other deaf people may use Sign Supported English or may not be able to sign at all.

The second quarter Labour Force Survey in 2013 showed that only 64 % of people of working age who had difficulty in hearing were in employment compared with 77% of people who were not deaf, hard of hearing or otherwise disabled.

Reasonable Adjustments

Always ask the employee. Possible adjustments, depending on the employee's level of deafness, whether they use BSL and their level of English:

- Providing an interpreter/signer (BSL interpreters need to be booked well ahead).
- In meetings or training, good positioning for employee and interpreter. (Remember to allow adequate breaks for the interpreter(s)).
- For shorter or less important messages, communication through written notes or email – if this is acceptable to the employee.
- In meetings, provision of a speech to text operator (the operator types into a computer the deaf person reads off the screen).
- Speech recognition software (software is trained to recognise speaker's voice and turn words into computer text).
- For lip-reading in meetings, good lighting and positioning of speakers where they can easily be seen (a round table is best).
- Applying good practice principles also to disciplinary meetings.
- Assistive listening devices, e.g. an induction loop or infra-red system, in the office and training or meeting rooms.
- Portable induction loops for training outside the office or a portable listening device e.g. a Sonido.
- Good lighting in the office and meeting rooms (deaf people rely on visual clues).
- Good acoustics in the office; reduction of background noise from machinery, traffic or other people; thick carpeting.
- Positioning employee in office where they can see colleagues and not in isolated position, e.g. with back to door.
- Allowing more time for communication, meetings and tests.

- Giving information in advance of meetings, training or induction. Providing minutes afterwards.
- Remote communication: provide amplification through the telephone; text phones; Next Generation Text (a service where text phone and non-text phone users can communicate with each other via an operator – see www.ngts.org.uk for further details).
- Use of plain English.
- Deaf awareness training to colleagues and tutors of training courses.
- Visual or light devices that alerts a person that either the telephone is ringing or a fire alarm is sounding.

Sources of Further Information

Action on Hearing Loss has an excellent website at www.actiononhearingloss.org.uk.

Although an American site, the Job Accommodation Network at www.jan.wvu.edu/media/Hearing.html has a detailed and useful fact sheet.

It is estimated that 101,200 adults are living in the UK with HIV. Of these, 13% are unaware of their infection. Since 1999, heterosexually acquired HIV has led to a steep increase in the number of HIV diagnoses. As of the end of 2015 there approximately 6,095 new diagnosis of HIV a year.

HIV attacks the body's immune system, making it hard for people to fight off infections and exposing them to serious illnesses. The effects can be weight loss, fatigue and weakness, respiratory impairment, light sensitivity or visual impairment, difficulty concentrating, chronic diarrhoea, the side-effects of medication, depression and psychological impact.

HIV is deemed a disability as soon as it is diagnosed.

Reasonable Adjustments

Always consult the employee. Medication has improved the health of people living with HIV enormously, but the side-effects of the drugs also have to be dealt with. Some people have to take a large number of pills daily at specific times and accompanied by dietary restrictions. Adjustments, depending on the nature and severity of the employee's condition, could include:

- Allowing flexi-time or the employee to start later.
- Providing easy access to water, food or kitchens and being flexible over eating times.
- Providing safe and confidential places for storage of medication.
- Allowing the employee time off for medical appointments or if unwell.
- Notifying the employee in advance of changes to routine, e.g. training days, travel or overtime requirements.
- Nearby access to toilets (medication can cause chronic diarrhoea).
- Ergonomic chairs if severe weight loss.
- Time-off for counselling; allowing telephone calls to or from emotional support.
- For weakness or fatigue: reduced hours, rest areas, breaks, reduced lifting and walking.
- For difficulty in concentration, see adjustments suggested for dyslexia (p.43).
- For any visual impairment or light sensitivity, see adjustments suggested for visual impairment (p.75) or migraine (p.58).

Sources of Further Information

- Information is available from AVERT, an international AIDS charity: www.avert.org.
- There is useful guidance and advice available from Terence Higgins Trust: <http://www.tht.org.uk/>.
- The National AIDS Trust has produced a resource pack – “HIV @ work: addressing stigma and discrimination” – find by going to: <http://www.nat.org.uk/>.
- Although an American website, the Job Accommodation Network site at www.jan.wvu.edu/media/HIV.html has useful suggestions on its HIV fact sheet.

INFLAMMATORY BOWEL DISEASE (IBD)/ IRRITABLE BOWEL SYNDROME (IBS)

Crohn's disease and ulcerative colitis are two different forms of inflammatory bowel disease (IBD). They are both chronic diseases affecting the digestive track, about 300,000 people are affected by these conditions in the UK. The main symptoms are abdominal pain, urgent diarrhoea, tiredness and weight loss. It is sometimes associated with fever, arthritis and inflammation of the eyes, mouth or skin. There can be long periods of remission with no symptoms, and unpredictable relapses when symptoms flare up to varying extents. Treatment is mainly by drugs and occasionally by surgery, but there is no permanent cure (except for ulcerative colitis, if the colon is surgically removed).

Irritable Bowel Syndrome (IBS) is a different condition altogether and not within the heading of IBD, however some of the symptoms and effects are similar to IBD. IBS is a common, long-term condition of the digestive system. It can cause bouts of stomach cramps, bloating, diarrhoea and/or constipation. The symptoms vary between individuals and affect some people more severely than others. They tend to come and go in periods lasting a few days to a few months at a time, often during times of stress or after eating certain foods. IBS is thought to affect about 10-20% of the population at some point in their life, and it usually first develops when a person is between 20 and 30 years of age. Around twice as many women are affected as men. The condition is often life-long, although it may improve over several years.

Reasonable Adjustments

Where continence is an issue, quick and easy access to a toilet is important. The usual adjustments should be made in respect of pain and tiredness, e.g.:

- Breaks;
- Shorter or flexible hours;
- Avoiding rush hour travel;
- Relocation of office to nearer home; and/or
- Home working

Sources of Further Information

More information about IBD can be found on the Crohn's and Colitis UK charity's website: <http://www.crohnsandcolitis.org.uk/>

More information about IBS can be found on IBS Network's website: <http://www.theibsnetwork.org/> and Core's website: <http://www.corecharity.org.uk/>

LEARNING DISABILITY OR LEARNING DIFFICULTIES

People with a learning disability or difficulty are one of the most marginalised groups in society. Although a small proportion are successfully employed in a wide range of jobs, the vast majority have a level of unemployment below that of other disabled people. The government is keen to address the difficulty people with learning disabilities have in finding and keeping jobs.

There are no reliable statistics, but it is estimated that broadly 1.5 million people have learning disability in the UK.

Learning disabilities are not a mental illness. It is a life-long condition acquired before, during or soon after birth, which affects intellectual development. The World Health Organisation defines learning disability as “a state of arrested or incomplete development of mind”, entailing a significant impairment of intellectual functioning or adaptive/social functioning. As with most disabilities, learning disabilities can be mild, moderate or severe.

People with a learning disability generally find it harder to understand and remember new or complicated information, to generalise any learning to new situations, and to new skills, whether practical or social, e.g. communication or self-care. Some people may have difficulty speaking or be unable to read. Those with more severe difficulties may need help in getting dressed or making a cup of tea.

It is possible that the employee will have received a statement of Special Educational Needs while at school (sometimes referred to colloquially as being “statemented”). This may not be enough for an employment tribunal, but would be very helpful.

A learning difficulty is a recognised mental impairment, although it will need to be proved by expert evidence. *Dunham v Ashford Windows* [2005] IRLR 608, EAT.

Reasonable Adjustments

Discuss these with the employee and an appropriate carer, helper or friend. Depending on the severity of the employee’s disability, adjustments could include:

- Allowing assistance with completion of a job application form
- Conducting the interview at a slow pace
- Asking short direct rather than long hypothetical questions
- Using practical rather than written tests
- Offering a work trial as an alternative means of assessing ability
- Providing training and on-going support in new tasks
- Adding tasks one at a time
- Permitting low work hours, especially at first
- Speaking slowly in plain jargon free English
- Explaining procedures, e.g. for health and safety
- Explaining significance and potential consequences of disciplinary hearings
- Using graphics to assist understanding and Easy Read documents
- Training co-employees on effective communication and support.

Sources of Further Information

Useful websites:

Mencap – www.mencap.org.uk

The British Institute of Learning Disabilities – www.bild.org.uk

Foundation for People with Learning Disabilities – www.learningdisabilities.org.uk

Mencap have produced a factsheet called 'Workplace adjustments for people with a learning disability' which can be found here:

<https://www.mencap.org.uk/sites/default/files/2016-11/Factsheet%205%20-%20Workplace%20adjustments%20for%20people%20with%20a%20learning%20disability.pdf>

LIVER DISEASE

In England there has been a 20% increase in cases of liver disease over the last decade. The disease tends to progress silently, many sufferers do not know they have it until they develop liver failure.

There are many different types of liver disease, but in the UK three main forms are:

- Alcohol-related liver disease – from the abuse of alcohol
- Non-alcohol fatty liver disease – usually caused by obesity
- Hepatitis – inflammation of the liver

NB – whilst the addiction to alcohol will not be protected under the Equality Act 2010, the resulting liver disease (providing it meets the threshold p.3) might do.

In advanced stages of liver disease, the liver will develop Cirrhosis. This is the scarring of the liver caused by long-term liver damage. The scar tissue prevents the liver working properly. Cirrhosis can eventually lead to liver failure.

NHS Choices website

Reasonable Adjustments

- Where fatigue or insomnia is an issue flexible working, adjusting starting and finishing times or reduced hours may help.
- Review duties that are undertaken by the staff member if they find them overly strenuous or tiring.
- The employee may become jaundice, and may develop persistent itchy skin and/or swollen ankles, legs or feet.
- Where there are memory problems, ensure the member of staff is given written requests or instructions. A dictaphone could be useful for recording memos or conversations, and full notes after a meeting would be useful.
- In advanced cases, there could be weakness and muscle wasting – in these cases reallocation of problematic duties should be considered, where this is not practical redeployment should be explored.

Personnel Today – Managing Liver Disease in the Workplace

Sources of Further Information

The British Liver Trust, website: <https://www.britishlivertrust.org.uk/> helpline offers information and publications to anyone affected by a liver condition. Please call 0800 652 7330 between 10:00 and 15:00 Monday to Friday or email helpline@britishlivertrust.org.uk for further details. The Trust also maintains a list of local liver disease related support groups/networks.

Liver4Life, website: <http://www.liver4life.org.uk/> is dedicated to providing support to all people affected by a liver condition. The helpline is on: 0800 074 3494.

ME OR CHRONIC FATIGUE SYNDROME

ME (Myalgic Encephalomyelitis) is also known as Chronic Fatigue Syndrome (CFS), although strictly speaking there are some slight differences between the two. Occasionally it may be diagnosed as Post Viral Fatigue Syndrome.

It is estimated that there are up to 250,000 people with CFS/ME in the UK. Historically there has been much scepticism about CFS/ME, and unfortunately some GPs still hold the view that it is all in the mind. However, the government has now recognised that CFS/ME is a “debilitating and distressing condition”.

It has been found that people with CFS/ME have abnormalities in the nervous and immune systems, although these abnormalities are not properly understood. CFS/ME is difficult to diagnose. Much of the diagnosis is based on identification of core symptoms persisting over 6 months and taking tests to rule out other conditions.

Symptoms are very variable and can be mild or severe. The most common symptoms are overwhelming and persistent fatigue following mental or physical activity (often a delayed reaction), muscle pain, inability to concentrate, problems organising thoughts, memory loss, and sleep difficulties. Other symptoms may include dizziness, migraines (p.58), increased sensitivity to light and noise, digestive problems, irritable bowel syndrome (p.50), poor temperature control and feeling generally unwell. People with CFS/ME tend to have good days and bad days. Overdoing it on good days can worsen the symptoms. CFS/ME may also cause depression (p.39).

CFS/ME is a physical and arguably also mental impairment. Given the controversies and difficulties regarding its diagnosis, it may be useful to rely on the principle established by the Court of Appeal in *McNicol v Balfour Beatty Rail Maintenance Ltd.* [2002] IRLR 711, CA

Reasonable Adjustments

International research suggests that between 25–50% of people with CFS/ME are unable to maintain previously held employment, while substantial proportions of those who do maintain employment report decreased work performance. Nevertheless, as the severity of symptoms does vary, it is important to identify adjustments which will enable a certain proportion to continue in work. These could include:

- Reducing or changing working hours or allowing flexi-time
- Working from home
- Increased rest breaks and self-paced workload
- Arrangement of workplace so less walking or physical exertion is necessary
- Reduced stress
- Memory aids, e.g. organisers and written job instructions
- Minimised distractions
- Controlled workplace temperature
- Modified dress code
- If fluorescent lighting or window blinds are problematic, consider finding an alternative solution

- See also adjustments relevant to migraine (p.58), depression (p.39), for some forms of muscle weakness, see repetitive strain injury (p.67).

Sources of Further Information

Association for Myalgic Encephalomyelitis has an informative website from which you can download 'All about ME: an introduction' via www.afme.org.uk/booklets.asp.

The ME Association also provides information: www.meassociation.org.uk.

The section on CFS/ME on the Job Accommodation Network website, even though an American site, is extremely useful: <http://askjan.org/media/cfs.html>.

MENOPAUSE

Menopause usually occurs between 45-55 years of age, although it can occur anytime up to the mid 60's. About 1 in 100 people have premature menopause, this occurs when periods stop before 40.

Around 30-60% of women experience intermittent physical and/or psychological symptoms during the menopause. These are associated with a decrease in the body's production of the hormone oestrogen. For some, symptoms include hot flushes, night sweats and related symptoms such as sleep disruption, fatigue and difficulty concentrating. Hot flushes are short, sudden feelings of heat, usually in the face, neck and chest, which can make the skin red and sweaty. Severe flushes can cause sweat to soak through clothing. Mood disturbances, anxiety and depression are also reported. Symptoms on average continue for four years from the last period, and 1 in 10 women experience symptoms for up to 12 years.

Where the symptoms are severe which satisfies the criteria of disability, it is likely to be protected by the Equality Act 2010. However, where the symptoms would not normally satisfy the criteria specified under the Equality Act 2010, it is good practice to put reasonable adjustments in place.

Reasonable Adjustments

- Facilitate discussion about troublesome symptoms. Managers can help by communicating that health-related problems such as those experienced during the menopause are normal.
- Review control of workplace temperature and ventilation and see how they might be adapted to meet the needs of individuals. This might include having a desktop fan in an office, or locating a workstation near an opening window or away from a heat source.
- Consider flexible working hours or shift changes. If sleep is disturbed, later start times might be helpful.
- Provide access to cold drinking water in all work situations, including off site venues.
- Ensure access to wash room facilities and toilets, including when travelling or working in temporary locations.
- Where uniforms are compulsory, flexibility is helpful. This might include the use of thermally comfortable fabrics, optional layers, being allowed to remove neckties or jackets, as well as the provision of changing facilities.
- Where work requires constant standing or prolonged sitting, having access to a rest room (e.g. to sit during work breaks) would be helpful, as would space to move about for those women in sedentary roles.
- In patient or public-facing roles, it may help to have access to a quiet room for a short break so as to manage a severe hot flush.
- For anxiety see p.26 and depression see p.39

Taken from *Guidance on menopause and the workplace*, Faculty of Occupational Medicine

Sources of Further Information

Menopause matters, website: <https://menopausematters.co.uk/> is an award winning independent website that provides up-to-date, accurate information about the menopause, menopausal symptoms and treatment options.

The Daisy Network, website: <https://www.daisynetwork.org.uk/> is a registered charity dedicated to providing information and support to women with Premature Ovarian Insufficiency (POI), also known as Premature Menopause.

MIGRAINE

The Migraine Trust states that 1 in 7 people suffer from migraines. On average the UK population loses up to 25 million days a year due to absence from work or school because of migraines. In the Global Burden of Disease Study, updated in 2013, migraine on its own was found to be the sixth highest cause worldwide, of years lost due to disability (YLD). Headache disorders collectively were the third highest.

Migraines are not ordinary headaches. Migraine is a condition of recurring headaches of a particular kind. There are often other symptoms, e.g. sensitivity to light and noise, eyesight changes, lethargy and nausea. About 10-30% of migraine sufferers have migraine with “aura”, i.e. neurological symptoms such as changes in sight (zigzags, dark spots etc.), disturbances to speech and hearing or, more rarely, partial paralysis. Migraine attacks usually last one or two days.

Reasonable Adjustments

The difficulty with migraines is their unpredictability. Reasonable adjustments may be either to prevent attacks or to enable employees with less incapacitating migraine to work during attacks. Always ask the individual, but examples of adjustments could be:

- Time off (paid or unpaid) or flexible hours
- Home working during an attack (sometimes it is travel to work which is unmanageable)
- No fluorescent lighting
- Computer glare guards
- Reduced visual or auditory distraction; an environmental sound machine to block out noise
- Avoiding any identified trigger factors at work (long hours, food breaks, night working or fan heaters)
- Allowing food at work station
- Keeping the employee off night shifts if these trigger migraines, even if other employees do not want to work night shifts for reasons unrelated to disability.

Sources of Further Information

The Migraine Trust is very informative. It has a newsletter and website you can access by going to www.migrainetrust.org. There is an information pack “Employment Advocacy Toolkit” including tips for migraine sufferers at work and best practice guidance for employers, available as a free download: <http://www.migrainetrust.org/employment-advocacy>.

Although an American website, the Job Accommodation Network site at www.jan.wvu.edu/media/Migraine.html has useful suggestions on its migraine fact sheet.

MOBILITY IMPAIRMENT

Mobility impairment can be due to a leg or foot impairment, general muscular weakness, illness or injury. People may not need an aid, or may use an aid some or all of the time, e.g. a stick, crutches or a wheelchair. Depending on the reason for the mobility impairment, a person may have other impairments. A wheelchair user may have full, partial or no use of their upper limbs.

Reasonable Adjustments

Appropriate adjustments will depend very much on the nature of the impairment and the individual should be consulted. Possibilities could include:

- Wheelchair accessible toilets with handrails in toilets
- Non-slip grips on stairs
- Accessible routes between office and car park, toilets, coffee machine and colleagues
- Location of office, meetings, training on ground floor or with lifts or ramps
- Corridors, hallways, reception areas and walking routes with sufficient space and obstruction free
- Where the employee uses lifts, establish safe fire evacuation procedures
- Reduction of the need to carry files or heavy objects around, e.g. by better layout, mechanisation, computerisation, assistance of another employee to lift and move
- Adjusting office layout – height adjustable desk; accessibility of files, equipment, photocopier, coffee machine from a seated position
- If restricted use of upper limbs – automatic stapler; writing aids; voice-activated telephone or head-set. See also adjustments suggested for repetitive strain injury (p.67)
- Widening doorways; ramps for wheelchair users
- Relocating light switches, door handles and shelves within reach,

Sources of Further Information

The American website, the Job Accommodation Network site at www.jan.wvu.edu/media/Wheelchair.html has a fact sheet on adjustments for office employees who use wheelchairs.

A useful site concerning plantar fasciitis: www.heelspurs.com/index.htm.

MULTIPLE SCLEROSIS (MS)

Multiple Sclerosis (MS) affects approximately 107,000 people in the UK. It is a complex neurological disorder affecting the central nervous system. Potentially it affects a whole range of physical or mental functions, but most people only experience a few aspects.

Possible symptoms are muscle weakness, most commonly in the legs, spasms or tremors, dizziness and balance difficulties, pain from poor posture or positioning, visual disturbance, speech disorders, needing to go to the toilet frequently and urgently, severe fatigue, pain, problems with short-term memory and concentration. Symptoms vary in their severity and duration, and can be exacerbated by heat, exercise (raising body temperature), stress and overwork. The symptoms of MS come and go and can be in remission for very long periods.

MS is now deemed a disability on diagnosis. Older case law, which suggests that MS may not always be covered, can be disregarded particularly *Mowat-Brown v University of Surrey* [2002] IRLR 235, EAT

Reasonable Adjustments

Appropriate adjustments will depend very much on the nature of the impairment and the individual should be consulted as the symptoms can be varied, but these may include:

- Flexible or altered working hours, to help you with attending hospital appointments, or increased travelling time
- More regular breaks
- Moving your desk to a more accessible area of the office
- A workstation assessment – simple things like adjusting screen brightness on computers can help
- The option to work from home.

Sources of Further Information

The Multiple Sclerosis Society at www.mssociety.org.uk – there is a useful guide available to download called 'Work and MS' which provides further ideas for reasonable adjustments.

The Multiple Sclerosis Trust at <http://www.mstrust.org.uk>.

Although an American website, the Job Accommodation Network site at www.jan.wvu.edu/media/MS.html has useful suggestions on its MS fact sheet.

OBSESSIVE COMPULSIVE DISORDER (OCD)

Based on current estimates for the UK population (OCD UK) there are around 750,000 people living with OCD. It is worth noting that a disproportionately high number, 50% of all cases, will fall into the severe category, with less than a quarter being classed as mild. It can be so debilitating and disabling that the World Health Organisation has ranked it in the top 10 of the most disabling illnesses of any kind.

OCD presents itself in many ways, and goes beyond the common perception of hand washing and checking light switches. In general OCD suffers experience obsessions which take the form of persistent and uncontrollable thoughts, images, impulses, worries, fears or doubts. They are often intrusive, unwanted, disturbing and can significantly interfere with the ability to function on a day-to-day basis as they are incredibly difficult to ignore. People with OCD often realise, that their obsessional thoughts are irrational, but believe the only way to relieve the anxiety caused by them is to perform compulsive behaviours, often the perceived harm is happening to them, or more often to a loved one.

Compulsions are repetitive physical behaviours, actions and mental thoughts that are repeated over and over again to relieve these obsessional thoughts. But unfortunately, any relief that the compulsive behaviour provides is temporary and short lived, and often reinforces the original obsession.

Typically a person's OCD will fall into one of four main categories (but there are numerous forms of illness within these categories):

- Checking
- Contamination / mental contamination
- Hoarding
- Ruminations / intrusive thoughts

OCD is diagnosed when obsessions and compulsions:

- Consume excessive amounts of time
- Cause significant anguish and distress
- Interfere with daily life (e.g. work, home, relationships, etc.)

Treatment can include talking therapies and/or a range of medications.

Information taken from OCD UK's website

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee's condition. For some general ideas see depression (p.39).

Sources of Further Information

Please look at OCD Action's website: www.ocdaction.org.uk and OCD UK's website: www.ocduk.org.

PERSONALITY DISORDER

Personality disorders are conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.

In England, it is estimated that 1 in 20 people has a personality disorder. However, many people have mild conditions so only need help at times of stress (e.g. bereavement). Other people with more severe problems may need specialist help for longer periods.

People with personality disorders often experience other mental health issues, especially depression (p.39) and substance misuse. Symptoms typically get worse with stress (p.73).

Common features of personality disorders include:

- Feeling overwhelmed by negative feelings such as distress, anxiety (p.26), worthlessness and anger
- Avoiding other people and feeling empty and emotionally disconnected
- Difficulty managing negative feelings without self-harming (e.g. abusing drugs or alcohol or taking an overdose)
- Displaying odd behaviour
- Difficulty maintaining stable and close relationships
- Sometimes having periods of losing contact with reality

There are a number of different types of personality disorder which can be broadly grouped into one of three clusters (A, B and C).

Cluster A personality disorder: tend to have difficulty relating to others and usually shows patterns of behaviour most people would regard as odd and eccentric. Others may describe them as living in a fantasy world of their own.

An example is paranoid personality disorder where the person is extremely distrustful and suspicious. Other examples include Schizoids and Schizotypal personality disorders.

Cluster B personality disorder: struggles to regulate their feelings and often swings between positive and negative views of others. This can lead to patterns of behaviour others describe as dramatic, unpredictable and disturbing.

An example is borderline personality disorder, where the person is emotionally unstable, has impulses to self-harm and has intense and unstable relationships with others. Other examples of cluster B personality disorders include: antisocial personality disorder, histrionic personality disorder (tends to be anxious about being ignored) and narcissistic personality disorder.

Cluster C personality disorder: struggles with persistent and overwhelming feelings of fear and anxiety. They may show patterns of behaviour most would regard as antisocial and withdrawn.

An example is avoidant personality disorder, where the person appears painfully shy, socially inhibited, feels inadequate and is extremely sensitive to rejection. The person may

want to be close to others, but lacks confidence to form a close relationship. Other examples of this type within this cluster type include: dependent personality disorder and obsessive compulsive personality disorder.

Depending on the type and severity of the personality disorder, treatment can range from psychotherapy and/or a range of medication. At present there are no medications licensed for the treatment of any personality disorder. However, medications may be prescribed to treat associated problems e.g. depression (p.39), anxiety (p.26) or psychotic symptoms (p.66).

Information taken from the NHS Choices' website

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee's condition. For some general ideas see depression (p.39).

Sources of Further Information

A wide range of information is available from the following organisations:

MIND: <http://www.mind.org.uk>.

Mental Health Foundation: <http://www.mentalhealth.org.uk>.

BPD World: <http://www.bpdworld.org>.

POSTNATAL / POSTPARTUM DEPRESSION

It is estimated that postnatal depression affects around 1 in every 10 women within a year of giving birth. It can also affect fathers and partners, although this is less common. It can develop with the first six weeks of giving birth, but it is often not apparent until around six months. Postnatal depression can sometimes go unnoticed, and many women are not aware they have it.

Mood changes, irritability and episodes of sadness are common after giving birth. These symptoms are often known as 'baby blues' and they usually clear within a few weeks. However, if the symptoms are more persistent, it could be postnatal depression. It is just as serious as any other type of depression, and left untreated could become a long-term problem.

The main symptoms include, persistent low mood or sadness, loss of interest and fatigue. Other symptoms may include:

- Disturbed sleep patterns
- Difficulty in concentrating and making decisions
- Low self confidence
- Poor appetite or increased appetite
- Feeling agitated or apathetic
- Feeling guilty and self-blaming
- Suicidal thought or thoughts of self-harm
- Hostility towards those around (including the baby).

Some women (about 1 in 1000) develop postnatal psychosis which can have some likeness to bipolar (p.33) or psychosis (p.66). Others may develop postnatal OCD (p.61).

Treatment for this condition may include guided self-help, talking therapies and medication.

Information taken from NHS Choices' website

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee's condition. For some general ideas see depression (p.39).

Sources of Further Information

For support and advice please look at:

MIND: www.mind.org.uk.

PANDAS: <http://www.pandasfoundation.org.uk>.

POST TRAUMATIC STRESS DISORDER (PTSD)

PTSD is a condition which develops after involvement in or witnessing a serious or traumatic event e.g. severe accident, rape, life threatening assault, torture, seeing someone killed, etc. In some cases the symptoms first develop several months or years after the trauma and in others soon after the traumatic event.

Some symptoms of PTSD include:

- Recurring thoughts, memories, images, dreams or flashbacks of the trauma which are distressing
- Avoidance of places, thoughts, people, activities or anything else that may trigger memories of the trauma
- Feeling numb and detached from others
- Pessimistic outlook
- Difficulty sleeping or staying asleep
- Being irritable which might include outbursts in anger
- Difficulty concentrating
- Increased vigilance
- Being more easily startled than before the trauma.

Counselling and medication are often prescribed for this condition.

Information taken from Anxiety UK's website

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee's condition. For some general ideas see depression (p.39).

Sources of Further Information

For support and advice please look at:

An American website has some good ideas for reasonable adjustments:

<http://askjan.org/media/ptsd.html>.

MIND: www.mind.org.uk.

Brainline.org: <http://www.brainline.org>.

Helpguides.org: <http://www.helpguide.org>.

Anxiety UK: <http://www.anxietyuk.org.uk>.

PSYCHOSIS

Psychosis (also known as a psychotic experience or episode) is not a condition in itself and is triggered by other conditions such as schizophrenia (p.69), bipolar (p.33) or severe depression (p.39). It can also be triggered by traumatic experiences, stress or physical conditions, such as Parkinson's disease, a brain tumour, or as a result of drug or alcohol misuse.

Psychosis is when a person perceives or interprets events differently from people around them. This may include experiencing hallucinations, delusions or flights of ideas.

Hallucinations may include:

- Seeing things that others do not e.g. faces, other images or visions (e.g. animals or religious figures). Objects can also seem distorted or appear in ways they would not normally.
- Experiencing taste, smells and sensations that have no apparent cause e.g. feeling insects crawling over your skin.
- Hearing voices that others don't – they could be positive and unhelpful or hostile and unpleasant.

Delusions are a belief that other people do not share e.g. being related to a celebrity or royal family. Some delusions can be extremely frightening and leave the person feeling threatened or untrusting.

Flight of ideas is when thoughts move very quickly from idea to idea, and making links that others might not see. This might mean the person loses control of their words (by speaking too quickly) and link words together by sound rather than meaning e.g. talking about rain, then trains then photo frames.

Information based on NHS Choices and MIND's websites

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee's condition. For some general ideas see depression (p.39).

Sources of Further Information

For support and advice please look at:

Rethink: <http://www.rethink.org>.

Mental Healthcare: <https://mentalhealthcare-uk.com>.

REPETITIVE STRAIN INJURY (RSI)

The Health and Safety Executive estimates each year over 200,000 people suffer from upper limb or neck disorders. The Health and Safety Executive says it is estimated that 3.2 million working days were lost in 2013/14 through musculoskeletal disorders mainly affecting the upper limb and necks, caused or worsened by work.

RSI (Repetitive Strain Injury) is an umbrella term for a range of painful conditions affecting the musculoskeletal system. An alternative umbrella term for many of these injuries is Work Related Upper Limb Disorder (WRULD). The Health and Safety Executive uses the term ULD (Upper Limb Disorder) under a general heading of Musculoskeletal Disorders, which also includes back pain (p.32).

RSI is usually caused or aggravated by work and is associated with repetitive movement, sustained or constrained postures and/or forceful movements. It includes many different localised conditions, e.g. Bursitis, Carpal Tunnel Syndrome, Tenosynovitis, Tendonitis, Epicondylitis (including tennis elbow), writers' cramp, white finger or Raynaud's Syndrome. There is also Diffuse RSI, which spreads through areas of the body and is harder to diagnose.

Employees particularly at risk include those using computers, working on assembly lines, manual labourers, bus and lorry drivers, cashiers, cooks, cleaners and housekeepers, hairdressers and ambulance employees. RSI is a growing problem with the vast increase in computerisation.

Reasonable Adjustments

As always, appropriate adjustments will depend on the individual situation and the employee should be consulted, but they could include:

- The employer should carry out a risk assessment – the Health and Safety Executive has produced risk assessment checklists. The employer should also set up internal reporting system and monitor early signs of RSI.
- Reviewing designs of tools, workplaces and tasks; keeping tools lightweight, sharpened, lubricated and easy to use; powered versions if possible; mechanical moving of loads; smaller loads and reduced carrying distances; levers; training on lifting techniques; tools and equipment to meet individual needs. Redesign of tasks to minimise repetitive movement. Redesign of workstation so everything is within easy reach; adjustable work benches; proper ergonomic design. Reduced conveyor belt speed. Reduced use of vibrating tools; vibration absorbing grips; rubber flooring to absorb vibration. Reduction of time working in cold environment; warm breaks; protective clothing, though gloves can increase problem by making grip difficult.
- Providing electronic staplers, easy grip pens, headset telephone. Restricting intensive keyboard work; keeping deadlines reasonable; training in touch typing; good lighting to avoid hunching to see screen; document holders; adjustable chair; alternatives to mice (pc); voice recognition software; payment for eye tests – in any event, employers must pay for eye tests if requested, where the employee uses a VDU as a significant part of their work.

- In general: avoiding of repetitive work and incentives to carry it out at a high pace; breaks for rest and recovery; giving employees more control over work rate and breaks; variation of tasks and job rotation.
- Training on risks.
- Reduction of stress (mental or physical).
- Time off to recover, with staged return, and to improved workplace (otherwise injury may reoccur).
- Letting a job candidate with RSI take an administrative test using voice-activated software, if this is how they would carry out the job if they were appointed.
- Different or longer training on new machinery for employees with restricted hand or arm movements.
- Relocating light switches, door handles or shelves for someone who has difficulty reaching.

Sources of Further Information

The London Hazards Centre has produced an extremely useful handbook (“RSI Hazards Handbook”, 1997,) on its website at http://www.lhc.org.uk/wp-content/uploads/Resources/Books/lhc_rsi_hazards_handbook_99_pgs_january_1997.pdf.

The TUC has a basic guide on its website www.tuc.org.uk.

The Health and Safety Executive has an informative section on musculoskeletal disorders and upper limb disorders on its website www.hse.gov.uk. There are various guides available at www.hse.gov.uk/msd/information.htm. For example, you can download “Display Screen Equipment (Working with VDUs)” and “Aching arms (or RSI) in small businesses”. You can send off for further information in “Upper Limb Disorders in the Workplace”.

Ability Net is a charity providing free information on computer technology for people with disabilities. Tel 0800 269 545 or go to their website: www.abilitynet.org.uk.

SCHIZOPHRENIA

About 1 in 100 people have one episode of schizophrenia, and two thirds of these have further episodes. A diagnosis does not mean 'split personality', nor does it indicate that someone will swing wildly from being calm to being out of control.

People who have schizophrenia may have some of the following symptoms:

- A lack of interest in things
- Feeling disconnected from feelings
- Difficulty concentrating
- Wanting to avoid people
- Hallucinations
- Delusions
- Feeling that they need protecting.

Delusions and hallucinations are all types of psychosis (p.66).

The symptoms can be disruptive and have an impact on the ability to carry on with 'normal' day-to-day tasks, such as going to work, maintaining relationships with other people or caring for themselves or others.

Treatment for this condition may involve talking therapies and medication.

Information based on information from NHS Choices and MIND's websites

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee's condition. For some general ideas see depression (p.39).

Sources of Further Information

There are many diagnoses related to schizophrenia, but further information can be found on the MIND website (www.mind.org.uk) and NHS Choices website (www.nhs.uk).

Rethink offer good information on their website (<https://www.rethink.org>) and have a telephone helpline which is open Monday-Friday 09:30-16:00, the telephone number is: 0300 5000 927

There is an American website that has some useful ideas on reasonable adjustments which can be accessed by going to: <http://askjan.org/media/Psychiatric.html>.

SEASONAL AFFECTIVE DISORDER (SAD)

SAD is a type of depression which has a seasonal pattern, most commonly occurring in the winter months when daylight hours are shortest. Symptoms tend to fade as spring approaches. People can be affected in the summer, but this is rare and has different symptoms.

Some managers do not take SAD seriously, believing it is a product of the employee's imagination, but it can be a serious disabling illness. The term SAD was invented in 1984 and is now included in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (one of two standard diagnostic manuals used by psychiatrists for diagnosis). SAD is also recognised by the NHS. According to NHS Choices, about one in fifteen people in the UK have SAD and the condition affects twice as many women as men. People can be affected at any age, but SAD is most common for those aged 18-30.

SAD is diagnosed when there is a relationship between the onset of major depressive episodes and a particular time of year, e.g. autumn or winter, with full remissions also occurring at a characteristic time of year, e.g. spring. In 30% of cases, people experience a seasonal mood swing from depression to elation, which may even amount to a hypomania (p.33) if severe. The American Psychiatric Association's diagnosis says the seasonal pattern must have occurred in the previous 2 years, there having been no non-seasonal major depressive episodes in that period. SAD may not be suggested if there is some other seasonal cause of depression, e.g. seasonal unemployment.

SAD's symptoms are characteristically similar to those associated with depression, e.g. feeling low, decreased energy, increased irritability, concentration difficulties, anxiety and social withdrawal. Additionally, most people develop symptoms less common in classical depression, e.g. needing more sleep and a tendency to oversleep, difficulty staying awake during the day, incapacitating fatigue making normal tasks very difficult, increased appetite and craving for carbohydrates.

The most successful form of treatment is phototherapy – daily exposure to high intensity broad-spectrum light, usually provided by a specially designed light box. Certain anti-depressant drugs may help, but not the ones which exacerbate lethargy and need to sleep. Cognitive Behaviour Therapy may help some people cope with the symptoms.

There is a milder form of SAD which is still clinically significant, sometimes known as 'Subsyndromal SAD (S-SAD)'. This milder form may be known as 'winter blues'. It is estimated that one in eight people have this milder condition.

Reasonable Adjustments

The obvious adjustment is to supply a light box. For sub-syndromal SAD, reasonable adjustments may be as simple as letting the employee sit by a window and take breaks outside.

These types of adjustments would be unlikely to assist in the rare cases of summer SAD.

Adjustments appropriate to many forms of depression may also help with the feelings of tension, irritability and lethargy – see depression (p.39).

Sources of Further Information

The Seasonal Affective Disorder Association offers support to those suffering from SAD and provides some basic information on its website <http://www.sada.org.uk/>.

Other sources of information and help:

<http://www.sad.org.uk/>

<https://www.mind.org.uk/>

SHOULDER, ARM OR HAND IMPAIRMENT

Disabilities connected with arms or hands are amongst the commonest form of disability founding cases under the Equality Act.

Reasonable Adjustments

Suitable adjustments are similar to those for repetitive strain injury (p.67) or back impairment (p.32).

Sources of Further Information

See sources listed under repetitive strain injury (p.67).

STRESS

The Health and Safety Executive (HSE) defines stress as “the adverse reaction people have to excessive pressure or other types of demands placed on them”. Stress in itself is not an illness or psychiatric diagnosis, however if experienced in an excessive fashion can lead to physical or mental illness e.g. anxiety (p.26) or depression (p.39).

Pressure can be a positive and motivating factor, and is often essential in work. It can help achieve goals and perform better. Stress occurs when this pressure becomes excessive, stress is a natural reaction to too much pressure.

Stress is not regarded as an impairment in itself, unless it amounts to a stress condition e.g. post-traumatic stress disorder (p.65).

Reasonable Adjustments

Always consult the employee. Adjustments depend on the severity and nature of the employee’s condition. For some general ideas see depression (p.39).

Sources of Further Information

The HSE has a useful factsheet about stress which can be accessed by going to: <http://www.hse.gov.uk/stress>.

Further ideas for support and advice please go to:

ACAS: have produced some useful information on managing and supporting staff suffering from stress which can be accessed from their website by going to <http://www.acas.org.uk/index.aspx?articleid=6062>

The charity MIND looks at all aspects of mental ill health/wellbeing and the impact it has on people. MIND have a number of resources which can be accessed by going to: www.mind.org.uk.

Time to Change is a national programme to tackle the social stigma that is still attached to mental ill health, to access their resources please go to: www.time-to-change.org.uk.

STROKES

There are about 1.2 million survivors of strokes in the UK. On an annual basis there are more than 100,000 strokes in the UK and a large number of stroke survivors leave hospital with a disability.

About 85% of all strokes are Ischaemic (due to a blocked blood vessel in the brain) and 15% haemorrhagic (due to bleed on the brain).

A Trans Ischaemic Attack (TIA) is often referred to as a 'mini' or 'warning' stroke. A TIA should be treated as seriously as a 'full' stroke.

Reasonable Adjustments

- If fatigue is an issue, regular breaks can help.
- Reduced or changed working hours or flexi-time.
- Reduction of tasks that require physical exertion.
- Time off for medical appointments or rehabilitation.
- Where mobility is an issue consider if the working environment is accessible.
- Where continence is an issue, make sure there is easy access to a toilet.
- If an employee is having difficulty with speech, concentration, memory or thinking – give them time to think and respond.
- Provision of written instructions or reference guides could be useful where short-term memory issues exist.
- Some people experience emotional changes after a stroke. Having regular reviews with management, occupational health and promoting the HELP Service with the employee can help.
- If fatigue is an issue regular breaks can help.

Sources of Further Information

The Stroke Association, website: <https://www.stroke.org.uk> is a national charity that offers a number of resources, services and information to those affected by stroke. Their helpline number is 0303 3033 100.

Different Strokes, website: <http://differentstrokes.co.uk/> is run by younger stroke survivors for young stroke survivors. They can provide information and peer support, their helpline number is 0345 1307 172.

VISUAL IMPAIRMENT

Only one in four registered blind and partially sighted people of working age are in employment. This is a much lower figure than for people with disabilities generally, let alone compared with the entire population of working age. This is not surprising. Royal National Institute of Blind People (RNIB) research indicates that 9 out of 10 employers believe employing a blind person would be difficult or impossible. Moreover, over 75% of employees eventually lose their job if they lose their sight.

About 2 million people have some form of visual impairment. There are many different eye conditions of varying severity, some of which may slowly deteriorate. Some conditions involve loss of peripheral vision alone or central vision alone, blurred or patchy eyesight. The effect on the person's ability to see will vary, and can cause others to think there is less difficulty than is in fact the case.

Employees registered with a local authority or certificated by a consultant ophthalmologist as blind or partially sighted are deemed disabled without the need to prove stages of the definition.

Reasonable Adjustments

As always, consult the employee. Depending on the nature and severity of their condition, reasonable adjustments could include:

- Allowing a working dog on the premises.
- Provision of written information (e.g. recruitment packages and application forms, training manuals, minutes of meetings, letters and memos, timetables, schedules) in large font, hand-written in thick black pen, Braille or on audio format.
- Readable print: 14 or 16 point font; black or dark ink; white or yellow paper; matt not glossy paper; plain typefaces, particularly for numbers; evenly spaced words and unjustified right hand margins; no italics or continuous capitals; simple and un-cramped lay-out.
- Provision of written materials in advance of training.
- Providing information, e.g. recruitment packs, well in advance of any deadlines.
- Document holder for desk; hand-held magnifier, enlarging photocopier.
- Thick black pen or audio recorder for taking notes.
- Large PC Monitor; keyboard with large print letters.
- Adapted software plus training and time to learn to use it, e.g. PC with a magnification system; a text scanner to transfer text on paper to screen; voice-activated software; speech output software (converts text on screen to speech); computer Braille display (transforms text on screen to Braille).
- Appropriate lighting, reduction of glare, specialist lighting.
- Colour contrasts in office and building; colour strips on edge of stairs.
- Alternative transport to driving.
- On recruitment interviews, training or meetings at new places, meeting the employee at reception.
- Orientation training on starting job.
- Evacuation partner for emergencies.
- For those losing their sight while in work, disability leave for intensive rehabilitation

- Removing clear glass doors from the end of a corridor.
- Providing a support employee to accompany the employee if they need to make home visits.

Sources of Further Information

The RNIB has an excellent website at www.rnib.org.uk. The site includes a description of common eye conditions, information about scientific research, technology information sheets and guidance on web accessibility. To fully benefit from its services, however, it is necessary to get in contact with the RNIB 0303 123 9999 from 08:00-20:00 weekdays and Saturday from 09:00-13:00.

An American Site, the Job Accommodation Network, has a fact sheet, "Worksite accommodation ideas for individuals with vision impairments" at www.jan.wvu.edu/media/sight.html.

Ability Net is a charity providing free information and advice on computer technology for people with disabilities TEL: 0800 269 545 or www.abilitynet.org.uk.

SCOPE – provides information and advice for retaining staff with any disability (not just Cerebral Palsy), please contact a local Work Coach at Job Centre Plus for further details of this service.

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Credits:

This guide has been based on the Providing Disability and Reasonable Adjustments – An Employee’s Guide to evidence under the DDA by Tamara Lewis. The documentation has been updated with the items listed above to make it relevant to the Equality Act 2010 and the Trust.

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