

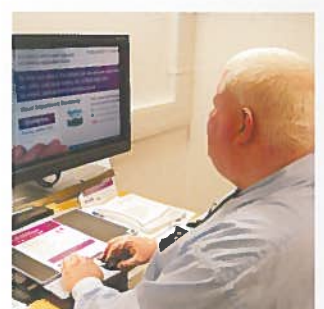
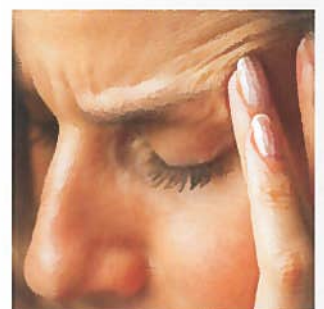
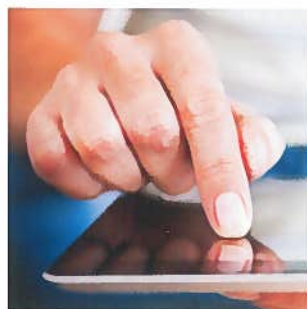
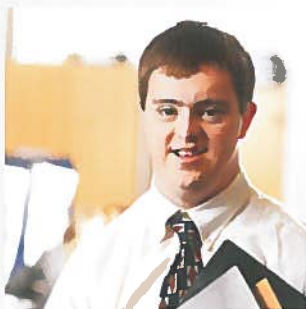
Remploy

Putting ability first



Disability Guide

A practical guide for employers on supporting people with disabilities and long-term health conditions in the workplace



Introduction



Beth Carruthers
Chief Executive,
Remploy

Remploy is driven by the fundamental belief that every disabled person can, with appropriate support, secure sustainable employment and be a real asset to employers.

Determination, reliability, commitment, focus, courage, teamwork and aspiration are all attributes that are demonstrated every day by disabled people in the workplace. Disabled people can, and do, work. Disabled people can, and do, have successful careers.

Despite this, the employment rate for disabled people in the UK is just 46%, compared to a whole working age population of 76%.* These figures highlight one of the great injustices in our society today.

Our experience is that disabled people are more likely to be unemployed not because employers discriminate against them, but because many employers do not have the practical knowledge should any adjustments need to be made. This results in a lack of confidence among many employers in knowing what to do, or how to deal with, certain types of disabilities. That's where Remploy comes in. It is our role to provide practical advice and guidance to support employers and build their confidence in employing more disabled people, taking advantage of the rich pool of talent that exists within this group.

This guide is not focused on legal compliance or minimum standards – it is deliberately positioned as a very practical guide for line managers in making the simple, effective and mainly low-cost adjustments required to provide equality of opportunity and support for disabled people. It provides simple advice, guidance, hints and tips, including any appropriate adjustments. The guide will not answer every question, but we hope it provides a great source of practical information. For more specialist advice we would suggest that employers contact us directly, or complete further research through the websites listed in the guide.

I hope you find the guide useful and I'm sure that by working together, we can make a positive contribution to increasing the employment rate for disabled people in the UK.

* Source: Office for Disability Issues. www.odi.dwp.gov.uk August 2012 employment rate figures 46.3% disabled people compared with 76.2% non-disabled.

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Acquired Brain Injury

Acquired Brain Injury (ABI) is the result of damage to the brain and can result in a range of impairments.

Acquired brain injury can be caused by a traumatic injury such as an accident or surgery, or a non-traumatic injury such as a stroke or brain tumour. Impairments can be permanent or temporary and can be physical, emotional, behavioural, cognitive or a combination of these.

Individuals with ABI can generally undertake most kinds of work activity, providing that suitable support and adjustments are in place.



Traits

- Symptoms and severity of ABI vary widely depending on which area of the brain has been damaged, but can include:
 - Short-term memory difficulties
 - Difficulties with speech
 - Personality changes
 - Physical mobility
 - Neurological difficulties (such as epilepsy).
- Effects of ABI can be life changing and may result in people also experiencing depression, anxiety, PTSD resulting from the accident/trauma or other mental health conditions.

Potential impact on daily life and employment

- The effect of ABI on employment will depend on the symptoms and severity of the brain damage. A tailored package of support will be required to meet each individual's needs.
- Individuals may experience tiredness or lack stamina, especially if they have been out of work for some time.
- Difficulties with numeracy and/or literacy, short and/or long-term memory and concentration are common.
- The impact of ABI can also affect friends and family, making the individual feel responsible or guilty for this.

Solutions

- Tailor support to meet an individual's needs.
- Offer aids and adaptations as appropriate.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ Some individuals with ABI may experience some limitations with numeracy, literacy and memory or concentration – consider what adjustments could be needed. ■ Allow for additional interview time <ul style="list-style-type: none"> – possibly use interview approaches that are more structured than general conversation. ■ Most individuals with ABI will have previously had an assessment report completed which will describe the practical implications of the ABI, including what the individual is able to do with reasonable adjustments. If this report is not available then one could be requested via the Disability Employment Advisor at Jobcentre Plus. ■ A work trial for two to four weeks prior to an employment offer would normally be recommended for applicants with ABI, to allow both parties to identify reasonable adjustments needed. ■ Once the disability has been declared, ask the individual themselves what adjustments they may need to the recruitment process to support their needs. ■ Consider engaging with a specialist employment advisor to advise and guide both you and the individual through the recruitment process. 	<ul style="list-style-type: none"> ■ Some people with ABI tire more easily and so any workplace meetings should be kept to minimum time periods as well as allowing for reasonable breaks. Flexible working practices could be encouraged if, for example, the individual experiences tiredness at a particular time of day. <ul style="list-style-type: none"> ■ Using prompt cards, written operating procedures and dictaphones are examples of just some of the adjustments that can easily be made. ■ Consider the use of a workplace buddy to provide ongoing personal support. ■ Undertake a risk assessment as some individuals with ABI will experience other conditions, such as epilepsy, which may require adjustments. ■ What medication is the individual taking? Are there any known side effects which need to be taken into account? ■ Consider if an application to Access to Work may be beneficial (see page 42). 	<ul style="list-style-type: none"> ■ Serious consideration should be given to anyone returning to work from a period of absence as a direct result of a brain injury. A shorter working week or day would normally be recommended in the first few weeks at least. ■ If the absence is directly related to the brain injury, an occupational health assessment would be recommended. ■ If anything has changed with the individual since their absence, an application to Access to Work may be appropriate. ■ Consider approaching a supported employment agency about in-work retention services to support you and the individual.

Useful contacts

www.headway.org.uk

Approximately 85% of traumatic brain injuries are classified as minor, 10% as moderate and 5% as severe.

Source: Headway – the brain injury association website.

Anxiety Disorders

Types of anxiety disorders:

- Phobias.
- Social phobias.
- Agoraphobia.
- Generalised Anxiety Disorder (GAD).
- Obsessive-Compulsive Disorder (OCD).
- Physical problems.
- Health Anxiety (Hypochondriasis).

Anxiety, including stress, fear and worry, is something that most people experience at some stage in their lives.

For the majority of people, it is a normal response to a perceived threatening, challenging or dangerous situation. For others, it is a more enduring condition that can fluctuate over time. In some circumstances, a person may experience anxiety in situations that are not generally perceived as threatening or dangerous – such behaviour may be constant or caused by specific triggers.

Traits

- Physical symptoms
 - Heart palpitations or 'heart in throat'
 - Tense muscles
 - Sweating
 - Dizziness or fainting
 - Stomach problems
 - Hypersensitivity to noise, smells, taste or touch.
- Changes in thought patterns
- Sudden excitement
- Sudden or marked irritability
- Feeling of time going slowly
- Excessive worrying or anticipating a problem
- Extremely focused thinking
- Experiencing feelings of dread or impending doom.
- Changes in behaviour
 - Sudden bursts of energy, speed or strength
 - Experiencing shakiness and/or feeling tired
 - Being very still or 'frozen'
 - Difficulty concentrating
 - Difficulty sleeping.

Potential impact on daily life and employment

- Raised blood pressure.
- Changes in the digestive system.
- Feelings such as panic, confusion, or as if they are having a heart attack.
- Avoidance of certain situations.
- Low self confidence.
- Poor concentration and feeling unable to perform tasks.
- Feeling problems are impossible to solve.
- Over estimating danger and/or under estimating the ability to cope.
- Thoughts becoming increasingly and persistently negative.
- Constant worrying or fidgeting.
- Changes in eating patterns (too much or too little).
- Substance use/misuse, for example smoking, drinking or taking drugs.
- In more extreme cases inability to function in routine activities, for example driving, work or social situations.

Solutions

- Visit GP for treatment.
- Cognitive Behavioural Therapy (CBT).
- Sensory processing assessments.
- Access care of a specialist mental health service, like a psychiatrist.
- Avoid triggers or manage them in a controlled way.
- May need to flex duties - be aware that constant avoidance or some specific avoidances are not helpful to the individual.
- Encourage exercise, group activity and a healthy diet.



Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ Be clear about the recruitment and selection process to avoid uncertainty. ■ Where the individual has declared their anxiety, ask them how the recruitment and selection process might be adapted to support their needs. ■ If an individual displays significant stress or anxiety levels at interview, consider any environmental changes that could be made (eg. seating positions, reduced panel sizes, room temperature), or allow breaks. ■ In more severe cases, consider allowing someone to accompany the applicant to the interview (eg. a family member or a supported employment representative). ■ Consider a "working interview" where the individual can demonstrate their practical skills on the job rather than select solely on the basis of an interview. 	<ul style="list-style-type: none"> ■ For a new employee with known anxiety, ensure the welcome and induction process is clear and understood. Consider additional support in the first few weeks. ■ Appoint a workplace buddy or mentor to provide personal support. ■ Find out about any medication they are taking and any possible side effects. ■ Ask the individual to explain how their stress/anxiety manifests itself and ensure you have the individual's permission to talk about it with others should that be required. ■ Avoid phrases such as "pull yourself together", "you'll get over it", "it's not as bad as you think". ■ Identify potential workplace activities that may trigger particular levels of stress/anxiety – eg. environmental factors like seating position. ■ Look out for tell-tale signs of the individual becoming stressed, eg. agitation or fidgeting. ■ Identify any workplace activities that may trigger particular levels of stress or anxiety, and consider any temporary or permanent adjustments. ■ Consider an application to Access to Work (see page 42). 	<ul style="list-style-type: none"> ■ Consider a phased return, eg. shortened working hours or days. ■ Review individual work activities to minimise risk of a recurrence for a trial period, eg. short-term re-allocation of some duties. ■ Have regular review meetings with the individual encouraging openness in a safe environment. ■ Encourage the individual to consider and review any triggers that lead to heightened stress or anxiety, and use relevant coping strategies in the workplace. ■ Where an Occupational Health Service is in place, encourage an assessment to be undertaken. ■ Consider an Access to Work application (see page 42).

Useful contacts

- www.anxietyuk.org.uk
- www.mind.org.uk
- www.rethink.org
- www.remploy.co.uk/mentalhealth

Work-related stress caused workers in Great Britain to lose 10.8 million working days in 2010/11.

Source: HSE statistics 2011.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is typically known to be a common disorder starting in childhood, however many symptoms continue into adulthood.



The definitions of ADHD are based on high levels of impulsivity, hyperactivity and inattention which cause difficulties at home, in education, work and social settings. The symptoms of ADHD may vary depending on the demands of personal life and the environment the individual is working in (eg. noisy, busy etc.).

Traits

- Impulsivity, such as; speaking and acting without thinking, interrupting others, difficulty waiting their turn, being oblivious to danger and not learning from experience.
- Lack of awareness of the needs of others.
- Unable to sit still.
- Poor attention making it difficult to finish tasks.
- Some people with ADHD may also have reading and writing difficulties, for example, dyslexia and/or dyspraxia.
- Poor concentration may lead to becoming easily bored or having poor organisational skills.
- Disruptive behaviour.

Potential impact on daily life and employment

- Difficulty telling others they have ADD/ADHD and recognising it is classed as a disability.
- May be reluctant to discuss their difficulties.
- May appear anxious.
- Difficulty waiting - impatient.
- May tend to agree to things impulsively to get things over with.
- May have difficulty dressing or presenting themselves appropriately.
- May find it difficult to stay calm.
- May sometimes become confrontational.
- May require the job to be broken into tasks through the day to remember all the parts of the job.
- May seem disorganised and can be easily distracted.

Solutions

- Ensure individuals are informed about changes which affect them (eg. appointments).
- Variety in work and environment can help to avoid boredom and distraction.
- Individuals may require support with personal presentation (eg. dress, personal hygiene etc.)
- Arrange a mentor for a short time each day to go through daily tasks, check completed tasks and write down any unfinished tasks for the next day.
- Use lists to help provide structure, order and go through forms step-by-step.
- Consider the use of technology and telecommunications to aid memory (eg. electronic diary reminders, text messaging etc.)
- Be clear about work rules, code of conduct and deadlines.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ Some individuals with ADHD may also have dyslexia and have issues with reading or writing, so reasonable adjustments in the application process could be considered. ■ If the recruitment process requires forms to be completed, ask the individual if they are happy to complete the forms on their own. Consider providing support if this is an issue. ■ Consider allowing a trusted person to accompany the applicant to the interview. ■ Ensure that the recruitment process and times are clear and include written confirmation of appointment times. ■ Provide an interview environment that minimises distractions (eg. away from windows where there is activity outside, phones ringing, interruptions etc.) ■ As much as possible, make the interview process more interactive and practical. Avoid multiple questions and talking too much. ■ Consider breaks during an interview. 	<ul style="list-style-type: none"> ■ Employment is better sustained where work includes a variety of tasks, working to clear guidelines and deadlines with minimal distractions (work on a production line, for example, may not always be suitable). ■ Organise a degree of supervision, whether formal or informal. ■ The appointment of an appropriate workplace buddy would normally be recommended. ■ Workplace rules and regulations should be regularly re-enforced (eg. importance of timekeeping) in a calm and clear manner. ■ Any workplace training should be regularly followed up and re-enforced to ensure key learning points are understood. ■ Variety of training methods is encouraged. ■ Be prepared to highlight any inappropriate behaviour immediately and provide clear standards on what is acceptable in the workplace. ■ Check understanding – sometimes individuals with ADHD will agree to things simply to speed up discussions or end difficult conversations rather than be focused on what is actually being agreed. ■ Don't talk too much, and in too much detail in one go – the bite sized chunk approach will work better. 	<ul style="list-style-type: none"> ■ Depending on the length of absence, the individual may need to re-learn elements of workplace rules and regulations, and possibly elements of their job. ■ If there have been any significant changes in the workplace during the period of absence, consider how this would be best communicated and managed upon any return to work (eg. change in personnel, work process or environment). ■ Review suitability of current support measures already in place.

Useful contacts

www.aadd.org.uk www.dyscovery.org
www.address.co.uk www.netdoctor.co.uk
www.danda.org.uk www.nhs.uk

25-40% of adults with ADHD have a co-existing anxiety disorder.

Source: National Resource Center on ADHD. (2008).

Autism

Autism Spectrum Disorder (ASD) is a spectrum of lifelong developmental disabilities that affects how a person communicates with, and relates to, other people.

ASD includes Autism, Asperger Syndrome and Pervasive Development Disorder. While all people with ASDs share certain difficulties, their condition will affect them in different ways and at varying levels. ASDs are often hidden disabilities and many people, particularly those with Asperger Syndrome, may appear very able yet may face real difficulties in getting to appointments on their own, coping with a change to routine or performing well at interviews.

Traits

- The three main areas of difficulty are: social interaction, communication and imagination.
- Positive traits include: honesty, focus, reliability, dedication, determination and being meticulous in the execution of tasks.
- Poor organisational ability, resulting in a need for routine or structure.
- May display inappropriate behaviour, for example, interrupting conversation.
- Difficulty with social interaction, communication and making eye contact.
- Limited imagination, for example difficulty imagining what other people are feeling and a literal interpretation of language.
- Sensitivity to bright lights, noises, smells, textures or tastes.
- Poor motor skills.

Potential impact on daily life and employment

- May need to undertake certain routines.
- May become uncomfortable if not able to complete a task.
- May be unable to make judgements about the amount of work appropriate for a task.
- Communication difficulties, including poor non-verbal communication.
- May dominate conversations or discuss inappropriate topics or special interests.
- May have repetitive speech patterns.
- Difficulty with empathy or in forming friendships and relationships.
- The work environment will need to be considered if sensitive to light, or smell of a workplace.
- May have personal hygiene issues due to sensitivity to toiletries or lack of grooming time in daily routine.
- Intense absorption in certain subjects - can become obsessive on certain areas.
- Movements (eg. walking) and posture may seem uncomfortable.

Solutions

- Provide structure and routine for tasks.
- Ensure conversation is factual and avoid sayings such as, "he threw his hat in the ring" - this could be confusing to someone with ASD. Likewise, be conscious to not use jokes and sarcasm which may be taken literally.
- Sentences should be kept short - be concise and clear.
- Ensure confidence is built and any issues with low self-esteem are addressed.
- Support individuals to organise daily routines to factor in essential grooming and personal development activities.

Considerations

Support in recruitment

- Don't judge on first impression - people with autism have many skills and abilities but may not immediately present themselves effectively. Remember that their direct eye contact may be minimal.
- Allow time to draw out hidden skills and abilities.
- Group interviews and assessment centres may not be appropriate. Working interviews or work trials are far more effective and strongly recommended.
- Ensure that the recruitment process and times are clear - use written confirmation of appointment times.
- Minimise interview distractions (eg. away from windows where there is activity outside, phones ringing, interruptions etc.)
- Be clear at the start of any interview exactly what format it will take - and stick to it!
- During interviews, allow for time for the individual to finish the point they wish to make - be patient. Failure to do so can create distraction, confusion or anxiety.
- Ensure clarity of language. Avoid using ambiguous phrases (eg. "think outside the box").
- Processing time may be slower, avoid rephrasing questions as processing will start again.

Support in the workplace

- Be very clear about the job start and induction process - times, locations, dress standards, etc.
- The individual may be unlikely to pick up on team dynamics - limited social skills can mean they are unlikely to pick up on "vibes".
- Talk to the individual about whether they are happy for colleagues to be involved in a discussion around the issue of autism in the workplace.
- Watch out for bullying - not just from work colleagues but also from customers. The appointment of a workplace buddy or mentor could be helpful in keeping a watchful eye.
- Tasks undertaken can be complex, but the training for those tasks needs to be delivered in a highly systematic and routine fashion. Job coaching can help train individuals for such tasks. Use of visual prompts can be effective in delivery of training.
- Re-design the job to play to the strengths of the individual - eg. consistency, routine, high attention to detail etc.
- Some individuals may demonstrate obsessive behaviours around their immediate environment (eg. chairs, desks, machines etc.)
- Workplace changes can be a catalyst for a change in behaviour. Anticipate the impact of a change and manage it effectively.

Support in returning from a period of absence

- Change to routine can cause a behavioural reaction - eg. if the individual is off work through sickness, this may drive the employee to return to work sooner than they perhaps should.
- Ensure that the root cause for the individual's absence is fully understood - the initial reason for the absence may hide a deeper issue.
- If there have been changes in work during the period of absence, consider how this would be best communicated and managed upon a return to work (eg. change in personnel, work process or environment).
- Where appropriate, it may be good to speak with the individual's family or trusted friends to explore future triggers, support needs or coping strategies.

Useful contacts

www.autism.org.uk
www.autismwestmidlands.org.uk

Over 500,000 people in the UK have autism.

Source: National Autistic Society.

Bipolar Disorder

Bipolar disorder is a treatable illness and can affect a person's ability to experience a normal range of mood. It is marked by extreme changes in mood, thought, energy and behaviour.

Bipolar disorder was known as manic depression because a person's mood can alternate between the poles – mania (highs) and depression (lows). These mood swings can last for hours, days, weeks or months. Experiencing symptoms at one pole for at least one week is called an episode. Experiencing four or more episodes in a year is called rapid-cycling bipolar disorder.

Traits

- An individual's traits depend on the severity of their condition. It is important to emphasise that, in most cases, the individual will be fine for most of the time. Individuals may lose their inhibitions, for example, resulting in reckless spending or hyperactivity.
- Other traits include:
 - Lack of motivation.
 - Mood swings.
 - Disrupted sleep patterns.
 - Low self-esteem and confidence.

Potential impact on daily life and employment

- Likely to be taking daily medication, such as lithium, which can have side effects including tiredness and low attention span.
- Possible debt and other consequences of reckless behaviour (may include drug or alcohol abuse).
- May find it difficult to find motivation.
- May have difficulty with relationships – both personal and professional.
- Other people may have difficulty in understanding and knowing how to react to mood swings.
- May need support to sustain employment due to fluctuating nature of condition.
- May display extreme behaviour.

Solutions

- Make sure any training or work activity fits around the need to take medication.
- If the individual appears to lack motivation, discuss how they are feeling – it may be that they are feeling affected rather than a lack of commitment.
- Avoid known triggers – consider possible triggers such as: sensory changes including lighting, smells, touch, sound, taste or movement.
- Consider avoiding particularly early starts.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ If the individual has declared their condition, be prepared to discuss coping strategies and what support is needed in the recruitment process. ■ Understand that it is a fluctuating condition and so the impression given at interview may not be consistent with the typical behaviour the individual will demonstrate while in work. ■ Once the job offer is made, carry out a risk assessment for the individual before the job starts. Consider the possible impact of highs and lows in behaviour, particularly if lone working, exposure to identified hazards or has high levels of customer interaction. 	<ul style="list-style-type: none"> ■ Allow flexible working practices, such as working from home, annualised hours and unpaid time off. ■ Allow reasonable time off for any services in place to support the condition (eg. therapy, counselling, medical interventions etc.) ■ Appoint a workplace buddy or mentor to provide personal support. ■ Consider asking a trusted person to act as an emergency contact should a time of crisis emerge. ■ Talk to the individual about signals to enable early intervention, so that support can be put in place at the early stages, or coping strategies can be triggered. ■ Ask about any medication and any possible side effects that may have a workplace implication. ■ Positive and regular affirmations boost self-esteem and personal confidence. Avoid phrases such as "pull yourself together", "you'll get over it", "it's not as bad as you think". ■ Identify any workplace activities that may trigger particular levels of stress or anxiety, and consider any temporary or permanent adjustments. ■ Consider an application to Access to Work (see page 42). 	<ul style="list-style-type: none"> ■ Regular meetings with the individual during periods of absence can build trust, provide continuity, encourage openness and create a safe environment. ■ Consider a phased return to work, which could comprise of shortened working hours or days. ■ Review work activities to minimise risk of a recurrence for a trial period – possibly use short-term re-allocation of duties. ■ Encourage the individual to constantly review triggers that lead to changes in condition, and consider relevant coping strategies in the workplace. ■ Where an Occupational Health Service is in place, encourage an assessment to be undertaken. ■ Consider an Access to Work application where impact is severe.

Useful contacts

- www.rethink.org
- www.mind.org.uk
- www.remploy.co.uk/mentalhealth

Around 2% of the population experience a lifetime prevalence of bipolar disorder.

Source: Explore Bi-Polar Organisation.

Depression

Depression is a very common human experience, which can be extremely debilitating to those experiencing it. It affects one in five people at some point in their lives. That said, many people with depression develop a solution-focused mentality and can be highly practical and creative.

For some people, depression occurs just once and they recover very quickly, usually with little or no help, but for others depression may last longer or recur on several occasions and need treatment. Many people attempt to hide the fact that they are depressed, and it is not uncommon for their condition to remain undiagnosed by their GP until it deteriorates.

Traits

- Feeling useless, worthless, low, miserable, hopeless, irritable, bleak, numb or empty.
- Expecting things to go wrong and predicting disaster.
- Losing interest and enjoyment in activities they previously enjoyed.
- Poor motivation, no interest and no sense of fun.
- Fears the future and feels a lack of control.
- Withdrawal from social activities.
- Difficulty in concentration and memory, often linked to tiredness and irregular sleep patterns.
- Changes in appetite and weight.
- In most extreme cases, thoughts of death or making plans for suicide.

Potential impact on daily life and employment

- Low mood and poor motivation affects relationships and the ability to manage tasks.
- Sleep and tiredness affect day-to-day functioning.
- Hypersensitive to comments or constructive criticism - may believe that they are wrong, have failed or are being bullied.
- Feeling that their work is not good enough.
- Needing assurance from peers and managers is not uncommon.
- There may be some difficulties with colleagues.
- The individual may be secretive, as they are embarrassed or ashamed about their condition.

Solutions

- Support/treatment from GP.
- They could be referred to IAPT (Improving Access to Psychological Therapies) for Cognitive Behavioural Therapy, counselling, or other organisations like Changes, for help with anger or social inclusion.
- Use of multiple alarm clocks or drinking water in evenings to help waking the following morning.
- Physical activity is known to help.
- Undertaking activities that are goal orientated.
- Work with the individual to establish appropriate support mechanisms. This should include clear guidelines and coping strategies.
- A mentor or buddy at the workplace is often a good idea, but on occasions individuals may find this embarrassing.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ If the individual has declared their condition, be prepared to discuss coping strategies and what support is needed in the recruitment process. ■ Understand that it is a fluctuating condition and so the initial impression given may not be consistent with the typical behaviour the individual will later demonstrate. ■ Consider engaging with a specialist employment provider to advise and guide both you and the individual through the recruitment process. 	<ul style="list-style-type: none"> ■ Mood changes can lead to fluctuations in productive output. When feeling low, the individual may still be able to attend work, but may need some temporary adjustments (eg. change level of interaction with others either upwards or downwards). ■ Flexible working practices can be helpful, eg. working from home, annualised hours or unpaid time off. ■ Allow for time off for other services in place to support the condition (therapy, counselling, medical interventions etc.) ■ Appoint a workplace buddy or mentor to provide personal support. ■ Ask a trusted person to act as an emergency contact should a time of crisis emerge. ■ Set clear, achievable goals to provide focus. ■ If possible, make work active as physical activity can help address depression. ■ Understand the tell-tale signs that indicate a change in behaviour is emerging, so that support can be put in place early on, and coping strategies can be implemented. ■ Ask about any medication being taken and any possible side effects that may have a workplace implication. ■ Positive affirmations and regular feedback boost self-esteem and confidence. Avoid phrases such as "pull yourself together", "you'll get over it", "it's not as bad as you think". ■ For individuals in work and who have severe depression, consider an application to Access to Work (see page 42). 	<ul style="list-style-type: none"> ■ Ensure a welcoming process where any apprehension about returning is minimised. ■ By agreement with the individual, inform work colleagues about the return and encourage an open approach to discussing the effects of depression. ■ Regular meetings with the individual during periods of absence build trust, provide continuity, encourage openness and help create a safe environment. ■ Consider a phased return to work, such as shortened hours or days. ■ Consider the effects of any new or changed medication. ■ Review individual activities to minimise risk of recurrence for a trial period; eg. short-term re-allocation of duties. ■ Encourage a constant review of any triggers that lead to changes in condition, and consider coping strategies. ■ Where an Occupational Health Service is in place, encourage an assessment to be undertaken. ■ Consider an Access to Work application (see page 42).

Useful contacts

- www.rethink.org
- www.mind.org.uk
- www.nhs.uk/pathways/depression
- www.remploy.co.uk/mentalhealth

One in five people experiences depression at some point in their lives.

Source: Royal College of Psychiatrists.

Diabetes

Diabetes is a condition where a person is not able to naturally control the level of glucose in their blood as their body cannot effectively make or absorb insulin.

There are two types of diabetes: Type 1 and Type 2. Type 1 develops when the body is unable to produce any insulin and symptoms often develop over a short period of time. Type 2 develops when the body cannot make enough insulin, or when the insulin produced doesn't work properly. The onset of Type 2 is slower and the symptoms more subtle.

Traits

- Excessive thirst with the need to urinate regularly.
- Tiring easily.
- May need to check blood sugar levels throughout the day.
- Need to eat at regular times to maintain blood sugar levels.
- People with diabetes may experience "hypos" which can cause hunger, sweatiness, dizziness, difficulty with concentration, trembling or changes in mood.
- Long-term complications can include blindness, heart disease, kidney failure or the need for amputation.
- Type 2 diabetes is often directly linked to obesity, lack of exercise and poor diet.

Potential impact on daily life and employment

- Diagnosis may have an emotional impact on an individual.
- People with diabetes are protected under the Equality Act 2010.
- The Armed Forces are the only organisation who are allowed to impose a ban on the recruitment of people with diabetes.
- Some employers may impose restrictions, or the individual may need to pass a health check for certain jobs.
- The need to eat and take medication (particularly injections) at regular times can cause some difficulties although these can usually be managed.
- Working a rotating shift pattern may not always be suitable. For example, a job where the lunch break is at midday one day and 3pm the next day could make it difficult to maintain blood sugar levels.

Solutions

- Most people will manage their diabetes well and need minimal support from others.
- Many people with diabetes carry glucose tablets, drinks or something similar. If an individual has a hypo, ask them if they have any of these things and sit with them while they eat or drink the glucose. After 15 minutes, they should eat a light snack but avoid fatty foods.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ If the recruitment process involves an extended form of interview or assessment centres, allow the individual regular time for meals or medication (consider if this needs to be at any set times). ■ Individuals with diabetes may also experience other health conditions, such as restricted eyesight, so be prepared to offer materials in alternative formats. ■ There are usually few additional adjustments required for people with diabetes. Be aware that night working can be potentially problematic, but as with other challenges, can be overcome with support and adjustments. ■ Once a job offer is made, carry out a risk assessment prior to the actual job start. 	<ul style="list-style-type: none"> ■ Provision for planned regular meals or medication to be built into working patterns. ■ If the individual controls their diabetes by using injections, ensure that use is in line with any drug related policies that may exist in the workplace. Where this is the case, the individual would normally have access to a clean room facility and sharps disposal. ■ Understand how well the individual manages the condition, or how stable it is. ■ Ask about 'hypos' – does the individual carry around glucose sweets etc.? What do they want workplace colleagues to do if they are having a 'hypo'? ■ Ensure that a first aider is appointed in the workplace and that they are trained in supporting the individual should they experience a 'hypo' in the workplace. ■ Provide aids or adaptations if required, such as text enhancing software for visual impairments (see visual impairment section for further details). ■ In a small number of cases, the onset of diabetes can result in an individual losing their driving license. Should this happen, Access to Work should be explored to help provide an alternative transport solution (see page 42). 	<ul style="list-style-type: none"> ■ Consider the effects of any new medication, or increased dosage. ■ In more severe cases, the diabetes may have developed serious secondary conditions, including sight loss, obesity or amputation, which could also lead to a change in psychological condition. Should this be the case, additional support will be required. ■ If there have been any significant changes to the job or working pattern while the individual has been absent, these need to be discussed to see if any adjustments are required.

Useful contacts

www.diabetes.org.uk
www.diabetes.nhs.uk

There are 2.9 million people diagnosed with diabetes in the UK and an estimated 850,000 people who have the condition but don't know it.

Source: Diabetes UK.

Please note that this information is not definitive and may not be appropriate for every individual.

Disfigurement

“A ‘disfigurement’ is the generic term for the aesthetic effect or visual impact of a scar, burn, mark, asymmetric or unusually shaped feature or texture of the skin on the face, hands or body.”

Changing Faces

A disfigurement may be acquired from birth, an accident, disease or through surgery. Some examples of this are congenital conditions such as cleft palate, birthmarks or neurofibromatosis, scars from burns, palsies or paralysis such as from a stroke or scars from cancer surgery.

Although the term ‘disfigurement’ is used in the Equality Act 2010, some people prefer to use the phrase ‘visible difference’ or the name of their condition.

Traits

- Some disfigurements may be visible while others may be hidden, disguised or camouflaged.
- The reaction of other people has a big impact on how individuals cope with their disfigurement.
- Some people may feel uncomfortable revealing their disfigurement.
- Some disfigurements are the result of self-harm.

Potential impact on daily life and employment

- Disfigurements affecting the face or hands may present some difficulties, as these are areas of the body that are also used for communication.
- Individuals may experience low self-esteem which can affect relatively routine activities such as shopping or taking the bus.
- May experience bullying or hate crime.
- People who have acquired a disfigurement later in life may experience depression or other mental health conditions.
- Some people use skin camouflage creams and may therefore take longer to get ready.
- Some conditions, and a person's ability to cope with them, can fluctuate from day-to-day.

Solutions

- Be mindful about the individual's wishes in managing the subject of their disfigurement
- The individual will be the best person to advise as to what kind of role they feel comfortable being employed in.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ Not everyone with a disfigurement will declare the condition prior to an interview. If you as the employer find this experience difficult, please remember that the individual will be used to dealing with such situations and you should not be overly concerned. ■ Don't judge on first impressions, behave naturally and do not avoid eye contact. ■ There are few actual adjustments required for people with a disfigurement, unless vision, dexterity, mobility etc. are affected. 	<ul style="list-style-type: none"> ■ Understand what coping strategies the individual has already used and consider how this can be supported in the workplace. ■ Ask about how the individual would like the subject of their condition to be managed in the workplace. ■ Ask about medication or treatment and provide accommodation to allow such treatment to be supported (eg. planned operations, use of creams, etc.) ■ If the condition is a result of trauma, for example a car accident or soldier injured on active service, they may also experience other physical or mental health symptoms. However, do not assume this is the case and talk to your employee. ■ Individuals with a disfigurement could be susceptible to bullying – not just from work colleagues but also customers. Be mindful of this and ensure that a suitable policy is in place and is adhered to, to minimise the risk of this happening. 	<ul style="list-style-type: none"> ■ The individual may have had an operation directly associated with their disfigurement, which can result in a change in appearance. Meet with the individual prior to their return to work to discuss any issues that may need to be specifically managed. ■ The individual may need to undergo a series of treatments, so consideration may need to be given to flexible working to support the individual through this period. ■ If the disfigurement has been acquired during the absence it may be necessary to consider a change to the working environment, (eg. someone who has had burns injuries to exposed areas of the body may no longer be able to work in direct sunlight).

Useful contacts

www.changingfaces.org.uk

Over 1 million people in the UK today have a disfigurement to the face, hands or body.

Source: *Changing Faces*.

Please note that this information is not definitive and may not be appropriate for every individual.

Dyslexia

“Dyslexia causes difficulties in learning to read, write and spell. Short-term memory, mathematics, concentration and personal organisation may also be affected. Dyslexia usually arises from a weakness in the processing of language-based information. The effects of dyslexia can be largely overcome by skilled, specialist teaching and the use of compensatory strategies.”

The Dyslexia Institute

It is worth bearing in mind that many individuals, particularly those aged 40 or over, may never have been diagnosed with dyslexia despite displaying some typical traits.

Dyslexia is a learning difficulty and with the right adjustments its effects can be minimised. It is not related to intellect and should not be connected to intellectual capacity in any way.



Traits

- Literacy and numeracy difficulties.
- Poor handwriting.
- Difficulty with short-term memory – they may only remember one or two things at a time.
- Poor organisational skills.
- Poor timekeeping.
- Limited concentration.
- Often undiagnosed, especially in adults.

Potential impact on daily life and employment

- May have had bad experiences resulting in low confidence or self-esteem.
- Sometimes have difficulty organising day-to-day activities, such as preparing meals or paying bills.
- Often have other, positive characteristics such as: creativity, imagination and strong problem solving skills.
- Good at verbal communication and practical tasks.
- Difficulties in reading, writing or working with numbers can often lead to low confidence and self-esteem.
- Lifelong strategies used to hide the effects of dyslexia can cause individuals some stress related to the fear of being “found out”.

Solutions

- A range of aids can help to reduce the impact of dyslexia. This could be a diary to organise their day, or computer software to assist with literacy and numeracy.
- Use of colour overlays can improve visual accessibility (eg. black text on a white background can be difficult to read).
- Use a variety of communication styles to keep the individual engaged.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ Offer alternative solutions to written application forms. ■ Ensure that any online or electronic assessment processes have adjustments built in. ■ For ability tests or psychometric profiling, reasonable adjustments can be made to accommodate dyslexia without any detrimental impact on the validity of the tests. ■ Where assessment centres are used, assessors should be made aware of the individual's dyslexia, where known, and taken into account. ■ When interviewing, meet in an area where distractions are minimal. ■ Seek advice from a specialist employment provider as to the types of simple adjustments available to support job applicants with dyslexia. 	<ul style="list-style-type: none"> ■ Explore what coping strategies the individual uses to minimise the impact of their dyslexia. ■ Consider if any specialist equipment may be needed – eg. voice activated or screen reader software. Where identified, funding may be available through an Access to Work application (see page 42). ■ Provision of a support worker to help manage, interpret and develop paperwork can be provided through Access to Work. ■ Avoid complex multiple instructions, as the individual is likely to remember only a proportion of the content. Check understanding by asking the individual to repeat instructions given. ■ Consider the use of memory aids (eg. dictaphones). In circumstances where memory loss is a greater challenge, job coaching can help. ■ Where reasonable, provide papers or notes in advance to allow additional reading time. ■ For group activities, encourage the individual to sit at the front to minimise distractions, if they feel comfortable doing so. ■ Avoid asking the individual to read aloud. ■ Many adjustments for dyslexia involve changing colour schemes to computer screens or papers. The individual would normally be able to advise on such adjustments. 	<ul style="list-style-type: none"> ■ Dyslexia is usually a lifelong condition. As such, it is unlikely that individuals will be absent from work for protracted periods of time as a result solely of having dyslexia. ■ Ensure all reasonable adjustments are in place as a result of talking to the individual, especially if the job has changed in any way during their absence. ■ Ensure that the root cause for the individual's absence is fully understood – the initial reason for the absence may hide a deeper issue, (eg. the absence may have been as a result of anxiety or depression but the root cause may be issues caused by the dyslexia).

Useful contacts

- www.dyslexia-help.org
- www.dyslexia-inst.org.uk
- www.bdadyslexia.org.uk

Richard Branson, Agatha Christie, Walt Disney and Bill Gates are all famous dyslexics.

Source: British Dyslexia Association.

Please note that this information is not definitive and may not be appropriate for every individual.

Dyspraxia

Dyspraxia or Developmental Coordination Disorder (DCD) is a common condition affecting motor coordination in up to 6% of children; of whom 70% will experience some level of difficulty in adulthood.

Many individuals, particularly those over the age of 30, may never have had a formal diagnosis of dyspraxia.

Traits

- Difficulty with balance, fatigue, hand-eye coordination, rhythm, hand movements and/or manipulation skills.
- Clumsy movement (eg. knocking things over or bumping into people).
- Reading and writing difficulties (eg. poor handwriting, although may use either hand).
- Oversensitive to taste, light, touch or noise.
- Poor sense of time, speed, distance, weight, or sense of direction.
- Organisational or planning difficulties – poor short-term memory.
- Difficulties with accuracy, concentration or following instruction.
- Sleep problems.
- Slow to adapt to new or unpredictable situations.
- May experience speech difficulties (also known as verbal dyspraxia).

Potential impact on daily life and employment

- May have difficulty telling others they have dyspraxia.
- Difficulty remembering appointments or finding their way around unfamiliar buildings or areas.
- May forget to bring or lose things (eg. paperwork).
- Difficulty in learning new skills or completing tasks.
- Difficulty with dress sense or presenting themselves appropriately.
- Can experience continued periods of low-level pain in joints.
- Can find it difficult to wake from deep sleeps.
- Dyspraxia links to poor mental health (eg. anxiety and depression).

Solutions

- Use a diary, clocks/timing devices and alarms to help organise their time.
- Support to complete forms step-by-step – where possible use electronic forms.
- Give guidance on appropriate dress for the workplace.
- Outline tasks clearly - may need to limit actions to one or two. Writing tasks down may help.
- Learning new skills may require additional time and support. Be positive and encouraging.
- Encourage exercise and a healthy diet (eg. oily fish, seeds, etc.).

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ Offer alternative solutions to written application forms. ■ Allow additional time for interviews and tests. ■ Some people with dyspraxia have difficulty with articulation - this should not be mistaken for a low intellectual capacity. ■ Individuals may have a habit of speaking before they think things through, or being very literal and factual, with little consideration for social etiquettes – this is the condition rather than rudeness. ■ Individuals can appear as though they are not listening. Speak clearly and check their understanding using open questions. ■ Working interviews or work trials prior to a job offer are a good alternative to traditional interview approaches. ■ Jobcentre Plus may fund a dyspraxia assessment for some jobseekers, prior to them moving into employment. 	<ul style="list-style-type: none"> ■ Explore what coping strategies the individual has in place to minimise the impact of their dyspraxia. ■ Avoid giving complex multiple instructions. Check understanding by asking the individual to repeat instructions back. ■ Consider using memory aids (eg. dictaphones). Where memory loss is a greater challenge, use a job coach to help the learning process. Once learned, the work would normally be carried out to a consistent standard. ■ Avoid ambiguous terms as they may be taken literally (eg. 'I'll do that for you in a minute'). ■ Regular breaks allow concentration of effort to be targeted. ■ Equipment that could be used to act as a reasonable adjustment could be supported through Access to Work (see page 42). ■ Reinforce learning with written information or CDs/DVDs. ■ Regularly check with the individual if they are able to put what they are doing into a time context – provision of a written timed plan can be helpful. ■ Job coaching should be considered when an individual starts a new job or experiences a job change. ■ Be aware that some individuals can be overwhelmed by changes in environment (eg. smells, light, touch or movement). 	<ul style="list-style-type: none"> ■ Dyspraxia is a lifelong condition and can be accompanied by anxiety or depression. As such, it is unlikely that individuals will be absent from work for protracted periods of time as a result solely of having dyspraxia – it is more likely to be related to the consequences of having dyspraxia. Support through Access to Work could therefore be suitable in some cases (see page 42). ■ Ensure that all reasonable adjustments are in place as a result of talking to the individual, especially if their job has changed in any way during their absence.

Useful contacts

www.dyspraxiauk.com
 www.dyspraxiafoundation.org.uk
 www.dyscovery.org

Dyspraxia is thought to affect around 5-6% of people in the UK. It is more common in men, and often runs in families.

Source: NHS Choices.

Please note that this information is not definitive and may not be appropriate for every individual.

Epilepsy

Epilepsy is a neurological condition where an abnormal electrical activity happens in the brain causing seizures (also known as fits). What people experience during a seizure depends on where the epileptic activity takes place in the brain.

It affects up to 1% of the population and, for some people, there is no known cause; however a head injury, brain infection or stroke can cause epilepsy.

Traits

- There are two types of seizure – partial and generalised (often referred to as “petit mal” and “grand mal”).
- In simple terms, with partial seizures the person will remain conscious and may report:
 - Changes in the way things look, feel, taste, smell or sound
 - Feelings of déjà vu
 - Tingling in arms or legs
 - Feeling of stiffness in the muscles.
- In a more complex partial seizure, a person will be unaware of what is happening and will not be able to remember afterwards. They may display behaviour such as:
 - Smacking lips
 - Rubbing hands or moving arms around
 - Making random noises
 - Picking at clothes or fiddling
 - Adopting an unusual posture
 - Swallowing or chewing
 - Short periods of loss of concentration or absences.
- In a generalised seizure, a person will suddenly become completely unconscious, experiencing physical seizures for a sustained period of a few minutes, and be subsequently unaware of events following recovery afterwards.
- A significant number of people with epilepsy experience photosensitive epilepsy, where seizures are triggered by flashing or flickering light (strobe lighting, unprotected computer screens, etc.)
- Others can experience nocturnal epilepsy, where seizures tend to only occur during sleep.

Potential impact on daily life and employment

- In the majority of cases, epilepsy can be controlled by medication.
- Diagnosis may have an emotional impact.
- Diagnosis will normally lead to an individual's driving licence being withdrawn.
- People may be nervous going out in public in case they have a seizure, or experience significant lack of self-confidence.
- Side effects of medication can include tiredness, confusion or in some cases the appearance of being drunk.
- Some people may be advised to avoid certain types of work. (eg. working at heights or with machinery).
- People with photosensitive epilepsy may have difficulty working under fluorescent lights or with standard computer screens.
- Epilepsy can cause tiredness or exhaustion, particularly if sleep patterns are disrupted.

Solutions

- Call an ambulance if someone is unconscious.
- If a person has a generalised seizure, try to remove surrounding objects which could cause an injury and call for first aid. Try to hold their head but never put anything in their mouth. Where possible, help the individual into the standard recovery position.
- If an individual is photosensitive, filters are available for lights and computer screens to reduce the impact of flickering.
- Remember, in the vast majority of cases, epilepsy is adequately controlled by medication.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> There are not normally any significant adjustments required in the recruitment process for job applicants with epilepsy – it is more about understanding the condition. Be mindful that the epilepsy may cause a loss of confidence in the individual, which may mask their abilities. The individual may choose to discuss the history of their condition. Someone who has had epilepsy from childhood is likely to have adapted to it more than someone who has recently been diagnosed. The individual will know the triggers for their epilepsy and what the best coping strategies are, so don't be afraid to ask about adjustments to the recruitment process once the condition is declared. Once a job offer is made, carry out a risk assessment prior to the actual job start. 	<ul style="list-style-type: none"> Some individuals may go through a spell of thinking they no longer need to take medication. Encourage employees to talk to their doctor before making any changes. Some individuals may need to take medication at set times, so adjust working patterns to accommodate for this. Make sure reasonable adjustments are made in line with any risk assessments (eg. it may be advisable for an individual who experiences regular seizures to wear protective head gear if they work in an area where a fall carries an additional risk). Consider appointing a workplace buddy to help keep an eye on the individual while in work. Where practical, avoid lone working or working for extended periods of time in isolation. If epilepsy is the result of an accident or illness, or is diagnosed while in work, it may trigger other mental or physical issues which should be considered. Practical adjustments such as screen protectors are usually cheap to buy. Funding may be available through Access to Work (see page 42). 	<ul style="list-style-type: none"> If the individual is returning from a period of absence where epilepsy has been diagnosed for the first time, be aware of any other related issues they may be experiencing (eg. stress, depression). Check what impact any new medication may have. Review risk assessments and new reasonable adjustments as appropriate.

Useful contacts

www.epilepsy.org.uk
www.epilepsysociety.org.uk

Every day in the UK, 87 people are diagnosed with epilepsy.

Source: Epilepsy Action.

Please note that this information is not definitive and may not be appropriate for every individual.

General Learning Disabilities

Acquired at birth, a learning disability is a lifelong intellectual impairment which makes most everyday tasks harder than they are for other people.

People with a learning disability take longer to learn new things and are likely to need support with things like travel or managing money. An example would be someone who has Down's Syndrome. A learning disability is a stable condition – it does not fluctuate and cannot be treated.

Learning disabilities differ from other conditions such as dyslexia, which are normally described as a learning *difficulty* because their impact is limited to a specific area of brain functioning and does not actually affect intellect.

There is a high incidence of mental health conditions among people with a learning disability. Many people with autism also have a learning disability. The more severe someone's learning disability, the more likely they are to have physical disabilities or epilepsy.



Traits

- Positive traits include: reliability, dedication, commitment, positive outlooks and friendliness.
- Limited or no literacy and numeracy skills.
- Difficulty in understanding and interpreting situations - slower to process information.
- Poor motor co-ordination.
- Poor time management and organisational skills.
- Emotional immaturity.
- Limited ability to articulate or express themselves effectively.
- Low concentration and poor short-term memory.

Potential impact on daily life and employment

- Often more dependent on others for care and personal support.
- Support is needed to interpret written instructions or read warning signs.
- May need structure in their day and struggle with situations which require a deal of flexibility or judgement.
- Reduced confidence in social situations which, in turn, may result in some inappropriate behaviour.
- Will take longer to learn new tasks, but once learnt will deliver them to a high standard.
- May misinterpret criticism or take it too personally.
- May have some difficulty travelling independently.
- Susceptible to bullying.

Solutions

- Ask the individual to identify who supports them – eg. family, friends, advisor or advocate.
- One-to-one support for filling in forms.
- Provide simple instructions – possibly in a pictorial format, colour coding, or use of a workplace job coach to support learning.
- Provide clear structure to the working day.
- Regularly check understanding of tasks.
- Performance review meetings should be constructive and sensitive to the individual's ability to interpret comments as criticism.
- Establish links with specialist support agencies.
- Arrange travel coaching to enable the individual to travel independently if they are not currently able to do so.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ Without adjustments, traditional recruitment processes do not work effectively. A working interview over a period of one to four weeks allows the individual to demonstrate their true abilities. ■ Job coaching would normally be accessed during the working interview. ■ Written applications require support in being completed. ■ Keep questions structured and straightforward in interviews. ■ Consider allowing the individual to be accompanied by a parent, carer or representative. ■ Make the recruitment process and times clear – written confirmation of appointment times using simple language or, if possible, picture aids. ■ During interviews, consider different ways of asking the same question, to check understanding. ■ Make sure the individual has a plan on how they will travel to and from work safely and on time. 	<ul style="list-style-type: none"> ■ Be very clear about the job start and induction process – times, locations, dress standards, personal hygiene etc. ■ Job coaching is recommended to help the individual learn the job. ■ Susceptibility to loss of concentration – close supervision is recommended, or a workplace buddy. ■ Communicate support needs to colleagues as appropriate. ■ Be mindful that the individual is unlikely to pick up on team dynamics – due to limited social skills they are unlikely to pick up on “vibes”. ■ Establish a preferred communication style – avoid lengthy emails or anything that relies too heavily on text. ■ Changes in the workplace, such as environment, personalities or work processes, can trigger a behavioural reaction – try to communicate in advance where possible. ■ If an individual changes department or job role, they may need to be re-trained on the job, even though their duties are similar to their previous activity. It may be worth considering engaging a job coach to assist. ■ Watch out for bullying behaviours – not just from work colleagues but customers too. A workplace buddy or mentor could help keep a watchful eye for such instances. ■ Regularly repeat key workplace messages, such as health and safety related rules or procedures. ■ Consider how a job can be re-designed to ensure that it plays to the strengths of the individual – eg. has a high degree of structure or routine, instructions are clear and understood. ■ Where appropriate, consider inviting in a close friend, advocate or family member to help with any difficult or particularly serious conversations. 	<ul style="list-style-type: none"> ■ Upset to an individual's routine can cause a behavioural reaction. This may drive some individuals to return to work sooner than they perhaps should. ■ Ensure that the root cause for the individual's absence is fully understood – the initial reason for the absence may hide a deeper issue. ■ If there has been any change in the workplace during the period of absence, communicate this and manage it on return to work. ■ For longer periods of absence, a job coach may need to be re-engaged to help the individual to re-learn their job. ■ It would be good to speak with the individual's family or trusted friends to explore future triggers, support needs or coping strategies.

Useful contacts

www.mencap.org.uk
www.bild.org.uk

About 1 in every 500 people has a learning disability.

Source: *Improving Health & Lives: Learning Disabilities Observatory.*

Please note that this information is not definitive and may not be appropriate for every individual.

Hearing Impairment (Deafness)

Deafness can be described as partial or complete hearing loss. Hearing impairment can be caused by a range of factors such as genetics, infection, damage to the ear or environmental factors such as noise, drugs or age.

Traits

- Some people may be able to hear, but have difficulty picking out sounds in a noisy environment.
- Use of sign language or a hearing aid.
- People with tinnitus may have difficulty sleeping and experience tiredness during the day.
- Communication difficulties. Not all people with a hearing impairment will use sign language, a hearing aid, or be able to lip read.
- May have difficulties with written instructions. For some hearing impaired people, sign language is their first language.
- Hearing impairments as a result of their environment, for example noisy machinery, can affect the range of hearing, such as difficulty in hearing certain pitches in speech.

Potential impact on daily life and employment

- A sudden or unexpected loss in hearing can have an emotional or negative impact on their mental health.
- Workplaces and homes may need aids and adaptations, eg. to fire alarms or the way a job is carried out.
- Frustration in communicating - don't assume someone with a hearing aid has full hearing.
- Potential vulnerability in some busy environments.

Solutions

- Create an environment that minimises the impact of the hearing loss.
- Meet people in an environment they find comfortable. This could be somewhere quiet.
- If an individual is using a cochlear implant, make sure that meetings are held in an area with a hearing loop system.
- If you are behind the individual and need to get their attention, do not creep up on them, rather tap them on the arm to gain their attention.
- It doesn't help to shout - this is highly patronising for hearing impaired people and can give the impression they are considered as stupid.



Guidance note on the use of Sign Language Interpreters:

There are different levels of qualifications for sign language interpreting. If you are using an interpreter simply to support normal workplace communications, such as every-day team briefs, then an interpreter qualified to Level 3 is normally acceptable to use. If the communications have more formal/legal implications (eg. disciplinary hearings), then a professional signer qualified to at least Level 6 should be used.

Make sure you have access to an organisation who can provide properly qualified interpreters. The general rule would be to refer to NRCPSD register Level 3 as a minimum.

Golden rule - when working with a person who requires an interpreter, always make sure you talk to the individual and not the interpreter.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ There are many alternative ways of communicating with a person who is hearing impaired eg. email, TypeTalk, minicom, fax, letter, text message or video relay interpreter (VRI). ■ You may need to organise a sign language interpreter to support the interview process. Access to Work can often help with funding the provision of sign language interpreters and adaptations (see page 42). ■ A good interpreter will help you to create an effective layout of the room. Make sure the interpreter isn't silhouetted against a bright light. ■ Make sure the interview process does not significantly disadvantage the individual, eg. if you run group sessions, at an assessment centre, make sure the session can accommodate the individual's disability. ■ Be careful about using telephone interviews - adaptive systems such as minicomms are good, but you need to give the individual suitable time to use them. ■ The individual may need support in completing application forms - the written word may not be the individual's first language. ■ Once a job offer has been made, ensure that a full risk assessment has been carried out prior to placing the individual. 	<ul style="list-style-type: none"> ■ Make sure all support aids and adaptations are in place. ■ Consider the installation of a hearing loop system for anyone appointed who has a hearing aid or cochlear implant. Portable systems are available, as well as permanent ones. ■ Ensure you understand the best way to re-enforce communications with the individual - and check their understanding. Don't assume that just because you have provided information in writing that it has been understood. ■ Give consideration to induction, company handbooks etc. and how the individual can access these. In particular it is vital they have understood health and safety requirements. ■ Written material should be supported with visual media where possible. ■ Poor communications can sometimes lead to outbursts of anger - always consider the reasons for any outburst before jumping to conclusions. ■ Consider referral to Access to Work for any workplace solutions that may be needed, eg. help adapting fire alarms and evacuation procedures (see page 42). 	<ul style="list-style-type: none"> ■ It is unlikely that individuals will be absent from work for protracted periods of time as a result solely of having a hearing impairment. Unless the hearing impairment has emerged while absent from work, there are no significant adjustments likely to be required over and above those already in place.

Useful contacts

www.nrcpd.org.uk
 www.actiononhearingloss.org.uk
 www.actiondeafness.org.uk

There are more than 10 million people in the UK with some form of hearing loss. By 2031 this is estimated to increase to 14.5 million.

Source: Action on Hearing Loss.

Limb Loss

Limb loss generally refers to the absence of any part of an extremity (such as arms or legs) due to surgical, traumatic amputation or malformation.

Limb loss could be acquired from birth, an accident, war injury, disease, health condition (eg. diabetes) or through surgery.

Key factors to be considered are whether prosthetics can be used to replace the lost limb(s). The age of the patient also affects recovery and mobility (younger people tend to cope better with physical demands of adjusting to life with an amputation).

Traits

Typical symptoms following the loss of a limb, vary depending on the severity of the loss and the individual's circumstances. Some of the traits may include:

- Pain related to bone fragments within the wound, poor circulation, hypersensitive nerve endings, or clothes/bandages being wrapped too tightly.
- Associated mental health issues including depression, anxiety or PTSD.
- Some individuals may grieve the loss of a limb or body image in a similar way to the loss of family or friends.
- 80% of amputees will experience 'phantom limb' sensations. This is the feeling that the limb is still there, is itchy, or moving as it did prior to the amputation.
- Some individuals may feel uncomfortable discussing the reason for, or events surrounding the limb loss.
- The reaction of others could potentially have an impact on how individuals cope.

Potential impact on daily life and employment

Will vary depending on the severity of the limb loss (number of limbs, stage in recovery, nature of employment, resilience of the individual, external support etc.)

- May need extra support in carrying out day-to-day activities as mobility and functional capability may be affected.
- The individual may experience associated mental health conditions.
- May require regular rehabilitation, operations and treatments which may impact on work or social activities.
- Associated pain may limit activities or functional capability and may fluctuate on a daily basis.
- Medication may cause fatigue and/or reduced cognitive functioning.

Solutions

- The use of prosthetics and adaptive technology or aids, often means the individual's functioning can return to their previous level.
- Individuals can receive support from professionals, eg. occupational therapists or mental health practitioners.
- Functional capacity evaluations can assess an individual's ability to carry out a particular task and advise on support and adjustments to assist them.
- The individual will be the best person to advise as to what kind of role they feel comfortable being employed in.

Considerations

Support in recruitment

- Not everyone with limb loss will declare this prior to an interview. If you as the employer find this experience difficult, remember that the individual will be used to dealing with such situations and you should not be overly concerned.
- Don't judge on first impressions, behave naturally and do not avoid eye contact.
- Provide the opportunity for adjustments to be made within the selection process, eg. written assessments may not be applicable to an individual with the loss of an arm.
- Consider the accessibility of the interview room or assessment centre. Include the opportunity for individuals to discuss adjustments they may need (eg. wheelchair access).
- Correct job match is key - work trials prior to appointment are recommended to assess an individual's suitability and any adjustments they may need to undertake the role effectively.
- Avoid assumptions about any negative implications for the job as a result of the limb loss.

Support in the workplace

- Ask about medication or treatment and provide accommodations to allow such treatment to be supported (eg. planned operations, rehabilitation, etc.)
- Individuals may be taking pain relief medication - discuss the use of adjustments such as flexible hours, regular breaks or late starts to ensure that pain is managed.
- Ensure there is good access to all required areas of the work environment.
- If the individual is unsure of their functional capacity, consider a functional capacity evaluation to assess workplace needs and any adjustments required.
- If the condition is a result of trauma, for example a car accident or soldier injured on active service, they may experience other physical or mental difficulties. If this is the case, they should be advised to talk to their manager.
- Access to Work can be considered to support funding for any workplace adaptations required (see page 42).
- Consider allocated car parking spaces for individuals with mobility restrictions.

Support in returning from a period of absence

- The individual may have had an operation directly associated with their injury and may now experience a new change in appearance. Meet with the individual prior to their return to work to discuss any concerns.
- Consideration may need to be given to flexible working patterns to support the individual through any ongoing treatment.
- Changes to the individual's mobility may require further assessment as to whether any new adjustments are required.
- Access to Work can support individuals with disabilities or mental health conditions back into work, and advise on reasonable adjustments (see page 42).

Useful contacts

www.posturite.co.uk
www.limblossinformationcentre.com

Around 6,000 major limb amputations are carried out in the UK every year.

Source: NHS Choices.

Multiple Sclerosis (MS)

Multiple sclerosis is a neurological condition which affects around 100,000 people in the UK. It is the most common disease of the central nervous system (brain and spinal cord) affecting young adults.

The term 'multiple sclerosis' relates to the numerous scars or lesions which affect the nerve fibres' protective layer; a protein called myelin. This damage disrupts the way in which messages, or nerve impulses, are carried to and from the brain, and so can interfere with a range of the body's functions.

85% of people diagnosed have relapsing MS, where the symptoms appear and then fade away partially or completely. This could develop into secondary progressive MS if there is a sustained build-up of disability completely independent of any relapses. A third type of MS is known as Primary Progressive MS (PPMS) where symptoms gradually get worse over a period of time, rather than appearing as sudden attacks. Once diagnosed, MS cannot be cured but medication can generally manage the symptoms.



Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> MS can manifest itself in different ways. Ask the applicant what adjustments, if any, are required for the interview. Consider adjustments that may need to be made in the selection process, (eg. accommodate for slurred speech if the process involves a telephone screening interview, or allow more time in group activities with assessment centres). Consider whether the individual will need any aids and adaptations to be made in the recruitment process. If so, an application to Access to Work may be appropriate (see page 42). Consider engaging with a specialist employment provider to advise both you and the individual through the recruitment process. Part-time roles, or roles that can be flexible, may be particularly suitable. Remember, MS is a physical condition and does not affect intelligence. 	<ul style="list-style-type: none"> Job coaching may be required to support learning the job and developing coping strategies to combat poor memory retention. Other support could include use of a dictaphone. Flexibility in the workplace to accommodate fluctuations in the condition should be considered where possible. Offer breaks to address fatigue and/or attention span. Understand the side effects of any medication. Encourage the employee to inform someone in work if there are any changes. Ensure there is a current and relevant risk assessment in place. Consider allocated car parking spaces for individuals with mobility restrictions. 	<ul style="list-style-type: none"> Consider a phased return to work to build up work stamina. In more extreme cases, or where the condition has deteriorated significantly, applications for a support worker may be appropriate. Review the risk assessment to assess whether anything has changed.

Useful contacts

www.mssociety.org.uk



More than 100,000 people in the UK have multiple sclerosis with more women than men being diagnosed.

Source: Multiple Sclerosis Trust.

Traits

- Impaired vision, dizziness and poor balance.
- Difficulty with bladder and bowel management.
- Stiffness and spasms, restricted or loss of mobility.
- Fatigue.
- Difficulty in swallowing.
- Tremors.
- Loss of memory.
- Slurred or difficult speech.

Potential impact on daily life and employment

- Blurred or double vision (temporary or permanent) can affect a range of day-to-day activities.
- May need to avoid working at heights or in other environments where loss of balance could be dangerous.
- May develop some incontinence or, conversely, constipation.
- Spasms can be painful and may cause difficulties with sleep.
- There may be an overwhelming sense of tiredness.
- May have some difficulty eating.
- MS most commonly affects remembering recent events and remembering to do things, but most people do not develop severe cognitive conditions.
- In cases of severe tremors (usually many years after diagnosis) eating, drinking and other day-to-day tasks may be affected.
- If speech is affected (40-50% of people with MS), the individual may feel uncomfortable in certain social situations.

Solutions

- May need aids and adaptations in the workplace and possibly a support worker.
- Flexible working arrangements and tasks may help the individual to cope with fatigue and the fluctuating nature of the condition.
- Where appropriate, ensure the individual has easy access to toilet facilities.
- Eating in a relaxed environment will minimise swallowing difficulties (no lunch on the go!)
- Develop coping strategies for poor memory.
- Consider the impact on training courses; photos or other visual reminders may be useful.
- For those affected by speech difficulties, consider its impact in the workplace and avoid work where communication is necessary (eg. a call centre).

Please note that this information is not definitive and may not be appropriate for every individual.

Musculoskeletal Disorders (MSD)

These tend to occur when a body part repeatedly works harder, stretches further or receives more impact than it is prepared for, causing damage. This affects the muscle and bone and is often focused on a joint – commonly in the back, neck, knee, hand or arm.

Musculoskeletal disorders are the most common work-related illness in Britain (HSE 2006). Some common examples of musculoskeletal disorders are arthritis, repetitive strain injury (RSI) and scoliosis. An estimated 9.3 million working days were lost through work related musculoskeletal disorders in 2009/10, equating to an average of 16.3 days per person*.

There are a number of risk factors associated with MSD such as:

- Repetitive and/or heavy lifting or repeating any action to frequently.
- Bending and twisting.
- Uncomfortable working position.
- Exerting too much force.
- Working too long without a break.
- Adverse working environment (eg. too hot or too cold).
- Psychosocial factors (eg. high demand job, time pressures and lack of control).
- Not receiving and acting on reports of symptoms quickly enough.



Traits

- Pain.
- Joint stiffness.
- Redness and swelling of affected area.
- Pins and needles and/or numbness.
- Skin colour changes.
- Decreased sweating of hands (upper limb disorder).
- Symptoms often worsen as condition progresses.

Potential impact on daily life and employment

- Inability to undertake day-to-day tasks – eg. undo a lid on a jar, walk without pain, use a keyboard or write.
- Slow or impaired mobility – the inability to lift, bend or carry.
- May have difficulty sleeping.
- Inability to focus for sustained periods, due to pain or discomfort.

Solutions

- Medication or alternative treatment to manage pain.
- Aids and adaptations to overcome the difficulties faced.
- Avoidance of certain exacerbating activities or strenuous or physical demands.

* Source: www.hse.gov.uk

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ Ask in advance if the individual requires any reasonable adjustments for the recruitment and selection process. ■ Consider the accessibility of the environment where the recruitment activity is taking place, as well as any adjustment to the activity itself. Eg. interviews need to be held in an accessible room with suitable toilet facilities nearby, activity based assessment centres will need to take mobility restrictions into consideration. ■ It is advisable for the company to undertake a risk assessment once any job offer has been made. ■ A task analysis may be required to ensure there are no aspects of the job which are going to exacerbate the condition. ■ Once a job offer has been made, consider if, or how, the individual's disability may fluctuate between seasons and how this may potentially impact on work performance (eg. issues with joints often worsen in cold, damp weather conditions). 	<ul style="list-style-type: none"> ■ Consider time off or flexible working arrangements for regular GP or hospital appointments, or to lessen side effects of any medication being taken. ■ Consider if there are any restrictions on the length of time the individual is able to sit, stand, walk, type etc. They may need to have regular breaks or adjust their position periodically. ■ Review the adjustments regularly to ensure they are still suitable and effective. ■ Ensure any resulting actions from a risk assessment have been followed up. ■ Consider if any flexibility is required to accommodate fluctuations in the condition, which could be daily or seasonal. ■ Consider allocated car parking spaces for individuals with mobility restrictions. ■ An application to Access to Work may be appropriate for adapted chairs, desks, keyboards etc. (see page 42), as well as travel to work support. This can be initiated on appointment of an individual, prior to their start date. 	<ul style="list-style-type: none"> ■ Talk with the individual prior to their return to work to establish any substantive changes to their condition that may require adjustments in the workplace. ■ A phased or staggered return to work may be needed to rebuild stamina. ■ Where an Occupational Health Service is in place, an assessment is strongly recommended.

Useful contacts

www.hse.gov.uk/msd

www.arthritisresearchuk.org

Musculoskeletal disorders are the most common work – related health problems in the EU: 25% of European workers complain of backache and 23% of muscular pains.

Cardiff University Health Centre.

Post-Traumatic Stress Disorder

The term post-traumatic stress disorder (PTSD) is a mental health condition that may develop in response to exposure to a particularly traumatic event.

Specific symptoms usually present themselves shortly after exposure to the traumatic event and, in most people, these symptoms spontaneously resolve with no lasting effects within a few days. In a minority of people however, the symptoms persist.

The presence, severity and combination of symptoms may vary from individual to individual, but there are three symptom clusters, which manifest themselves:

- 1. Re-experiencing**
Repeatedly reliving the traumatic event in a number of ways, including intrusive unwanted memories or nightmares.
- 2. Hyperarousal**
Symptoms of hypervigilance and anxiety, or a tendency to be irritable and angry at the slightest provocation.
- 3. Avoidance**
The individual will avoid thoughts and feelings related to the traumatic experience or reminders of it – effectively acting as a coping mechanism. Symptoms include avoidance of activities, places or people which remind them of their trauma, resulting in a tendency to isolate themselves.

Traits

- Disrupted sleep patterns, or experience of nightmares.
- Irritability, sometimes extending into heightened feelings of anger with tendencies to become verbally or physically aggressive.
- High levels of anxiety.
- Avoidance of activities, places or people, which remind them of the trauma.
- Loss of interest in hobbies and activities.
- Feelings of being detached from daily life.
- Feelings of guilt.
- Difficulty relating to authority figures.

Potential impact on daily life and employment

- Isolation from friends and family.
- Often a sense of shame or stigma will prevent the individual from accessing help or support, exacerbating the sense of isolation.
- Can often lead to the onset of other issues, such as depression, or drug or alcohol dependency.
- Onset of phobias can lead to apparently irrational or unpredictable behaviour, resulting in chaotic or disorganised lifestyle.
- Aggressive behaviours can result in confrontation or refusal of access to services.

Solutions

- Strong support network from family, friends and medical professionals.
- Treatment by an expert clinician would include Trauma Focussed Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation Reprocessing (EMDR) and the prescription of medication. The individual may therefore already be under the care of a specialist mental health service or charitable organisation eg. Combat Stress.
- It is important to ensure a suitable working environment for the individual where they feel comfortable and accepted.
- Aim to understand the individual's triggers, to avoid or manage them in a controlled way.
- Be aware that some avoidances are not helpful to the individual.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ If an individual displays significant stress or anxiety levels at interview, consider any environment changes that could be made (eg. seating positions, reduced panel sizes, position of exit or entry to the room) or allow breaks. ■ Consider a "working interview" or "work trial" where the individual can demonstrate their practical skills rather than select solely on the basis of an interview. ■ Consider allowing someone to accompany the applicant to the interview, such as a trusted friend, advocate or specialist employment provider representative. ■ Once a job offer has been made, consider a health and safety assessment or risk assessment prior to start date and no later than the first day of employment. 	<ul style="list-style-type: none"> ■ Additional support may be required in the first few weeks as the individual familiarises themselves with the environment and their colleagues. ■ Appointment of a workplace buddy or mentor to provide personal support ■ Identify any potential workplace activities that may trigger particular levels of stress or anxiety. ■ Gain emergency contact details from the individual and understand when these should be used. ■ Ask the individual about any medication they are taking and any possible side effects that may have a workplace implication – it may be that the individual works flexible hours to avoid early mornings when fatigue is at its worst. ■ Look out for tell-tale signs of the individual becoming stressed, for example, agitation or fidgeting. Suggest they take a break and ask the individual if they are OK. ■ Be mindful that the individual may need to leave a situation suddenly, and often it is best to be seated near the entrance or exit to reduce anxiety. ■ For individuals who experience heightened levels of stress or anxiety while in employment (where it is affecting their wellbeing), consider an application to Access to Work (see page 42). 	<ul style="list-style-type: none"> ■ Consider a phased return, which could comprise shortened working hours or days, or a flexible working pattern. ■ Review the individual's work activities to minimise risk of a recurrence for a trial period, possibly through a short-term re-allocation of duties. ■ Conduct regular review meetings in a safe environment with the individual and their line manager, encouraging openness. ■ Encourage the individual to review any triggers that lead to heightened stress or anxiety and consider relevant coping strategies in the workplace. ■ Where an Occupational Health Service is in place, encourage an assessment to be undertaken, as well as considering Access to Work support. ■ A further risk assessment should be considered as the individual's behaviour and the job role may have changed significantly.

Useful contacts

www.ptsd.org.uk
 www.combatstress.com
 www.remploy.co.uk/mentalhealth

It is estimated that up to 3 in 100 people may develop PTSD at some stage in their lives.

Source: www.patient.co.uk

Please note that this information is not definitive and may not be appropriate for every individual.

Schizophrenia

Schizophrenia can be a chronic and debilitating illness that affects how a person thinks, feels and behaves. It can often also be very successfully managed.

Schizophrenia typically first presents itself in adolescence or early adulthood and is characterised by symptoms including hallucinations, delusions and thought disorder. It can also result in emotional blunting, paucity of speech, loss of motivation and social withdrawal. Hallucinations are most commonly auditory, such as hearing voices, but can also be visual, tactile or involve smell or taste. Medication can provide stability and help the individual to function independently and stably.



Traits

- Individual may appear distracted at times.
- Conversation may be disjointed with no obvious connection between sentences.
- Poor motivation.
- Disrupted or deprived sleep patterns, resulting in tiredness.
- The individual may demonstrate a pattern of irrational behaviour, paranoia or phobias.
- May have started to avoid social interaction.
- Deterioration in appearance or personal hygiene.

Potential impact on daily life and employment

- This can vary massively depending on the severity of the condition, but can lead to social exclusion.
- Diagnosis may have an emotional impact on the individual and/or their family and friends.
- Behaviour can be considered to be unconventional.

Solutions

- Understand the individual's triggers (if there are any).
- Medication.
- Treatments such as cognitive behavioural therapy are available to help the individual self-manage the condition.
- Relaxation techniques such as meditation, yoga or acupuncture are known to help.
- Strong, supportive relationships.
- In the workplace, an appropriate job match is key.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ If an individual displays significant stress, anxiety or distraction at interview, consider breaks or any environment changes that could be made (eg. seating positions, reduced panel sizes). ■ Consider allowing someone to accompany the applicant to the interview, such as a trusted friend, advocate or specialist employment provider representative. ■ Consider a "working interview" or "work trial" where the individual can demonstrate their practical skills and ability to do the job. Working interviews are typically recommended over a period of one to four weeks. ■ Once a job offer has been made, consider a health and safety or risk assessment prior to actual job start. 	<ul style="list-style-type: none"> ■ Additional support may be required in the first few weeks as the individual familiarises themselves with their environment and colleagues. ■ Ask the individual how they can adapt their own coping strategies into a workplace context – they know what triggers a change in their behaviour. ■ Make sure job expectations are clear. ■ Encourage the employee to continue with medication and treatment, which will reduce the risk of performance-related issues. ■ With the individual's approval, educate work colleagues on the condition. ■ Consider a workplace buddy or mentor to provide personal support. ■ Consider any environmental issues that may have a negative impact on behaviour (eg. noise, smell, touch or movement). ■ Use flexible working practices to allow the individual to make up for any lost time. ■ Gain emergency contact details from the individual and understand when these should be used. ■ In the most extreme cases, ensure that an emergency procedure is in place. ■ Keep a positive and supportive approach – focus on building confidence and self-esteem. ■ For individuals who experience the onset of schizophrenia at work, consider an application to Access to Work (see page 42). 	<ul style="list-style-type: none"> ■ Consider a phased return (eg. shortened working hours or days, or a flexible working pattern) or shift work scheduled to begin later in the day (common medications used to treat schizophrenia cause significant drowsiness). ■ Consider adjustments such as moving the employee's workspace away from distractions such as people, office equipment or a busy space, to help concentration. ■ Review work activities to minimise risk of a recurrence for a trial period, possibly through a short-term re-allocation of duties. ■ Conduct regular review meetings in a safe environment with the individual and their line manager, encouraging openness. ■ Where an Occupational Health Service is in place, encourage an assessment to be undertaken. ■ A further risk assessment should be considered as the individual's behaviour and the job role may have changed significantly. ■ Consider an Access to Work application.

Useful contacts

www.rethink.org

www.mind.org.uk

www.remply.co.uk/mentalhealth

Schizophrenia is one of the most common serious mental health conditions, with about 1 in 100 people experiencing it in their lifetime. Many will lead normal lives.

Source: NHS Choices.

Visual Impairment (Blindness)

Visual Impairment is when a person experiences some degree of irretrievable sight loss which cannot be corrected using glasses or contact lenses.

There are two main categories of visual impairment; firstly being partially sighted or sight impaired, where the level of sight loss is moderate blindness or severe sight impairment, where the level of sight loss is so severe that a person is normally unable to complete any activities that rely heavily on eyesight.

Visual impairments can be caused by a range of conditions and each person will have different needs depending on their condition and what they can and cannot see. Many people will at least have a perception of light and shape.



Traits

- Some people may use a guide dog or white cane.
- Some individuals may be starting to experience some difficulties but not realise they are developing a visual impairment. For example, losing peripheral vision, vision becoming cloudy or holes in their vision.

Potential impact on daily life and employment

- Need for use of non text based information.
- Support often required with daily living.
- Sudden or recently acquired visual impairments can have a significant emotional impact and may also effect family and personal relationships.
- Individuals can experience social isolation or a loss of independence.

Solutions

- Adaptations may be required in the workplace (eg. voice activated software, screen readers, alternative formats such as Braille, or accommodation for a guide dog).
- Counselling for emotional support needs.
- Access support from specialist organisations.

Considerations

Support in recruitment	Support in the workplace	Support in returning from a period of absence
<ul style="list-style-type: none"> ■ Explain the proposed recruitment and selection process to the individual and ask them about what adjustments or support needs they need within the process (eg. for an assessment centre). ■ Communications sessions can be arranged to help employers support visually impaired people - investigate what specialist partners exist locally to offer practical advice and support. ■ Make any pre-interview information available in alternative formats if needed (eg. voice recording, large font or Braille). ■ Work placements or work trials prior to appointment are normally recommended. ■ Technical accommodations, adjustments and equipment can be wide and varied and will often qualify for funding support under Access to Work (see page 42). Ask for an assessment to be undertaken to identify support needs when a job offer has been made. 	<ul style="list-style-type: none"> ■ Ensure the eye condition is properly understood – what are the effects and triggers day-to-day? Is the condition degenerative? ■ Understand the history of the individual's condition. Someone who has had some sight, even if they lost their sight at a young age, will have a different understanding of the world around them than someone who has been completely blind from birth. ■ Consider how the induction will be delivered? If it is text based make sure it is accessible for the candidate. If it is online, consider how someone may support the individual through the content if the software is not visually accessible. ■ Make sure all aids, adaptations and support are in place from the first day. ■ Equipment, such as software packages, will often come with a training package to help the employee get the most support. ■ Think about how workplace communications need to be adapted to ensure the individual is fully included – workplace isolation can result in increased stress or anxiety. ■ Ensure the individual is confident in evacuating the building in case of emergency (eg. fire alarm) - where possible have a buddy who will help. ■ If the individual uses a guide dog, make sure that arrangements are in place to take it out for toileting, water is available etc. ■ Make sure work colleagues are aware that they must not fuss or feed a guide dog. The individual may choose to inform colleagues of this themselves. 	<ul style="list-style-type: none"> ■ It is unlikely that individuals will be absent from work for protracted periods of time as a result solely of having a visual impairment. Unless the visual impairment has emerged while absent from work, there are no significant adjustments likely to be required over and above those already in place.

Useful contacts

- www.rnib.org
- www.rncb.ac.uk
- www.actionforblindpeople.org.uk
- www.abilitynet.org.uk
- www.guidedogs.org.uk

Almost two million people in the UK are living with sight loss*, but only 5,000 use a Guide Dog**.

Sources: * RNIB, **Guide Dogs for the Blind Association.

The Equality Act 2010 and the Access to Work Scheme

Equality Act 2010

The Equality Act 2010 aims to prevent unlawful discrimination against a person, or group of people, because of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnerships
- Pregnancy and maternity
- Race
- Religion
- Sex
- Sexual orientation.

Under the Act, employers have a duty to make reasonable changes regarding applications, interviews and work, so that people with disabilities or health conditions are not disadvantaged. These are known as "reasonable adjustments".

The aim of reasonable adjustments is to make sure that a disabled person has the same access to everything that is involved in getting and doing a job as a non-disabled person.

For more information on the Equality Act 2010, including types of adjustments and factors in considering what may be 'reasonable' for an employer to provide, please visit:

www.homeoffice.gov.uk/equalities/equality-act

Access to Work

The Access to Work Service can provide advice and financial support towards implementing adjustments. An Access to Work advisor or the Disability Employment Advisor from the local Jobcentre Plus will be able to provide more information about this service.

Support and grants for employees

An Access to Work grant is money for practical support to help people with a disability, health or mental health condition in the workplace, to do their job. The funding can help to pay for things like specialist equipment, travel to work, a support worker, job coach or communicator at a job interview for 'reasonable adjustments'.

Support is available in England, Scotland and Wales. There is no set amount for an Access to Work grant and how much an individual gets depends on their circumstances.

To qualify for support:

- An individual must be 16 or over and either in a paid job, self-employed or unemployed and about to start a job or a work trial. You can't get it for voluntary work.
- The disability or health condition must affect their ability to do a job.
- For individuals with a mental health condition, this must affect their ability to do a job and support can be provided to start a new job, reduce absence from work or stay in work.

For more information on Access to Work go to www.gov.uk/access-to-work

Remploy's Workplace Mental Health Support Service



Together, we can have a positive impact on mental wellbeing in the workplace...

This free support service is available to individuals with a mental health condition, who are absent from work or finding work difficult and is aimed at helping them to remain in, or return to, their role. Remploy's advisors are fully trained professionals with expertise in mental health and its impact on the workplace and provide the following support:

- Work focused mental health support over a period of six months, tailored to the needs of the individual
- Assessment of an individual's needs to identify suitable coping strategies
- A personalised support plan, detailing the steps needed to remain in, or return to work
- Suggestions for adjustments in the workplace, or in working practices, that could be implemented to help individuals to fulfil their role
- Advice and guidance to enable employers to fully understand mental health and how they can support employees who have a mental health condition.

Eligibility criteria*

To be eligible for this service, individuals must meet the following criteria:

- Be in permanent or temporary employment (attending work or signed off sick)
 - Have a mental health condition that has resulted in workplace absence, or is causing difficulties to remain at work.
- * Application is subject to a decision by Access to Work

For further information on this service or if you would like help to promote this to your employees, please contact Remploy on:

Tel: 0845 146 0501

Email: vocationalrehabilitation@remploy.co.uk

Remploy

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www.remploy.co.uk/mentalhealth

jobcentre plus

Department for Work and Pensions

The service is being delivered by Remploy, in partnership with Access to Work; a DWP Scheme.

Remploy

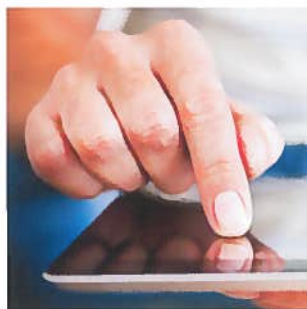
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www.remploy.co.uk

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