



## **Managing a workforce that is positive about disability**

### **Manager's Guide to Supporting Disabled Members of Staff**

This guide was developed by NHS Greater Glasgow and Clyde with support from Grant Carson and John Dever from Glasgow Centre for Independent Living (GCIL) and the NHSGGC Staff Disability Forum.

NHSGGC has made a commitment to create a workplace which is positive about disability and this was launched under the Release Potential banner in 2015.

Disabled people are a very diverse group - there are thousands of different types of medical conditions/impairments which can cause difficulties in finding and maintaining employment. We have chosen a sample of common impairments to include in this guide and these are listed in alphabetical order.

In creating this guide it was our hope to provide a useful tool to support and enhance the existing good practice already taking place in NHSGGC.

The inclusion of impairment related information should help managers and supervisors to consider the challenges faced by someone with a broad range of impairments including hidden impairments, enabling them to create a much more inclusive and empowering workplace which values difference and diversity.

**Contents**

- 1. Introduction
- 2. Models of Disability
- 3. Good practice case studies
- 4. Interviewing Disabled People
- 5. Reasonable adjustments
- 6. Information on impairments/medical conditions
  - Acquired Brain Injury (ABI).....
  - Anxiety Disorder/Stress.....
  - Arthritis.....
  - Autism.....
  - Bipolar Disorder.....
  - Cancer.....
  - Depression.....
  - Diabetes.....
  - Dyslexia.....
  - Epilepsy.....
  - Hearing Impairments.....
  - Multiple Sclerosis.....
  - Sight Loss/ Visual Impairment.....
- 6. Access to Work – A Managers Guide.....

# 1. INTRODUCTION TO MANAGER'S GUIDE TO REASONABLE ADJUSTMENTS

## Introduction

Approximately 16% of people of working age have an impairment which affects their day to day lives<sup>1</sup>. NHS Greater Glasgow and Clyde (NHSGGC) has many disabled members of staff who make a great contribution to their patients and their teams. As a manager, your role is crucial in providing the right support to disabled members of staff so that they can do their job. That means understanding and implementing reasonable adjustments which ensure that everyone can thrive at work and maintain their well-being. This guide is designed to give you the right information to enable you to do this.

## The legal framework

NHSGGC is committed to ensuring that all managers meet their legal responsibilities towards members of staff who are covered by the Equality Act 2010.

In the Equality Act a disability means a physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities<sup>2</sup>.

You are automatically covered by the Act if you have a progressive condition like HIV, cancer and multiple sclerosis, even if you are currently able to carry out normal day to day activities. You are protected as soon as you are diagnosed with a progressive condition.

You may also be covered by the Act if you had a disability in the past. For example, if you had a mental health condition in the past which lasted for over 12 months, but you have now recovered, you are still protected from discrimination because of that condition. The final decision on a health condition qualifying as having a disability may be made by a Judge in a court or an Employment Tribunal.

It is not discrimination to treat a disabled person more favourably than someone who is not disabled or does not have the same impairment. For example, if you make a reasonable adjustment for a disabled person, this is not considered discrimination against non-disabled members of staff.

Reasonable adjustments are a key part of the Equality Act 2010 and can be essential in enabling a disabled person to retain employment. Reasonable adjustments should prevent a disabled person from being at a substantial disadvantage and create a level playing field for them to perform their duties at work. There may be occasions where a recommended adjustment is not seen as reasonable due to specific circumstances. NHSGGC will endeavour to

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<sup>1</sup> Department of Work and Pensions, Office for Disability Issues, [www.gov.uk](http://www.gov.uk)

<sup>2</sup> Equality and Human Rights Commission <https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination#h1>

accommodate the adjustments within another area if that is possible and Occupational Health and Human Resources can provide advice.

## Your responsibilities as a manager

NHSGGC is part of [“Disability Confident”](#) which is a new initiative designed by the government which will support managers and staff to:

- Challenge attitudes towards disability
- Increase understanding of disability
- Remove barriers to disabled people and those with long term health conditions in employment
- Ensure that disabled people have the opportunities to fulfil their potential and realise their aspirations.

NHSGGC are committed to achieving the highest level of the Disability Confident initiative. As a manager you have a duty of care to all of your employees. This means creating a positive workplace culture where all staff are Disability Confident.

As a manager you have an important role in ensuring your disabled members of staff are able to perform their role. You are an important decision maker in either recognising that a staff member may have a disability and require adjustments, or responding to requests from a disabled staff member for an adjustment to an aspect of their job.

You also have the responsibility, where you appoint a new member of staff who has an impairment, to make sure that any adjustments are in place before or as soon as possible after they start work.

If you have a new member of staff who has an impairment or an existing member of staff who develops an impairment you should follow these simple steps:

- Discuss how the member of staff is affected by their disability in the workplace and if they would benefit from any adjustments to their working arrangements
- Contact Occupational Health who can advise on reasonable adjustments, including equipment
- Contact Access to Work (see section 6.) for advice
- Ensure these adjustments are made if this is possible. Be aware it can take time to arrange for purchasing equipment so it is good to act quickly. Advice should be sought from Human Resources and Occupational Health if the adjustment cannot be made.

- Carry out a health and safety risk with the member of staff. A range of Health and Safety policies and forms can be found here or at <http://www.nhsggc.org.uk/working-with-us/hr-connect/health-safety/policies-guidance-documents-forms/>
- Record any requested/agreed support requirements/adjustments
- Review the effectiveness of any reasonable adjustments periodically or when there is any change in circumstances and at least every year.

You should be sensitive to the person's situation and the fact that they may feel vulnerable when discussing these issues. You should maintain their dignity and respect throughout.

You can find more information on suggested reasonable adjustments for specific impairments in this guide.

### **Can you register as disabled?**

In the past there was a national registration scheme for disabled people but this was largely abolished once the Disability Discrimination Act was introduced in 1995. However, some local registration schemes remain, for example for visually impaired people. Registration is not a requirement for someone to be covered by the Equality Act 2010- any impairment or long term condition is included where it has a long-term and substantial adverse impact on day to day activity.

### **Invisible or hidden impairments**

Most disabled people have invisible impairments and only a small percentage use wheelchairs, mobility aids or assistance dogs. Disabled people often have comments aimed at them such as "you don't look disabled". This is sometimes used to question an employee's right to a reasonable adjustment. Invisible impairments include conditions such as mental ill-health, epilepsy, diabetes, Crohn's Disease or dyslexia and can have a severe impact on the person's daily lives.

### **The policies which you can use to support disabled staff**

NHSGGC has a wide range of policies which are designed to support a positive workplace culture and to support staff. These policies are detailed below.

## **Equality, Diversity and Human Rights Policy**

This policy sets out NHSGGC's commitment to the principles of equality, diversity and human rights in employment and sets out the approach to be followed in order to ensure that such principles are consistently met. It covers the organisation's commitments to the following in relation to the protected characteristics<sup>3</sup>, which include disability:

- Pre and post employment checks are not discriminatory
- Recruitment and selection, including fair processes, the guaranteed interview scheme for disabled candidates who meet the essential criteria and promoting a diverse workforce
- Job descriptions are not discriminatory
- Reasonable adjustments are made for disabled people
- Employment relationships are free from discrimination
- Staff can request flexible working (see the [Work life Balance Policy](#))
- Consultation with relevant groups of staff to identify workplace barriers to equality and diversity
- Training and development including ensuring opportunities are made available in a fair manner and are used to remedy discrimination
- How work is assigned should not discriminate
- Regular monitoring of employee data by protected characteristics to identify any negative patterns

The policy sets out what action employees can take if they feel that they have been discriminated against and how the organisation and managers will support them.

## **Dignity at Work Policy**

The Dignity at Work Policy aims to support a positive and dignified workplace culture. The policy sets out the course of action people can take if they experience unacceptable or inappropriate behaviour and the role of managers in supporting staff. NHSGGC will also work towards minimising incidents of such behaviour.

NHSGGC has a zero tolerance approach to hate crime, which is a criminal offence motivated by prejudice against someone due to their race, religion, transgender identity, sexual orientation or disability.

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<sup>3</sup> Age, disability, civil partnership and marriage, disability, ethnicity, gender reassignment, pregnancy and maternity, sex (men and women) and sexual orientation.



## **Mental Health and Well Being Policy**

NHSGGC promotes good mental health and the wellbeing of all of our staff. People should be treated fairly regardless of their mental health status and not be discriminated against. NHSGGC aims to provide a safe and healthy workplace.

Mental health problems like stress, depression or anxiety cause a significant proportion of sickness absence across Scotland. Getting support at an early stage can prevent absence from work and help recovery.

To achieve this, staff will be managed in a way that is not detrimental to their mental health and positively promotes mental health and wellbeing.

NHSGGC has a duty of care under our [Staff Governance Standard](#) to protect the mental health and wellbeing of staff whilst they are at work.

## **Attendance Management Policy**

The Attendance Management Policy aims to ensure that NHSGGC:

- Delivers consistently high quality services to patients by reducing sickness absence
- Treats all staff consistently and fairly in relation to attendance management
- Complies with employment legislation, including the disability component of the Equality Act 2010, to make sure that reasonable adjustments are made or other suitable employment is offered
- Offers staff support to get back to work, including access to resources such as occupational health
- Improves employment retention and prevents discrimination
- Takes a proactive approach to health and wellbeing
- Ensures that all employees are entitled to representation as part of the attendance management process.

The policy sets out the process and manager's responsibilities.

## **Capability Policy**

This policy covers the management of capability issues, which are defined as any skill, aptitude, health or any other physical or mental quality required to carry out your job role. When managing capability issues, managers should consider whether the person could be covered by the Equality Act 2010 and whether any reasonable adjustments could be made to support the person.

## Who you can contact for expert information and training resources

You can get further information from HR Connect which is NHSGGC's HR website-

<http://www.nhsggc.org.uk/working-with-us/hr-connect/contact-the-hr-support-advice-unit/>

If you require further information or clarification of any of the information and advice on HR Connect then you can make contact with the Unit by telephone on **0141 278 2700** or via e mail at [HR.Support@ggc.scot.nhs.uk](mailto:HR.Support@ggc.scot.nhs.uk). The Unit's initial opening hours are **8.00am – 6.00pm**, although these may change dependent on the needs of the service.

A wide range of training on equality issues and management practice is available to managers on Learn Pro and advertised on HR Connect. See below-

<http://www.nhsggc.org.uk/working-with-us/hr-connect/learning-education-and-training/learning-and-e-support/e-learning/learnpro/>

<http://www.nhsggc.org.uk/working-with-us/hr-connect/learning-education-and-training/management-development/>

## **2. MODELS OF DISABILITY**

There are two distinct models of disability; the individual model and the social model which grew out of the disability positive movement.

The individual model focuses on disability as an individualised problem. The person's impairment, such as hearing loss or mobility impairment is viewed as the reason for their poorer access to services or inability to participate fully in society. In other words, it is a deficit in that person.

The social model focuses on the way in which we organise society and how this disables people with impairments. People are excluded from participation in society as a result of physical, organisational and attitudinal barriers. For example, if all buildings were designed to be accessible to those who use wheelchairs, having a mobility impairment would not in itself be a barrier to accessing public buildings.

In the social model, it is not the impairment that restricts people's life chances, but how we design society around able bodied people. NHSGGC has adopted the social model of disability in relation to its work on equalities and making services accessible to all.

### **The Individual Model of Disability**

Within the individual mode of disability, disability is understood as an individual problem. If somebody has an impairment - a visual, mobility or hearing impairment, for example - their inability to see, walk or hear is understood as their disability.

The individual model is also sometimes known as the 'personal tragedy model' because it regards the difficulties that people with impairments experience as being caused by the way in which their bodies are shaped and experienced.

When people such as policy-makers and managers think about disability in this individual way, they tend to concentrate their efforts on 'compensating' people with impairments for what is 'wrong' with their bodies.

The individual model of disability also affects the way disabled people think about themselves. Many disabled people internalise the negative message that all disabled people's problems stem from not having 'normal' bodies. This internalised message can make disabled people less likely to challenge their exclusion from mainstream society.

## **The Disability Positive Movement and the Social Model**

The social model was created by disabled people themselves.

The denial of opportunities, the restriction of choice and self-determination and the lack of control over the support systems in their lives led them to question the assumptions underlying the traditional dominance of the individual model.

According to the social model, disability is understood as an unequal relationship within society in which the needs of people with impairments are often given little or no consideration. These barriers prevent them from gaining equal access to information, education, employment, public transport, housing and social/recreational opportunities.

Most people will experience disability at some point in their lives through illness, accident or aging. For example, the lack of information in large print can be a disabling barrier to many older people as their eyesight changes over time and they are no longer able to read standard-size print.

However, disabling barriers experienced in the past can continue to have an adverse effect. For example, those disabled people who attended segregated schools may have gained lower academic qualifications than their non-disabled peers, simply because their 'special' school failed to provide a proper mainstream curriculum.

These barriers have nothing to do with individual disabled people's bodies: these barriers are created by people and policies within organisations, so it is possible to remove them.

Disabled people, irrespective of the nature of their impairment, all too often still share a common feeling of exclusion.

The employment rate for disabled people in Scotland is 47% compared with 82% for non-disabled people. The inability to earn a living can arise because of a range of real but surmountable barriers such as lack of access to public transport or the negative attitudes of some employers.

It follows that if disabled people are to be able to join in mainstream society, which is their human right, the way society is organised needs to be changed.

Disabled Person's Organisations reject the individual model of disability and accept the following:

- that disabled people have historically been excluded from mainstream society and can continue to face discrimination and prejudice leading to disadvantage and exclusion;
- that disability is a result of the barriers faced by people with impairments;
- that while many individuals have physical or sensory impairments or learning difficulties or are living with mental ill-health, it is not the individual's impairment which creates disability but the way in which society responds to these impairments;
- that **disabilism** is a form of discrimination in the same way as is racism, sexism and homophobia.

The social model is about the barriers that disabled people face. For example, if a wheelchair-user cannot climb stairs, then a ramp or a stair lift should be fitted. If a blind person cannot read written information then the solution is to provide it in an alternative format such as audio or Braille.

By providing satisfactory 'reasonable adjustments' for people, barriers can be overcome and this can have a positive impact on people's lives. This offers the hope that we can eliminate discrimination by eradicating these barriers with support from our non-disabled allies.

The individual model was so seriously at odds with the daily experiences of disabled people that it was inevitable that change had to come. In the absence of any cure for their physical condition, a restructuring of the social and physical environment was required. Hence the disability movement was born from disabled people reclaiming the language surrounding disability and redefining their lived experience.

The Equality legislation, equal-opportunity and diversity policies and programmes of positive action arose from this change. It is now more widely recognised that disabled people are unnecessarily and unjustly prevented from taking part in a whole range of social activities which non-disabled people take for granted.

Social Model definitions were first proposed by the Union of the Physically Impaired against Segregation (1972) as follows:

- Impairment: lacking part or all of a limb, or having a defective limb, organ or mechanism of the body
- Disability: the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities

From this socially-focused definition, disabled people developed a sense of themselves as being a distinct social group.

This empowering new view of disability allowed disabled people to develop their own user-led Disabled Persons Organisations, for example Centres for Inclusive Living, which became the springboard for promoting confidence amongst disabled people, enabling them to lobby and campaign for change.

### 3. CASE STUDIES

The following case studies illustrate how three members of staff were supported to stay at work or return to work.

#### **Patricia**

Patricia has several health conditions which have a long term adverse effect on her health but when she started her employment with the NHS 16 years ago she had been assessed and given a diagnosis of dyslexia. She got support from Access to Work who did a workplace assessment of the equipment she would need and her new manager agreed to fund this. The workplace assessment suggested a variety of IT equipment including:

- A laptop
- Dictaphone and access to audio-typing
- The ability to scan documents
- Dragon Dictate software and a tutorial in how to use it

These reasonable adjustments meant that Patricia could carry out all of her role including producing papers, training staff, working with patients and participating in meetings. It took about 6 months from starting her new post until all the reasonable adjustments were in place.

More recently Patricia has started using hearing aids and has been diagnosed with diabetes and asthma. She reapplied to Access to Work and they suggested that the reasonable adjustments she needed included time off to attend hospital and to adjust to new medications. These adjustments have taken away the stress and worry which are often part of a new diagnosis or period of acute ill-health.

Patricia's manager has been very supportive throughout. She keeps good records of reasonable adjustments required in case any hand-over is required. She asks Patricia every 6 months how the adjustments are working and if there is any change to her situation.

As a result Patricia's sickness absence has been low, apart from two periods when she was acutely unwell. As she says;

“I much prefer to come to work as it gives me a better sense of well-being than not. A little bit of flexibility from my manager has made all the difference and my colleagues have been supportive too”.

She believes that her manager's good practice has not only helped her personally to stay at work but has also had a positive influence on other managers and teams in her area.

## **Mary**

When Mary was diagnosed as having a malignant eye tumour – she knew as a nurse that this would have a grave impact on her life and career. As result of the surgery she was left with double vision and a whole host of vision problems.

“Getting back to work after a significant illness is a big challenge in itself, never mind one which couples vision difficulties and living with a cancer,” said Mary. “I knew I was capable of working again, but I was worried about using IT equipment, navigating around people and reading paperwork.

Occupational Health supported Mary by setting out a plan for gradual reintroduction to the NHS. She discussed her challenges with her new line manager who was very supportive.

“Access to Work came to visit me in my new place of work to carry out an assessment. They highlighted the equipment I required and provided a grant to assist with the employer’s costs. This made a fantastic difference. However, some of this equipment took months to receive due to the prolonged procurement processes which made life at work a lot more stressful than it needed to be.

“I am now doing great at work and my confidence has grown with the help of these specialist aids and the support of Visibility Scotland.”

## **Jeanette**

Jeanette has had mental health problems for a number of years. She keeps well with the help of medication and regular treatment. However, she recently experienced a ‘dip’ which resulted in her requiring time off for treatment and recovery.

“My manager was incredibly supportive and understanding about the help I required,” said Jeanette. “I was off work for 8 weeks receiving treatment and I was never put under any pressure to return before I was ready. As a result of this, I felt very positive about returning to work.”

With guidance from occupational health, Jeanette’s manager and HR created a support package for her which included a phased return and build up of duties.

“Everyone was very supportive and I did not feel stigmatized at all,” said Jeanette. “This accepting environment helped immensely in bringing me back to full functionality and confidence.”

“My experience during this time has also had a positive impact on how I manage my own team of nurses. I realise that this is how I would want my own staff be treated and I know to bring Occupational Health and HR on board for their support as soon as possible.”



#### **4. INTERVIEWING DISABLED PEOPLE**

NHSGGC is committed to ensuring that decisions relating to the recruitment of staff are governed by the principles of equality of opportunity and that all applicants, disabled or not, are given a fair opportunity to work in an environment where they are valued and supported.

Under the Equality Act 2010/ Disability Discrimination Act 1995 and its subsequent amendments, all Employers have a duty:

- To take account of disabled people's impairments, even when that may involve them being treated more favourably in some respects than non-disabled people
- To make reasonable adjustments to accommodate a person's impairment which may include adjustments to the physical environment and/or criteria and practices.
- The duties apply from the time when the Employer knows, or could reasonably be expected to know, that a person is disabled
- In addition to the legislation if an employer has committed itself to the 'Positive about Disabled People' scheme (the two-ticks symbol)

This means:

- NHSGGC are committed to encouraging disabled people to apply for jobs
- NHSGGC guarantee to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities, as outlined in the role's person specification

#### **Information available to interviewers**

All applicants for posts are asked to complete an equal opportunity monitoring form. This information is confidential, will only be used for monitoring purposes and will not be shared with the interview panel.

Any candidates who identify themselves as a disabled person:

- Will be considered under the Disability Confident scheme unless they do not wish to divulge this information during the application stage
- Has the opportunity to outline any access requirements or reasonable adjustments made prior to an interview

- The interview panel, whilst short listing, are made aware if an application needs to be considered under the scheme and/or identify any access requirements or reasonable adjustments they will need at interview

NHSGGC will not necessarily know the nature of the impairment at this point and it is not appropriate to ask at interview. Some people choose not to declare themselves as disabled for fear of discrimination. Irrespective of when disclosure occurs there is still a duty to make reasonable adjustments.

### **Recruiting and interviewing disabled applicants**

Good practice at every stage of the recruitment and selection process will benefit all staff, not just disabled people and will ensure that the NHSGGC does not miss the potential offered by any candidate and that discrimination does not inadvertently occur.

NHSGGC is committed to Releasing Potential by increasing the number of disabled staff and trainees / apprentices that we have because this sends a powerful message that we are an inclusive organisation which values diversity.

Interview panels have a key role to play in ensuring that disabled people are given every opportunity to work in a range of jobs across the organisation and that unnecessary barriers are not put in their way.

Generally people don't apply for jobs which they don't think that they can do. If someone has applied for a role, it is important not to make judgements about their ability on the basis of their impairment or physical health. Most people, disabled and non-disabled people, look for challenging and fulfilling job opportunities.

It is good practice to ensure that the all applicants understand the particular demands of the job and the working culture of the department for example deadlines, shift patterns, busy periods. Individuals who have this information will be better placed to decide whether the role is a suitable one for them.

### **Equality of opportunity at the interview**

All interviewees, regardless of whether they have declared that they consider themselves to be a disabled person (under the Equality Act 2010), must be informed of any tests or exercises in advance.

Depending on an individual's particular needs a variety of reasonable adjustments can be put in place to support disabled applicants at interview. This can range from changing the location for the interview, to adjustments such as providing information in

alternative formats, or having a British Sign Language Interpreter or a support worker to attend the interview with the candidate.

Costs for such adjustments (and ongoing adjustments in the workplace) can often be partly funded through Access to Work (AtW), a government funded grant administered by the Department for Work and Pensions that provides advice and practical support to disabled people in or about to start paid employment. (Please see the section on Access to Work).

It is not appropriate to ask questions about their health or impairment, but it is appropriate to ask for examples to demonstrate that they have the required skills and experience.

### **Interviewing people with communication difficulties**

If a candidate has speech difficulties, including speech that is slurred or difficult to understand (for example due to cerebral palsy or hearing impairment) try to listen for key points. It is appropriate to check your understanding by asking a candidate to repeat an answer. Where a speech impairment is making the interview very difficult consideration should be given to asking if a Personal Assistant (PA) friend or relative who understands the candidate could help with communication.

### **Interviewing people with learning difficulties**

People with learning difficulties may struggle in a formal interview, even with the aid of a support worker, yet may prove conscientious and reliable employees. Managers may find practical exercises or visiting the applicant in an existing workplace helpful.

References from previous employers, support workers or training providers should be taken into consideration. People with learning difficulties may find it difficult to deal with hypothetical questions or to identify transferable skills.

### **Support workers**

Support workers may sometimes accompany a disabled person to an interview. The interviewers should address questions to the candidate. The support worker may rephrase the question, or prompt the candidate, but should not respond on their behalf. An interpreter's role is to ensure that both parties can understand each other clearly. Although a support worker may be needed at an interview, and in the initial stages of employment, they may no longer be needed once the applicant is established in a job role.

## **Assessing candidates**

It is important to record how all candidates met the essential and desirable criteria, regardless whether the candidate has a disability or not.

It is self-evident that interviewers should not assess applicants against additional criteria which are not in the job description or person specification and should never use an impairment or health issue in itself as a reason for rejecting an applicant.

Interviewers should always offer jobs on the basis of merit. However to avoid missing the potential of disabled applicants interview panels should keep an open mind about candidates, who may:

- have gaps in their work history for disability-related reasons
- have an interrupted educational history
- have less work experience because of difficulty in gaining employment

Do not let the fact that a disabled person may need reasonable adjustments deter you from selecting them. The detailed discussion can take place later. Most adjustments are no-cost or low-cost e.g. adjustments to start and finish times, adjustments to office layout, providing written instructions in addition to spoken ones.

### **Be alert to unconscious bias<sup>4</sup>.**

Unconscious bias occurs when people favour others who look like them and/or share their values. Unconscious bias can influence decisions in recruitment and recognition and can lead to a less diverse workforce. It could be discriminatory when the unconscious bias relates to a protected characteristic.

Conscious thoughts are controlled and well reasoned. Unconscious thoughts can be based on stereotypes and prejudices that we may not even realise we have. However, unconscious bias can be mitigated by, for example:-

- Being aware of unconscious bias.
- Taking your time over decisions and considering issues carefully.
- Justify decisions by evidence and record the reasons for your decisions.

### **Give feedback to unsuccessful applicants**

Giving appropriate and useful feedback can be a difficult area, but one that may be very important for disabled people's confidence and for their perception of how they

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<sup>4</sup> ACAS [www.acas.org.uk](http://www.acas.org.uk)

have been treated by you as an employer. Make it clear that decisions were based on an individual's level of skill or experience.

Give specific feedback, such as “you demonstrated considerable skills in X and met our requirements for Y, but had no experience of Z, which is a major part of this role.”

Do not use any “kind” remarks or commiserations along the lines of “Well, of course it was harder for you because you’re disabled,” or “You did very well given your difficulties....”

A range of general information is available on HR Connect on good practice when you are recruiting [ADD LINK](#)

## 5. GUIDANCE ON REASONABLE ADJUSTMENTS

Disabled people are a very diverse group - there are thousands of different types of medical conditions and impairments which can be managed at work by making reasonable adjustments. Making reasonable adjustments is a legal requirement of NHS GGC's responsibility as an employer.

The Government<sup>5</sup> defines examples of reasonable adjustments as follows:-

- making reasonable adjustments during the recruitment process
- doing things another way – e.g. allowing someone with social anxiety disorder to have their own desk instead of hot-desking
- making physical changes – e.g. installing a ramp for a wheelchair user or an audio-visual fire alarm for a deaf person
- letting a disabled person work somewhere else – e.g. on the ground floor for a wheelchair user
- changing their equipment – e.g. providing a special keyboard if they have arthritis
- allowing employees who become disabled to make a phased return to work – e.g. working flexible hours or part-time
- offering employees training opportunities, recreation and refreshment facilities

As a manager the most important thing you can do is have open, sensitive and regular conversations with your member of staff and ask them what would help. Most reasonable adjustments can be made at little to no cost to ensure that disabled workers aren't seriously disadvantaged when doing their jobs.

You can get help and advice from:-

### **Occupational Health**

Tel: 0141 201 0600

### **Human Resources Advice and Support**

Tel: 0141 278 2700 or email at [HR.Support@ggc.scot.nhs.uk](mailto:HR.Support@ggc.scot.nhs.uk)

### **Access to Work**

You can get advice on reasonable adjustments from the Disability Employment Adviser (DEA) at your local Jobcentre Plus office <https://www.gov.uk/reasonable-adjustments-for-disabled-workers>

There's more detail about employers' obligations and how to meet them on the Equality and Human Rights website <https://www.equalityhumanrights.com/en/multipage-guide/employment-workplace-adjustments>

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<sup>5</sup> <https://www.gov.uk/reasonable-adjustments-for-disabled-workers>

## **6. INFORMATION ON IMPAIRMENTS AND MEDICAL CONDITIONS**

### **Acquired Brain Injury (ABI)**

#### **Introduction**

There were 348,934 admissions to hospital with Acquired Brain Injury in 2013-14, or 566 admissions per 100,000 of the population.

#### **Impairment overview**

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. Symptoms can vary significantly depending on the area of the brain affected and can be permanent or temporary.

Some symptoms include:

- Physical effects - tiredness, headaches and dizziness, mobility impairment, difficulties with walking and moving around
- Cognitive effects - speech impairment, difficulties with thinking, attention, memory planning, organising, concentration and word-finding problems
- Emotional and behavioural problem, for example irritability and other personality changes

For many people these symptoms can be accompanied by worry and anxiety concerning the difficulties they may have when returning to work. However, work is an important part of people's lives and returning after brain injury is a key part of many people's recovery. Many people can return to work successfully with the right support from their employer, manager and colleagues.

#### **Brain Injury and Work**

The effect of Acquired Brain Injury on employment will depend on the symptoms and severity of the brain injury. A tailored package of support will be required to meet each individual's needs. Friends and family can also be indirectly affected by ABI because of its impact on personality and behaviour. A supportive and sensitive discussion with your employee will ensure that you can understand their needs in the workplace. People who make a full recovery will also require support to return to work and advice on post-concussion syndrome can be found below.

Creating a workplace with is positive about disability will ensure that your team can also be supportive to employees affected by brain injury.

### **Resources**

Acquired Brain Injury [www.headway.org.uk](http://www.headway.org.uk)

The Stroke Association [www.stroke.org.uk](http://www.stroke.org.uk)

Concussion – complications

<http://www.nhs.uk/Conditions/Concussion/Pages/Complications.aspx>



## **Anxiety**

### **Introduction<sup>6</sup>**

Anxiety is a normal, if unpleasant, part of life, and it can affect us all in different ways and at different times. Whereas stress is something that will come and go as the external factor causing it (be it a work, relationship or money problems, etc.) comes and goes, anxiety is something that can persist whether or not the cause is clear to the sufferer.

### **Impairment overview**

For those individuals experiencing anxiety /stress the usual coping mechanisms are insufficient to help them manage it effectively at that time. Like many medical conditions or impairments the effects can differ significantly from person to person.

Individuals will often talk about the physical symptoms of anxiety/ stress, for example dizziness or fainting, sweating and stomach problems. They may also be concerned about palpitations of the heart; describing the feeling of their “heart being in their mouth” occasionally. They will talk about a lack of energy and generally feeling unwell.

### **Anxiety and the workplace**

Anxiety may manifest itself in a variety of ways at work. A colleague may appear unexpectedly irritable or even show signs of becoming overly worried about relatively minor issues. It is important for managers to recognise any significant changes and sensitively discuss it with the person to offer support.

The most commonly identified issues include:

- social situations are actively avoided
- an inability to concentrate and/or poor memory
- disturbed sleep
- change in appetite
- low mood
- stopping doing things they enjoy such as hobbies
- smoking excessively, drinking excessively.

Creating a workplace with is positive about disability will ensure that your team can also be supportive to employees with periods of anxiety.

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<sup>6</sup> Anxiety UK: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

Information and support is available on mental health and wellbeing for NHSGGC staff and details can be found on HR Connect, Occupational Health:-  
<http://www.nhsggc.org.uk/working-with-us/hr-connect/occupational-health/mental-health-wellbeing/>

## **Resources**

Anxiety UK [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk) Tel: 0870 7700 456

No Panic [www.nopanic.org.uk](http://www.nopanic.org.uk) Tel: 0808 808 0545 (confidential helpline)

Mind [www.mind.org.uk](http://www.mind.org.uk)

## **Arthritis**

### **Introduction**

Arthritis is a condition which can affect people of all ages. Over 7 million adults in the UK have long-term health problems due to arthritis and related conditions.

### **Impairment overview**

There are over 200 types of arthritis and rheumatic disease. Arthritis is the second most common cause of time off work. Arthritis primarily affects areas in and around the joints, e.g. in hands, knees and hips. By far the most common form is osteoarthritis, a degenerative joint disease. Rheumatoid arthritis is one of the most disabling types, where the joints become inflamed. Arthritis causes pain, stiffness and inflammation in the joints, which can lead to permanent damage and weakness. Arthritis can cause difficulty standing, walking, sitting, lifting, reaching and making repetitive movements.

### **Arthritis and the workplace**

There may be times when a person's disease is active (a flare-up) and other times when it is inactive. Common difficulties during a flare up:

- getting fatigued easily - not having the energy or stamina to work as normal or things taking much longer
- getting to and from work
- pain and stiffness in the mornings means it is hard to get going first thing, particularly in the winter
- sitting in one place or position leading to pain and stiffness
- problems with carrying out heavy manual tasks

Having a sensitive and supportive conversation with your employee will enable you to put in place adjustments to deal with flare-ups or any lasting impacts of arthritis. Creating a workplace with is positive about disability will ensure that your team can also be supportive to employees with arthritis.

### **Resources**

The Arthritis Research Campaign at website: [www.arc.org.uk](http://www.arc.org.uk)

Arthritis Care on website: [www.arthritiscare.org](http://www.arthritiscare.org)



# **Autism**

## **Introduction**

Autism is, generally, considered to be a lifelong developmental condition affecting communication, social interaction and processing of information. It is more common than many people realise with over 1 in 100 people being diagnosed as being on the autism spectrum<sup>7</sup>. Autism brings a range of challenges but people on the spectrum also have significant strengths such as: an eye for detail; a high level of accuracy; an excellent memory for facts; and the ability to thrive in a well-organised work environment. A growing body of evidence highlights autism as a neurologically divergent way of being<sup>8</sup> or, simply, a different way of thinking and looking at the world.

## **Impairment overview**

The “Triad of Impairments”<sup>9</sup>, is the phrase used to describe the three main areas affected in Autism;

- **Social Communication** - Autistic people have difficulties with interpreting both verbal and non-verbal language like gestures or tone of voice. Many can have a very literal understanding of language, and think people always mean exactly what they say.
- **Social interaction** - Autistic people often have difficulty 'reading' other people - recognising or understanding others' feelings and intentions - and expressing their own emotions. This can make it hard for them to navigate the social world.
- **Social Imagination** – Autistic people may find it difficult to determine and interpret other people's thoughts, feelings and actions; foresee what will or might occur next; prepare for change and plan for the future; cope in new or unfamiliar situations; attempt work if they feel they are unable to do it perfectly. It should be noted that difficulty with social imagination is not the same as a lack of creative imagination.

It has been suggested, often by autistic people themselves that the triad might be better described as a Pyramid<sup>10</sup> of interconnected features.

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<sup>7</sup> <http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx> NAS - Autism Facts And History  
<http://www.autism.org.uk/about/behaviour/obsessions-repetitive-routines.aspx> NAS Obsessions, repetitive behaviour and routines

<sup>8</sup> <http://www.myspectrumsuite.com/meet-judy-singer/> Meet Judy Singer Neurodiversity Pioneer, the Australian Sociologist who coined the term 'Neurodiversity' <http://stevesilberman.com/book/neurotribes/> Steve Silberman NeuroTribes: The Legacy of Autism and the Future of Neurodiversity

<sup>9</sup> Wing, L., & Gould, J. (1979). Severe impairments of social interaction & assoc abnormalities in children. Epidemiology and classification. Journal of Autism

<sup>10</sup> <https://www.youtube.com/watch?v=28txTO78774> Autistic Genius - The Pyramid of Autism (also other autism related films on You Tube channel)

Autistic people can have difficulty processing sensory experiences such as noise and light which can be challenging going to and from work or in the workplace <sup>11</sup> .

Autistic people may have developed particular patterns of behaviour, sometimes as a prevention for or reaction to sensory overload. This can include rigid adherence to routine activity and something known as stimming<sup>12</sup>. Stimming can involve a range of behaviours which can be calming and grounding in an environment which is overwhelming to the senses.

## **Autism in the Workplace**

Like everyone else, autistic people are at their most effective when playing to their strengths, doing a job with enthusiasm. Working closely your member of staff to understand their specific needs is, therefore, crucial. Some of this could be;

- Clarifying the expectations of the job/Making instructions clear concise and specific
- Ensuring the work environment is well structured/ Giving information about changes to the workplace or tasks well in advance
- Providing sensitive but direct feedback & reassurance in stressful situations
- Via appropriate assessment, determining whether the autistic employee may benefit from things like screens around their desk, noise-cancelling headphones, or their desk being in the corner
- Giving your team information on ASD or providing training should also be considered

In relation to appropriate workplace assessment for individuals or in relation to employee/managers/colleagues awareness training in autism, it is vital to utilise the services of a person or organisation experienced in autism (rather than a more generic disability advisor).

This type of experience can be found within the Employment & Training Team of the National Autistic Society (NAS); 393 City Road, London, EC1V 1NG. Email – [training.enquiries@nas.org.uk](mailto:training.enquiries@nas.org.uk)

Funding for an employee's workplace assessment may be available via the Government's Access to Work Scheme which is designed to support disabled people move into or stay in employment (<https://www.gov.uk/access-to-work>). For access to online support for employers go to; National Autistic Society - Support for Employers <http://www.autism.org.uk/professionals/employers.aspx>

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<sup>11</sup> <http://www.autism.org.uk/about/behaviour/sensory-world.aspx> National Autistic Society - Sensory differences

<sup>12</sup> <https://www.youtube.com/watch?v=WexCWZPJ6A> – Ask an Autistic #1 What is Stimming

## **Resources**

Scottish Autism [www.scottishautism.org](http://www.scottishautism.org)

The National Autistic Society [www.nas.org.uk](http://www.nas.org.uk) Tel: 0207 833 2299

## **Bipolar Disorder**<sup>13</sup>

### **Introduction**

In the United Kingdom approximately 2-3% of the population may have bipolar disorder. Bipolar disorder is characterised by extreme mood swings. These can range from extreme highs (mania) to extreme lows (depression). Episodes of mania and depression often last for several weeks or months.

### **Impairment Overview**

Symptoms of bipolar disorder depend on which mood the person is experiencing. Unlike simple mood swings, each extreme episode of bipolar disorder can last for several weeks (or even longer). The two moods are depression and mania.

### **Depression**

When experiencing depression, the person may have overwhelming feelings of worthlessness, which can potentially lead to thoughts of suicide.

If someone expresses suicidal thoughts you should take this seriously and contact Occupational Health.

They can talk to someone confidentially, by calling the Samaritans, free of charge, on 116 123. They are available 24 hours a day, 7 days a week. Alternatively visit the Samaritans website [www.samaritans.org](http://www.samaritans.org)

### **Mania**

During a manic phase of bipolar disorder, the person may feel very happy and have lots of energy, ambitious plans and ideas. They may spend large amounts of money on things they can't afford and wouldn't normally want. Not feeling like eating or sleeping, talking quickly and becoming easily annoyed are also common characteristics of this phase.

### **Bipolar in the Workplace**

It can be difficult for an employee to feel confident to tell their manager that they have Bipolar Disorder due to the stigma surrounding mental health. It is important to create a workplace culture where people can talk about mental health. Tackling the stigma and discrimination of mental health problems in the workplace means that employers can make a positive impact on the lives of people who are experiencing, or have

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<sup>13</sup> NHS Inform



experienced, mental health problems. Challenging negative assumptions about mental health problems and the ability to recover from them helps everyone, and can mean that staff are more likely to seek help earlier and recover more quickly<sup>14</sup>.

A supportive and sensitive discussion with your employee will enable you to make adjustments and plans to support them in the workplace and to identify any changes. . In some cases, a trusted colleague could support this strategy.

### **Resources**

Mind - <https://www.mind.org.uk/information-support/types-of-mental-health-problems/bipolar-disorder/>

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<sup>14</sup> Healthy Working Lives <http://www.healthyworkinglives.com/advice/workplace-health-promotion/mental-health>

## **Cancer**<sup>15 16</sup>

### **Introduction**

In the UK, over 700,000 people of working age are living with cancer. Managers play a fundamental role in supporting employees affected by cancer.

### **Impairment Overview**

There are more than 200 different types of cancer. Thanks to developments in cancer treatment many people are cured. Treatment may cause a range of side effects that will affect your employee. These include: fatigue, risk of infection, nausea and vomiting and body changes.

### **Cancer in the Workplace**

It's difficult to predict what impact cancer and its treatment will have on someone's ability to work. In some cases, people may have to give up their occupation because the symptoms make it impossible to work. In other cases, people will be able to carry on working, but they may need some time off or a temporary adjustment to their role for example avoiding situations where there is an increased risk of infection. Some people may look to work as a way of regaining a sense of normality and control.

Being diagnosed with cancer is a distressing experience. Your employee may be going through a range of emotions. They may need support to process those emotions.

You and your colleagues may also be deeply affected by the news. It's important to get the support you need. You may talk to another manager at work, speak to occupational health or one of the cancer charities listed below.

Someone with cancer may wish to remain at work as long as possible even though their condition is terminal.

### **Resources**

Macmillan Cancer <http://www.macmillan.org.uk/information-and-support/organising/work-and-cancer/if-youre-an-employer>

Healthy Working Lives <http://www.healthyworkinglives.com/advice/Legislation-and-policy/work-related-illness-injury/cancer>

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<sup>15</sup> Macmillan Cancer Support <http://www.macmillan.org.uk/information-and-support/organising/work-and-cancer/if-youre-an-employer>

<sup>16</sup> Cancer Research UK [cancerresearchuk.org](http://cancerresearchuk.org)

## **Depression**

### **Introduction**

In 2014/15, 20% of adults in Scotland reported one or more symptoms of depression<sup>17</sup>.

### **Impairment Overview**

If someone has been given a diagnosis of depression, they may be told that it is mild, moderate or severe depression. People might move between mild, moderate and severe depression during one episode of depression or across different episodes.

There are also some specific types of depression:

- Seasonal affective disorder (SAD) – depression that usually (but not always) occurs in the winter.
- Dysthymia – continuous mild depression that lasts for two years or more. Also called persistent depressive disorder or chronic depression.
- Prenatal depression – sometimes also called antenatal depression, it occurs during pregnancy.
- Postnatal depression (PND) – occurs in the weeks and months after becoming a parent. Postnatal depression is usually diagnosed in women but it can affect men, too.

If someone expresses suicidal thoughts you should take this seriously and contact Occupational Health.

They can talk to someone confidentially, by calling the Samaritans, free of charge, on 116 123. They are available 24 hours a day, 7 days a week. Alternatively visit the Samaritans website [www.samaritans.org](http://www.samaritans.org)

### **Depression in the Workplace**

It is important to create a workplace culture where people can talk about mental health. Tackling the stigma and discrimination of mental health problems in the workplace means that employers can make a positive impact on the lives of people who are experiencing, or have experienced, mental health problems. Challenging negative assumptions about mental health problems and the ability to recover from them helps everyone, and can mean that staff are more likely to seek help earlier and recover more quickly<sup>18</sup>.

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<sup>17</sup> Mental Health in Scotland – Fundamental Facts <https://www.mentalhealth.org.uk/publications/mental-health-scotland-fundamental-facts>

<sup>18</sup> Healthy Working Lives <http://www.healthyworkinglives.com/advice/workplace-health-promotion/mental-health>

As a manager you may notice some changes in your employee, however it is important not to make assumptions about people's mental health. For this reason it's important that you have a meaningful conversation with your employee about their needs and really listen to them. Be positive – focus on what employees can do, rather than what they can't. Work together and involve people in finding solutions as much as possible. Remember people are often the expert when it comes to identifying the support or adjustment they need and how to manage their triggers for poor mental health<sup>19</sup>.

### **Resources**

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

Healthy Working Lives <http://www.healthyworkinglives.com/advice/workplace-health-promotion/mental-health>

Well Scotland <http://www.wellscotland.info/>

Breathing Space [www.breathingplace.scot](http://www.breathingplace.scot)

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<sup>19</sup>How to support staff who are experiencing a mental health problem  
<https://www.mind.org.uk/media/550657/resource4.pdf>

## **Diabetes**

### **Introduction**

There are 3.5 million people in the UK diagnosed with diabetes. It is a condition where the amount of glucose in a person's blood is too high, because the body is unable to utilise the glucose to produce energy.

### **Impairment Overview**

There are two kinds of diabetes. Type diabetes 1 develops when the body is unable to produce any insulin - the symptoms show themselves over a short period time. Type 2 diabetes develops when the body cannot make enough insulin or when the insulin produced does not work effectively causing problems with regulating the level of glucose. The symptoms develop slowly and subtly. Approximately 549,000 people are not aware that they have diabetes. Type 2 diabetes is increasing.

### **Diabetes in the Workplace**

Some people who have diabetes may have developed some of the long-term complications associated with the condition. These may include a deterioration of their vision resulting in a visual impairment, heart and kidney problems or issues with the circulatory system.

People with diabetes need to manage their diabetes on a day to day basis. Managers need to be aware of the person's diabetes and to support self-management, attendance at medical appointments and awareness of any particular issues. Having a supportive and sensitive conversation will enable you to discuss and plan for your employee's individual needs. For example some people who have hypos (hypoglycaemic episode) may carry glucose tablets drinks or snacks to help them manage their blood sugar levels. Diabetes UK says, "It's important to tell colleagues how to recognise and treat a hypo if you experience these in order to avoid confusion or an overreaction on the part of colleagues". Creating a workplace with is positive about disability will ensure that your team can also be supportive to employees with diabetes.

Having diabetes does not mean that someone will need to give up driving and it doesn't automatically mean that they will not be able to do certain jobs that involve driving. People treated with insulin must notify the DVLA/DVA and they will normally be issued with a full license which needs to be renewed every three years. People with Type 2 diabetes, treated with diet or medication do not need to notify the DVLA/DVA. However, it is good for people with diabetes (as well as their employers or

potential employers) to be aware of the conditions around driving and what they may need to do to plan ahead<sup>20</sup>.

## **Resources**

Diabetes UK [www.diabetes.org.uk](http://www.diabetes.org.uk)

Supporting People in the Workplace with Diabetes

<https://www.diabetes.org.uk/Documents/Advocacy/Diabetes%20in%20the%20workplace%20support%20Feb%202017.pdf>

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<sup>20</sup> Supporting people with diabetes in the workplace

<https://www.diabetes.org.uk/Documents/Advocacy/Diabetes%20in%20the%20workplace%20support%20Feb%202017.pdf>

# Dyslexia<sup>21</sup>

## Introduction

Approximately one in ten individuals in the UK are affected by dyslexia. People with dyslexia often have problems with reading and spelling.

## Overview of Impairment

It is important to remember dyslexia is not related to general intelligence and is not the same for everyone. It can be mild or severe; and it varies depending on other strengths, or difficulties, that the person may have. Some people who have Dyslexia may also have problems with maths, or possibly issues with coordination.

Research tends to suggest that Dyslexia may run in families and that early diagnosis and appropriate support at school can significantly improve the life chances of someone who has Dyslexia.

## Dyslexia in the Workplace

Many individuals who have dyslexia may be unwilling to disclose the difficulties they encounter in the workplace, because of negative experiences in the past, at school, college and university. Because of the hidden nature of the impairment, your colleague may just appear to have untidy handwriting, or lack attention to detail when it comes to writing or spelling. They may also seem to be disorganised, miss deadlines or attend appointments and meetings late. It is important to have a positive and sensitive conversation which encourages information sharing and problem solving. As a manager you can create an environment where staff members feel able to talk openly about dyslexia. Creating a workplace with is positive about disability will ensure that your team can also be supportive to employees with dyslexia.

A range of approaches can support employees affected by dyslexia including workplace assessments, assistive technology such as specialist software and tackling tasks in a manageable way (e.g. breaking them down). It can be helpful to seek a diagnosis if the person thinks this would be useful to them; this is a personal decision for each individual to make. Occupational Health and Access to Work can offer support to seek a diagnosis.

## Resources

British Dyslexia Association <http://www.bdadyslexia.org.uk/>

Dyslexia Scotland [www.dyslexiascotland.org.uk](http://www.dyslexiascotland.org.uk)

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<sup>21</sup> Dyslexia in the Workplace : A Guide for Employers

[http://www.dyslexiaaction.org.uk/files/dyslexiaaction/a5\\_06\\_8pp\\_leaflet\\_dyslexia\\_in\\_the\\_workplace\\_aw.pdf](http://www.dyslexiaaction.org.uk/files/dyslexiaaction/a5_06_8pp_leaflet_dyslexia_in_the_workplace_aw.pdf)

## **Epilepsy**<sup>22 & 23</sup>

### **Introduction**

Forty thousand people in Scotland have epilepsy. This is one in 130 people. It is the most common serious brain (neurological) condition.

### **Impairment Overview**

People with epilepsy tend to have repeated seizures. People can have an isolated seizure without having epilepsy. This could be for reasons like a high temperature or a head injury. With the right epilepsy medication most repeated seizures will stop. Seizures usually last a short time. The brain works normally between seizures. Billions of brain cells pass messages to each other to control what we say and do. If there is too much electrical activity, messages can get mixed up and cause seizures. People can have different types of seizure depending on which area of the brain is involved. The most well-known seizures are tonic-clonic seizures where the person loses consciousness and falls over. The person will stiffen and then jerk. These seizures affect the whole brain. Absence seizures are less obvious. Some people don't realise they have had an absence seizure. They are brief and sometimes people around them will not notice either.

It is important to remember that only seizures are "epileptic", not people. The preferred term is "person with epilepsy".

### **Epilepsy in the Workplace**

Epilepsy is a very varied condition which can affect people in different ways. Most people with epilepsy have no seizures while taking medication. However, people who still have seizures can continue to work with some minor adjustments. The nature of the person's seizures, the frequency, seizure triggers and pattern will determine what adjustments need to be made.

As an employer it is important not to make assumptions about an individual's epilepsy as the way it affects one person may be completely different for another. Some people get a warning before a seizure such as an unusual sensation. It can sometimes give the person time to alert a colleague and make themselves safe before the seizure starts. Other people may only have seizures in their sleep and be unlikely to have any during the day when they are awake. Gathering accurate information on the person's seizures through an open and supportive conversation will ensure that you know the adjustments required. Occupational Health will be able to offer support and advice.

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<sup>22</sup> Epilepsy Scotland: An Employer's Guide to Epilepsy  
<http://www.epilepsyscotland.org.uk/pdf/AnEmployersguide.pdf>

<sup>23</sup> Epilepsy Scotland: Epilepsy and Employment  
<http://www.epilepsyscotland.org.uk/pdf/EpilepsyEmployment.pdf>



Creating a workplace with is positive about disability will ensure that your team can also be supportive to employees with epilepsy.

Some areas you can discuss with you member of staff include first aid for seizures, whether the member of staff wants others in the team to know, any possible triggers in the workplace and any adjustments required in the aftermath of a seizure.

Most people with epilepsy will have no problems using computers. Only a small percentage of people with epilepsy (less than 5%) have photosensitive epilepsy and are affected by flashing or flickering lights. These can sometimes trigger seizures when people are watching TV or using computers. An LCD screen on a computer prevents this flickering and therefore reduces the chance of a seizure. Replacing an older screen with an LCD screen is a straight forward reasonable adjustment.

People with epilepsy can drive if they have not had seizures for one year. People who only ever have seizures when asleep and none when awake can also hold a driving licence after a 3 year period. Driving regulations for a LGV/PCV licence are different. A person needs to have been off epilepsy medication for 10 years with no seizures during this time.

## **Resources**

Epilepsy Scotland <http://www.epilepsyscotland.org.uk/>

Epilepsy Society <https://www.epilepsysociety.org.uk/what-epilepsy#.WZMML9KGPIU>

## **Hearing Loss**

### **Introduction<sup>24</sup>**

Hearing loss is a common problem that often develops with age or is caused by repeated exposure to loud noises. It is estimated that there are more than 10 million (about 1 in 6) people in the UK with some degree of hearing impairment or deafness.

### **Impairment Overview<sup>25</sup>**

Hearing loss is sometimes sudden, but often it's gradual. In some cases, other people may recognise signs of hearing loss in someone else before they notice it themselves. Research suggests it takes 10 years from the time someone notices they have hearing loss, before they do anything about it. Experiencing hearing loss can be isolating and bring with many emotions and fears.

Some people also hear a ringing, buzzing or whistling sound in their ears, this could be a sign of tinnitus, which is often associated with hearing loss. Tinnitus can sometimes be continuous and have a significant impact on everyday life.

### **Hearing Loss in the Workplace**

If you have an employee who has hearing loss the best way to find out what adjustments they may need is to have a supportive conversation to find out areas where adjustments could be made. Seeking a diagnosis from Audiology will help the person understand their hearing loss and get the right support.

As a manager you can create an environment where your team and your employees are aware of hearing loss and know what to do. For example, speaking directly to the person with hearing loss, speaking one person at a time in meetings and being aware of lighting and acoustics which can aid hearing and lip-reading. Creating a workplace with is positive about disability will ensure that your team can also be supportive to employees with hearing loss. Specialist communication aids and communication support are available which can help your employee. Some meeting rooms have loop systems installed and portable loops can also be used. A note taker may also be used in meetings. Occupational Health can advise on workplace assessments and Access to Work may be able to provide help with communication support.

### **Resources**

Action on Hearing Loss [www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)

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<sup>24</sup> NHS Inform <https://www.nhsinform.scot/illnesses-and-conditions/ears-nose-and-throat/hearing-loss>

<sup>25</sup> Ibid

## **Multiple Sclerosis**

### **Introduction<sup>26</sup>**

It is estimated that 11,000 people in Scotland have multiple Sclerosis (MS). This makes MS more common in Scotland than most other countries in the world.

### **Impairment Overview<sup>27</sup>**

Multiple sclerosis (MS) is a condition of the central nervous system. In MS, the coating around nerve fibres (called myelin) is damaged, causing a range of symptoms. Symptoms usually start in your 20s and 30s and it affects almost three times as many women as men. Once diagnosed, MS stays with you for life, but treatments and specialists can help to manage the condition and its symptoms. The cause is unknown and there isn't a cure yet but research is progressing all the time.

As the central nervous system links everything your body does, many different types of symptoms can appear in MS. The symptoms include physical symptoms such as problems with vision, balance and dizziness, fatigue and stiffness. It can also impact on memory, thinking and emotions.

### **MS in the Workplace<sup>28</sup>**

MS is an unpredictable condition and its effects vary considerably between individuals. For many people, it is a fluctuating condition and an individual may have significant periods when they are free from disabling symptoms. Many MS symptoms are invisible – such as fatigue and numbness. Employees with MS might be experiencing a range of symptoms in the workplace which are not obvious and are difficult to understand and explain. Like those with other disabling conditions, people with MS aim to manage their symptoms in a way that minimises its impact at work. Many will need only minimal assistance from their employer or colleagues to carry on meeting the demands of their role. Some employees do need to make changes in the way they work or in the type of work they do. Often, this does not happen until several years after diagnosis, allowing time for both the employer and employee to plan for this possibility.

Having a supportive conversation with your employee will enable you to decide on the adjustments you need to make. Occupational Health will be able to advise you on any changes you might need to make. Creating a workplace with is positive about disability will ensure that your team can also be supportive to employees with MS.

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<sup>26</sup> Multiple Sclerosis Scotland <https://www.mssociety.org.uk/near-me/branches/ms-society-scotland>

<sup>27</sup> Ibid

<sup>28</sup> MS and Work <https://www.mssociety.org.uk/sites/default/files/Documents/Core%20pubs/Work%20and%20MS%201210%20-%20Web.pdf>

## Resources

Multiple Sclerosis Scotland <https://www.mssociety.org.uk/near-me/branches/ms-society-scotland>

MS and Work

<https://www.mssociety.org.uk/sites/default/files/Documents/Core%20pubs/Work%20and%20MS%201210%20-%20Web.pdf>

## **Sight Loss/ Visual Impairment**

### **Introduction<sup>29</sup>**

Significant sight loss affects around 188,000 people in Scotland. Over 8,000 registered blind or partially sighted people are of working age (though this is likely to be an under-estimate).

### **Impairment Overview<sup>30</sup>**

Being told you have a visual impairment that can't be treated can be difficult to come to terms with. Some people go through a process similar to bereavement, where they experience a range of emotions including shock, anger, and denial, before eventually coming to accept their condition. The vast majority of people with visual impairments will have some useful vision, which they can use every day. Some of the most common types of visual impairments and their impact are:

- Macular degeneration: Loss of central vision affects ability to see fine detail
- Glaucoma: Loss of peripheral vision, opacity and ability to see fine detail
- Diabetic retinopathy: Causes patchy vision
- Nystagmus: Difficulty in focusing
- Retinitis Pigmentosa: Loss of peripheral vision, night blindness
- Cataracts: Reduced detail vision
- Neurological Vision Loss: Loss of visual field in both eyes

If someone's vision has deteriorated to a certain level, they may choose to register as visually impaired. Depending on the severity of the sight loss you can be registered as "sight impaired" (previously "partially sighted") or "severely sight impaired" (previously "blind"). However, your employee does not need to be registered to receive support and reasonable adjustments at work.

### **Sight Loss in the Workplace<sup>31</sup>**

If you have an employee who has sight loss the best way to find out what adjustments they may need is to have a supportive conversation to find out areas where adjustments could be made. As a manager you can create an environment where your

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<sup>29</sup> Visual Impairment in Scotland <http://www.thinknpc.org/wp-content/uploads/2016/05/Visual-Impairment-in-Scotland-a-guide-for-funders.pdf>

<sup>30</sup> NHS Choices <http://www.nhs.uk/conditions/visual-impairment/Pages/Introduction.aspx>

<sup>31</sup> Employing someone with sight loss: a guide for employers <https://www.rnib.org.uk/employing-someone-sight-loss>

team and your employees are aware of sight loss and know what to do. For example, using large print in emails and papers, adjusting lighting and other simple changes can help.

Occupational Health can advise on assistive technology which is required. Advances in technology mean that people can overcome many of the barriers to work that they faced in the past, and grant schemes like Access to Work mean that some of the costs may be met by the government. Some of the technologies available include:-

**Text-to-Speech:** enables visually impaired people to scan their texts into the computer and uses a speech synthesizer to read it aloud (e.g. Kurzweil 3000, Read & Write)

**Voice-to-Text:** enables users to speak into a microphone while the computer transcribes their voice (e.g. Dragon Naturally Speaking)

**Screen Readers:** reads the computer screen aloud (e.g. JAWS)

**Screen Magnifiers:** magnifies the size of documents and other software applications that appear on the screen. (e.g. ZoomText)

## Resources

### RNIB

- Employment and Work <https://help.rnib.org.uk/help/employment-work/>
- Staying in Work <http://www.rnib.org.uk/information-everyday-living-work-and-employment/staying-work>
- Everyday Living, Work and Employment <http://www.rnib.org.uk/information-everyday-living-work-and-employment/success-stories>

Visibility Scotland [www.visibility.org.uk](http://www.visibility.org.uk)

Guide Dog Policy (check it covers staff)

## 7. ACCESS TO WORK: AN OVERVIEW

### What is Access to Work?

Access to Work is a specialist scheme, run by Jobcentre Plus, which helps people with a physical, learning or mental health impairment to find and stay in work.

If your employee is eligible and has a paid job, they can apply for Access to Work. It does not matter whether they work full-time, part-time, permanent or temporary.

For people starting a paid job, the grant is worth up to 100% of approved costs if the application is made within six weeks of them starting. For those who already work for NHSGGC, the grant is up to 80% of the approved costs (over and above the £1000 threshold– see funding section of the Guide).

Access to Work **does not** replace NHSGGC's normal responsibilities to provide reasonable adjustments. The scheme **does** provide practical help for you and your employee, and offers grants to help towards any support, aids, equipment or adaptations your employee may require.

It is important, therefore, that you contact Occupational Health in the first instance. They will assess whether or not your employee's requirements can be fully met by NHSGGC and, if it is required, advise on the Access to Work referral system. They can also be contacted for assistance at any point throughout this process.

**For more information see Access to Work Guide.**

The Guide will tell you what Access to Work can offer and how to apply.