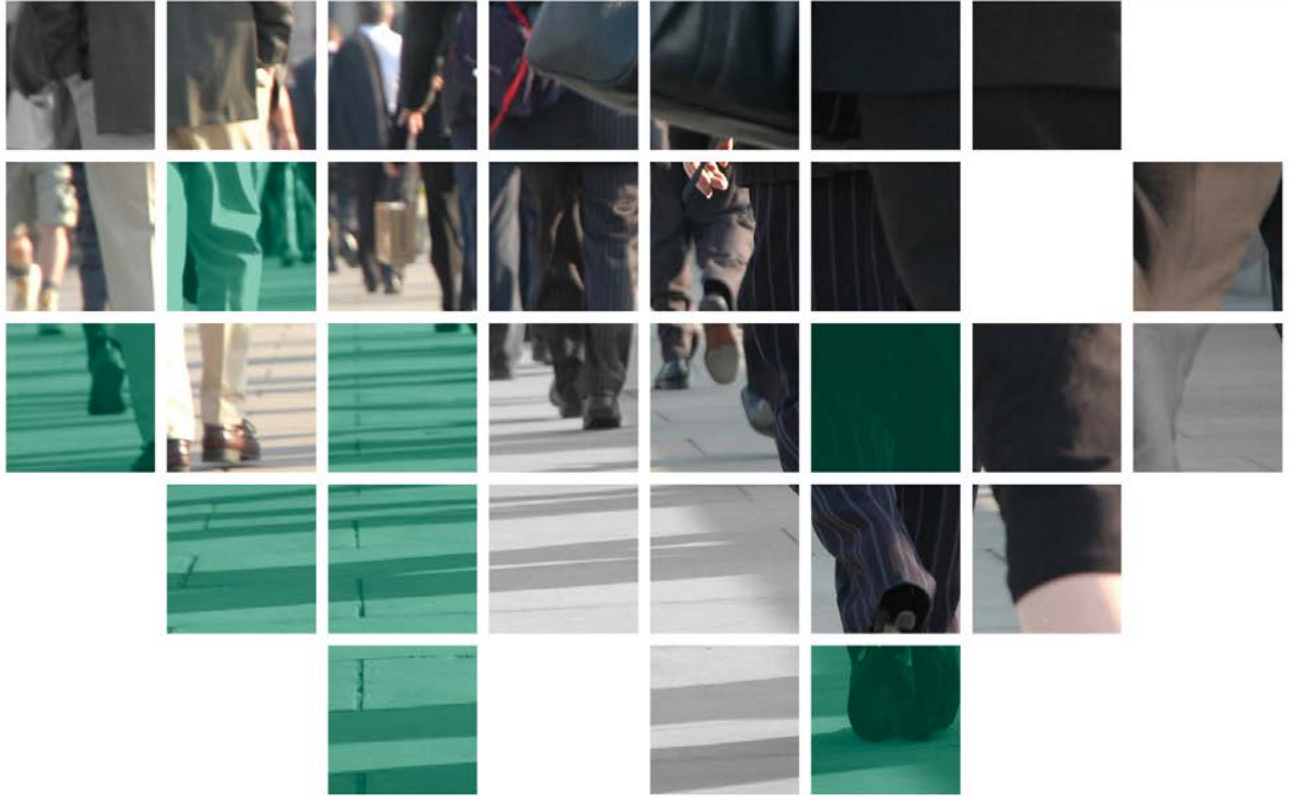




**Business
Disability
Forum**

**Building
disability-smart
organisations**



Line manager guide

Non-visible disabilities

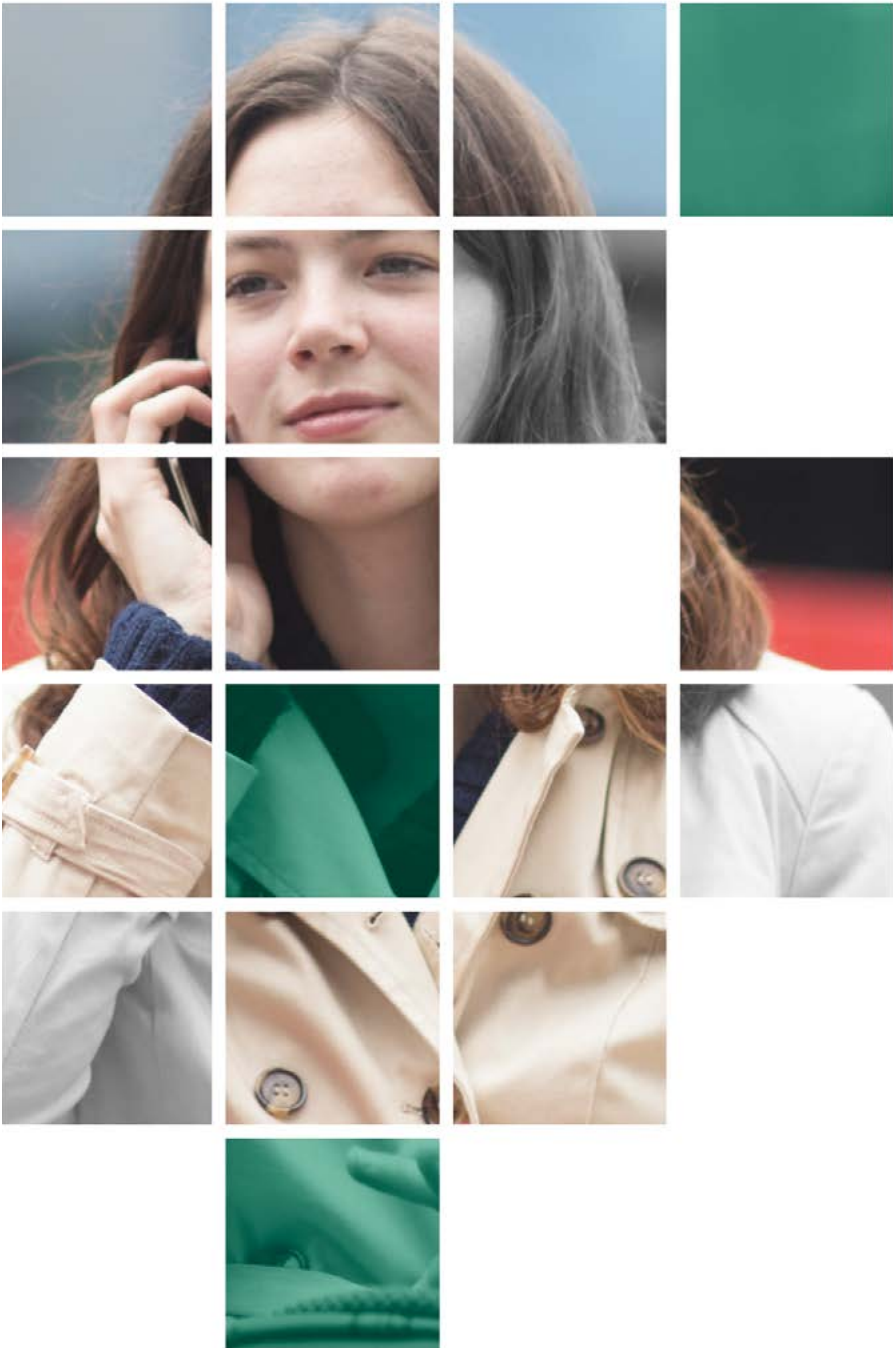
Sponsored by



In this guide:

Introduction	3
Non-visible disabilities and recruitment	31
Non-visible disabilities and retention	40
Appendices	55
About us	56

Introduction



This guide is for line managers – that's anyone who has direct managerial responsibility for one person, a team or a department.

This guide makes it easier for you to enable people who work for you, who have disabilities or long-term conditions that are not obvious, to reach their full potential by making adjustments.

It will help you to:

- **Understand what non-visible disabilities are.**
- **Identify how work can be done differently** to maximise the potential of your disabled and non-disabled staff or those with long-term conditions.
- **Recognise the signs** that indicate that people who work for you might work in a different way because they have a non-visible disability or long-term condition.
- **Decide if an adjustment is reasonable.**
- **Respond in an appropriate, sensitive and professional way** when an employee tells you they have a disability or long-term condition.
- **Manage the needs and expectations** of your whole team including non-disabled staff who may also benefit from the changes made.
- **Treat your disabled and non-disabled colleagues** fairly while maintaining confidentiality.
- **Make sure you do not break the law.**
- **Know where to go for more help and advice.**

Non-visible disabilities

As a line manager you have a vital role to play in enabling your team to work to the best of their ability. It is down to you to ensure that the people you manage meet their objectives and performance targets. You are responsible for creating an open and supportive environment at work where employees can talk about any problems they have with their work and seek help early.

This is particularly important when you are managing employees who have 'non-visible' disabilities or long-term conditions. You are required by law to make changes or 'reasonable adjustments' to help all disabled employees, or those with long-term conditions, work to the best of their ability. Reasonable adjustments are not about treating some people more favourably than others but rather about recognising you need to treat people differently in order to treat them fairly and to enable them to realise their full potential.

Learning how to make adjustments and manage people with non-visible disabilities or long-term conditions is all part of being a good manager for all your staff. You should not think about managing disabled employees as separate to your duties as a manager as a whole – good managers know how to manage difference, whether apparent or not, in order to get the best from all members of their team.

It is down to you to ensure that the people you manage meet their objectives and performance targets.

I don't think I have any disabled people working for me.

That's exactly why you should be reading this guide.

When we hear the word 'disability', often what comes to mind is images of white sticks, guide dogs, hearing aids and wheelchairs. However, there are only around 1.2 million wheelchair users in the UK, and only two thirds use their wheelchair regularly.[1] The term 'disabled people' covers a wide range of people with different impairments which may or may not affect how they do their job.

The legal definition of 'disability' is so wide that people you might not regard as disabled, or indeed do not think of themselves as disabled, are protected. That includes people whose disabilities are not obvious and those who acquire a disability while working for you. The majority of disabled people are not born with a disability but become disabled at some point in their working life. The prevalence of disability rises with age: only 7% of children have a disability, compared to 18% of working age adults and 44% of State Pension age adults[2] – so as we live and work longer, it's becoming even more likely that many of us will be working with a disability at some point in our lives.

Did you know?

Only 48% of disabled people of working age are in employment compared to 80% of non-disabled people of working age.

Source: Labour Force Survey, 2016.

[1] and [2] Family Resources Survey, 2015/16

Non-visible disabilities

Many disabled people have conditions which are not immediately apparent, for example:

Visual impairments.	Hearing impairments.
Speech impairments.	Some mobility impairments, like MS, Arthritis or a prosthetic limb.

...or are not apparent at all. For example:

Diabetes.	Dyslexia or dyspraxia.
Epilepsy.	Asthma or other respiratory diseases.
Autism.	Cognitive difficulties.
HIV.	Cancer.
Heart disease.	Gastric problems like irritable bowel syndrome or colitis.
Mental health conditions like depression, anxiety, schizophrenia or bi-polar disorder.	

Non-visible disabilities

Be aware too that people with disabilities that you know about may have additional non-visible disabilities or long-term conditions. For example, if a colleague is diagnosed with cancer, they may also be more likely to experience mental ill-health.

Why do I need to know if someone on my team has a non-visible disability?

You may not need to know.

If the person with the disability, or long-term condition, is doing their job well and doesn't need you to make any changes to their working environment or working practices, then there is no reason for you to know or for them to tell you about their disability or long-term condition.

There is not usually any legal obligation for employees to tell their employers about their health or disability, and as a manager you don't need to know the specific details of someone's diagnosis or medical information. This may well be something that remains confidential between the employee and the occupational health adviser. You do, however, need to know how the individual's disability or condition affects their work so that you can identify and implement adjustments that will enable them to work as effectively as possible.

Duty to make reasonable adjustments

The law requires employers to make reasonable adjustments when an employee is placed at a substantial disadvantage as a result of their disability or long-term condition. 'Reasonable' in this context really just means that the adjustment is effective in enabling the individual to do their job and sustainable by the business and the rest of the team; this guide also explores some examples of where this is less clear.

Under the Equality Act 2010, this duty applies when you know or could 'reasonably be expected to know' about an employee's disability or long-term condition. In practice this means that, as a manager, you need to be able to identify situations where someone may be having difficulty at work related to a disability or long-term condition. It is increasingly legally risky to rely on the fact you weren't aware of someone's disability or long-term condition should things go wrong.

At the same time, you don't want to be collecting unnecessary personal information.

Just remember:

- 1. The individual may not want to share this personal information, and is usually not under any legal obligation to do so; and**
- 2. You need to know about someone's disability, or long-term condition, as it relates to barriers they are facing at work – not every medical detail.**

In some cases the barriers will be physical such as doorways that aren't wide enough for a wheelchair user, but in the case of non-visible disabilities they are more often the way in which work is done, for example on a computer or within certain hours in the day.

Non-visible disabilities

It is important not to overlook problems any employee might be having at work and you should always investigate further to see if these problems might be caused by a disability, or long-term condition, that the employee may or may not be aware of as yet.

How to make adjustments

You will have the skills, knowledge and authority to implement some adjustments yourself, like changes to working hours, shift patterns, or minor changes to the way work is shared amongst your team. For others you may need to call on your colleagues or external organisations for help. Most large organisations will have a reasonable adjustments policy or process to which you should refer.

Always start with the person needing the adjustment. Talk to them to find out exactly what they are having problems doing so you have all the facts. Sometimes the person will be able to suggest a solution themselves, but don't expect every disabled person to be an expert either on their own disability (or health) or on the adjustments that are possible or might work for them.

Remember that they might be unaware of their disability or long-term condition if it is a new condition, they may not realise the effect it might be having on their work, and neither you nor they may be aware of adjustments that are possible in your workplace.

Types of adjustments

Not everyone with a disability or long-term condition, visible or non-visible, will need an adjustment. The way in which a disability affects someone's work is very individual to that person, and even people in the same role with the same diagnosis may not need the same adjustments.

The following list illustrates the range of adjustments that some people with these non-visible disabilities have found helpful:

Non-visible disabilities

For people with concentration problems:

- Providing quiet workspaces to reduce auditory and visual distractions.
- Allowing the person to work from home from time to time.
- Planning for uninterrupted work time, i.e. using 'do not disturb' signs.
- Dividing large pieces of work into smaller tasks and goals.
- Alarms and/or memory aids to remind them when to carry out tasks.

For people with depression and anxiety:

- Allowing telephone calls during work hours to a doctor, nurse, psychotherapist, counsellor, friend or family member for support and advice.
- Allowing breaks to let the person use stress management techniques.
- Monitoring workload and targets regularly.
- Allowing for periods of uninterrupted work, e.g. with a 'do not disturb' sign or working from home.
- Training for managers and colleagues on how to respond when the person needs support or other adjustments.

For people who experience fatigue, weakness or are in pain:

- An adjustable workstation which allows the person to stand or sit.
- More frequent rest breaks.
- Reducing or eliminating the need to lift or walk, e.g. by moving the workstation closer to meeting rooms or office equipment.
- Flexible working hours if the person finds it hard to stand on public transport during rush hour.

Non-visible disabilities

- Part-time working or job sharing or allowing the person to work from home from time to time.
- Providing parking close to the worksite.

For people who have respiratory problems like asthma:

- Arranging for pre-notification of any planned construction, painting or pesticide applications.
- An air purifier near the workstation.
- Using non-toxic/low odour solvents, cleaners and ~ other supplies.
- Allowing the person to control the temperature near their workstation with a heater or a fan.

For people with cognitive difficulties, e.g. dyslexia or following a stroke:

- Providing written rather than verbal job instructions.
- Coloured paper and computer screen backgrounds.
- Helping the person to prioritise tasks.
- Voice activated software and grammar and spell-check applications.
- Additional training or coaching.

For people who are sensitive to light or have seizures or blackouts, e.g. migraines or epilepsy:

- Lower wattage overhead lights, task lighting or natural daylight bulbs.
- Flicker-free lighting, i.e. replacing fluorescent lighting with full spectrum or natural lighting.
- Seating near a window for natural light but with blinds.
- More frequent rest breaks from computer work.
- Elimination of sharp objects in the vicinity of the person.

Non-visible disabilities

For people whose disability or long-term condition might affect the way they communicate with others, like autism or personality disorders:

- Clear, unambiguous instructions about work tasks.
- Help prioritising tasks.
- Regular meetings with their manager.
- Pre-notification of any changes to routine, e.g. an away day.
- Helping the disabled person explain how they like to communicate with the rest of the team (if they are happy to do so).
- Preferring some types of communication over others, like using email or SMS rather than the phone (or vice versa).
- Changes to the way you give feedback as a manager; some may prefer this in writing, others might prefer a less formal face-to-face meeting.
- Allowing a support worker onsite to help the person manage any changes to their work routines.

For people with gastric, bowel or bladder problems:

- Relocation to a workstation nearer to toilet facilities or exclusive access to a particular toilet.
- Relocation to a site nearer to the person's home to reduce commute times.
- Allowing the person to work from home.
- The opportunity to make special dietary requests for work lunches, dinners etc.

Non-visible disabilities

These are just examples of adjustments. It is impossible to provide an exhaustive list: the key is to identify the specific barrier an employee is facing, and think creatively about solutions that might help them perform in their role.

Remember too that everyone is different. Different people need different types of adjustments, sometimes for similar impairments or long-term condition. In most cases they will be relatively simple, inexpensive or even free and easily implemented. In some cases, however, it will not be immediately apparent what needs to be done.

You will need to speak to other people in your organisation and perhaps obtain reports from experts like workplace assessors, an Access to Work adviser, the employee's doctor, specialist organisations and your organisation's occupational health adviser if you have one.

For more about Access to Work see **Appendix one**.

The most important thing is to talk to an employee to find out what they are having difficulty doing. However, this is not always easy and there is more on having difficult conversations later in this guide. Remember, it's the employee's responsibility to make sure adjustments are put in place. In practice, this usually means that it's your job as a manager to ensure that reports are received and adjustments implemented within a reasonable time frame. This may mean chasing your colleagues in occupational health or IT for example, or external organisations who have conducted assessments. If getting expert reports and assessments organised is going to take time, make sure you tell the employee what is happening and how long things are likely to take – especially if they are not able to come into work during this time otherwise they may feel very isolated and abandoned.

Non-visible disabilities

Some very large organisations have a dedicated adjustments team (or similar) that may do much of this for you. Check your organisation's reasonable adjustments policy if you're not sure. Even in these cases, you should keep track of how things are progressing for the benefit of your team.

Confidentiality

Most importantly, do not tell anyone else about the employee's disability or long-term condition without their express and preferably written permission. Very few people need to know the details about an employee's health – perhaps only the medical adviser.

What you and other people really do need to know is what the person is having difficulty doing at work and how their work can be changed with adjustments so they can realise their potential. Confidentiality is vital if you are to retain the trust of your staff.

Don't I need to know about an employee's disability for health and safety reasons?

In some cases you will - it depends on the nature of the disability or long-term condition and the job the person does.

In the majority of cases a person with a visible or non-visible disability, or long-term condition, poses no more of a health and safety risk either to themselves or others than employees without a disability in the workplace.

However, risk assessments should be carried out for all employees who work in potentially dangerous environments, e.g. at heights or with heavy machinery or who must drive as part of their job. Disabled employees in these roles have an obligation to tell their employer if they have been diagnosed with a condition that might pose a risk to their own safety or the safety of others.

Non-visible disabilities

These could be because of conditions like epilepsy or diabetes, or if they are taking medication which has side effects such as drowsiness. Remember, however, that if the DVLA, which must also be notified about such disabilities, permits the person to hold a driving licence then it is safe for them to drive as part of their work.

Your occupational health adviser should contact the person's own medical adviser to confirm that the DVLA has been notified and that the person can continue to drive.

If you're working in a potentially dangerous environment, your organisation is likely to have a detailed health and safety policy that includes employees with a disability long-term condition. Your HR team might also find Business Disability Forum's briefing paper on 'Health and safety and the Equality Act 2010' a useful resource to make sure their policies are up to date with best practice.

How will I know if someone needs an adjustment?

In some cases the employee will tell you they are having difficulty with some aspect of their work, e.g. getting in at 9.00am because they have a disability or long-term condition.

However as a manager you should also be looking out for signs that someone might have a disability or long-term condition. Bear in mind that these signs might be linked to a disability, or health condition, the person may or may not know about as yet.

Keep an eye out for changes in behaviour, appearance, routines, performance or attendance. Bear in mind that some of these signs could initially be viewed as 'positive', but can be an indication of an underlying issue.

For example, an employee:

- Working excessive hours or committing to an unrealistic number of projects.
- Appearing withdrawn, distracted or in pain.

Non-visible disabilities

- Becoming uncharacteristically gregarious, chatty or sociable.
- Exhibiting unusual attendance patterns, such as taking regular sick days or booking frequent time off as annual leave.

The key here is to identify changes in an employee's usual behaviour, routines, attendance, appearance or performance.

Don't waste time trying to work out if someone meets the legal definition of disability. If a member of your team is having problems at work, talk to them, try to find out what would help and make any changes you reasonably can to help them do their job.

As you can't always be sure whether someone is disabled or not, it is best practice to make adjustments for anyone who is having problems at work. This way you will have done all you can to try to help someone work to the best of their ability, and means that you will recruit and keep the most talented people for your organisation.

Why won't employees who know they have a disability or long-term condition tell me about it?

There are many reasons why a person with a non-visible disability or long-term condition won't tell their employer about it, sometimes even when asked outright.

For example:

- Fear of discrimination.
- Not believing it to be relevant to their ability to do the job.
- Not considering themselves to be disabled.
- The stigma associated with some disabilities, like some mental health conditions or HIV.
- Fear of colleagues' reaction to their disability or long-term condition.

Non-visible disabilities

Remember, they might not tell you because their disability, or long-term condition, isn't actually having any impact on their work. In these cases, you don't need to know anyway!

Fear of discrimination

Many disabled people have had negative experiences in the past, often from a former employer, when they were diagnosed with or revealed a long-term condition or disability. This can lead to them concealing their disability, or long-term condition, from future employers. They might fear that they will not be offered the job or be treated differently if they tell potential employers about their disability or long-term condition. 60% of employees are worried that if they share information about their disability or long-term condition with their employer there may be repercussions.[3]

An applicant with a disability, or long-term condition, that can be concealed may do so if they believe they can do the job without having to tell anyone about it. In some cases the disability, or long-term condition, will have no impact on their ability to do the job and so they may never need to tell their employer about it. In other cases the employee may not have realised that their disability, or long-term condition, would affect their work until they start doing the job.

As a line manager, you should always consider the possibility that a new employee who seems to be struggling with a particular aspect of their job might have a disability or long-term condition. Look for warning signs like poor performance in a particular area, such as writing or comprehension skills, persistent lateness or more days off sick than you would usually expect.

Employees diagnosed with a disability or long-term condition while already working for you may fear they will lose their job if they tell you, particularly in an organisation already going through change.

[3] Nash, K., OBE. (2014). *Secrets & Big News: Enabling people to be themselves at work.*

Non-visible disabilities

Again, as a line manager, you should be looking for warning signs that indicate you need to talk to the employee about the reasons for any poor or deteriorating performance and bear in mind this might be related to a disability or long-term condition.

Remember too that an employee with a newly diagnosed disability, or long-term condition, might be struggling to come to terms with its effects.

This may mean they are either:

- Unwilling to accept that their disability or long-term condition is affecting their work performance and are therefore reluctant to talk about it; or
- They don't as yet know what effect the disability or long-term condition will have on them and may be apprehensive or anxious about it.

In both cases an employee is unlikely to know what adjustments they need. They may not even have come across the concept of 'adjustments' at work before, but you as the employer have an obligation to make adjustments once you realise they have a condition that is having an impact on their work.

This means that if you notice an employee's work or behaviour has changed, you need to talk to them to see if it might be disability-related and start the process of making adjustments to remove any barriers they may be encountering.

Someone with a newly diagnosed disability, or long-term condition, may need to go through several stages.

First they may need to consider the effect the disability or long-term condition has on them in their day-to-day life, i.e. their symptoms and the effect of any treatment they might be receiving.

Non-visible disabilities

Then they may need to assess how their disability, or long-term condition, affects them at work. As an employer you have a vital role here, and your actions may determine whether they can continue to be a productive and effective member of your team or feel they need to leave.

With help from experts, you can help the person identify the barriers they encounter at work and ways in which they can be removed or reduced.

Experts that can help include:

- Occupational health advisers, who are usually either doctors or nurses.
- Occupational therapists who can provide practical advice on managing the effects of a disability, or long-term condition, at home and in the workplace.
- Disability employment advisers and Access to Work (see **Appendix one**) advisers who can arrange workplace assessments.
- IT specialists either within your organisation or external assistive technology specialists.
- Your HR or diversity teams.

The most important thing you can do is to let people who work for you know they can talk to you and that you will help them to overcome barriers they may face at work. Remember, identifying and making adjustments should be a collaborative process. You want everyone in your team to perform as well as possible, and the individual with the disability or health condition doesn't want their job to be any harder than it needs to be. Where the barrier is related to a disability or long-term condition, the solution is the same.

Scenario one

Simon,

New starter

A few months after Simon started his new job, his manager Kerry accidentally came across him injecting himself in an empty office.

As they were both embarrassed they didn't talk about it at the time but the following day, after an evening worrying about what she had seen, Kerry decided to talk to Simon.

Kerry asked Simon what he had been doing. He told her he has diabetes and that he was injecting himself with insulin. Kerry asked Simon why he had not told her about his diabetes when he first started work. Initially Simon was very defensive and told her there was no reason for her to know as it doesn't affect his ability to do his job. He then asked if this meant he was going to lose his job.

Kerry reassured Simon that it meant nothing of the sort and asked why he would think that. She explained she would have been less shocked and worried the day before if she had known Simon had diabetes.

Simon then revealed that while working for his last employer he had collapsed at work with flu like symptoms. He was taken to hospital and diagnosed with Type 1 diabetes. His doctors told him that if his diabetes was well managed his life need not change much but his employer had sent him a letter while he was still in hospital terminating his contract. Although he had appealed, the employer said they thought he would take too much time off sick. He had accepted their decision and shortly afterwards applied for the position he now had.

He had decided not to mention his diabetes when he started work because he was worried they would not confirm him in post if he did. Once he was confirmed in post, he realised that his diabetes didn't affect the way he did his job and so felt no need to tell Kerry or anyone else.

Kerry told Simon she was sorry his past experiences meant he didn't feel able to trust her or the organisation but she hopes he will feel able to talk to her now if he does need anything from her.

After their meeting Kerry decides to do some research about diabetes and finds the Business Disability Forum's briefing paper: Employment adjustments for people with diabetes and the Diabetes UK website.

At their next one-to-one meeting Kerry asks Simon if they can talk about his diabetes. She asks if there is anything she or the organisation can do to make it easier for Simon to do his job. Kerry mentions the various adjustments she had read about for people with diabetes. Although Simon is defensive and unwilling to talk further, he does agree to take away the briefing paper.

A few days later he asks Kerry if he could use the sick room when he needs to take his injections. Kerry asks the facilities manager, without revealing who she is asking for or why, if a member of her team could use the sick room and put up a 'do not disturb' sign for a few minutes at a time every day. This is agreed and Simon is also allowed to use the small fridge in the room to store his insulin.

Is disability a private matter?

Many people believe that matters relating to their health are private and as long as there is no impact on anyone else or their ability to do their job they shouldn't have to tell their employer, especially if the disability is long-standing and they have learnt to manage its effects.

Legally, employees are not usually under any obligation to tell you about their disability long-term condition. In practice, there may not be any need for them to share any personal information about their health or disability if they can do their job with no difficulty. Often problems only arise if something changes, for example their condition deteriorates, their medication is changed or the nature of the job changes.

Remember, they might not tell you because their disability, or long-term condition, isn't actually having any impact on their work.

Scenario two

Debbie,

Working in catering

Debbie had been working as a senior catering assistant.

Her job involved ensuring that food and drink were delivered to the right rooms at the right time for meetings and ensuring that receptions, lunches and dinners ran smoothly.

When her manager announced she was leaving she encouraged Debbie to apply for her job. Debbie had a good understanding of the business and so was promoted to catering manager. However, a few months into the new role it became apparent she was struggling.

The catering manager role is a lot less 'hands on' and Debbie is now responsible for:

- Writing proposals to tender for work.
- Producing menus with accurate costs.
- Discussing clients' requirements with chefs.
- Negotiating with suppliers to get the best deal.
- Being in charge of a budget and meeting financial targets.
- Managing a team of six permanent staff as well as temporary and contract workers.

Three months into her new job and half way through her probation period Debbie's manager, Carol, asks to see her. Carol says she wants to discuss a number of things that have gone wrong recently:

- Debbie had entered into a contract based on inaccurate calculations which meant she had made a loss.
- Carol had seen proposals for work with spelling mistakes and that were poorly structured. Fewer proposals were being accepted than under her predecessor.

- Debbie was not going to meet her financial targets for the quarter. Carol had asked Debbie several times for her budget spreadsheets but had not received them.
- Confusion over the staff rota meaning they had been short-handed on a couple of occasions.

At their meeting Debbie acknowledges she has made mistakes and suggests to Carol that it might be because of her dyslexia. Carol asks if this is something new as Debbie has never mentioned dyslexia before. Debbie tells Carol that she had been assessed at school but she had never mentioned it because it hadn't affected her work before.

Carol asks Debbie if she has evidence of her dyslexia, but this isn't something Debbie has to hand as she was diagnosed at school, almost 20 years ago.

Carol speaks to the HR manager to see if the business can pay for a full diagnosis, but he suggests that this would be very expensive and include a lot of unnecessary information. Instead, they get a workplace assessment that relates specifically to the way Debbie's dyslexia affects her at work, which is significantly cheaper and more relevant. The HR manager gives Carol the name of a psychologist and Debbie agrees to go for an assessment. Carol wants to know from the psychologist if Debbie has always had dyslexia and if so, has it now got worse?

The psychologist's report explains that dyslexia cannot be acquired later in life nor does it get better or worse. What has changed in Debbie's case is not her dyslexia but her work. The effects of Debbie's dyslexia have always been the same but in her previous job she had coping mechanisms that worked and her dyslexia had little impact on her at work.

In her new job Debbie has far more responsibility and she is required to plan, organise and manage both budgets and staff as well as write proposals which she has never had to do before.

The report recommends that Debbie sees a dyslexia coach to help her identify and implement coping strategies that will work for her in her new role.

Adjustments that might help Debbie with writing and organisational skills could include:

- Using dictation machines in conjunction with voice recognition software so she doesn't have to make written notes.
- Using text to speech software that has a phonetic spell-checker designed to pick up common dyslexic spelling mistakes.
- A quiet workspace away from distractions.
- Working from home occasionally if possible.

Debbie would also benefit from training on organisational skills, e.g. mind mapping, note-taking, planning and prioritising.

Carol discusses the psychologist report with Debbie and agrees to implement the adjustments recommended as soon as possible with the help of the HR, IT and facilities management departments. The HR manager and Carol also decide that Debbie's probation period should be extended for another three months from the date that all the adjustments have been implemented.

This will enable them to assess fairly whether or not Debbie is capable of doing the job when barriers posed by her dyslexia have been removed by the adjustments.

I don't consider myself to be disabled

Not everyone who might be considered 'disabled' under the Equality Act will use that language to describe themselves. This might either be because they do not consider their particular condition to be as serious as a disability, for example, diabetes, asthma or a back problem, or because they are only just starting to learn about how a condition affects them. Whether or not someone considers themselves to 'have a disability' or 'be disabled' can be a complex, sensitive and even political part of their identity. 36% of disabled employees suggest it is a big personal step to associate yourself with the word 'disability'.^[4]

People in these categories are unlikely to say they are disabled on monitoring forms and may well say there is nothing you need to know about in terms of their health and fitness to do the job.

This may well be true if their condition has no impact on their work. However, it can cause problems when they are not performing to the standards required of them at work but are reluctant to describe this as being related to their health or a disability.

[4] Nash, K., OBE. (2014). *Secrets & Big News: Enabling people to be themselves at work.*

Stigma and fear of colleagues' reaction

Some people don't want the stigma often associated with the label of 'disability', or do not want to be defined by what might be regarded as a limiting health condition. This is particularly the case for disabilities which are often reported in negative terms in the media such as HIV or mental health conditions like schizophrenia, depression and anxiety conditions. 27% of disabled employees say they resist the label of disability because "it feels so negative".^[5] The language people with different impairments use to describe themselves has changed significantly over the last 20 years, and no doubt will continue to do so.

Many people make assumptions about what people with such disabilities or long-term conditions can and cannot do, their lifestyle or the way they might behave. As a result, employees fear that their colleagues might treat them differently if they knew about their disability or long-term condition.

The truth is that people with all types of disabilities and long-term conditions, work in all types of organisations and roles, but this stigma may prevent them from talking about their disability or long-term conditions. The ways in which people describe their disability or long-term condition can also change depending on their position in the organisation, and experiences of managers and their employees often does not match up: 97% of senior managers believe that they are accessible if employees want to talk about mental health but 49% of employees would not talk to their manager about a mental health condition.^[6]

Whether or not an employee is willing to talk about their disability, or long-term condition, will depend on their past experience and on the culture of the organisation where they now work. If it is open and welcoming of difference and the person believes they will be treated fairly, they are much more likely to tell their employer about their disability and to ask for help if they need it.

[5] Nash, K., OBE. (2014). *Secrets & Big News: Enabling people to be themselves at work*

[6] *Business in the Community*, (2016). *Mental health at Work Report 2016*.

Scenario three

Tony,

Law
professional

Tony works for a large law firm.

The culture of the organisation is 'work hard and play hard' and can be a bit 'laddish' but he has always enjoyed his work. Two years ago Tony was diagnosed with HIV. At the time he took a couple of weeks' annual leave and decided he wouldn't tell anyone at work on his return.

His HIV didn't affect his ability to do his job and he didn't want his colleagues making assumptions about his personal life which he has always kept private. In any event, the hours he works often mean he only socialises with his work colleagues. He was also worried that if his superiors found out he would no longer be given good work and be able to progress his career at the firm.

Six months ago, during a diversity week, the firm's equality and diversity department sent anonymous equality monitoring forms to all staff. The accompanying guidance explained that the firm wanted to find out more about the type of people who worked at the firm and depending on the results, take steps to encourage people from underrepresented groups to apply for jobs.

As the form was anonymous, Tony completed it. HIV was listed as an example of a disability on the form, so he said he had a disability.

More recently, after taking a morning off for a medical appointment, Tony told his manager Michael about his HIV status. Tony has only needed time off occasionally and his work has otherwise been unaffected and so he didn't really need to tell Michael, but decided to do so because they got on well and Tony trusted Michael.

Michael said he would be flexible about Tony taking time off for appointments, particularly as he works such long hours normally.

The firm has now announced that it has to make redundancies and that it will be notifying all affected employees in the coming week. Tony asks to see Michael in private to ask what the redundancy criteria will be.

Tony is worried that the monitoring form he completed six months ago was a way of identifying people who the firm thought would be less productive and so first in line for redundancy. He also wants to know who else within the firm knows about his HIV status.

Michael tells Tony he has not told anyone else about his HIV status. Michael said he had done some reading as he had wondered if there were any health and safety implications, for example for first aiders but he had learnt this wasn't an issue and so no-one else needed to know. If Michael had thought anyone else needed to know he would have spoken to Tony first. Michael also reassures Tony the monitoring form was entirely anonymous.

There is no way HR could identify individual employees from the anonymous forms even if they wanted to, which they did not. The form was only an exercise to find out the numbers of people with different characteristics working at the firm. Michael also reminds Tony he will have the opportunity to see the redundancy selection criteria and that this must be objective and justifiable.

A word about language – nothing to declare

Employers often ask applicants and employees to 'disclose' their disability or to 'declare' whether or not they have a disability or long-term condition.

Such language is increasingly seen as negative and unhelpful by disabled people. It suggests that a disability or long-term condition is something someone might want to hide, and so should be encouraged to reveal or face penalties for not doing so. Such language might in fact have the opposite effect to that desired. Employees may feel intimidated by the language and believe it is a 'big deal' to tell their employer about a disability or long-term condition. Fear of what might happen if they do 'disclose' or 'declare' may well make them decide to conceal their disability or long-term condition for as long as possible – even if that means lying.

Try to avoid using words like 'disclose' or 'declare'. Simply ask employees to tell you if they need changes to their working arrangements or environment because of a disability or long-term condition.

Neutral language is more likely to reassure job applicants and employees that telling you about a disability or long-term condition does not automatically mean they won't get the job or be fired – especially if you also make it clear you will make adjustments for anyone who needs them.

There are a number of stages in the recruitment process when employers commonly ask about the applicant's health or any disabilities. Sometimes you do need this information but often it is irrelevant.

Application and monitoring forms

Application forms

Application forms should only ask if a candidate needs any adjustments for the interview. It is unlawful to ask on the form about any disabilities, past or present, or long-term conditions. There are very few exceptions to this, relating to things like positive action measures, occupational requirements (i.e. wanting a spokesperson for a disability charity to have a specific impairment) or issues of national security. As a rule, you can only ask questions about health or disability after a job offer has been made.

The application form should have been accompanied by a detailed job description which outlines the outputs required from the successful candidate. Applicants need only demonstrate on the application form that they can achieve these outputs.

Monitoring forms

You can ask candidates if they have a disability on equal opportunity monitoring forms that accompany the application form or can easily be torn off the application form. Monitoring forms should say clearly that they are voluntary, not part of the application form and that they will not be seen by the short-listing and interviewing panel.

The purpose of the monitoring form is to ascertain how many candidates from different backgrounds or with particular characteristics have applied to your organisation for jobs of this nature or at this grade. Monitoring forms commonly also ask candidates about their ethnicity, gender, age, religion or belief, sexual orientation, as well as disability.

Non-visible disabilities

The forms should be clearly anonymous and the data collected used only for statistical purposes, i.e. if when analysing the statistics your organisation discovers that very few disabled people apply for jobs action can be taken to encourage applications from disabled people in the future.

For more information on monitoring forms and how to ask about disability see Business Disability Forum's Member resources area at members.businessdisabilityforum.org.uk

Guaranteed interview schemes

If your organisation operates a guaranteed interview scheme, this means that all candidates who share details of their disability and meet the essential criteria for the role will be offered an interview. You may have heard this referred to as 'Two Ticks', a DWP scheme phased out from early 2017 and replaced with 'Disability Confident'. An organisation may ask candidates whether they have a disability on the application form for the purposes of a guaranteed interview scheme, though this information will not necessarily need to be shared with the interview panel or hiring manager.

Did you know?

One in five people in the UK have a disability or long-term condition — that's around 13.3 million people.

Source: Family Resources Survey 2015/2016.

Adjustments for the interview

Ensure that candidates invited to an interview or test centre know in advance what this will entail. Tell them for example, if there will be a panel of three people asking questions or if they will be required to give a presentation or take a written test. Ask the candidate to let you know if they think they will have difficulty with any part of this process and so need adjustments.

If a candidate has a non-visible disability, at this stage you are very unlikely to know about it. It is important to provide this information to all candidates, as a person with a non-visible disability won't know what adjustments they might need without knowing what will be required of them in the selection process.

You may well need to talk to the candidate to identify what barriers they are likely to face because of a disability and to identify adjustments.

Remember that it is unlawful to ask candidates questions related to health or a disability at the interview.

If a candidate does tell you about a disability such as dyslexia but says they do not need any adjustments, you should ensure they fully understand the nature of the interview and the adjustments that are possible. For example, if they are going to be asked questions by a number of different people, suggest that they can ask for time to write down the question and think before replying. Or, you could offer more time for a presentation if that would be reasonable in the circumstances.

Non-visible disabilities

If you are on the interviewing panel you can ask candidates how they will do the tasks required in the job, but make sure you ask this of all candidates and not just those who tell you they have a disability. Ensure that you use positive language and let the candidate tell you how they will do the job. Don't ask negative questions about how their disability might limit their ability to carry out the necessary tasks. Remember, asking any questions about health or disability prior to job offer is unlawful. If the candidate will need adjustments to do the job, an offer can be subject to these being possible and reasonable.

For more information about making adjustments to the recruitment process see Business Disability Forum's briefing 'Managing recruitment'.

Medical questionnaires

Many organisations ask candidates to complete medical questionnaires that ask detailed questions about the person's medical history and sickness absence.

These questionnaires are usually of limited value and are unlawful prior to offering the candidate the job. Remember, you only need to know about the practical effects of someone's health or disability on their job – collecting personal medical information isn't usually necessary or useful and only creates additional risks around data protection.

Using the information provided on the form to screen out candidates with long-term conditions or disabilities, past or present, is unlawful disability discrimination. In addition the medical information provided will be a very poor indicator of whether or not the person is able to do the job for which they have applied. Past sickness absence is rarely a good predictor of future absences.

Non-visible disabilities

In many cases you won't get accurate information from the form for the reasons given earlier in this guide. Some candidates will not tell you about their disability or long-term condition because they fear that the job offer will be withdrawn if they are honest. Others may genuinely believe they have answered the questions accurately but will still not reveal non-visible disabilities or long-term conditions that may impact the way they work.

This is because it is difficult to ask medical questions in an unambiguous way that non-medical or lay people will understand. Often people will genuinely believe that any medical condition they do have, or have had, isn't relevant to the questions being asked.

If the job is potentially dangerous or needs certain levels of physical fitness you can ask all candidates to see your occupational health adviser to pass them as fit and able to do the job. But remember that all candidates, disabled and not, must be asked to see the occupational health adviser. Singling out disabled candidates is likely to be discriminatory.

Remember, you only need to know about the practical effects of someone's health or disability on their job.

Scenario four

Neela,
Finance director

After Neela had been offered a senior position as Finance Director of a large organisation she was asked to complete a medical questionnaire.

One question asked if she had, or had ever had, a serious physical or mental illness. Another asked if she was taking, or had ever taken, medication for a serious physical or mental illness. Neela answered 'no' to both questions.

Shortly after she started, however, the chief executive, who was also her manager, resigned and was replaced by someone Neela found difficult. Their relationship deteriorated over the course of the next year and eventually Neela went off sick with stress, anxiety and depression. She was referred to the organisation's occupational health department who, with her permission, contacted her GP for more information and then wrote a report for her manager.

A few weeks later Neela was shocked to receive a letter from the HR department calling her to a disciplinary meeting for having lied to her employer. At the meeting she was told the report from the occupational health adviser said Neela was suffering a recurrence of depression and anxiety but on the medical questionnaire she had said she had never had any serious physical or mental illnesses.

“

**Neela answered 'no'
to both questions.**

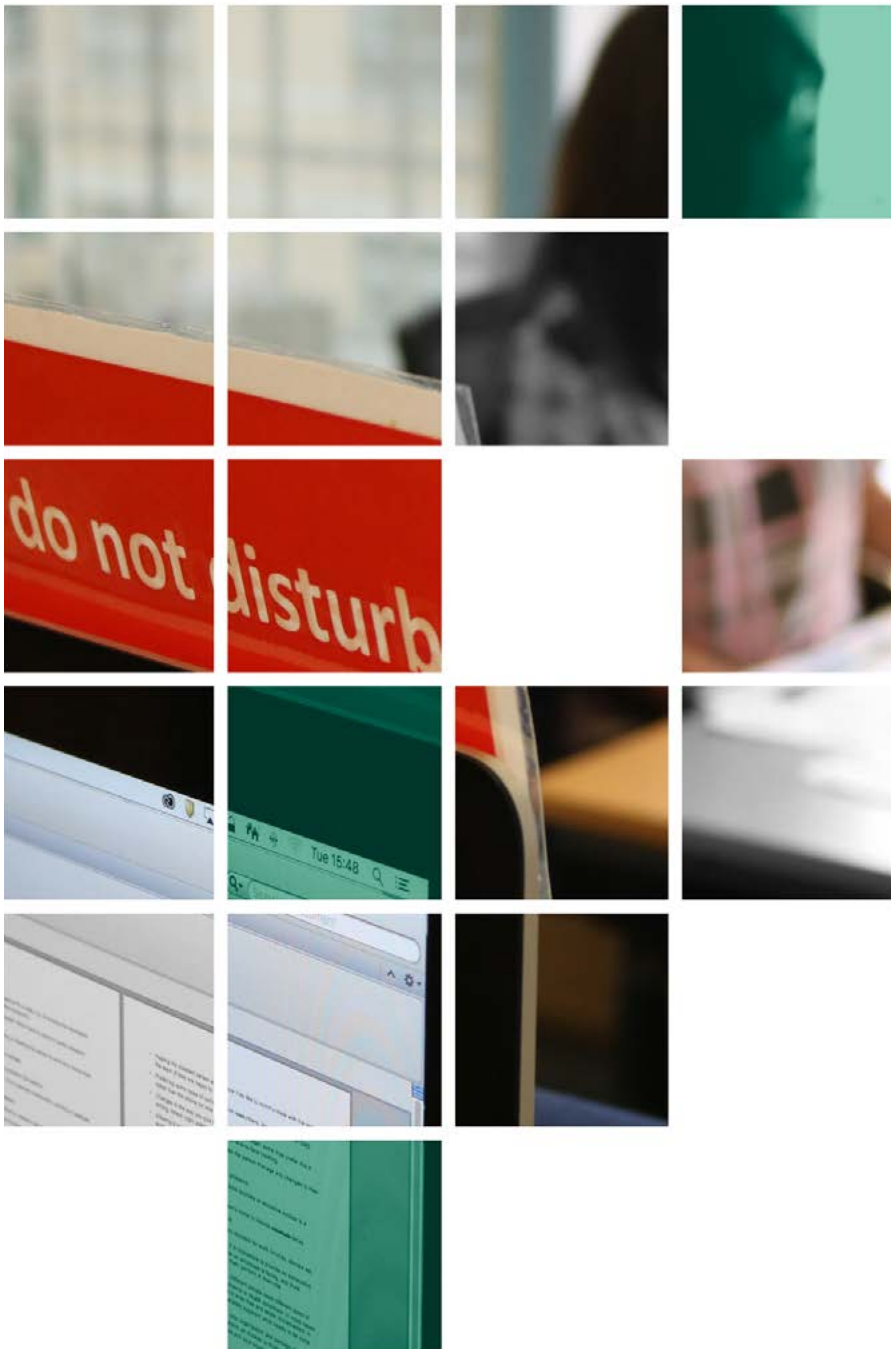
Her employer said they were minded to treat the matter as gross misconduct as it is essential that someone in the position of finance director is entirely trustworthy.

Neela asked to see the occupational health report and for time to speak to her GP and so a date for a further hearing was set. At that meeting Neela explained she didn't lie on the medical questionnaire. When she completed the form she didn't think she had ever had any serious illnesses.

After speaking to her GP she realised that in response to the occupational health adviser's questions, he had said she had had a period of depression 14 years ago. This was just after her son was born. She had felt very low and had seen her GP who had prescribed anti-depressants which she hadn't actually taken because she was worried about the possible side effects. Her GP had noted this as clinical depression on her notes but she had never been told or thought it had been that serious.

On hearing her explanation her employer consulted their lawyers and decided not to pursue the disciplinary proceedings any further. Instead they decided they needed to talk to Neela about how her relationship with her manager could be improved so she can return to work. The organisation also decided to review its recruitment procedures including the medical questionnaire.

Non-visible disabilities and retention



Many people with visible or non-visible disabilities or long-term conditions have no problems at work, and are valuable and valued members of their team.

Some people with non-visible disabilities or long-term conditions will tell their employer about their condition and some will not for the reasons given above.

If someone is performing well in their role, there often isn't any practical reason for them to tell you about their disability or long-term condition. However, there may come a point with any employee, whether or not you know they have a disability or long-term condition, when you need to have a difficult conversation.

Having difficult conversations

As a manager at some point in your career you are likely to have to talk to someone working for you about their poor performance.

These can be sensitive, emotionally demanding, or uncomfortable conversations. As said earlier, you should bear in mind that the person's performance might be affected by a non-visible disability or long-term condition.

This could be a disability, or long-term condition, they are as yet unaware of or one that is newly diagnosed. It could also be a disability, or long-term condition, they have had for some time but is only now having an effect on their work, either because it or their medication has changed, or because their work has changed.

Your first meeting to discuss performance

You must ensure that the person doesn't think they are being disciplined at this first meeting. Tell them you want to talk about their recent performance. Remember to give positive feedback on work that has been done well before moving onto how you would like to help improve performance in areas where they are not being as effective as you would like.

It is always better to ask 'open' questions rather than ones that allow for a 'yes' or 'no' answer. This will encourage the person to talk to you but you must remember to listen carefully to what they say.

Ask the person how they think they are doing at work. They may well be aware of their shortcomings. If they are not, then you need to ensure that they understand what they should have been doing and in what ways they have fallen short of the standards you expected of them.

It is important to be specific about:

- The tasks or behaviour you want to talk about – give specific examples.
- What you expected from the person.
- How their performance or behaviour fell short of what you were expecting.
- What you want to change.

Be clear about the minimum or mandatory aspects of the job, for example:

- A polite and professional manner with clients and colleagues.
- Accuracy of information provided to customers.
- Responding to queries within a specified time frame.
- Recording information accurately.
- Following absence reporting or other internal procedures.

Non-visible disabilities

You then need to move on to ways in which you can help the person meet these mandatory requirements.

If you have noticed that the person appears to be in pain or distressed don't be afraid to ask them about this by saying something like:

“I've noticed you seem uncomfortable at your desk/have been taking painkillers quite a lot/been rather upset/angry recently. Can we talk about this? If it's something to do with work, perhaps I can help?”

In many cases this will be enough for the person to reveal that for example, they have back pain or have been getting bad headaches. These could be caused by their workstation, or by overhead lights or noise in the workplace.

You should ask them what they think is causing the problem and then ask if they will see an occupational health adviser. Many employment contracts say that the employer can ask employees to see an occupational health adviser – check the contracts in your organisation.

Even if the contracts don't say anything on this, the person is likely to consent to seeing an occupational adviser if they are reassured this is the first step in trying to make it easier for them to do their job and reduce their pain.

You should never ignore an employee who is distressed at work. If they have been crying or had an angry outburst, talk to them to try to discover the cause. Again, if you are reassuring and they don't think they are at a disciplinary meeting they may be willing to tell you what has been happening.

In some cases the causes for their behaviour will be outside work in which case all you can do is to offer understanding and support.

Non-visible disabilities

Adjustments that might help could include allowing them to:

- Take a break and a walk outside if they feel they need to cool down or be alone for a while.
- Take or make personal calls in private if they need to talk to a family member, friend, their lawyer or a debt advice agency during working hours.

If the reason for their distress is work-related, for example, harassment or bullying by a colleague, or because of workloads and working hours you must take immediate action to address this. Refer to your organisation's bullying and harassment policy and talk to your HR team about how such situations should be dealt with. Make sure the person who says they are being bullied or harassed knows you are acting on their allegations.

If workload or working hours are the problem, arrange a meeting to go through what they need to do and help them to prioritise their work or identify training they need.

You may need to take some tasks away from the person if the workload is genuinely too much for them to cope with. Failure to do so when they have indicated they are not coping could lead to them developing mental health conditions or other stress-related disabilities and possible claims for personal injury.

Remember that you cannot know if the person meets the legal definition of disability as only a tribunal or court can decide this. Adopting the best practice approach of making adjustments in these situations might prevent someone from developing a disability or long-term condition in the future if they aren't already disabled as well as improving their performance when at work.

Non-visible disabilities

In some cases, however, the person you are talking to may insist that nothing is wrong. If you point out behaviour or work that you have concerns about they may become defensive and find excuses or blame others. This is why it is important to ensure you have all the facts before you speak to an employee who is under-performing.

You need to be able to point to work that the individual has done or their behaviour you want to discuss. This will enable you to tell the person where exactly you are looking for improvement.

In other cases the person may accept that their work or behaviour has been unacceptable and will promise to improve but they refuse any offers of help from you.

In both cases, if the person doesn't want to talk about problems outside work, you cannot insist on them doing so. Remember too that it is not your job to try to diagnose a disability or long-term condition. Any suggestion from you that the person might have a disability like dyslexia or a mental health condition is not likely to be well received.

It is always better to ask 'open' questions rather than ones that allow for a 'yes' or 'no' answer.

Non-visible disabilities

All you can do is to reassure them you are available to talk and that you will do all you can to help them improve their performance including referring them to an occupational health adviser who may recommend an assessment. You can also suggest adjustments that might help them to improve their performance, for example changing start times if they have been persistently late, or a workstation assessment, and ask them to think about these and talk to you again.

Whether disabled or not, all employees need to understand what you require of them, and what is and what is not an acceptable standard of work and behaviour in the workplace. Employees need to understand that if they refuse your offers of help and adjustments and their performance continues to fall short of minimum standards, they do ultimately risk capability proceedings being taken against them.

Did you know?

Disabled people are more than twice as likely as non-disabled people to be out of work.

Source: Labour Force Survey, Q3 2016.

Scenario five

Abby,

Managing
her employee

Abby is concerned about Ray, one of her team members.

He has been uncharacteristically withdrawn and quiet, and recently became upset at a planning meeting for seemingly no reason. She decides to ask Ray if there is anything he wants to talk about and if she can help.

Ray eventually tells Abby he has been diagnosed with Parkinson's Disease. Abby asks him if there is anything she can do to help him at work and reminds him about the reasonable adjustments policy. Ray thanks Abby but says he is in very early stages and doesn't need anything from her. He says he just needs time for things to sink in.

Over the next few months, however, Abby becomes aware that Ray's behaviour is annoying other members of the team. He has been persistently late for work, sometimes arriving nearly an hour after the start time. On one occasion he went out at lunchtime for a sandwich and failed to return. He later said he had felt unwell and unable to give the presentation scheduled that afternoon. Another team member had to step in with no notice.

“

Ray eventually tells Abby he has been diagnosed with Parkinson's Disease.

Ray hadn't followed procedures for notifying the organisation when he was off sick and he failed to let anyone know he wasn't going to be able to attend a late meeting. All of this has placed an additional burden on other team members who have had to cover for him at short notice.

Abby decides she has to talk to Ray again. She starts by asking if he is aware of recent problems in the team. Ray says he hadn't noticed anything. Abby tells Ray he has always been one of her most reliable and conscientious team members. However, recently she has been concerned about his work. She draws Ray's attention to the above incidents and asks if his work and behaviour might be affected by his Parkinson's and if so, is there any way she can help.

Ray is defensive and tells her again that he is in the very early stages of the disease and so it doesn't affect him at work. He promises to improve his timekeeping and to follow procedures for calling in sick.

Ray's timekeeping and attendance improves for a short period and then he relapses into being late and missing meetings with no notice. Abby decides she needs to talk to Ray again, especially as now other team members are openly complaining about him.

This time she tells Ray she is glad he felt able to tell her about his health problems and hopes he knows she is always willing to talk about ways to help him do his job if he is having problems. For example, is he finding it difficult or tiring to get into work and would it help to change his start time or possibly work from home from time to time?



Abby thanks Ray for his honesty.

However she acknowledges she cannot force him to talk to her and accept adjustments and so she also tells Ray he must meet certain standards of work and behaviour. She tells him he cannot continue to come in late, fail to follow organisational procedures and miss important meetings. If this continues Abby will have to start capability proceedings against him. Abby emphasises she really doesn't want to go down this route and suggests Ray takes a little time to think about what she has said.

At their next meeting Ray tells Abby he is sorry about his recent performance at work. Although his Parkinson's doesn't have much effect on him as yet, it will in the future and he has been finding it hard to accept this and has become increasingly depressed.

This has meant he hasn't been able to face coming into work and dealing with people on some days. He has in particular developed a dread of standing up in front of a group to make presentations which is a significant part of this job. He has also noticed he gets tired more quickly and has been finding it difficult to get up in the mornings and commute into work.

Abby thanks Ray for his honesty and suggests they start looking at ways in which some of these problems can be dealt with. Abby asks Ray if he will see the occupational health adviser and then they can look at adjustments such as working from home and perhaps counselling and coaching for the presentations.

Ongoing adjustments – ensuring continuity

Many employees with a non-visible disability or long-term condition do not tell their employer about it unless they are sure their employer, and in particular their manager, is going to be supportive and won't discriminate against them. They often fear that telling their manager will mean they won't be given good work anymore or their chances of promotion will be diminished.

However, if you are seen to be an open and supportive manager, people who work for you are more likely to trust you enough to tell you about a disability or long-term condition or any other problems they might have that affects their ability to do their job. Once such trust has been established you can talk about any barriers the person faces at work and means of overcoming them, i.e. adjustments.

In many cases the only people who will know that the person has a disability or long-term condition is you, the HR team and the occupational health department, and only the medical adviser needs to know any actual diagnosis.

If you and your organisation are routinely flexible and make adjustments for all your employees, other members of staff may not even notice, let alone question, adjustments for someone with a non-visible disability or long-term condition. If they do notice the adjustments, they will be reassured that they can come to you if they too need a change in the way they work and that you will make adjustments for them.

New managers

Difficulties may arise when a disabled person moves to another department or when their manager moves on and they have someone new in charge. A new manager may not understand why a member of the team works differently to other members of the team and may try to standardise ways of working.

Someone with a non-visible disability, or long-term condition, may be wary of discussing it with someone new with whom they have not as yet had time to develop a relationship. Removing adjustments may, however, lead to claims of disability discrimination.

If you are a new manager

If you are appointed as the manager of a team you don't know, don't try to change ways of working too quickly. Try to get to know each team member and build trust. Remember that members of your team may have agreed adjustments with your predecessor and that is why, for example, someone starts and finishes later than other team members or works from home from time to time, or asks for quiet uninterrupted work time when they won't answer emails or telephone calls.

If you are moving on as a manager

If you are leaving your department or organisation, consider what your successor needs to know about your team.

Remember, however, that even if you get the chance to handover in person to your successor, you must not pass on details of someone's disability without their permission.

Information about health or a disability is regarded as sensitive personal data under the Data Protection Act, and as such can only be processed or passed onto someone else with the explicit and preferably written consent of the disabled person.

You could talk to each member of your team and ask them what information they would like passed on to your successor.

A better way, however, is to draw up a tailored adjustment plan whenever you put adjustments in place.

You can find a template plan and more information on how they work in **Appendix three**.

Did you know?

There are approximately 13.3 million disabled people in Britain covered by the Equality Act, which represents around 21% of the population.

Source: Family Resources Survey 2015/2016.

Scenario six

Elizabeth,

Long-serving
employee

Mark has been Elizabeth's manager for many years and during that time he has helped implement a variety of adjustments that have enabled her to continue to work.

Elizabeth has bowel and gastric problems that are exacerbated by stress. She has occasional incontinence and needs easy access to toilet facilities at all times. This also means she cannot travel long distances. Elizabeth sees her consultant every two months. Elizabeth gets very embarrassed if she has to talk about her health problems and does not want any of her colleagues to know about them. She has, however, always found Mark to be sensitive and supportive.

He has allowed her time off for her medical appointments and to work from home when her condition has flared up. He has also discreetly ensured that she has sole access to a toilet at meetings and events outside the office or allowed her to miss them if this hasn't been possible as she cannot wait in a queue.

With Mark's support, Elizabeth made an application to Access to Work and now can take taxis when necessary to meetings so she doesn't have to use public transport which can take longer than she can stand without access to a toilet. Elizabeth has learnt how to plan routes that allow her to stop to use a toilet.

Mark has now told Elizabeth he plans to retire in a few months and that Peter will take over the department. Elizabeth is alarmed by this news, not only because she will miss Mark, but because Peter has a very different personality to Mark.

Peter has a reputation for being dynamic and Elizabeth finds him rather intimidating and dreads having to discuss her health problems and adjustments with him. She is concerned in particular that he won't believe her as she doesn't appear obviously disabled.

To reassure Elizabeth, Mark suggests they draw up a tailored adjustment plan which sets out the adjustments the organisation has already agreed for Elizabeth as being reasonable. Elizabeth can then give this plan to Peter at their first meeting. This should minimise the need for Elizabeth to talk about her health problems which she finds embarrassing until she and Peter have developed a relationship.

Peter will also know to accept Elizabeth's adjustments until he gets to know her and the department better. They can discuss the adjustments and how they are working once they have both adjusted to working with each other.

Elizabeth is reassured and finds that it is also an opportunity to update her emergency contact details.

“

To reassure Elizabeth, Mark suggests they draw up a tailored adjustment agreement.

Appendices

- Appendix one: Access to Work
- Appendix two: Recording disability-related absences
- Appendix three: What is a 'tailored adjustment'?
- Appendix four: Reasonable adjustments decision process and form

All the appendices can be downloaded by visiting:
<http://bit.ly/2rnyDT3>

About us

Business Disability Forum is a not-for-profit membership organisation, which helps build disability-smart organisations by making it easier for them to employ and do business with disabled people.

Our approach improves business performance and profitability through increased confidence, accessibility and productivity. We have more than 25 years' experience bringing together business people, disabled opinion leaders and government to facilitate the change for disabled people to be treated fairly and contribute equally to society and economic growth.

In representing almost 15% of the UK workforce, Business Disability Forum has contributed to the establishment and development of meaningful disability discrimination legislation in the UK. We provide pragmatic support to our Members and Partners by sharing our expertise and by providing training, in-depth consultancy and networking opportunities.

Our aim is to help organisations become fully accessible to disabled employees, customers and service users for mutual benefit.

If you are not already a Member or Partner of Business Disability Forum and would like to find out how to join please contact our team on telephone number **+44-(0)20-7403-3020**; or by email to **join@businessdisabilityforum.org.uk**

For a full range of our products and services, which include:

Membership, the Disability Standard, Disability-smart awards,
Advice service, Consultancy, Learning & development,
Mediation service, Publications, Toolkits,
e-guidance and Networking & events please visit
www.businessdisabilityforum.org.uk/our-services
or contact our team on: telephone number
+44-(0)20-7403-3020; or by email to
enquiries@businessdisabilityforum.org.uk

Business Disability Forum
Nutmeg House
60 Gainsford Street
London SE1 2NY

Tel: **+44-(0)20-7403-3020**
Fax: **+44-(0)20-7403-0404**

Email: **enquiries@businessdisabilityforum.org.uk**
Web: **www.businessdisabilityforum.org.uk**

© 2017 This publication and the information contained therein, are subject to copyright and remain the property of Business Disability Forum. They are for reference only and must not be reproduced, copied or distributed as a whole or in part without permission.

Business Disability Forum is committed to ensuring that all its products and services are as accessible as possible to everyone, including disabled people. If you wish to discuss anything with regard to accessibility, please contact us.

Company limited by guarantee with charitable objects. Registered Charity No: 1018463. Registered in England No: 2603700.



**Business Disability Forum
Partners include*:**

**Accenture
Allianz
American Express
Atos
Bank of America Merrill Lynch
Barclays (Founder leader)
BBC
BT
Cisco Systems
Deloitte
Department for Transport
Department for Work and Pensions
Enterprise Rent-A-Car
Environment Agency
EY
GlaxoSmithKline
HM Revenue & Customs
Home Office
House of Commons
HSBC
Impellam Group
Infosys Limited
Kingfisher plc
KPMG
Lloyds Banking Group
MAXIMUS UK
Microlink PC
Microsoft Ltd
Ministry of Defence
National Crime Agency
Nationwide Building Society
NHS Scotland
PricewaterhouseCoopers
Royal Bank of Scotland Group
Royal Mail Group
Sainsbury's
Santander
Shell International Ltd
Sky UK Limited
Standard Chartered Bank**

***correct at the time of publication,
visit our website for the current list.**

Contact us

**Business Disability Forum
Nutmeg House
60 Gainsford Street
London
SE1 2NY**

Tel: +44-(0)20-7403-3020

Fax: +44-(0)20-7403-0404

Email: enquiries@businessdisabilityforum.org.uk

Web: businessdisabilityforum.org.uk