

maximus

# Disability Guide.

Practical advice for **employers** to supporting disabled people and those with long-term health conditions in the workplace



# Introduction:

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

Across the UK, people with disabilities are far less likely to be in employment compared to nondisabled people. The disability employment rate is 52.7%, compared to 81% for non-disabled people.\* That's a huge inequality and is a priority for anyone working in the employment, skills and health arenas.

Providing great advice, guidance and support for disabled people is all about being confident and open, but that can be challenging for many of us - especially those with limited experience of dealing directly with disabled people. Disability confidence comes with know-how and experience. This guide is designed to provide simple but effective advice and guidance to any practitioner in the field of employment-related services

who work with people with a wide range of disabilities - wherever they are in their journey towards or in employment.

The guide gives a broad overview of 19 core disability areas including learning disabilities, learning difficulties, mental health, physical disabilities, neurological conditions and sensory impairments. It covers practical advice and adjustments that can be made in an employment-related setting.

This booklet makes it easy for every employer to access simple disability guidance. It will not answer every question on disability, but provides a great source of basic information - certainly enough to provide confidence for those first or occasional interactions. Once the basics are understood, disability confidence will grow with experience and learning.

**I hope you find this guide useful.**

Sixth Edition  
January 2023

\* UK Gov, Feb 2022



# Content

Acquired Brain Injury (ABI)	4
Anxiety Disorders and Stress	6
Attention Deficit Hyperactivity Disorder (ADHD)	8
Autism	10
Bipolar Disorder	12
Depression	14
Diabetes	16
Disfigurement	18
Dyslexia	20
Dyspraxia	22
Epilepsy	24
General Learning Disabilities	26
Hearing Loss (Deafness)	28
Limb Loss	30
Multiple Sclerosis (MS)	32
Musculoskeletal Disorders (MSD)	34
Post-Traumatic Stress Disorder (PTSD)	36
Schizophrenia	38
Sight Loss (Blindness)	40
The Equality Act 2010 and the Access to Work Scheme	42

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



# Acquired Brain Injury (ABI)

Acquired Brain Injury is when there is damage to the brain, which can cause a range of symptoms.



ABI 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.

Difficulties can be permanent or temporary and can be physical, emotional, behavioural, cognitive or a combination of these.

## Traits / Symptoms

Symptoms and severity of a brain injury vary widely depending on which area of the brain has been damaged, but can include:

- Short-term memory difficulties
- Difficulties with speech
- Personality changes
- Physical mobility
- Neurological difficulties (such as epilepsy)
- Effects of a brain injury can be life changing so people may experience depression or other mental health conditions.

## Impact

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

## Support

- Tailor support to meet an individual's needs
- Offer aids and adaptations as appropriate
- Physiotherapy to manage physical symptoms
- Speech therapy for speech difficulties
- Strategy coaching to aid cognitive issues
- Mental health support / counselling if needed.



# Support considerations

In recruitment	In the workplace	In returning from a period of absence
<ul style="list-style-type: none"> <li>Once the disability has been declared, ask the individual what adjustments they may need during the recruitment process to support their needs</li> <li>Consider engaging with a specialist employment adviser to advise and guide both you and the individual</li> <li>Some individuals may have some difficulties with verbal and written communication, concentration, comprehension and memory. This could make parts of the recruitment process difficult. Reasonable adjustments can be made, such as allowing extra time</li> <li>A work trial for two to four weeks prior to an employment offer would normally be recommended for applicants with brain injury, to allow both parties to identify reasonable adjustments needed</li> <li>Once a job has been offered you may ask the person to supply more information about their condition</li> <li>Most individuals with brain injury will have previously had an assessment report completed. This will describe the practical implications of the brain injury and including what the individual can do with the right workplace adjustments</li> <li>Your Occupational Health team can provide additional guidance</li> <li>Access to Work can also provide assessments and may fund some workplace adjustments.</li> </ul>	<ul style="list-style-type: none"> <li>If the person experiences fatigue or pain issues then flexible working, additional or longer breaks, reduced travel and working from home could be helpful</li> <li>For cognitive issues you could consider providing a quiet space or noise cancelling headphones. Help with planning and organising work would also be useful along with checklists, planners, alarms and alerts</li> <li>Communication should be clear concise and direct. It should be provided verbally and written</li> <li>It may help if colleagues are made aware so they can offer support and be understanding of any behavioural symptoms - but only if the person consents. A workplace buddy could provide additional personal support</li> <li>You may need to undertake a risk assessment if the person's symptoms cause an additional risk, for example epilepsy or risk of falls.</li> </ul>	<ul style="list-style-type: none"> <li>During any absence, keep regular contact with the individual. They should be kept up to date with any workplace changes. A return to work meeting and workplace visit could help too</li> <li>Once the person is ready to return to work a phased return of at least four weeks is recommended, with reduced hours and duties</li> <li>If the absence is directly related to the brain injury, an occupational health assessment would be recommended</li> <li>If anything has changed with the individual since their absence, an application to Access to Work may be appropriate.</li> </ul>

## Useful resources

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

Every 90 seconds in the UK there is one admission to hospital for brain injury. There is one admission for head injury every three minutes and one stroke every four minutes.

Source: Headway, 2022

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



# Anxiety Disorders and Stress

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

For the majority of people, feeling anxious or stressed is a normal response to a perceived threatening, challenging or dangerous situation.

However, others can experience chronic stress over time without an obvious trigger events. Some people develop diagnosed anxiety conditions which require treatment and support.

These include:

- Phobias e.g. social phobias, agoraphobia
- Generalised Anxiety Disorder (GAD)
- Obsessive-Compulsive Disorder (OCD)
- Post Traumatic Stress Disorder
- Health anxiety (Hypochondriasis).

## Traits / Symptoms

### Physical symptoms:

- Heart palpitations or 'heart in throat'
- Tense muscles
- Sweating
- Dizziness or fainting
- Stomach problems
- Hypersensitivity to noise, smells, taste or touch.

### Changes in thought patterns:

- Sudden or marked irritability
- Feeling of time going slowly
- Excessive worrying or anticipating a problem
- Extremely focused thinking
- Experiencing feelings of dread or impending doom.

### Changes in behaviour:

- Sudden bursts of energy, speed or strength
- Experiencing shakiness and/or feeling tired
- Being very still or 'frozen'
- Difficulty concentrating
- Difficulty sleeping.

## Impact

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

## Support

- Visit GP for treatment
- Cognitive Behavioural Therapy (CBT)
- Sensory processing assessment
- Access care of a specialist mental health service, like a psychiatrist
- Avoid triggers or manage them in a controlled way
- Encourage exercise, group activity and a healthy diet
- Wellness recovery action plan
- Mindfulness, visualisation or meditation
- Distraction, grounding or worry management.



# Support considerations

In recruitment	In the workplace	In returning from a period of absence
<ul style="list-style-type: none"> <li>• Where the individual has declared their anxiety, ask them how the recruitment and selection process might be adapted to support their needs</li> <li>• To avoid uncertainty, provide clear information. Share full details of the interview structure e.g. competency based, trail shift and panel members</li> <li>• Tests, assessments, or groups activities may be particularly difficult so could be skipped or adjusted</li> <li>• If an individual displays significant stressor anxiety levels during the interview, consider changes that could be made (eg. seating positions, smaller panel sizes, room temperature), or allow breaks</li> <li>• In more severe cases, consider allowing someone to accompany the applicant to the interview (eg. A family member or a supported employment representative)</li> <li>• Consider a 'working interview' where the individual can demonstrate their practical skills on the job.</li> </ul>	<ul style="list-style-type: none"> <li>• For a new employee with known anxiety, ensure the welcome and induction process is clear and understood. Consider additional support in the first few weeks</li> <li>• Appoint a workplace buddy or mentor to provide personal support</li> <li>• Find out about any medication they are taking and any possible side effects</li> <li>• Ask the individual to explain how their stress/anxiety manifests itself and ensure you have the individual's permission to talk about it with others should that be required</li> <li>• Avoid phrases such as 'pull yourself together', 'you'll get over it', 'it's not as bad as you think'</li> <li>• Identify potential workplace activities that may trigger particular levels of stress/anxiety - eg. environmental factors like seating position</li> <li>• Look out for tell-tale signs of the individual becoming stressed eg. agitation or fidgeting</li> <li>• Identify any workplace activities that may trigger particular levels of stress or anxiety, and consider any temporary or permanent adjustments</li> <li>• Complete a wellness action plan to record your discussions about triggers, support and adjustments</li> <li>• Consider an application to Access to Work (see page 42).</li> </ul>	<ul style="list-style-type: none"> <li>• Consider a phase returned, eg shortened working hours or days, or reduced workload</li> <li>• Review individual work activities to minimise risk of a recurrence for a trial period eg. short-term reallocation of some duties</li> <li>• Have regular review meetings with the individual encouraging openness in a safe environment</li> <li>• Encourage the individual to consider and review any triggers that lead to heightened stress or anxiety, and use relevant coping strategies in the workplace</li> <li>• Where an Occupational Health Service is in place, encourage an assessment to be undertaken</li> <li>• If appropriate (and with consent) speak to the person's mental health support team for advice and guidance.</li> </ul>

## Useful resources

[www.rethink.org](http://www.rethink.org)

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

[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

[www.atw.maximusuk.co.uk](http://www.atw.maximusuk.co.uk)

Around 822,000 workers were suffering from work-related stress, depression or anxiety in 2020/21.

Source: HSE statistics, December 2021

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



# Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a neurological condition that impacts the parts of the brain that help us plan, focus on, and perform tasks.



Someone with ADHD will experience high levels of impulsivity, hyperactivity and inattention which cause difficulties at home, in education, work and social settings. There are various types of ADHD which impact people differently. The symptoms of ADHD may vary depending on the demands of personal life and the environment the individual is working in (eg. noisy, busy etc.).

## Traits / Symptoms

### Inattentive traits

- Difficulty sustaining attention, easily distracted making it difficult to finish projects
- Making careless mistakes and errors
- Forgetful, missing deadlines or appointments
- Does not seem to listen when spoken to

### Hyperactive traits

- Fidgety hands or feet or squirming in seat
- Standing up or moving around when it's not appropriate to do so
- Talking quickly and often excessively
- Interrupting others' conversations

## Impact

- Not everyone is comfortable discussing their ADHD and some people don't see it as a disability
- May appear anxious
- Difficulty waiting - impatient
- May tend to agree to things impulsively to get the appointment over with
- May find it difficult staying calm
- May sometimes become confrontational
- May require the job to be broken down into tasks through the day to remember all the parts of the job
- May seem distracted, disinterested or disorganised.

## Support

- Ensure individuals are informed about changes which affect them (eg. appointments)
- Variety in work and environment can help to avoid boredom and distraction
- Workplace buddy or mentor can help
- Provide clear structure and organisation of tasks
- Consider the use of technology and telecommunications to aid memory (eg. electronic diary reminders, text messaging etc.)
- Be clear about work rules, code of conduct and deadlines.



# Support considerations

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

## Useful resources

[www.dyscovery.org](http://www.dyscovery.org)

[www.addiss.co.uk](http://www.addiss.co.uk)

[www.aadd.org.uk](http://www.aadd.org.uk)

[www.danda.org.uk](http://www.danda.org.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.netdoctor.co.uk](http://www.netdoctor.co.uk)

People with ADHD may also have additional problems, such as sleep and anxiety disorders

Source: NHS Choices

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



# Autism

Autism Spectrum Condition (ASC) is a spectrum of lifelong developmental disabilities that affects how a person communicates with, and relates to, other people. Some people prefer to use the term Autism.



Everyone with autism will be affected differently with a different pattern of strengths and difficulties.

Autism can occur across all levels of intelligence. Whilst some people may appear to be less affected or “high-functioning,” this does not mean they are less autistic. They are often equally affected but due to their above average intelligence they have been able to develop coping strategies.

## Traits / Symptoms

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

## Impact

- May need to undertake certain routines
- May become uncomfortable if not able to complete a task
- May be unable to make judgements about the amount of work appropriate for a task
- Communication difficulties, including poor non-verbal communication
- May dominate conversations or discuss inappropriate topics or special interests
- May have repetitive speech patterns
- Difficulty with empathy or in forming friendships and relationships
- The work environment will need to be considered if sensitive to light, or smell of a workplace
- Intense absorption in certain subjects - can become obsessive on certain areas.

## Support

- Give them information before meetings and training. Use an agenda to help with structure and predictability
- Try to stick to plans and offer support with any last minute changes
- Ensure conversation is factual and avoid sayings such as, ‘he threw his hat in the ring’ - this could be confusing to someone with ASC. Likewise, be conscious to not use jokes and sarcasm which may be taken literally
- Sentences should be kept short - be concise and clear
- Ensure confidence is built and any issues with low self-esteem are addressed.



# Support considerations

In recruitment	In the workplace	In returning from a period of absence
<ul style="list-style-type: none"> <li>• Where the individual has declared their autism, ask them how the recruitment and selection process might be adapted to support their needs</li> <li>• Ensure that the recruitment process and times are clear, use written confirmation of appointment times</li> <li>• Ensure clarity of language. Avoid using ambiguous phrases (eg 'think outside the box')</li> <li>• Be clear at the start of any interview exactly what format it will take – and stick to it!</li> <li>• Don't judge on first impression - people with autism have many skills and abilities but may not immediately present themselves effectively. Remember that their direct eye contact may be minimal</li> <li>• Allow time to draw out hidden skills and abilities</li> <li>• Group interviews and assessment centres may not be appropriate. Working interviews or work trials are far more effective and strongly recommended</li> <li>• Minimise interview distractions (eg. away from windows where there is activity outside, phones ringing, interruptions etc.)</li> <li>• During interviews, allow for time for the individual to finish the point they wish to make - be patient. Failure to do so can create distraction, confusion or anxiety</li> <li>• Processing time may be slower, avoid rephrasing questions as processing will start again.</li> </ul>	<ul style="list-style-type: none"> <li>• Be very clear about the job start and induction process – times, locations, dress standards, etc.</li> <li>• Tasks undertaken can be complex, but the training for those tasks needs to be delivered in a highly systematic and routine fashion. Job coaching can help train individuals for such tasks. Use of visual prompts can be effective in delivery of training</li> <li>• Redesign the job to play to the strengths of the individual e.g. consistency, routine, high attention to detail etc.</li> <li>• The individual may be unlikely to pick up on team dynamics – limited social skills can mean they are unlikely to pick up on 'vibes'</li> <li>• Talk to the individual about whether they are happy for colleagues to be involved in a discussion around the issue of autism in the workplace</li> <li>• Watch out for bullying – not just from work colleagues but also from customers. The appointment of a workplace buddy or mentor could be helpful</li> <li>• Some individuals may demonstrate obsessive behaviours around their immediate environment (eg. chairs, desks, machines etc.)</li> <li>• Workplace changes can be really difficult for autistic people. Try to anticipate the impact of a change and manage it effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• It is unlikely that someone's autism will cause them to be absent. If they are experiencing difficulties at work or at home connected with their autism then they may experience stress or anxiety which may cause an absence</li> <li>• Ensure that the root cause for the individual's absence is fully understood – the initial reason for the absence may hide a deeper issue</li> <li>• If there have been changes in work during their absence, consider how this would be best communicated and managed upon a return to work (e.g. Change in personnel, work process or environment)</li> <li>• Change to routine can cause a behavioural reaction – e.g. if the individual is off work through sickness, this may drive the employee to return to work sooner than they perhaps should</li> <li>• Where appropriate, it may be good to speak with the individual's family or trusted friends to explore future triggers, support needs or coping strategies.</li> </ul>

## Useful resources

[www.autism.org.uk](http://www.autism.org.uk)

[www.autismwestmidlands.org.uk](http://www.autismwestmidlands.org.uk)

Over 700,000 people in the UK have autism.

Source: National Autistic Society

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



# Bipolar Disorder

Bipolar Disorder is a mental health condition which can affect a person's ability to experience a normal range of mood. It is marked by extreme changes in emotion, thought, energy and behaviour.



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

## Traits / Symptoms

**During episodes of mania someone may show the following symptoms:**

- Feel elated, full of energy and perhaps over-confident
- Be easily distracted, agitated or irritated
- Make rash decisions and risky choices, and lose insight

**During episodes of depression they may:**

- Feel low, hopeless, worthless or even empty or numb
- Lose confidence, be self-critical or feel unnecessarily guilty about things
- Lack motivation, or lose interest and enjoyment in activities
- Struggle with their memory and concentration, and be confused or indecisive.

## Impact

**People may have problems with:**

- Relationships – family, friends and colleagues
- Social situations - they may want to isolate themselves
- Irritability – short temper and become intolerant of others
- Lack of interest in their own appearance and wellbeing
- Poor decision making or reluctant to make decisions
- Lack of energy and tiredness making everyday tasks more difficult
- Issues with memory and concentration affecting their ability to focus on simple tasks
- Low confidence and self-esteem oversensitive to comments or criticism
- Self-doubt – needing constant reassurance from others
- Embarrassed to disclose or discuss their condition.

## Support

- Visit GP for treatment
- Access care of a specialist mental health service, like a psychiatrist
- Avoid triggers or manage them in a controlled way
- Medication may cause side effects and early starts might be difficult
- Wellness recovery action plan.



# Support considerations

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

## Useful resources

[www.rethink.org](http://www.rethink.org)

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

[www.atw.maximusuk.co.uk](http://www.atw.maximusuk.co.uk)

On average, it takes 9 years for someone with bipolar to be correctly diagnosed. Some studies show it's as high as 14 years. During this time, a person will be misdiagnosed an average of 3.5 times.

Source: Bipolar UK

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



# Depression

Most of us have or felt low but a diagnosis of depression is when we experience intense low mood which persists over weeks or months.



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

## Traits / Symptoms

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

## Impact

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

## Support

- Support/treatment from GP
- They could be referred to IAPT (Improving Access to Psychological Therapies) for Cognitive Behavioural Therapy, counselling, or other organisations like Changes, for help with anger or social inclusion
- Use of multiple alarm clocks or drinking water in evenings to help waking the following morning
- Encourage exercise, group activity and a healthy diet
- Undertaking activities that are goal orientated.



# Support considerations

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

## Useful resources

[www.rethink.org](http://www.rethink.org)

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

[www.nhs.uk/pathways/depression](http://www.nhs.uk/pathways/depression)

[www.remplo.co.uk/mentalhealth](http://www.remplo.co.uk/mentalhealth)

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

Source: Royal College of Psychiatrists

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



# Diabetes

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



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

## Traits / Symptoms

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

## Impact

- Diagnosis may have an emotional impact on an individual
- Some employers may impose restrictions, or the individual may need to pass a health check for certain jobs
- The need to eat and take medication (particularly injections) at regular times can cause some difficulties although these can usually be managed
- Working a rotating shift pattern may not always be suitable. For example, a job where the lunch break is at midday one day and 3pm the next day could make it difficult to maintain blood sugar levels.

## Support

- Most people will manage their diabetes well and need minimal support from others
- Many people with diabetes carry glucose tablets, drinks or something similar. If an individual has a hypo, ask them if they have any of these things and sit with them while they eat or drink the glucose. After 15 minutes, they should eat a light snack but avoid fatty foods
- Regular exercise and a healthy diet are a vital part of managing symptoms
- Getting enough sleep and managing stress well can also help reduce fluctuations in blood sugar
- People should check their blood sugar levels, attend regular screenings and have specialist eye tests.



# Support considerations

In recruitment	In the workplace	In returning from a period of absence
<ul style="list-style-type: none"> <li>• If the recruitment process involves an extended form of interview or assessment centres, allow the individual regular time for meals or medication (consider if this needs to be at any set times)</li> <li>• Individuals with diabetes may also experience other health conditions, such as restricted eyesight, so be prepared to offer materials in alternative formats</li> <li>• There are usually few additional adjustments required for people with diabetes. Be aware that night working can be potentially problematic, but as with other challenges, can be overcome with support and adjustments</li> <li>• Once a job offer is made, carry out a risk assessment prior to the actual job start.</li> </ul>	<ul style="list-style-type: none"> <li>• Provision for planned regular meals or medication to be built into working patterns</li> <li>• If the individual controls their diabetes by using injections, ensure that use is in line with any drug-related policies that may exist in the workplace. Where this is the case, the individual would normally have access to a clean room facility and sharps disposal</li> <li>• Understand how well the individual manages the condition, or how stable it is</li> <li>• Ask about 'hypos' - does the individual carry around glucose sweets etc.? What do they want workplace colleagues to do if they are having a 'hypo'?</li> <li>• Ensure that a first aider is appointed in the workplace and that they are trained in supporting the individual should they experience a 'hypo' in the workplace</li> <li>• Provide aids or adaptations if required, such as text enhancing software for sight loss (see sight loss section on page 40 for further details)</li> <li>• In a small number of cases, the onset of diabetes can result in an individual losing their driving licence. Should this happen, Access to Work should be explored to help provide an alternative transport solution (see page 42).</li> </ul>	<ul style="list-style-type: none"> <li>• Consider the effects of any new medication, or increased dosage</li> <li>• In more severe cases, the diabetes may have developed serious secondary conditions, including sight loss, obesity or amputation, which could also lead to a change in psychological condition. Should this be the case, additional support will be required</li> <li>• If there have been any significant changes to the job or working pattern while the individual has been absent, these need to be discussed to see if any adjustments are required.</li> </ul>

## Useful resources

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

[www.diabetes.nhs.uk](http://www.diabetes.nhs.uk)

Over 4.9 million people in the UK have diabetes.

Source: Diabetes UK

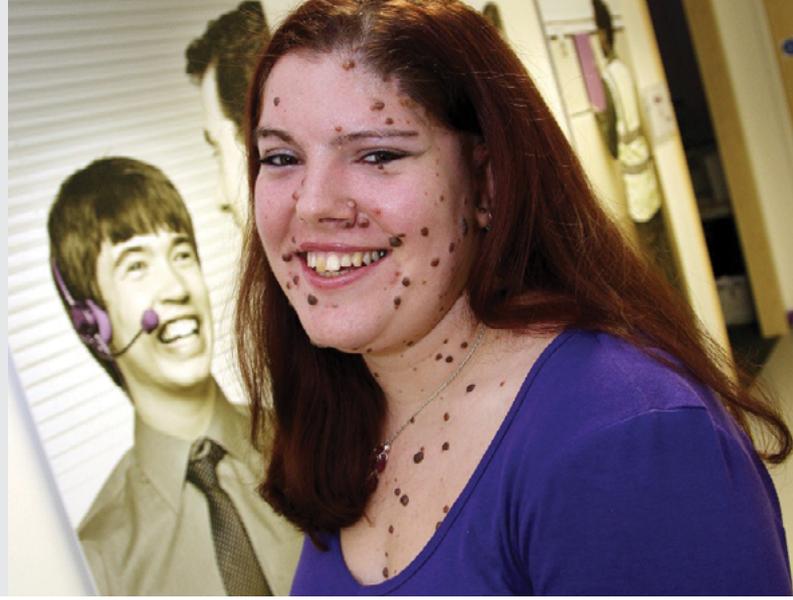
Please note that this information is not definitive and may not be appropriate for every individual.



# Disfigurement

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

## Changing Faces



Although the term 'disfigurement' is used in the Equality Act 2010, some people prefer to use the phrase 'visible difference' or the name of their condition. They may be acquired from birth, an accident, disease or through surgery. Some examples of visible differences are congenital conditions such as cleft palate, birthmarks or neurofibromatosis scars from burns, palsies or paralysis such as from a stroke or scars from cancer surgery.

## Traits / Symptoms

- Some may be visible while others may be hidden, disguised or camouflaged
- The reaction of other people has a big impact on how individuals cope with their visible difference
- Some people may feel uncomfortable revealing their visible difference
- Some visible differences are the result of self-harm
- Some visible differences are caused by other health conditions which also need to be considered when working with the person.

## Impact

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

## Support

- Be mindful about the individual's wishes in managing the subject of their visible difference
- The individual will be the best person to advise what support they need. They are highly likely to have developed their own coping strategies which can extend into the workplace
- They may need to attend regular doctor and hospital appointments.



# Support considerations

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

## Useful resources

[www.changingfaces.org.uk](http://www.changingfaces.org.uk)

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

Source: Changing Faces

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



# Dyslexia

Dyslexia is a learning difficulty which primarily affects reading and writing skills. However, it can affect more than these skills.

Dyslexia is actually about information processing. Dyslexic people may have difficulty understanding and remembering information they see and hear. Dyslexia can also impact on other areas such as organisational skills.

## British Dyslexia Association



Some people describe dyslexia as a specific learning difficulty. However, the preferred term is a neurodiverse condition. This recognises the value of thinking differently, as well as the challenges.

Whilst there may be difficulties with language and organisation, there can be excellent visual, creative and problem solving skills.

## Traits / Symptoms

- **Positive traits** include: creativity, imagination, strong problem solving skills, good verbal communication and practical tasks
- Literacy and numeracy difficulties
- Poor handwriting
- Difficulty with short term memory - they may only remember one or two things at a time
- Poor organisational skills
- Poor timekeeping
- Limited concentration
- Often undiagnosed, especially in adults.

## Impact

- May have had bad experiences resulting in low confidence or self-esteem
- Sometimes have difficulty organising day-to-day activities, such as preparing meals or paying bills
- Difficulties in reading, writing or working with numbers can often lead to low confidence and self-esteem
- Lifelong strategies used to hide the effects of dyslexia can cause individuals some stress related to the fear of being 'found out'.

## Support

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



# Support considerations

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

## Useful resources

- [www.dyslexia-help.org](http://www.dyslexia-help.org)
- [www.beingdyslexic.co.uk](http://www.beingdyslexic.co.uk)
- [www.dyslexia-inst.org.uk](http://www.dyslexia-inst.org.uk)
- [www.adult-dyslexia.org](http://www.adult-dyslexia.org)
- [www.bdadyslexia.org.uk](http://www.bdadyslexia.org.uk)

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

Source: British Dyslexia Association

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



# Dyspraxia

Dyspraxia (also known as developmental coordination disorder - DCD) is a surprisingly common condition affecting movement and coordination in children and adults. It is a hidden condition which is still poorly understood.

## Dyspraxia Foundation



Dyspraxia/DCD occurs when messages between the brain and body are disrupted. Many people, especially those over 30, may not have received a formal diagnosis.

## Traits / Symptoms

- Difficulty with large and/or small movements which may affect balance, fatigue levels, hand-eye coordination, rhythm, hand movements or manipulation skills
- Clumsy gait and movement for example, knocking things over or bumping into people
- Reading and writing such as poor handwriting or issues with following written instructions
- Over sensitive to taste, light, touch or noise
- Poor sense of time, speed, distance, weight, or sense of direction
- Organisational or planning difficulties - poor short-term memory
- Sleep problems
- Slow to adapt to new or unpredictable situations
- May experience speech difficulties (also known as verbal dyspraxia).

## Impact

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

## Support

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



# Support considerations

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

## Useful resources

[www.dyspraxiauk.com](http://www.dyspraxiauk.com)

[www.dyscovery.org](http://www.dyscovery.org)

[www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk)

Approximately 10% of the UK population have dyspraxia. However, as DCD is often misunderstood, this percentage may be higher.

Source: Exceptional Individuals

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



# Epilepsy

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



It affects up to one per cent of the population and, for some people, there is no known cause. However, a head injury, brain infection or stroke can cause epilepsy.

## Traits / Symptoms

There are many different types of seizure

### Simple partial seizures or Aura

The person will remain conscious and may report changes in the way things look, feel, taste, smell or sound, feelings of déjà vu, tingling in arms or legs and feeling of stiffness in the muscles.

### Complex partial seizures

The person will be unaware of what is happening and will not be able to remember afterwards. They may make movements such as smacking their lips, rubbing hands or moving arms around, picking at their clothes or fiddling, adopting an unusual posture or swallowing or chewing.

### Tonic Clonic seizure

This happens in two stages.

- Tonic stage – lose of consciousness, stiff body, and they may fall to the floor
- Clonic stage – limbs jerk about, potential loss of control of bladder or bowel, they may bite tongue or the inside of cheek, and might have difficulty breathing.

### Absence seizure

A person loses awareness of their surroundings for a short time. They may stare blankly into space, flutter their eyes and make slight jerking movements. These usually only last up to 15 seconds and the person has no memory of them. They can happen several times a day.

Some people experience **photosensitive epilepsy**, where seizures are triggered by flashing or flickering light (strobe lighting, unprotected computer screens, etc.). Others can experience **nocturnal epilepsy**, where seizures tend to only occur during sleep.

## Impact

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

## Support

- In the majority of cases, epilepsy can be controlled by medication
- It is important that friends, family and colleagues know what to do in the event of a seizure
- Be aware of triggers including stress, a lack of sleep, waking up, drinking alcohol, some medicines and illegal drugs. In women, monthly periods and flashing lights (this is an uncommon trigger).



# Support considerations

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

## Useful resources

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

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

Source: Epilepsy Action

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



# General Learning Disabilities

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



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

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

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

## Traits / Symptoms

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

## Impact

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

## Support

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



# Support considerations

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

## Useful resources

[www.mencap.org.uk](http://www.mencap.org.uk)  
[www.bild.org.uk](http://www.bild.org.uk)

About one in every 500 people has a learning disability.

Source: Improving Health & Lives:  
 Learning Disabilities Observatory

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



# Hearing Loss (Deafness)

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



## Traits / Symptoms

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

## Impact

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

## Support

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



### Guidance note on the use of Sign Language Interpreters:

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

The general rule would be to refer to NRCPD register Level 3 as a minimum.

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



# Support considerations

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

## Useful resources

[www.nrcpd.org.uk](http://www.nrcpd.org.uk)

[www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)

[www.actiondeafness.org.uk](http://www.actiondeafness.org.uk)

Hearing loss affects 12 million people in the UK.

Source: RNID

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



# Limb loss

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



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

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

## Traits / Symptoms

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

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

## Risks

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

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

## Support

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



# Support considerations

In recruitment	In the workplace	In returning from a period of absence
<ul style="list-style-type: none"> <li>• Not everyone with limb loss will declare this prior to an interview. If you as the employer find this experience difficult, remember that the individual will be used to dealing with such situations and you should not be overly concerned</li> <li>• Don't judge on first impressions, behave naturally and do not avoid eye contact</li> <li>• Provide the opportunity for adjustments to be made within the selection process eg. written assessments may not be applicable to an individual with the loss of an arm</li> <li>• Consider the accessibility of the interview room or assessment centre. Include the opportunity for individuals to discuss adjustments they may need (eg. wheelchair access)</li> <li>• Correct job match is key - work trials prior to appointment are recommended to assess an individual's suitability and any adjustments they may need to undertake the role effectively</li> <li>• Avoid assumptions about any negative implications for the job as a result of the limb loss.</li> </ul>	<ul style="list-style-type: none"> <li>• Ask about medication or treatment and provide accommodations to allow such treatment to be supported (eg. planned operations, rehabilitation, etc.)</li> <li>• Individuals may be taking pain relief medication - discuss the use of adjustments such as flexible hours, regular breaks or late starts to ensure that pain is managed</li> <li>• Ensure there is good access to all required areas of the work environment</li> <li>• If the individual is unsure of their functional capacity, consider a functional capacity evaluation to assess workplace needs and any adjustments required</li> <li>• If the condition is a result of trauma, for example a car accident or soldier injured on active service, they may experience other physical or mental difficulties. If this is the case, they should be advised to talk to their manager</li> <li>• Access to Work can be considered to support funding for any workplace adaptations required (see page 42)</li> <li>• Consider allocated car parking spaces for individuals with mobility restrictions.</li> </ul>	<ul style="list-style-type: none"> <li>• The individual may have had an operation directly associated with their injury and may now experience a new change in appearance. Meet with the individual prior to their return to work to discuss any concerns</li> <li>• Consideration may need to be given to flexible working patterns to support the individual through any ongoing treatment</li> <li>• Changes to the individual's mobility may require further assessment as to whether any new adjustments are required</li> <li>• Access to Work can support individuals with disabilities or mental health conditions back into work, and advise on reasonable adjustments (see page 42).</li> </ul>

## Useful resources

[www.posturite.co.uk](http://www.posturite.co.uk)

[www.limblossinformationcentre.com](http://www.limblossinformationcentre.com)

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

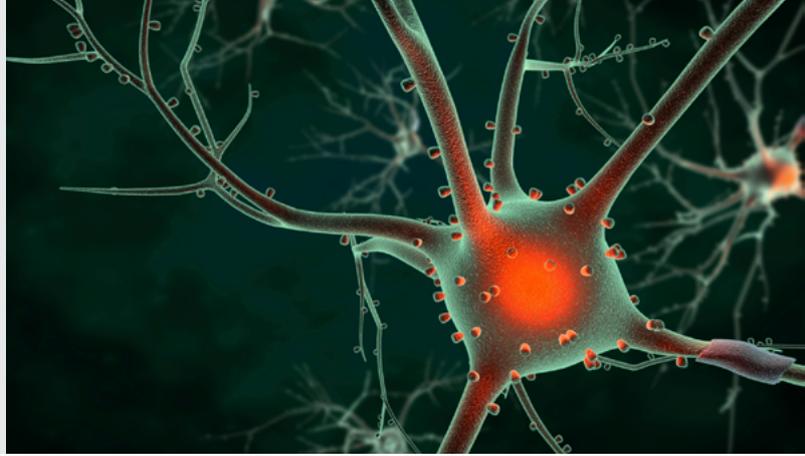
Source: NHS Choices

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



# Multiple Sclerosis (MS)

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



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

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

## Traits / Symptoms

- Stiffness and spasms, restricted or loss of mobility
- Fatigue
- Impaired vision, dizziness and poor balance
- Difficulty in swallowing
- Tremors
- Cognitive changes such as problems with thinking, memory, learning and planning
- Slurred or difficult speech.
- Difficulty with bladder and bowel management.

## Impact

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

## Support

- Regular medical appointment will be needed to manage the varying symptoms and changes of the condition
- Walking aids and adaptations may be required to manage mobility issues
- Flexible working arrangements may help to manage symptom changes and fatigue
- Easy access to all parts of the building and especially toilets is vital
- If someone has speech issues consider alternative communication methods
- If eating or swallowing is an issue arrangement for lunchtimes might need to be altered to create a more relaxing and / or private space
- Memory prompts, planners, checklist and other tools can help with cognitive issues.



# Support considerations

Support in recruitment	In the workplace	In returning from a period of absence
<ul style="list-style-type: none"> <li>• Where the individual has declared their MS, ask them how the recruitment and selection process might be adapted to support their needs</li> <li>• Consider adjustments that may need to be made in the selection process (eg. accommodate for slurred speech if the process involves a telephone screening interview, or allow more time in group activities with assessment centres)</li> <li>• MS can manifest itself in different ways. Ask the applicant what adjustments, if any, are required for the interview</li> <li>• Consider engaging with a specialist employment provider to advise both you and the individual through the recruitment process</li> <li>• Part-time roles, or roles that can be flexible, may be particularly suitable</li> <li>• Remember, MS is a physical condition and does not affect intelligence.</li> </ul>	<ul style="list-style-type: none"> <li>• Flexibility in the workplace to accommodate changes in the condition should be considered where possible</li> <li>• Job coaching may be required to support learning the job and developing coping strategies to combat poor memory retention.</li> <li>• Examples of strategies could include planning and organising time, interim targets and deadlines, access to a quiet space, noise cancelling headphones</li> <li>• Offer breaks to address fatigue and/or attention span</li> <li>• Understand the side effects of any medication. Encourage the employee to inform someone in work if there are any changes</li> <li>• Ensure there is a current and relevant risk assessment in place</li> <li>• Make sure the workplace is free from trip hazards and there is room to move around freely.</li> <li>• People may benefit from an adapted chair and an ergonomic workspace where most frequently used items are stored closet</li> <li>• Speech to text software may help if someone's writing or typing is affected</li> <li>• Consider allocated car parking spaces for individuals with mobility restrictions.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider a phased return to work to build up work stamina</li> <li>• In more extreme cases, or where the condition has deteriorated significantly, applications for a support worker may be appropriate</li> <li>• Review the risk assessment to assess whether anything has changed.</li> </ul>

## Useful resources

[www.mssociety.org.uk](http://www.mssociety.org.uk)

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

Source: Multiple Sclerosis Trust

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



# Musculoskeletal Disorders (MSD)

Musculoskeletal conditions or disorders affect bones, joints, muscles, tendons, ligaments and the tissues that connect them. These conditions can affect upper limbs, lower limbs or the back.



Musculoskeletal disorders impacts the movement required to perform every day physical tasks. There are a range of causes, including inflammatory diseases, ageing, injuries, congenital and developmental conditions. Some may be short-lived such as following an injury, other can be recurrent such as back pain and some are long-term and progressive. The common factor between them is that they are associated with pain and impaired physical function.

## Traits / Symptoms

- Pain
- Joint stiffness
- Redness and swelling of affected area
- Pins and needles and/or numbness
- Skin colour changes
- Decreased sweating of hands (upper limb disorder)
- Slow or impaired mobility - the inability to lift, bend or carry
- Inability to focus for sustained periods, due to pain or discomfort
- May have difficulty sleeping
- Symptoms often worsen as condition progresses.

## Risks

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

- Bending and twisting
- Uncomfortable working position
- Exerting too much force
- Working too long without a break
- Adverse working environment (eg. too hot or too cold)
- Psychosocial factors (eg. high demand job, time pressures and lack of control)
- Not receiving and acting on reports of symptoms quickly enough
- Inability to undertake day-to-day tasks eg. undo a lid on a jar, walk without pain, use a keyboard or write.

## Support

- Medication or alternative treatment to manage pain
- Aids and adaptations to overcome the difficulties faced
- Avoidance of certain exacerbating activities or strenuous or physical demands
- Good manual handling practice is vital along with minimising lifting and carrying or providing aids.



# Support considerations

In recruitment	In the workplace	In returning from a period of absence
<ul style="list-style-type: none"> <li>• Ask in advance if the individual requires any reasonable adjustments for the recruitment and selection process</li> <li>• Consider the accessibility of the environment where the recruitment activity is taking place, as well as any adjustment to the activity itself eg. interviews need to be held in an accessible room with suitable toilet facilities nearby, activity based assessment centres will need to take mobility restrictions into consideration</li> <li>• It is advisable for the company to undertake a risk assessment once any job offer has been made</li> <li>• An Occupational Health assessment will help identify workplace adjustments</li> <li>• Once a job offer has been made, consider if, or how, the individual's disability may fluctuate between seasons and how this may potentially impact on work performance (eg. issues with joints often worsen in cold, damp weather conditions)</li> <li>• An application to Access to Work may be appropriate (see page 42), as well as travel to work support.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider time off or flexible working arrangements for regular GP or hospital appointments, or to lessen side effects of any medication being taken</li> <li>• Consider if there are any restrictions on the length of time the individual is able to sit, stand, walk, type etc. They may need to have regular breaks or adjust their position periodically</li> <li>• Review the adjustments regularly to ensure they are still suitable and effective</li> <li>• Ensure any resulting actions from a risk assessment have been followed up</li> <li>• Think if any flexibility is needed to accommodate changes in the condition, this could be daily or seasonal</li> <li>• Consider allocated car parking spaces for individuals with mobility restrictions.</li> </ul>	<ul style="list-style-type: none"> <li>• Talk with the individual prior to their return to work to establish any substantive changes to their condition that may require adjustments in the workplace</li> <li>• A phased or staggered return to work may be needed to rebuild stamina</li> <li>• Where an Occupational Health Service is in place, an assessment is strongly recommended.</li> </ul>

## Useful resources

[www.hse.gov.uk/msd](http://www.hse.gov.uk/msd)

[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

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

Source: Cardiff University Health Centre

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



# Post-Traumatic Stress Disorder (PTSD)

The term Post-Traumatic Stress Disorder is a mental health condition that may develop in response to exposure to a particularly traumatic event.



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

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

## 1. Re-experiencing

Repeatedly reliving the traumatic event in a number of ways, including intrusive, unwanted memories or nightmares.

## 2. Hyperarousal

Symptoms of hypervigilance and anxiety, or a tendency to be irritable and angry at the slightest provocation.

## 3. Avoidance

The individual will avoid thoughts and feelings related to the traumatic experience or reminders of it – effectively acting as a coping mechanism. Symptoms include avoidance of activities, places or people which remind them of their trauma, resulting in a tendency to isolate themselves.

## Traits / Symptoms

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

## Impact

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

## Support

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



# Support considerations

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

## Useful resources

[www.ptsd.org.uk](http://www.ptsd.org.uk)

[www.combatstress.com](http://www.combatstress.com)

[www.atw.maximusuk.co.uk](http://www.atw.maximusuk.co.uk)

PTSD is estimated to affect about 1-in-3 people who have a traumatic experience.

Source: NHS

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



# Schizophrenia

Schizophrenia is a mental health condition which affects the person's perception of reality and changes the way they think, feel and behave. Whilst the symptoms can have a profound affect on someone's life they can be very well managed by medication and other treatment.



Schizophrenia is a long-term condition where someone experiences a range of psychological symptoms for more than six months.

Psychosis or a psychotic episode is when someone experiences these symptoms for a short period of time. Having a psychotic episode does not necessarily mean someone will develop schizophrenia.

In both cases people perceive or interpret things differently from those around them and seem to experience a different reality.

## Traits / Symptoms

- Hallucinations. These are false perceptions, and hearing voices is the most common. They can also involve the other senses
- Delusions - which are false beliefs. These include feeling persecuted or guilty. Or that they are on a special mission or being controlled by other people
- Paranoid thoughts
- Thought disorder such as difficulty concentrating, memory problems, confused thoughts and speech
- Unpredictable or inappropriate behaviour and extreme agitation
- Lack of energy and motivation
- Blunted emotions and losing interest in activities
- Withdrawing socially and isolating themselves
- Poor self-care.

## Impact

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

## Support

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



# Support considerations

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

## Useful resources

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

At some time during their life, around 1-in-100 people will suffer an episode of schizophrenia.  
 Source: Royal College of Psychiatrists

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



# Sight Loss (Blindness)

Sight loss or visual impairment refers to people with irretrievable sight loss and does not include conditions which can be corrected by glasses or contact lenses.



Sight loss is a term we now prefer to use to describe a visual impairment and some people may still that term or use the term blind to refer to themselves.

It refers to irretrievable sight loss and does not include conditions which can be corrected by glasses or contact lenses.

## Traits / Symptoms

Traits will depend on the cause of sight loss.

- Age-related macular degeneration (AMD) causes a dark spot or blurring of the centre of the field of vision
- Cataracts - vision becomes blurred or dimmed
- Retinitis pigmentosa (RP) - dark spots in vision
- Glaucoma is the term for a number of eye conditions. Affects peripheral vision, and in severe cases a person can feel like they're looking down a tunnel
- Diabetic retinopathy is the most serious of the eye condition. It can cause scarring which leads to blurred or patchy vision.

## Impact

- Accessing written material may become difficult
- Adaptations may be needed for daily living
- Sudden or recently acquired visual impairments can have a significant emotional impact and may also effect family and personal relationships
- Individuals can experience social isolation or a loss of independence.

## Support

- Provision of adaptations such as voice activated software, screen readers, alternative formats such as Braille or accommodation for a guide dog
- Counselling for emotional support needs
- Access support from specialist organisations.



# Support considerations

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

## Useful resources

[www.rnib.org](http://www.rnib.org)

[www.rncb.ac.uk](http://www.rncb.ac.uk)

[www.abilitynet.org.uk](http://www.abilitynet.org.uk)

[www.guidedogs.org.uk](http://www.guidedogs.org.uk)

[www.actionforblindpeople.org.uk](http://www.actionforblindpeople.org.uk)

There are more than two million people living with sight loss in the UK. Around 340,000 of these are registered blind or partially sighted.

Sources: RNIB

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



# The Equality Act 2010 and the Access to Work Scheme

## Equality Act 2010

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

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

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

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

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

[www.homeoffice.gov.uk/equalities/equality-act](http://www.homeoffice.gov.uk/equalities/equality-act)

## Access to Work

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

### Support and grants for employees

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

Support is available in England, Scotland and Wales. There is a set amount for an Access to Work grant and how much an individual gets depends on their circumstances.

### To qualify for support:

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

For more information on Access to Work go to [www.gov.uk/access-to-work](http://www.gov.uk/access-to-work)





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