

# Enabling Disabled Staff A Toolkit for Managers

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## 1. Summary of Responsibilities

### Employees are responsible for:

- Advising line managers or human resources that they have a disability or short term impairment (the University can only provide assistance if a disability is known to them).
- Making applications to Access to Work.

### Line Managers are responsible for:

- Ensuring local practices do not contravene the DDA 1995.
- Recognising that a staff member may have a disability and require adjustments.
- Responding to requests from disabled staff members for reasonable adjustments to any aspect of their job.
- **Notifying Human Resources about the employee's disability.**  
*For new employees it is critical that this is achieved within the first 6 weeks of employment to enable the University to access funding support where appropriate.*

### HR Officers are responsible for:

- Giving advice to managers about managing disabled staff.
- Co-ordinating support for disabled staff where needed.
- Arranging case conferences involving the relevant University services or sections.
- Recording disability for monitoring purposes

### Occupational Health is responsible for:

- Providing advice to HR Officer and line managers on the reasonable adjustments medically recommended in respect of the employees disability.
- Arranging clinical assessments.
- Co-ordinating the completion of detailed musculo-skeletal assessment and report on the equipment/workplace modifications required.

### What Hardware Loans will deal with:

The Hardware Loans Scheme provides an extensive range of accessible hardware that can be borrowed by any member of staff or student on campus for a varying length of time depending on requirement.

### What Access to Work will deal with:

Access to Work is a scheme offered by Job Centre Plus to assist disabled people with adjustments and support for people starting a new job or who are currently in employment. They provide advice and financial support to the member of staff and/or the employer.

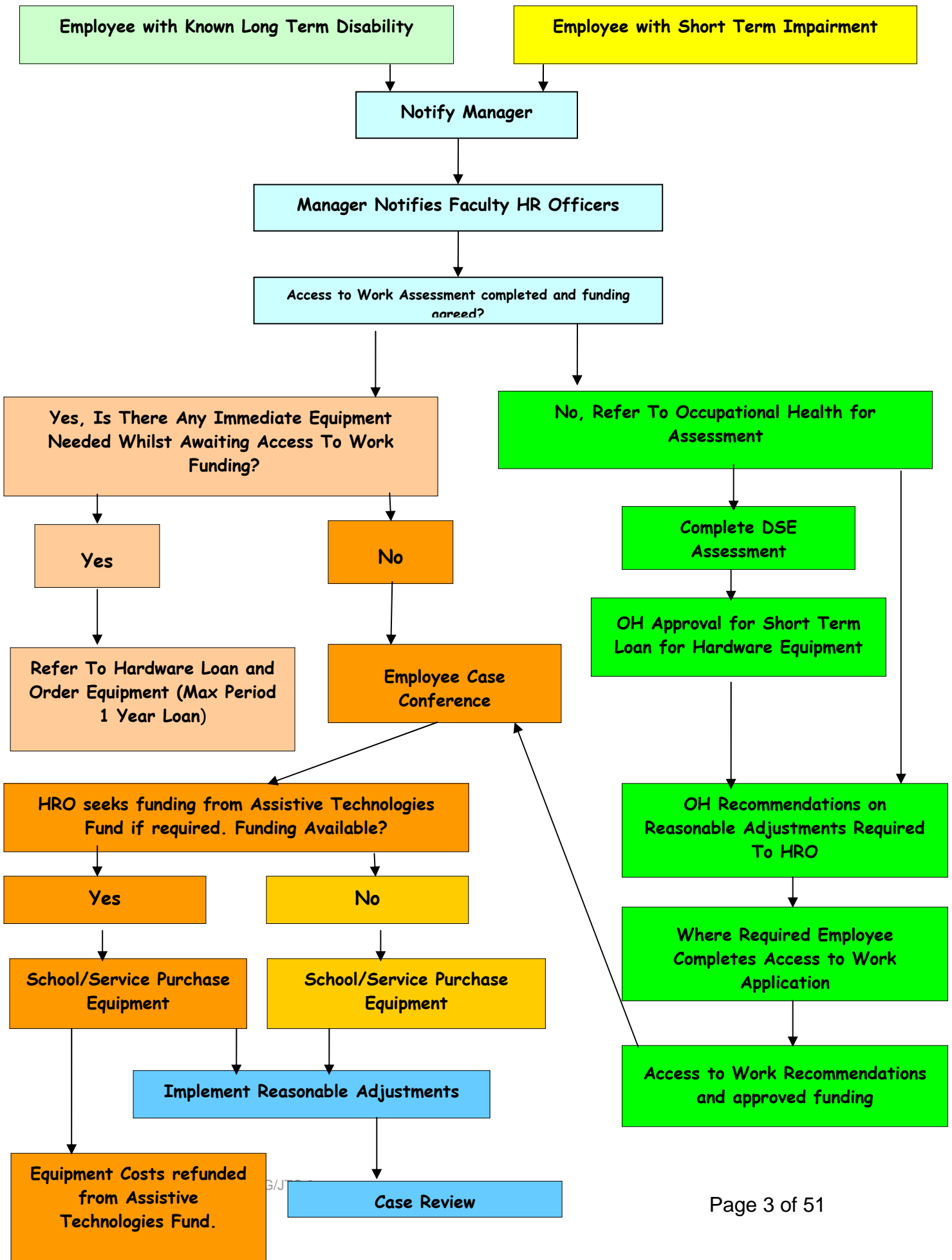
### What the Assistive Technologies Fund will deal with:

The Assistive Technologies Fund is a central fund which is available to support the purchase and supply of assistive technologies to disabled staff. Assistive technologies for the purpose of the fund are classed as: items of equipment or software which are required by a disabled staff member to enable the staff member to perform their duties, where all other funding routes have been exhausted.

### The Case Conference

This is a key component of the University's approach to support where more than one person or specialist service is involved in providing support. Please see page 6 for further details.

## 2. Management of Employee Disabilities Summary



## ***Enabling Disabled Staff - A Toolkit for Managers***

### **3. Introduction**

The Disability Discrimination Act 1995 (DDA 1995) established how employers are required to work with disabled employees, ensure they do not experience discrimination, harassment or less favourable treatment, and to consider reasonable adjustments.

The aim of this document is to provide managers with an overview of disability and a toolkit to assist them in ensuring their disabled staff are enabled to perform their role and make a full contribution to the University.

### **4. University Context**

In November 2005 there were 105 disabled staff members who had formally declared their disability in the University. This is 2.28% of the working population of approximately 4500 staff members. This may be viewed in comparison with figures obtained from the Labour Force Survey, 2004 where approximately:

- 13% of the workforce in Britain is disabled;
- 13% of the workforce in the North East is disabled;
- 14% of the public administration, education and health sector are disabled.

We therefore anticipate that there are more disabled staff within the University who have chosen not to declare their disability to the University. There will be applications for vacancies from disabled people and managers/selectors should feel comfortable in the process of selection and anticipate the potential need for support for new staff. There will also be situations where existing staff become disabled while they are working at the University.

As a manager you have an important role in ensuring your disabled staff are enabled to perform their role and make a full contribution to the University. The Manager's Toolkit is a means for you to be prepared and know what to do when the situation arises.

### **5. The Manager's Toolkit**

This toolkit has been collated to assist managers to meet the requirements of, and feel confident working effectively with, disabled staff. It contains:

- information about the actions a manager is expected to take when they have a disabled member of staff in their team
- information about the requirements of the Disability Discrimination Act 1995,
- internal and external sources of support
- series of Disability Briefing Notes which give information on some of the most common disabilities which can be found in Appendix 1 These include:
  - A short definition of each disability.
  - Where information is available
  - The main effects of the disability.
  - Lists of adjustments often associated with the particular disability.
  - Sources of additional information and external support.

The briefings are **not exhaustive**, as the adjustments a disabled staff member requires may be affected by many contingent factors. It is important to recognise the briefings are a guide, and **in many circumstances expert advice should be sought** from the range of internal and external sources of advice and guidance listed in this document.

## **6. What does the DDA 1995 require Managers to do?**

As a manager, you will be required to ensure local practices do not contravene the DDA 1995 duties by preventing discrimination, harassment or less favourable treatment.

You are likely be an important decision maker in either recognising that a staff member may have a disability and require adjustments, or responding to requests from a disabled staff member for a reasonable adjustment to an aspect of their job. Reasonable adjustments can be requested for any aspect of the employment relationship, and specifically may include:

- Work duties – e.g. considering re-assigning minor duties or tasks.
- Work schedule – e.g. considering earlier/later start and finish times.
- Location of the role – e.g. considering different office location closer to accessible parking or on the ground floor.
- Work grouping – e.g. inclusion in a team setting where initially a role was to be located in an independent setting, or vice versa.
- Office environment – e.g. changes to the lighting, temperature, floor covering, décor.
- Equipment used – e.g. modifications to equipment or assistive technology alternatives being provided.

## **7. What is involved in a meeting with disabled staff to discuss support**

Meeting with a disabled staff member to discuss support is essential and is an opportunity to;

- Ask whether the staff member is affected by their disability in the workplace.
- Ensure they are aware of support available to them (internally and externally).
- Check their understanding that disabled staff are treated fairly when disclosing a disability and requesting any assistance.
- Make certain they have the tools they need to perform their duties, including any assistive technology required<sup>1</sup>.
- Ask if they would benefit from any adjustments to their working arrangements.
- Ensure arrangements are in place to monitor any adjustments already made are still suitable. Or if they experience changes to their disability which might require different/additional adjustments.
- Record any requested/agreed support requirements/adjustments locally or with HR.

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<sup>1</sup> Assistive technology is the term used to refer to any item of equipment or product system designed for or used by disabled people. This includes for example; hearing aids, ramps to get in and out of buildings, computer modifications to increase accessibility, magnifiers and talking books.

**Note:** if an employee declares a disability to a line manager, even in confidence then in the eyes of the law the University is deemed to know. If the employee wishes to keep conversations confidential, try to respect this however there may be circumstances where you will have a legal obligation to advise your HR Officer even though it may be against the wishes of the employee. For example, where Health and Safety of the employee could be compromised.

### **8. What is the The Disability Case Conference Approach?**

The aim is to provide a co-ordinated approach to the management of a disabled staff member's individual needs where more than one manager or representative of a specialist function is involved in providing support. These could include the manager, the local safety representative, or a representative of occupational health, the safety office, estates or human resources. This approach is intended to look at the adjustments that may be required to assist the individual member of staff but it is not intended to focus on their disability. The approach should be with the individual's agreement and should involve them throughout.

See further details on the University's Diversity website.

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### **9. Enabling Disabled Staff – web site**

The Manager's tool kit and supporting details are on the Diversity website.

There are links to the Hardware Loans Scheme, Assistive Technologies Fund and the Case Conference Approach.

## **10. What is a disability?**

The Disability Discrimination Act 1995 and subsequent Disability Rights Commission (DRC) Code of Practice on Employment and Occupation identify disability (CoP). A disabled person is someone who;

**Has a physical or mental impairment, which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.<sup>2</sup> (DRC CoP:2004).**

The day to day activities that are mentioned in the CoP covers are:

- Mobility;
- Manual dexterity;
- Physical co-ordination;
- Continence;
- Ability to lift, carry or otherwise move everyday objects;
- Speech, hearing or eyesight;
- Memory or ability to concentrate, learn or understand, or
- Perception of the risk of physical danger.<sup>3</sup>

Whilst the CoP gives a clear indication of the legal definition of disability, there is a significant body of case law in this area which suggests a positive approach to considering disability is essential.

**Where a staff member faces barriers in the workplace and would benefit from adjustments which would improve their efficiency or productivity, managers are guided to consider these in a positive light, without undue concern for the legal definition of disability.**

A disability can arise from a wide range of impairments which can be: (NOTE this is not an exclusive list)

- sensory impairments, such as those affecting sight or hearing;
- impairments with fluctuating or recurring effects such as rheumatoid arthritis, myalgic encephalitis (ME)/chronic fatigue syndrome (CFS), fibromyalgia, depression and epilepsy;
- progressive, such as motor neurone disease, muscular dystrophy, forms of dementia and lupus (SLE);
- organ specific, including respiratory conditions, such as asthma, and cardiovascular diseases, including thrombosis, stroke and heart disease;
- developmental, such as autistic spectrum disorders (ASD), dyslexia and dyspraxia;
- learning difficulties;
- mental health conditions and mental illnesses, such as depression, schizophrenia, eating disorders, bipolar affective disorders, obsessive compulsive disorders, as well as personality disorders and some self-harming behaviour;
- produced by injury to the body or brain.

<sup>2</sup> Disability Rights Commission Code Of Practice Employment and Occupation, Appendix B. Available at: [http://www.drc.gov.uk/documents/employment\\_occupation.pdf](http://www.drc.gov.uk/documents/employment_occupation.pdf)

<sup>3</sup> DRC, CoP, 2004. Page 202 [http://www.drc.gov.uk/documents/employment\\_occupation.pdf](http://www.drc.gov.uk/documents/employment_occupation.pdf)

## **11 .Changes to the definition of disability in the DDA 2005**

The Act previously required that where an impairment arose from, or consisted of, a mental illness, that illness had to be clinically well-recognised in order for it to be regarded as a mental impairment for the purposes of the Act. The Disability Discrimination Act 2005 amended the original Act to remove this requirement with effect from 5 December 2005. However, anyone who has an impairment including one resulting from a mental illness will still need to meet the requirements of the definition in order to demonstrate that they have a disability under the Act.

The following people are deemed to meet the definition of disability without having to show that they have an impairment that has (or is likely to have) a substantial, adverse, long-term effect on the ability to carry out normal day-to-day activities:

- A person who has cancer, HIV infection or multiple sclerosis (MS) from the date of diagnosis
- A person who is certified as blind or partially sighted by a consultant ophthalmologist, or is registered as such with a local authority.

## **12. Assistance available within the University**

The University offers a range of support services for disabled staff and their managers, listed below. These services can assist in making an assessment of the circumstances and requirements of individual staff members. It is important to always consider if an assessment is required, as each disabled person's needs differ, and whilst these briefings offer information generally of use in considering adjustments, it may not be applicable in all circumstances. It is important to be thoughtful and flexible when working with disabled staff, to gain an appreciation of their individual needs.

The "Management of Employee Disabilities Summary" on page 3 shows relationships between the range of internal and external support services available for disabled staff and their managers.

### **Human Resource Teams**

The HR teams are available to advise managers and to co-ordinate the consideration and organisation of disability support where needed.

A **case conference** approach is taken where support involves or may involve a number of University services or sections. Your HR Officer can offer further information on this. See section 8 above. Further supporting documentation can be found on [the Diversity website](#).

A list of Human Resources Contacts can be found on the HR website.

### **Occupational Health**

The Occupational Health team, with the informed consent of the employee, will provide comprehensive advice to the Human Resources Officer and manager on the reasonable adjustments medically recommended in respect of the employee's disability. This advice will be based on a clinical assessment of the employee further to a medical request referral from the appointed Human Resources Officer.

Where indicated from clinical assessment, Occupational Health will coordinate the completion of a detailed musculo-skeletal assessment and report advising on the equipment/work place modifications required.

The Occupational Health Team can be contacted via:

Email: [occhealth@ncl.ac.uk](mailto:occhealth@ncl.ac.uk)

Tel: 0191 222 7344 (Direct Dial)

Fax: 0191 222 7417

### **Safety Office**

The University Safety Office offers comprehensive advice on egress and fire safety issues in all University buildings and is actively involved in the personal emergency evacuation plan (PEEP) process. Documentation for the PEEP process can be found at; <http://www.ncl.ac.uk/internal/safety/fire/writing-peep.pdf>. The Safety Office provides evacuation chair training for anyone wishing to volunteer to assist a disabled person from a building in the event of an emergency or fire.

Safety Office can also make reasonable adjustments, where necessary, to ensure that the services provided by the Safety Office such as safety training and advice are accessible to disabled staff.

The contact for Health and Safety is Katherine Wilson.

Email: [k.m.wilson@newcastle.ac.uk](mailto:k.m.wilson@newcastle.ac.uk)

Tel: 0191 222 6324 (Direct Dial)

### **Estates Office**

There is an ongoing programme of work across the University estate to improve accessibility to facilities.

The Estates Office can also advise and prepare estimates on adapting the physical environment to meet individual disabled people's access requirements.

The contact for Estates is Lynne Edis.

Email: [lynne.edis@newcastle.ac.uk](mailto:lynne.edis@newcastle.ac.uk)

Tel: 0191 222 6077 (Direct Dial)

### **Hardware Loans Scheme**

The Hardware Loans Scheme provides an extensive range of accessible hardware that can be borrowed by any member of staff on campus for a varying length of time depending on requirement. Equipment can be borrowed where, for example, a disabled staff member is awaiting equipment through the Access to Work Scheme. Alternatively, members of staff may require equipment due to a short-term impairment. In either case, the Hardware Loans Scheme may be able to provide a temporary solution.

The Hardware Loans Scheme can issue some equipment direct to staff such as ergonomic mice or wrist supports but there are other items of equipment labelled "restricted" that can only be issued by referral from Occupational Health.

For more information visit the Hardware Loans website:

<http://www.ncl.ac.uk/hardwareloans/>

## **Assistive Technologies Fund**

This is a central fund which is available to support the purchase and supply of assistive technologies to disabled staff. Assistive technologies for the purpose of the fund are classed as: items of equipment or software which are required by a disabled staff member to enable the staff member to perform their duties, where all other funding routes have been exhausted. Equipment could include:

- Electric scooter for staff with mobility difficulties;
- JAWS or Supernova software for blind and partially sighted staff.

**Schools and Service are responsible for funding reasonable adjustments, however the University recognises that this may not be possible in all cases.**

**Where this is the case**, managers wishing to request funding for assistive technologies from the central fund should ensure the staff member concerned has received a recommendation for the equipment following a specialist assessment with Occupational Health or through the case conference approach. Managers should contact Occupational Health or HR to discuss the range of assessments available, assessment suppliers, and any costs involved.

**In all cases**, the disabled staff member concerned will be asked to apply to Access to Work to secure external funding towards the cost of assistive technologies. Advice on the Access to Work scheme is available from Human Resource Officers.

**Note:** The central fund cannot provide financial assistance for the purchase of workstation equipment or evacuation chairs required under Health and Safety regulations or health related activities such as specialist assessments; these remain the responsibility of the School/Service/Institute or Estates Section.

## **13. External sources of assistance**

### **Disability Employment Advisers (DEA)**

The Jobcentreplus offer a team of DEA's to provide information and advice to employers to support them in the adoption of good employment practices in the recruitment, retention, training and career development of disabled people. There are a range of services to assist disabled people into employment, and to assist disabled people retain their current employment. Advice and guidance on reasonable adjustments, and employment assessments by a Work Psychologist offering specialist advice, guidance and practical assistance can be provided. Where additional skill development is needed to support a disabled person retain their current employment, DEA's can assist in identifying sources of training and support.

The DEA team can be contacted via:

Joanne Keelty  
1 Cathedral Square  
Mosley Street  
Newcastle upon Tyne  
United Kingdom  
NE1 1EE  
Telephone: 0191 215 2128  
Textphone: 0191 215 2002

**Access to Work**

Access to Work (ATW) is available to help overcome barriers in the workplace resulting from disability. It offers practical advice and help in a flexible way that can be tailored to suit the needs of an individual in a particular job. ATW also support travel to work for people with disabilities who cannot use public transport and are unable to drive. ATW does not replace the normal responsibilities of the employer to implement Health and Safety regulations or replace the responsibilities required by the Disability Discrimination Act. An assessed grant is available for agreed disability related costs. The grant can cover assistive technologies, changes to the physical environment and support workers.

The University has a named contact, Christine Pearson, who understands the University business environment. Christine can be contacted at:

Jobcentre Plus  
Access to Work Business Centre  
5<sup>th</sup> Floor  
No1 Cathedral Square  
Cloth Market  
Newcastle upon Tyne  
NE1 1EE  
Tel: 0191 215 2182  
Textphone: 0191 215 2175

**Equality Challenge Unit**

The University also supports the Equality Challenge Unit which works for Higher Education and is available to give advice and guidance. They also have a web site which includes information on adjustments and examples of important disability employment cases which are very informative. [www.ecu.ac.uk](http://www.ecu.ac.uk)

**Contacts**

Policy Adviser: Sue Cavanagh  
Email: [sue.cavanagh@ecu.ac.uk](mailto:sue.cavanagh@ecu.ac.uk)  
Tel: 020 7438 1019  
Senior Policy Officer: Robyn Challis  
Email: [robyn.challis@ecu.ac.uk](mailto:robyn.challis@ecu.ac.uk)  
Tel: 020 7438 1020

## **Appendix 1 – Disability Briefing Notes**

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### **About the Disability Briefing Notes**

Disability Briefing Notes can be found on the following pages. The briefings are part of a series of information being collated to assist managers in meeting the requirements of, and feeling confident of working effectively with, disabled staff.

The briefings include:

- A short definition of each disability.
- Where information is available, the main effects of the disability.
- Lists of adjustments often associated with the particular disability.
- Sources of additional information and external support.

The briefings are **not exhaustive**, as the adjustments a disabled staff member requires may be affected by many contingent factors. It is important to recognise the briefings are a guide, and **in many circumstances expert advice should be sought** from the range of internal and external sources of advice and guidance listed in this document.

Disabled people do not always declare a disability when they begin working for an organisation. They may have found previous jobs to be quite inclusive of their requirements. They may not have felt confident that their declaration would be dealt with sensitively or that they would receive the support they requested. Often the effects of a disability depend on the nature of the job, the support structures already in place, for example regular supervisions, a range of desks, chairs, computer set up options being available.

If you notice a staff member has started to experience difficulties in performing their duties, or is experiencing difficulty in their work, take into consideration that they may have a disability they have not declared.

You may find these briefings of value if you are involved in recruitment and selection interviewing, or in arranging inductions for new staff.

When disabled staff join your team, it would be helpful to meet with them to discuss their access requirements and whether or not they need different tools to those usually available within your service/school/institute to perform their duties.

It is important, however, to take into account that **a disabled staff member may not want to discuss their access requirements in detail with a line manager or management representative** within the School/Service/Institute. It is important in such circumstances to liaise with your HR Officer to discuss how best to support a disabled staff member in such circumstances.

The briefings can help you explore options with a disabled staff member.

# Disability Briefing Note 1

## Disabled staff adjustments and Autism and Asperger syndrome

### ***Definition of the disability***

Autism is a condition which affects the way a person sees the world, processes information and interacts with other people. People who have autism typically find it difficult to develop social relationships, to communicate with ease and to think in the abstract. People with autism sometimes have learning disabilities, although a minority have average or higher than average intelligence. People who fall into the latter group usually have a form of autism called Asperger Syndrome. Autism and Asperger syndrome are sometimes referred to as autistic spectrum disorders (ASD), as the effects range from being a limiting disability to being barely perceivable.<sup>4</sup>

### ***Main effects of the disability***

People with ASD often have numerous (and sometimes exceptional) skills which enable them to make excellent employees. Many people with ASD are good at paying close attention to detail and are meticulous about routines, rules and accuracy.

A number of traits of autism are common to autism or Asperger syndrome including:

#### Strengths include:

- Ability to concentrate without distraction for lengthy periods of time.
- Reliability.
- Accuracy, close attention to detail and ability to identify errors.
- Technical abilities.
- Detailed factual knowledge.
- Excellent memory.
- Conscientiousness and persistence.<sup>5</sup>

#### Difficulties include:

- **Difficulty in social relationships** - many people with ASD want to be sociable and enjoy human contact, however they do still find it hard to understand non-verbal signals, including facial expressions.
- **Difficulty in communicating** - may speak fluently but they may not take much notice of the reaction of the people listening to them; they may talk on and on regardless of the listener's interest or they may appear insensitive to their feelings. Despite having good language skills, people with ASD may sound over-precise or over-literal - jokes can cause problems as can exaggerated language, turns of phrase and metaphors
- **Limitations in imagination** - While they often excel at learning facts and figures, people with ASD find it hard to think in abstract ways.

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<sup>4</sup> The Undiscovered Workforce; looking for staff? Available from the National Autistic Society, <http://www.autism.org.uk> (search for undiscovered workforce)

<sup>5</sup> Ibid

- **Special interests**- People with ASD often develop an almost obsessive interest in a hobby or collecting.
- **Love of routines** - People with ASD often prefer to order their day according to a set pattern.

### ***Adjustments often associated with ASD***

By providing precise instructions and structuring a person's day with clear priorities much of the support for a person with ASD can be kept simple and straightforward.

- An **informed and understanding manager and colleagues** are essential to a staff member with ASD successfully contributing in the workplace.
- **Feedback on performance** which is tactful, constructive and specific. People with an ASD may not pick up social cues, and may prefer brief frequent one to one sessions rather than longer less frequent ones.
- Consider offering a **workplace mentor** such as a sympathetic colleague or other person who can offer support at times of stress, anxiety or confusion. This could include an external expert in ASD.
- **Keep information clear, concise, and specific.** It may be helpful to break up large tasks to lists of smaller tasks, with written as well as verbal instructions.
- Offer to assist people with ASD to **organise their work and workspace.** An example may be to set up the workstation with trays for work 'to be done', 'in progress', and 'to be filed'. A working file noting important and regularly used information may be helpful. Assistance to structure the day may also be of assistance, with a regular timetable for tasks. A little time at the beginning of each day to help a person plan their workload may be appropriate.
- **Explain unwritten rules** in the workplace as a person with ASD may take their responsibilities as limited to their job description or tasks lists (for example making all staff a drink when making their own).
- **Offer clear and structured training and mentoring** when a person starts a new job, or takes on new responsibilities.
- Offer to **train colleagues**, if the person agrees to colleagues being informed of their disability. Sometimes people with ASD can provide a list of key issues/barriers they face and how colleagues can assist to remove these by making small changes to work routines and practices.

### ***External sources of information and support***

#### **Disability Employment Advisers (DEA) and Access to Work**

##### Contacts:

DEA team: Joanne Keelty, Tel: 0191 215 2128

Access to Work team: Christine Pearson, Tel: 0191 215 2182

##### National Autistic Society (NAS)

Head Office

393 City Road

London EC1V 1NG

Tel: 020 7833 2299

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

Helpline: 0845 070 4004

Prospects Employment Consultancy

Training and consultancy for employers, employment service for people with ASD

Main Office;

Studio 8, the Ivories

6-8 Northampton Street

London

N1 2HY

Tel: 020 7704 7450

Email: [Prospects-London@nas.org.uk](mailto:Prospects-London@nas.org.uk)

Lynne Moxon

Educational Psychologist with a specialist focus on adults with Autistic Spectrum

Disorder

22 Crossway

Jesmond

Newcastle upon Tyne

NE2 3QH

Tel: 0780 1150 448

Charges £50 per hour.

Specialist assessments usually take 1-2 hours, with an additional 2 hours to prepare a final report. Detailed feedback on the report is available for the individual staff member and appropriate University representative.

## Disability Briefing Note 2

### Disabled staff adjustments and Dyslexia

#### ***Definition of the disability***

The word 'dyslexia' comes from the Greek and means 'difficulty with words'. It is a difference in the brain area that deals with language. It affects the under-lying skills that are needed for learning to read, write and spell. Brain imaging techniques show that dyslexic people process information differently.<sup>6</sup>

Staff who think they may be dyslexic might first like to try the self assessment checklist on the British Dyslexia Association website: <http://www.bda-dyslexia.org.uk/main/information/adults/a03check.asp>

#### ***Main effects of the disability***

##### Strengths include:

- Good at ideas and innovative thinking.
- Good problem solver and lateral thinker.
- Creative in the way they make links and connections.
- Have excellent visual and spatial awareness.
- Good with practical tasks and creative in many ways.
- Strong in the areas of art, music, design, architecture and engineering.

##### Difficulties include:

- Erratic spelling.
- Misreading, leading to comprehension difficulties.
- Poor handwriting.
- Difficulties with sequences e.g. date order.
- Ability to solve problems but inability to show process.
- Poor organisation or time management.
- Inaccurate number work.

#### ***Adjustments often associated with the disability***

- Assessment for dyslexia and a request for appropriate strategies to be identified (available from JobCentre Plus, see below).
- Acceptance that they may approach tasks differently to non-dyslexic people. For example in written and verbal information, assistance in time and work planning, management awareness of the effects of dyslexia.
- Written communication (e.g. could be given verbally, highlighted salient points in documents, use of voice mail rather than written memos)
- Verbal communication (e.g. giving instructions one at a time, slowly in a quiet environment, request instructions are repeated back to ensure understanding)
- Time and work planning (e.g. a quiet workplace, interrupting the person only when necessary, provide visual planning tools, provide an alarm)
- Awareness (managers and colleagues made aware of good practice when working with a person with dyslexia)<sup>7</sup>

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<sup>6</sup> British Dyslexia Association, <http://www.bda-dyslexia.org.uk/main/home/index.asp>

## ***External sources of information and support***

### **Disability Employment Advisers (DEA) and Access to Work**

Jobcentre Plus offers a service for disabled people. This includes access to an Occupational Psychologist who can assess people who suspect they may be dyslexic. The Occupational Psychologist can make recommendations for the types of strategies that may assist an individual to overcome dyslexia related difficulties. In addition, Jobcentre Plus can provide tutorial support for people with dyslexia from the Access to Work Scheme. Tutorials can help the individual to develop strategies in the workplace to overcome specific dyslexia related difficulties.

#### Contacts:

DEA team: Joanne Keelty, Tel: 0191 215 2128

Access to Work team: Christine Pearson, Tel: 0191 215 2182

**Local Dyslexia Associations (LDA)** are affiliated to the BDA and are Registered Charities. They have helplines, befrienders and computer co-ordinators. They hold meetings with speakers and workshops, run courses, and have literature for sale and for borrowing. LDAs know of local facilities for assessment and tuition.

#### North Tyneside LDA:

Central Tyneside DA

Tel: 0191 488 0819.

E-mail: [blaneuk@laneb.fsnet.co.uk](mailto:blaneuk@laneb.fsnet.co.uk)

### **E-mail discussion group**

Dyslexia forum. Discussions by and for dyslexic people.

See archives and joining procedure on

Web: [www.jiscmail.ac.uk/lists/dyslexia.html](http://www.jiscmail.ac.uk/lists/dyslexia.html)

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<sup>7</sup> Adjustments taken from Employers' Forum on Disability 'Employers' briefing paper 6 A Practical Guide to Employment Adjustments for Dyslexic People'. A paper copy of the guide is held by each HR team.

## Disability Briefing Note 3

### Disabled staff adjustments and Mental Health Difficulties

#### ***Definition of the disability***

The term mental health difficulties cover a range of problems faced by people including “anxiety, depression, schizophrenia, dementia, alcohol and drug misuse, and eating disorders”<sup>8</sup>. As such, people with mental health difficulties are not a homogeneous group.

Each area of mental health difficulties have specific definitions, symptoms, treatments and adjustments. This briefing will give an overview of common areas, and indicate where additional information on specific mental health difficulties can be found.

Whilst alcohol and drug misuse is not protected by the DDA 1995, people who misuse such substances often develop other impairments, such as mental health problems, which may be protected.

Stress is not defined as a disability, although it can lead to distress and consequent mental health difficulties. It is therefore important for managers to recognise when staff appear to be having difficulties and seek appropriate support at an early stage.

People with mental health difficulties may be very reluctant to disclose their disability due to the ongoing misrepresentation of mental ill health in the media. Confidentiality is an important factor to take into consideration if a staff member does declare to you. Discuss who may be informed with the staff member, and remember, if adjustments are necessary, the cause of the need for adjustments need not be disclosed to other parties.

#### ***Main effects of the disability***

##### Difficulties

Due to the breadth of conditions and illnesses covered by the term mental health difficulties, it is impossible to generalise about the characteristics a person with such difficulties may have. In addition, many people with mental health difficulties either take medication to control the effects of their condition or have well developed strategies for coping in the workplace.

The Employers’ Forum on Disability identifies some broad areas where difficulties may be experienced:

- Work schedule: travelling during rush hour may be problematic. Breaks may be needed during the day at irregular times.
- Concentration: noisy or visually distracting work environments.

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<sup>8</sup> The Royal College of Psychiatrists, *Every Family in the Land: recommendations for the implementation of a five-year strategy* in Blackwell, T., Burns, P., Hardy, S. 2001 *Working Minds, Attitudes on mental health in the workplace, with proposals for change*. London, The Industrial Society, p. 5.

- Effects of medication may mean early morning starts are problematic.
- Unusual, although **not** unacceptable behaviour, for example talking quietly to themselves as they perform some tasks.
- Face to face communication, requiring different methods of communication (for example using email, voice mail to manage).
- Attending medical appointments may mean staff require additional break or lunch time. Possibly also agreement to attend appointments during work hours.

In addition, it is possible to identify the types of adjustments that will enable many people with mental health difficulties to work effectively and productively, many of which are simply good people management techniques.

### ***Adjustments often associated with mental health difficulties***

#### Supervision and daily support

- Managers who work with all staff members to their strengths and unique contributions will create a culture in the workplace that enables staff with mental health difficulties. In particular;
- Clear information about role and performance expectations.
- Feedback that is timely and where necessary offers constructive praise or criticism.
- Make themselves available to their staff for consultation and advice.
- Are flexible and fair in their dealings with staff.<sup>9</sup>
- Where possible focus on results to allow staff control over their own work in terms of planning, decision making and problem solving (within the remit of their role).

#### Working arrangements

- Consider flexible working; part-time, job share, working from home, altered work schedule (start, finish and break times).
- Allow staff to make calls to personal support or professional support during the work day.
- Provide written instructions where possible, to enable those staff whose memory or concentration may be occasionally affected.
- Redeployment if necessary.

#### Workplace modifications

- Offering a single occupancy office space.
- Providing screens to minimise noise or visual distractions.

#### Leave and benefits

- Consider extending sickness absence allowances.
- Flexibility in annual leave arrangements, to allow a staff member to take leave at short notice.

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<sup>9</sup> Bruyere, S ed, 2000, *Employing and Accommodating workers with Psychiatric Disabilities*. California. Cornell University, p.3.

## ***External sources of information and support***

### **Disability Employment Advisers (DEA) and Access to Work**

#### Contacts:

DEA team: Joanne Keelty, Tel: 0191 215 2128

Access to Work team: Christine Pearson, Tel: 0191 215 2182

### **Disability organisations**

**BBC Online offer a range of links to organisations working to support people with mental health difficulties.**

[http://www.bbc.co.uk/health/conditions/mental\\_health/](http://www.bbc.co.uk/health/conditions/mental_health/)

Part of the BBC's Mental Health site, with user-friendly advice and info about anxiety disorders.

#### **These include:**

#### **Anxiety**

##### **First Steps to Freedom**

<http://www.firststeps.demon.co.uk/>

Voluntary organisation offering help to those who suffer from phobias, panic attacks, general anxiety, obsessive compulsive disorders, and tranquilliser withdrawal. Website offers comprehensive advice and info.

##### **National Phobics Society**

<http://www.phobics-society.org.uk/>

Largest anxiety disorders association in the UK, run by sufferers and ex-sufferers and supported by a high-profile medical advisory panel. Website gives all round advice and info on anxiety disorders. The National Phobic Society helpline is open Monday to Friday from 10.30am to 4pm. Telephone: 0870 7700 456.

##### **Triumph Over Phobia (TOP U.K.)**

<http://www.triumphoverphobia.com/>

TOP U.K. runs a national network of structured self-help groups for adults with phobia and obsessive compulsive disorder (OCD) where sufferers can learn to beat their problem.

TOP U.K. groups are led by trained, lay volunteers, most of whom have overcome a phobic problem. Information and advice available Monday to Friday 9.30am - 4.00pm Telephone 01225 330353.

#### Depression

##### **Association for Post-natal Illness**

<http://www.apni.org/>

Registered charity offering support to mothers suffering from post-natal illness.

145 Dawes Road, Fulham, London, UK, SW6 7EB. Helpline Tel: 020 7386 0868.  
email: [info@apni.org](mailto:info@apni.org)

### **Calm**

Telephone helpline (no website) for young men who are depressed or suicidal. Open every day, 5 pm to 3 am. Freephone: 0800 585858.

### **Depression Alliance**

<http://www.depressionalliance.org/>

Charity offering help to people with depression, run by sufferers themselves. Website contains practical information about depression, as well as details of Depression Alliance campaigns and local groups.

London Office: 35 Westminster Bridge Road. London. SE1 7JB. Information line  
Tel: 0845 123 23 20.

### **The Mental Health Foundation**

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

The Mental Health Foundation mission is to use research and practical projects to help people survive, recover from and prevent mental health problems.

UK Office, 7th Floor, 83 Victoria Street, London SW1H 0HW. Tel: +44 (0)20 7802 0300. Fax: +44 (0)20 7802 0301. Email: [mhf@mhf.org.uk](mailto:mhf@mhf.org.uk)

### **Manic Depressive Fellowship**

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

The Manic Depression Fellowship works to enable people affected by manic depression to take control of their lives.

Castle Works, 21 St. George's Road, London SE1 6ES.  
Telephone 08456 340 540. Fax 020 7793 2639. E-mail [mdf@mdf.org.uk](mailto:mdf@mdf.org.uk)

### **Eating Disorders**

#### **Eating Disorders Association**

<http://www.edauk.com/>

Leading charity providing information, help and support across the UK for people whose lives are affected by eating disorders. Website offers information and help on all aspects of eating disorders. EDA also runs self-help and support groups, and a telephone helpline service from 9 am to 6.30 pm, Mondays to Fridays. Telephone: 01603 621 414. They also run a Youthline service for people under 18, from 4 pm to 6 pm, Mondays to Fridays. Telephone 01603 765 050. Text-phone Service 01603 753322.

103 Prince of Wales Road, Norwich. NR1 1DW. Email for adult support [helpmail@edauk.com](mailto:helpmail@edauk.com). Email for youth support [talkback@edauk.com](mailto:talkback@edauk.com)

## **Schizophrenia**

### **Mind**

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

Leading mental health charity in England and Wales, working for a better life for everyone with experience of mental distress. Very comprehensive website, offering advice, information and background briefings on a wide range of mental health issues and specific mental health problems, as well as details of events and campaigns.

### **SANE**

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

One of the UK's leading charities concerned with improving the lives of everyone affected by mental illness. Website gives practical advice on a range of mental health problems and treatments. SANELINE is a confidential telephone helpline offering practical information, crisis care and emotional support to anybody affected by mental health problems. Open from 12 noon until 2am. Telephone: 0845 767 8000 (charged at local rates).

All from mind out for mental health links web page <http://mindout.clarity.uk.net/iwi/il2-links.asp#dementia>

## Disability Briefing Note 4

### Disabled staff adjustments and mobility difficulties

#### ***Definition of the disability***

Mobility impairments can be the result of a number of conditions or circumstances, including multiple sclerosis, chronic fatigue syndrome, muscular dystrophy, head, neck or back injuries following accidents, a range of muscular skeletal conditions, a range of hyper-mobility conditions.

As there are many causes to mobility restrictions, this briefing summarises the general adjustments which could be of assistance. It may be a staff member with mobility difficulties would benefit from more specific information being taken into account before adjustments are considered. In these circumstances, it is recommended an occupational health assessment is arranged which can indicate the appropriate issues to take into account.

#### ***Main effects of the disability***

##### Difficulties may include:

- Restrictions to the distance a person can walk, travel, reach for or carry items.
- Fluctuating energy levels.
- Building structure or access facilities in the physical environment may create barriers to mobility.
- Limited physical flexibility at particular times in a day (may need additional time in the morning to become limber, or find they have difficulties later in the day after a range of physically demanding activities).

#### ***Adjustments often associated with mobility difficulties***

- Allocated car parking facilities close to their regular place of work.
- Alternative start and finish times to prevent travelling at rush hours.
- Mobility aid such as an electric mobility scooter to move around campus.
- Disability leave for therapeutic or rehabilitation support such as physiotherapy.
- Wheelchair/mobility equipment accessible doorways, workstation and toilet facilities.
- Location of equipment or materials used close to the individuals workstation (occasionally staff may require a printer/photocopier/fax machine on their workstation – these are now relatively in-expensive)
- Task or duty rotation to allow the individual to move around and take short breaks to maintain mobility.
- Pace, intensity and duration of work activities, are these manageable?
- Working from home for part of the week, where practicable.
- Working in a separate office, where practicable, to manage lighting, noise levels, temperature and ventilation.
- Alternative travel arrangements when attending conferences/meetings.
- Assistance in locating and booking accessible accommodation when travelling for work.

## ***External sources of information and support***

### **Disability Employment Advisers (DEA) and Access to Work**

#### Contacts:

DEA team: Joanne Keelty, Tel: 0191 215 2128

Access to Work team: Christine Pearson, Tel: 0191 215 2182

### **National organisations**

#### **ASPIRE**

Tel: 020 8954 5759

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

Registered charity formed in 1983 for rehabilitation and reintegration, and works with people who are spinally injured to promote well being and independence.

#### **BACK UP**

Tel: 020 8875 1805

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

A national charity offering people paralysed through SCI the opportunity to take up challenging outdoor activities. Which act as a catalyst in regaining confidence, independence and motivation.

### **Brain and Spine Foundation**

Tel: 02077935900

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

The Brain and Spine Foundation offer information, education and research on neurological disability. They offer a helpline, booklets and a website.

## Disability Briefing Note 5

### Disabled staff adjustments and blindness and partial sight

#### ***Definition of the disability***

People with sight loss are considered disabled when spectacles cannot correct their vision.

There are many medical conditions which affect vision; the RNIB lists over twenty five.<sup>10</sup>

Vision loss can be caused by other medical conditions such as diabetes.

The Royal National Institute for Blind People (RNIB) and Action for Blind People estimate there are 140,000 blind and partially sighted people of working age.

Only four percent of blind and partially sighted people use braille, most use large print, electronic files or tape recordings.<sup>11</sup>

#### ***Main effects of the disability***

Difficulties include:

- Loss of vision can be experienced as:
  - Loss in the field of vision, in the centre or to the sides;
  - Blurry or patchy vision;
  - Minimal perception of light.
- Requiring assistance to become orientated to the physical environment;
- Where someone loses their sight as an adult, they may require a little time to become adjusted to a new approach to work.
- Distinguishing between floors/walls/doors/handles where there is insufficient colour contrast.

#### ***Adjustments often associated with loss of vision***

- Planning ahead when meeting a blind or partially sighted person for the first time:
  - Ask about adjustments required;
    - Provide information in required format (braille, large print, electronically);
    - Provide clear direction information;
    - Ensure someone is arranged to meet the person to assist in locating the meeting room.
- Be flexible in induction and initial training arrangements for new staff.

#### ***External sources of information and support***

##### **Disability Employment Advisers (DEA)**

DEA team: Joanne Keelty, Tel: 0191 215 2128

Access to Work team: Christine Pearson, Tel: 0191 215 2182

<sup>10</sup> RNIB [http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public\\_eyelist.hcsp](http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_eyelist.hcsp)

<sup>11</sup> RNIB, [http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public\\_empfacts.hcsp](http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_empfacts.hcsp)

## **Leeds Transcription Service**

Newcastle University is a collaborator with Leeds University Transcription Service. The transcription service will transcribe materials into alternative formats for University staff although agreement must be reached upon costs. Access to work funding should therefore be sought at the earliest opportunity.

## **RNIB**

Telephone Employment line: 0870 013 9556

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

Email: [employmentline@rnib.org.uk](mailto:employmentline@rnib.org.uk)

The RNIB have a wide range of useful and detailed information on access to employment. These are available to purchase in hard copy. Often electronic summary information can be found on their website. In addition there is a Regional team of employment and technical staff based in Leeds who can advise. First contact should be via the Employment line that will refer on to the appropriate adviser.

## Disability Briefing Note 6

### Disabled staff adjustments and d/Deafness/hard of hearing<sup>12</sup>

#### ***Definition of d/Deafness and hard of hearing***

The generic term 'deaf' usually refers to people who have little or no hearing.

The term 'Deaf' with a capital 'D' tends to be used to mean those people who use British Sign Language (BSL) or Sign Supported English (SSE) as their first language and who are members of the Deaf Community. Many people within the Deaf Community don't consider themselves to have a disability.

The term 'deaf' with a lower case 'd' is usually used to mean those people who have a hearing loss but whose first language is spoken English.

The expression 'hard of hearing' is often used to refer to people who have mild to severe hearing loss. People who are hard of hearing usually have a degree of hearing and they may use a hearing aid, or sometimes rely on lip reading.

#### ***Main effects of the disability***

Difficulties may include:

There are very few jobs that a d/Deaf or hard of hearing person cannot do, as long as training and workplace adjustments are in place. However:

- There can be difficulties in communication between hearing people and d/Deaf and hard of hearing and people.
- A person who is d/Deaf or hard of hearing may be especially susceptible to harassment from work mates, normally due to a lack of understanding.

#### ***Adjustments often associated with the disability***

Working arrangements:

- Making sure that the office/work area is well lit.
- Situating the employee where there is minimal background noise.
- Organising the work area so that the employee can see when someone enters and also so that it is easier for the d/Deaf or hard of hearing employee to communicate with colleagues and vice versa.

Examples of useful equipment:

- Telephones with amplification that can be controlled.

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<sup>12</sup> Information largely adapted from Employers Forum on Disability Briefing *Paper A practical guide to Employment adjustments for people who are deaf or hard of hearing*

- Textphones/Minicomms (which have a key pad and small screen.)
- Induction loops. These enable people with hearing aids to tune in to speakers, allowing them to filter out distracting background noise. Portable loops are also available.
- Text messaging with mobile phones can be helpful.
- An employee may benefit from digital hearing aids, which can be adjusted more accurately for the individual than analogue hearing aids. They are particularly helpful in an environment with a lot of background noise. A contribution to the cost of digital hearing aids may be available from the Access to Work Scheme.
- Video phones and PC based video telephony.
- Captioning systems (live or pre recorded) that allow d/Deaf people to be included in spoken workplace meetings and conversations. 'Captions' are transcribed to the employee almost instantly, usually via a laptop.

### Support Workers:

d/Deaf and hard of hearing people sometimes use support workers to aid communication. These can include:

- Sign language interpreters (Can be British Sign Language or Sign Supported English.)
- Lip speakers (repeat what is said using clear lip patterns, but without sound)
- Note takers – to record what is being discussed.
- Palantypists or audio typists, who provide text for speech at the speed of ordinary speech using special software and a keyboard.

### In addition:

- A basic d/Deaf awareness training for colleagues so that they have an understanding of d/Deafness and how it effects communication can be very helpful. (For example learning the importance of passing on key information, and where to stand in meetings for ease of lip reading.)
- A d/Deaf person may be in danger of not being able to hear a fire alarm. A vibrating pager may help in this instance and fire alarms should have flashing lights (as should machinery with safety alarms.) d/Deaf employees must also know about emergency exits and fire drills.
- Regular reviews of adjustments should be made, and adjustments may be different for each individual d/Deaf person.

## ***External sources of information and support***

### **Disability Employment Advisers (DEA) and Access to Work**

#### Contacts:

DEA team: Joanne Keelty, Tel: 0191 215 2128

Access to Work team: Christine Pearson, Tel: 0191 215 2182

### **British Deaf Association (BDA)**

1-3 Worship Street  
London

## EC2A 2AB

Helpline (voice): 0870 770 3300  
Helpline (text): 0800 652 2965  
Admin Tel (voice): 020 7588 3520  
Admin Tel (text): 020 7588 3529  
Videophone: 020 7496 9539  
Fax: 020 7588 3527  
Web: [www.bda.org.uk](http://www.bda.org.uk)

The largest organisation run by Deaf people for Deaf people. Produces 'British deaf news' and provides a helpline, counselling, advocacy, youth services and multimedia transcription services.

## BT TextDirect / RNID Typetalk

A national telephone service which allows d/Deaf and hard of hearing and speech impaired people to communicate with hearing people world wide. (Run by RNID Typetalk operators, it is funded by BT)

To use the service dial one of the following prefixes, followed by the number of the person you want to contact. Use the full area code and don't leave any spaces between numbers.

Text Users: 18001  
Voice Users: 18002

## Hearing Concern

95 Gray's Inn Road  
London  
WC1X 8TX

Tel: 020 7440 9871  
Fax: 020 7440 9872  
Text: 020 440 9873  
Web: <http://www.hearingconcern.com/index.html>

A national UK charity for deaf and hard of hearing people. Hearing Concern supports deaf and hard of hearing people whose main mode of communication is speech. They have a Helpdesk Service to provide help or guidance on hearing loss: **08450 744 600**.

## Royal National Institute for Deaf People (RNID)

19-23 Featherstone Street  
London EC1Y 8SL  
Tel 0808 808 0123  
Text: 0808 808 9000  
Fax: 020 7296 8199  
Email: [informationline@rnid.org.uk](mailto:informationline@rnid.org.uk)

Website: [www.rnid.or.uk](http://www.rnid.or.uk)

RNID information line offers free impartial, confidential information on many issues relating to d/Deafness and hearing loss, including employment and equipment.

## Disability Briefing Note 7

### Disabled staff adjustments and Epilepsy<sup>13</sup>

#### *Definition of Epilepsy*

Epilepsy is a neurological condition (a physical condition that starts in the brain.) Epilepsy is used to describe the condition where a person experiences recurrent seizures due to a momentary disturbance in the electrochemical activity in the brain. Many people will have a single seizure at some time in their lives, but this does not mean that they have epilepsy. If a person has epilepsy it means they have had **more than one** seizure that began in the brain.

Epilepsy is the second most common neurological condition in the UK after migraines. 1 in every 130 adults and children in the UK has epilepsy. This means that there are around 450,000 people with epilepsy in the UK.<sup>14</sup>

Epilepsy can affect anyone at any age. It is often feared and a great deal of misunderstanding and prejudice surrounds the condition, even though if a person's epilepsy is controlled then epilepsy may not stop them from leading a full life.

Epilepsy is a condition that is covered by the DDA, but not every person with epilepsy will consider themselves to be disabled.

#### *Main effects of the disability*

Epilepsy takes many forms and just knowing that a person 'has epilepsy' gives very little useful information about that individual and the type of epilepsy and seizures they have.

The brain is responsible for a wide range of functions such as consciousness, memory, mood, personality, movement, and sensations. Any of these things may be temporarily affected during a seizure. A person with epilepsy can experience more than one type of seizure. It should also be noted that not all epileptic seizures involve convulsions.

A useful guide to different types of seizures and what to do in the event of someone having a seizure can be found on the following National Epilepsy Society website: <http://www.epilepsynse.org.uk/pages/info/leaflets/seizures.cfm>

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<sup>13</sup> Information largely adapted from Employers Forum on Disability Briefing *Paper A practical guide to Employment adjustments for people with epilepsy* and from *The National Society for Epilepsy* website

<sup>14</sup>The National Society for Epilepsy website Oct 2005. <http://www.epilepsynse.org.uk>

## ***Adjustments often associated with the disability***

Nearly all jobs are open to people with epilepsy. If someone has epilepsy, the type of job they are able to do will depend on the type and frequency of their seizures.

There are a few jobs which are restricted by legislation to people with epilepsy who still have seizures or are taking medication for seizures, Professions affected at the moment are: aircraft pilot, ambulance driver, merchant seaman LGV, PCV or taxi driver, train driver and jobs in the armed services (although some of these employers can accept people who have not had seizures for a specified number of years and have not been taking medication during that time.)

The majority of people with epilepsy do not have any problems at work. Some people with epilepsy do need some minor adjustments, and they can be dependent on factors such as whether the epilepsy is 'controlled' and whether anything specific triggers a seizure. As with other disabilities, requirements vary from one person to another.

Some of the workplace adjustments related to epilepsy are stated below.

### Safety in the workplace

- Whether the employee's safety in the work place is affected by epilepsy depends on the individual's epilepsy *and* their workplace. Therefore the risks associated with seizures have to be assessed in relation to each workplace.
- Some jobs may involve substantial risks if the person is still having seizures, for example working at heights, near open water or around unguarded machinery, high voltage electricity, chemicals or fires; working alone or on isolated sites; working on or near moving vehicles and working with very young children or babies.
- Any machinery should be adequately guarded to comply with safety regulations to protect all workers. This should prevent injury should an employee have a seizure in the vicinity of machinery. If extra guards or safety equipment are necessary funding may be available through the Access to Work scheme.

### Computer based adjustments:

- Most people with epilepsy will not encounter problems working with computers. Again, it is best to be guided by the individual who is likely to know what triggers their seizures.
- Some people do have photosensitive epilepsy seizures that are triggered by flashing, flickering or bright glaring lights or by certain geometric shapes and patterns. This is relatively rare and affects around 3-5% of people with epilepsy. People who have photosensitive epilepsy are most likely to react to lights which flicker between five and thirty times per second (5-30 Hertz). Computer screens usually have a higher flicker frequency than this and so do not tend to trigger seizures. For people who have photosensitive epilepsy, computers which have a liquid crystal display (that does not flicker), like lap

tops, may be helpful as they are even less likely to trigger seizures. Anti glare screens or special glasses to reduce glare may also be appropriate.

- An individual with epilepsy may require more frequent breaks from looking at a computer screen.

### Driving, Travel and Epilepsy

- People with epilepsy can be employed in a job that involves driving as long as they hold a driving licence in line with Driver and Vehicle Licensing Agency (DVLA) regulations.
- In order to hold a current Group 1 (car and motorbike licence) an individual needs to be seizure - free for one year, either on or off anti-epileptic medication.
- DVLA regulations do not cover vehicles driven on private land (and that you don't therefore need a DVLA licence to drive.) 'Exempt' vehicles driven on private land include forklift trucks and farm vehicles, such as tractors. Although a driving licence is not needed, employers need to consider health and safety regulations if someone is to drive these vehicles as part of their job. Sit-on lawnmowers and electric wheel chairs are also excluded from the regulations.
- The current regulations on epilepsy and driving can be found on the DVLA website <http://www.dvla.gov.uk/>
- For people who are unable to use public transport due to their epilepsy, financial help towards the cost of getting to and from work can sometimes be available through the Access to Work scheme.

### Working Arrangements/Adjustments to working patterns:

- If the employee prefers, it is reasonable to move the person into a different job within the organisation or company while their epilepsy is reviewed.
- Employees with epilepsy may need time off to attend medical appointments or assessments. Flexibility may also be required in terms of working hours and work loads, and additionally when an individual is adapting to a new treatment regime.
- Some employees with epilepsy find that that certain situations can have an effect on their seizures, for example being tired or having a disturbed sleep pattern. Shift work may be difficult for these employees as it may increase tiredness. People who have seizures while they are sleeping (nocturnal seizures) may also find shift work difficult as this can disturb their normal sleep pattern. If this is the case it may be beneficial to the employee to consider changing shift or work schedules.
- Ordinary, rather than fluorescent lights that flicker at high frequency should be used. This provides a healthier workplace environment for all.
- It is best practice to have a safe comfortable place for the individual when they are having a seizure or recovering from a seizure.

## ***External sources of information and support***

### **Disability Employment Advisers (DEA) and Access to Work**

#### Contacts:

DEA team: Joanne Keelty, Tel: 0191 215 2128

Access to Work team: Christine Pearson, Tel: 0191 215 2182

### **Employers' Forum on Disability**

Nutmeg House

60 Gainsford Street

London, SE1 2NY

E-mail: [website.enquiries@employers-forum.co.uk](mailto:website.enquiries@employers-forum.co.uk)

Web: <http://www.employers-forum.co.uk>

Tel: 020 7403 3020

Fax: 020 7403 0404

Minicom: 020 7403 0040

### **The Employment Medical Advisory Service (EMAS)**

The Employment Medical Advisory Service (EMAS) gives a free and confidential opinion about the suitability of particular types of work for people with epilepsy.

More information about EMAS can be found from local Health & Safety Executive (HSE) offices.

### **Newcastle HSE Office**

Arden House,

Regent Centre,

Regent Farm Road,

Gosforth,

Newcastle-Upon-Tyne

NE3 3JN

Tel: 0191 202 6200

(Fax: 0191 202 6300)

### **Epilepsy Action**

New Anstey House

Gate Way Drive

Yeadon

Leeds

LS19 7XY

Email: [epilepsy@epilepsy.org.uk](mailto:epilepsy@epilepsy.org.uk)

Web: <http://www.epilepsy.org.uk/>

Tel: 0113 210 8800

Helpline Freephone: 0808 800 5050

UK-based charity, providing information and advice for people with epilepsy.

**The National Society for Epilepsy**

Chesham Lane  
Chalfont St Peter

Bucks SL9 0RJ

UK

Tel: 01494 601300

Helpline: 01494 601400

Web: <http://www.epilepsynse.org.uk/>

## **Disability Briefing Note 8**

### **Disabled staff adjustments and Upper Limb Disorders (Repetitive Strain Injuries)<sup>15</sup>**

#### ***Definition of Upper Limb Disorders (repetitive strain injuries)***

Upper Limb Disorders (ULD's) Repetitive Strain Injuries (RSI) as well as Cumulative Trauma Disorder (CTD) and Work Related Upper Limb Disorder (WRULD's) are 'umbrella' terms that are used to describe many different types of musculoskeletal conditions including carpal tunnel syndrome and tendonitis. Doctors and other healthcare professionals tend not to use these shorthand terms, but instead refer to the problems by their specific names.

RSI's are usually caused by bad ergonomics, poor posture, stress, forceful exertion, repetitive motion, cold working conditions or a combination of these. One in 50 (half a million) of all workers in the UK have this condition.

The affected area can be in the neck, shoulders, arms, elbows, wrists, hands, fingers and even the lower limbs and in some cases pain is deferred from the initial injury to another part of the body.

It is important to seek expert diagnosis as RSI is not always recognised or correctly diagnosed. Different conditions may require different types of treatment, adjustments and management.

#### ***Main effects of the disability***

People with RSI can be affected in different ways. Often the initial symptoms may be minor, but they can develop cumulatively and, particularly if the employee's work becomes more demanding, can worsen rapidly. RSI should always be taken seriously - long term disabilities can occur if the problem is ignored.

Generally sufferers experience muscle fatigue, cramp, swelling, numbness, difficulties in movement and discomfort. This often becomes worse during or after work.

RSI can affect people's personal lives as well as their work lives. It can make travelling to and from work problematic, even on public transport. 'Everyday' tasks as well as sleep patterns can be affected.

#### ***Adjustments often associated with the disability***

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<sup>15</sup> Information largely adapted from Employers Forum on Disability Briefing *Paper A practical guide to Employment adjustments for people with upper limb disorders (repetitive strain injuries)*

The individual should be consulted when assessing the adjustments that are required as it is the individual employee who knows best how the disability affects them and they may already know what adjustments would be best for their situation. If the adjustments are not obvious or are complicated assistance should be obtained from experts like medical specialists, ergonomists or occupational health practitioners. Some examples of adjustments that can aid employees with RSI are as follows:

#### Working Arrangements:

- Reasonable adjustments for people with RSI can be good practice for everyone. Employees should be encouraged to exercise, take regular breaks, move around during these breaks and stretch regularly.
- As a first step employees with RSI should be consulted about the problems they are facing. For all employees, employers should consider:
  - Reducing repetition by rotating tasks (e.g. within a team or department.)
  - Eradicating risk in manual tasks.
  - Avoiding static work in stationary positions for employees.
  - Helping staff to avoid working with their arms above elbow height, or other awkward positions like twisting and bending.

#### Premises:

- Employers should consider whether doors handles and locks can be used by all in all work areas. Electronic key cards or electronically activated doors may be preferable to traditional locks.
- Storage facilities need to be accessible without excessive reaching, twisting or bending and high storage is best avoided. Reducing the weight of filing drawers and providing assistive equipment for lifting and carrying objects from one place to another is recommended.
- It is important that staff are not seated in draughty areas. It may be that ventilation and air conditioning systems need to be redesigned, or at least workstations relocated, so that staff are not sitting directly under draughts.

#### Modifying Equipment:

- Work equipment, furniture and software should conform to at least minimum standards, and should be well maintained.
- When making modifications in one area, care should be taken not to create a problem in another area.

#### Hand Tools:

- Hand grips should not be too wide as this can cause severe strain on users with small hands.
- Tools and controls should be bended, rather than wrists. Tools requiring handles that dig into the palm should be avoided – loads should be spread over the largest area. Power tools or automation should be considered.
- Vibration in hand tools should be avoided, or protection should be provided where it is absolutely necessary.

### Control Panels:

- Displays where the user has to bend or stretch to see them properly should be avoided.
- Height adjustable footstools, chairs and benches should be provided.
- The control panel and emergency stop button should be easily reached and the employee should be able to work comfortably.

### Computer based adjustments:

- A Display Screen Equipment assessment should identify whether the employee has their computer screen at the correct height and angle, that their chair has appropriate back support and is at the proper height and distance from the desk. Employees may also require a document holder.
- Some PC adjustments are free and already accessible through the control panel, for example the speed of the mouse can be slowed down to reduce muscle tension.

Other reasonable computer based adjustments for employees with RSI include:

- Ergonomically designed keyboards or keyboard alternatives.
- Voice activated software (and training to use this)
- An ergonomically designed mouse or alternative.
- Software programmes that assist tailored scheduling of exercise and rest breaks. Also improved/adapted software design that allows operator led pacing of data input/word processing.

### Adjustments to working patterns:

- Flexible working patterns can be very beneficial for employees with RSI. This can include working from home for some or all of the time, allowing a self paced workload or gradual return to work, and also allowing time off for treatment.
- Flexibility in terms of travel arrangements can be helpful, for example allowing the employee to start earlier or later to avoid rush hour, or providing help with an alternative form of transport.
- Monitoring of any difficulties that may occur with employees that are new to a role or to equipment should take place, as well as allowing them to develop at their own pace.
- Reallocation of tasks within a team can also be effective for an employee with RSI.

## ***External sources of information and support***

### **Disability Employment Advisers (DEA) and Access to Work**

#### Contacts:

DEA team: Joanne Keelty, Tel: 0191 215 2128

Access to Work team: Christine Pearson, Tel: 0191 215 2182

## **AbilityNet**

AbilityNet provides free information and advice, individual assessment of technology needs, the supply of assistive technology with free support, a programme of awareness education, and consultancy for employers on system and workstation adaptations and web accessibility. However, AbilityNet does NOT offer free technical support unless the equipment has been purchased through their supply centre. For general enquiries you can contact them on

Tel: 0800 269545 (if you call from home)  
or 01926 312847 (if you call from work).  
Fax: 01926 407425  
Email: [enquiries@abilitynet.org.uk](mailto:enquiries@abilitynet.org.uk)

**AbilityNet North East** is hosted by Remploy in Newcastle:

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Email: [northeast@abilitynet.org.uk](mailto:northeast@abilitynet.org.uk)

## **Ergonomics Society**

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Elms Grove  
Loughborough  
Leicestershire LE11 1RG

Telephone: +44 (0)1509 234904  
Fax: +44 (0)1509 235666  
Email: [ergsoc@ergonomics.org.uk](mailto:ergsoc@ergonomics.org.uk)  
Web: <http://www.ergonomics.org.uk/>

The Ergonomics Society can provide a list of registered ergonomic consultants.

## **Health and Safety Executive (HSE) Infoline**

Bootle Information Centre  
Health and Safety Executive  
Magdalen House  
Trinity Road

Bootle  
Merseyside  
L20 3QZ  
(Open 9.00 am to 5.00 pm Monday to Friday)  
Website: <http://www.hse.gov.uk/>

The HSE advises on Health and Safety Legislation, inspections, enforcement and good practice.

The Information Centre in Merseyside is open for personal callers who want to consult the information held there. However, all public enquiries relating to occupational health and safety should in the first instance be directed to the HSE Infoline **0845 345 0055**

## Disability Briefing Note 9

### Disabled staff adjustments and diabetes<sup>16</sup>

#### ***Definition of Diabetes***

Diabetes or 'Diabetes mellitus' to use the medical name, is a condition in which occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.

Glucose comes from the digestion of starchy foods, from sugar and other sweet foods, and from the liver, which makes glucose. Insulin is a hormone produced by the pancreas that helps the glucose to enter the cells where it is used as fuel by the body.

Diabetes is a chronic medical condition, meaning although it can be controlled, it lasts a lifetime. Approximately 1.8 million people (3%) of the population of the UK have diabetes and it is estimated that another one million British people have diabetes but don't realise it.

There are two main types of diabetes:

**Type 1 Diabetes** is also known as insulin dependent diabetes. It develops if the body is unable to produce any insulin. This type of diabetes is common in childhood and accounts for approximately 15% of all diabetes cases. It is controlled by insulin injections and diet and regular exercise is recommended.

**Type 2 Diabetes** is known as non insulin dependent diabetes and develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). This type of diabetes usually appears in adulthood and accounts for approximately 85% of cases. It is controlled by diet and exercise alone or by diet, exercise and oral medication or sometimes by diet, exercise and insulin injections.

The main aim of treatment of both types of diabetes is to achieve blood glucose and blood pressure levels as near to 'normal' as possible.

#### ***Main effects of the disability***

With appropriate treatment many people with diabetes experience few practical problems. However, there are many misconceptions about diabetes being a 'mild' condition, these misconceptions are potentially dangerous. Some people experience long term complications whereby damage to the eyes, kidneys, nerves, heart and major arteries can take place. These generally develop over a period of many years.

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<sup>16</sup> Information largely adapted from Employers Forum on Disability Briefing *Paper A practical guide to Employment adjustments for people with diabetes* and also the *Diabetes UK* website <http://www.diabetes.org.uk/>

**Hypoglycaemia** - sometimes called 'hypo', may occur at work. This happens when the glucose levels in the blood become too low due to lack of food, medication, excess insulin, treatment or too much physical activity. It can happen over the course of just a few minutes but can be resolved as quickly. It is important that someone else in the workplace knows what happens when the individual goes 'hypo', and how to treat it, as they may not be able to think clearly when their blood glucose goes low.

Most people have warning signs or symptoms when they are affected by hypoglycaemia. These can include:

- sweating
- not being able to think clearly
- bad-tempered – unreasonable behaviour
- blurred vision
- tingling lips.
- feeling giddy or shaky
- headache
- going pale
- heart racing
- feeling hungry

The employee will need to have some sugar that will get into their blood quickly, such as fruit juice, cola (not diet) or sweets, and follow this up with a longer lasting carbohydrate food, such as a sandwich or biscuits, which raise the blood glucose level more slowly.

If a hypo is not treated, the employee may become unconscious. The body will eventually release its stores of glucose into the blood and the individual will recover. An unconscious person of course must not have any food or drink put in their mouths as they could choke.

## **Hyperglycaemia**

Hyperglycaemia or 'hyper' is less likely to occur as an emergency situation at work as it is usually gradual, occurring over a period of several days.

Hyperglycaemia is the technical term for high blood glucose levels due to insufficient insulin or insulin resistance. Symptoms include being thirsty and passing urine frequently, tiredness and feeling sleepy. Hyperglycaemia can be very dangerous if left untreated. The individual may need extra medication and must monitor their condition very carefully.

In both cases if a loss of consciousness occurs the emergency services should be called and the situation explained.

## ***Adjustments often associated with the disability***

There are a few jobs which are restricted by legislation to people with diabetes who control their condition with insulin. Professions affected at the moment are: the armed forces; working offshore (on oil rigs or cruise liners) in any role; train driving or

working on or near a railway track; airline pilots and jobs requiring a Large Goods Vehicle (LGV over 7 Tonnes) or Passenger Carrying Vehicle (PCV over 16 seats) licence.

Some of the workplace adjustments related to diabetes are stated below.

#### Safety in the workplace

- Whether the employee's safety in the work place is affected by their diabetes depends on the individual's diabetes. Most people with diabetes have no greater health and safety risks at work than any other employee and assumptions should be avoided. Any assessments should be on a 'case by case' basis.
- If there are any health and safety concerns ask the individual for their permission to obtain medical information, for example, if they may be at risk when working at unprotected heights, near open water or around unguarded machinery, high voltage electricity, chemicals or unguarded fires, ovens and hotplates; working on or near moving vehicles.

#### Driving and Diabetes

- For individuals treated with insulin, licences for group 1 vehicles (e.g. a family car) are usually renewed on a one, two or three year basis. Individuals treated with insulin are not generally allowed to hold licences to drive Large Goods Vehicles or vehicles with more than 16 seats. Other regulations in relation to driving are dependent on certain medical criteria and are assessed individually.
- Individuals who do not use insulin to control their diabetes are not affected by legislation relating to diabetes and driving unless related problems develop, for example a visual impairment.

For up to date information on diabetes and driving contact Diabetes UK on Tel 020 7424 1000 or email [info@diabetes.org.uk](mailto:info@diabetes.org.uk).

#### Working Arrangements

- Staff awareness training would be beneficial.
- The employee may need somewhere to store insulin, for example, a fridge, insulated cool bag or wide mouthed flask.
- A private area to test blood glucose levels or take insulin may be necessary.
- An employee with diabetes might require relocation to another position/ premises/employment particularly if they are affected by associated complications such as damage to the eyes, kidneys, nerves, heart and major arteries.
- Where there is diabetes - related visual impairment, the adjustments associated with staff with visual impairments may be relevant. (These are discussed elsewhere in this document.) These may include appropriate lighting, large print documents, adaptive equipment and reallocation of tasks.

### Adjustments to working patterns:

- Employees with diabetes may need time off to attend medical appointments or assessments.
- Shift work may create problems for some employees with diabetes, but this is not the case for all people with the condition, particularly if the diabetes is well controlled. Again each case should be assessed individually.
- An individual with diabetes may require a predictable routine, as they may need to take regular breaks to monitor their glucose level, eat or take insulin.
- An individual employee may require time to gradually build up the level of fitness required for a post.

## ***External sources of information and support***

### **Disability Employment Advisers (DEA) and Access to Work**

#### Contacts:

DEA team: Joanne Keelty, Tel: 0191 215 2128

Access to Work team: Christine Pearson, Tel: 0191 215 2182

#### **Diabetes UK Central Office**

Macleod House,  
10 Parkway, London NW1 7AA  
**Tel** 020 7424 1000  
**Fax** 020 7424 1001  
Email [info@diabetes.org.uk](mailto:info@diabetes.org.uk)  
Web: <http://www.diabetes.org.uk/>

#### **Driver and Vehicle Licensing Agency (DVLA)**

Drivers Medical Group  
DVLA  
Swansea SA99 1DL  
Tel: 0870 600 0301  
(Monday to Friday 8.15am to 4.30pm)

Fax: 01792 761 100  
Email: [eftd@dvla.gsi.gov.uk](mailto:eftd@dvla.gsi.gov.uk)  
Web: [www.dvla.gov.uk](http://www.dvla.gov.uk)

#### **Employers' Forum on Disability**

Nutmeg House  
60 Gainsford Street  
London, SE1 2NY  
E-mail: [website.enquiries@employers-forum.co.uk](mailto:website.enquiries@employers-forum.co.uk)

Web: <http://www.employers-forum.co.uk>

Tel: 020 7403 3020

Fax: 020 7403 0404

Minicom: 020 7403 0040

**Health and Safety Executive (HSE) Infoline**

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Email: [hseinformationservices@natbrit.com](mailto:hseinformationservices@natbrit.com)

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

**Newcastle HSE Office**

Arden House,

Regent Centre,

Regent Farm Road,

Gosforth,

Newcastle-Upon-Tyne

NE3 3JN

Tel: 0191 202 6200

(Fax: 0191 202 6300)

## **Disability Briefing Note 10**

### **Disabled staff adjustments for people with back problems<sup>17</sup>**

#### ***Definition of Back Problems***

The most common cause of back pain is when the muscles that support the small bones in the vertebrae in the spine go into spasm. This usually occurs after strenuous activity or after a long period in an awkward posture.

The lower area of the back, the lumbar region, is particularly susceptible to problems as it has to bear the weight of the upper body. Back pain is often temporary but persistent strenuous activity, or being in an uncomfortable position, can lead to continuing back pain. Other factors such as falls or accidents can also give rise to back problems.

There is a greater risk of back problems in specific occupations that require either manual handling or where an immobile position is maintained for many hours. Examples include labourers and construction workers, sales and shop assistants, nursing, care, office and call workers and drivers.

#### ***Main effects of the disability***

Even a minor back problem can cause a lot of pain when the employee stands, bend or moves around. Back problems cost the UK at least 6 billion pounds every year in terms of lost production, treatments and benefit payments.

Back problems are very common and are the most significant reason for time off work (making up 60% off all cases of occupational ill health.) They are the biggest cause of disability with one fifth of cases brought under the DDA being related to back problems.

#### ***Adjustments often associated with the disability***

A proactive approach to managing back problems is necessary to minimise back related absences. This is good practice for all employees. As a first step employees should be consulted about problems that they are experiencing and should be encouraged to maintain an active lifestyle, take breaks and stretch regularly.

#### **Working arrangements**

For all employees, employers should consider:

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<sup>17</sup> Information largely adapted from Employers Forum on Disability Briefing *Paper: A practical guide to Employment adjustments for people with back problems.*

- Reducing repetition by rotating tasks (e.g. within a team or department.)
- Eradicating risk in manual tasks.
- Avoiding static work in stationary positions for employees.
- Helping staff to avoid working with their arms above elbow height, or other awkward positions like twisting and bending.

Good practice for all employees, including those with back problems includes:

- Chairs with appropriate support for the back and at the right distance and height from the desk. Also the computer screen should be at the correct height and a document holder may be required.
- Headsets for employees who frequently use the telephone to avoid cradling the phone between ear and shoulder.

The individual should be consulted when assessing the adjustments that are required as it is the individual employee who knows best how the disability affects them and they may already know what adjustments would be best for their situation.

If the adjustments are not obvious or are complicated, assistance should be obtained from experts like medical specialists, ergonomists or occupational health practitioners, who will take into account working methods, posture, and pacing of work activities etc. Some examples of adjustments that can aid employees with back problems are as follows:

#### Premises:

- It would be of benefit if the employee needs to lie down at lunch time and rest their back, if use of a spare office was available.

#### Modifying Equipment:

- Work equipment and furniture should conform to at least minimum standards, and should be well maintained.
- The employee may require a variable height desk so that they can avoid a static position and can stand or sit at their work place.

#### Adjustments to working patterns:

- Flexible working patterns can be very helpful for employees with back problems. This may be starting and finishing work later, if for example the employee's back problem is worse in the morning.
- Time off should be allowed for rehabilitation or medical treatment.
- Part time working or job sharing may be necessary if the problem is so severe that full time work is not possible.
- Redeployment may be required if the employee is unable to carry out their current job because of the disability.
- Reallocation of tasks that aggravate the problem can be helpful for an employee with back pain.

Additionally:

- It may benefit the employer as well as the employee to pay for the first few sessions of treatment by a medical therapist (e.g. a physiotherapist.) This might prevent a minor back problem becoming a major problem, and thus averting more time off work.
- Assumptions should not be made about the nature of a job in terms of what comprises 'light work' and 'heavy work'.

***External sources of information and support***

**Disability Employment Advisers (DEA) and Access to Work**

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Tel: 0191 266 6678.

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## **BackCare (The Charity for Healthier Backs)**

16 Elmtree Road  
Teddington  
Middlesex  
TW11 8ST

Switchboard: +44 (0)20 8977 5474  
Fax: +44 (0)20 8943 5318  
BackCare's Helpline - 0870 950 0275  
email: [info@backcare.org.uk](mailto:info@backcare.org.uk)  
Website: <http://www.backcare.org.uk>

BackCare is an independent national charity that helps people manage and prevent back pain by providing information, promoting self help, encouraging debate and funding research.

## **Employers Forum on Disability**

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## **Ergonomics Society**

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Email: [ergsoc@ergonomics.org.uk](mailto:ergsoc@ergonomics.org.uk)  
Web: <http://www.ergonomics.org.uk/>

The Ergonomics Society can provide a list of registered ergonomic consultants.

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