



The British Association of
Prosthetics and Orthotics



Reasonable adjustments for staff, service users, and learners

A guide for the prosthetics and orthotics workforce

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What are reasonable adjustments?

Reasonable adjustments are changes that organisations and people providing services must make if someone's physical or mental disability places them at a disadvantage compared with people who are not disabled. This is separate from physical accessibility changes to buildings, such as accessible toilets or entrances.

They can include:

- finding a different way to do something
- making changes to the workplace or place of education
- changing someone's working arrangements
- providing equipment, services or support
- changing the recruitment process so a candidate can be considered for the job
- offering employees training opportunities, recreation and refreshment facilities
- adjusting attitudes and perspectives to understand the barriers a disabled person may face in the workplace

Some examples of reasonable adjustments in practice can be found at: [Examples of reasonable adjustments in practice | EHRC](#)

Adopting a social model-informed approach to disability is essential for the prosthetics and orthotics profession. This approach focuses on the barriers disabled people face in society and how those barriers can be removed. It supports an equitable workplace culture and helps ensure that service users receive inclusive and comprehensive care. A workforce that is representative of the society it serves is invaluable to protect against subconscious bias and inequalities in healthcare. Disabled employees can bring insightful and unique perspectives to the workforce, and as a profession that often sits in the space of problem-solving, neurodivergent individuals can bring valuable attributes, such as creativity, and innovative thinking. Service users can also help us to understand their lived experiences, to ensure our treatments are as holistic and person-centred as possible. This document is in response to BAPO being asked for more information on reasonable adjustments, and what kind of adjustments may be applicable to the prosthetic and orthotic workforce. Before we look at this in detail, we need to be aware of the legislation that applies to reasonable adjustments.

The law

Equality Act 2010

The [Equality Act 2010](#) is a key piece of legislation in the United Kingdom that protects individuals from discrimination, harassment, and victimisation in the workplace, in education, and when accessing services. Understanding your responsibilities under this Act is crucial for ensuring fair treatment and promoting equality. All organisations, including health and social care services such as hospitals and GP surgeries, must take steps to remove barriers experienced by disabled people. In service settings, this duty is anticipatory, meaning providers should plan ahead for disabled people's access needs rather than wait for barriers to arise.

Public Sector Equality Duty

The Public Sector Equality Duty came into force across Great Britain on 5 April 2011. It means that public bodies have to consider all individuals when carrying out their day-to-day work, in shaping policy, in delivering services and in relation to their own employees.

It also requires that public bodies have due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations between different people when carrying out their activities

Frameworks

- The NHS Workforce Disability Equality Standard (WDES) is a tool to support the NHS to be an inclusive and fair workplace².
- Implementing the WDES is a requirement for NHS commissioners and NHS healthcare providers through the [NHS standard contract](#).
- The WDES is built around 10 evidence-based measures that enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.
- The 2024 WDES report showed that in 2023, 74.5% of disabled staff reported that their employer had made reasonable adjustment(s) to enable them to carry out their work, compared with 73.0% in 2022. Across regions, this ranged from 77.1% in the South West to 69.3% in London³.
- The 2024 WDES report indicated that by profession, disabled ambulance staff (operational) were least likely to report that their employer had made reasonable adjustment(s) to enable them to carry out their work (63.1%); with especially low levels among disabled men (56.6%) in this profession. Levels were also low for disabled women (69.0%) among ambulance staff (operational) and for disabled men (67.5%) and disabled women (68.9%) in medical and dental roles.

Prosthetic and Orthotics specific tools

- [BAPO Reasonable adjustment considerations for learners on practice placements](#)
- [BAPO Reasonable adjustments for the workplace](#)
- [BAPO Learners welcome pack](#) to provide structured information for learners embarking on placements
- [BAPO Learners placement form](#) to communicate required reasonable adjustments or considerations for placement

Reasonable adjustments

To qualify for reasonable adjustments, a person does not need to have a formal medical diagnosis by law, and they do not need to disclose everything to their employer. It is not uncommon for individuals to lack a formal diagnosis, some individuals may feel that a diagnosis is unnecessary, or they may be facing extended NHS waiting lists. The cost of obtaining a private diagnosis can be prohibitive, and certain diagnoses may not be officially recognised by the NHS. Even if a person has a diagnosis there may be barriers to disclosure. Concerns regarding potential negative reactions or potential discrimination from others may influence their decision to disclose a disability or not.

² The 2024 WDES report www.england.nhs.uk/long-read/nhs-workforce-disability-equality-standard-2024/

³ NHS England » Workforce Disability Equality Standard: 2024 data analysis report for NHS trusts

When to consider reasonable adjustments

Times of transition can create added stress and cognitive and emotional loads for individuals and teams. Having reasonable adjustments to support transitions can be beneficial. Transitions may include:

- Learners on practice-based placements
- Graduates entering the workforce
- A change of job or role
- A change of contract and employer through the tendering process
- A change of personal circumstances

If someone is facing barriers, it is important to recognise this and have a supportive conversation to understand what reasonable adjustments may help. Reasonable adjustments are person specific and will depend on each situation. A review should also be built in, because needs can change over time. A simple process can help:

- 1 Identify the barrier
- 2 Discuss what helps
- 3 Agree the adjustment
- 4 Record it clearly
- 5 Review it regularly

See the HSE inclusive approach questionnaire for more details: [Take an inclusive approach to workplace health.](#)

Advancing this approach would involve integrating universal design principles into workplace settings. These are design principles intended to create work environments that are physically and technologically accessible for everyone, which can improve outcomes for more than one group of people.



Universal design principles – summary table

Principle	Concise description	Key guidelines
Equitable use	Usable and appealing to people with diverse abilities	<ul style="list-style-type: none"> - Avoid cluttered layouts - Not exclude anyone - Not disadvantage or stigmatise anyone - Make the design appealing to all users - Ensure users can access with assistive technology - Ensure equal privacy, security, and safety
Flexibility in use	Supports varied preferences and abilities	<ul style="list-style-type: none"> - Allow users to change settings to suit their needs - Ensure left- and right-handed use - Enable accuracy and precision - Allow users to set their own pace
Simple and intuitive use	Easy to understand regardless of experience or skills	<ul style="list-style-type: none"> - Remove unnecessary complexity - Write in plain English - Provide descriptions for acronyms - Avoid jargon - Support different literacy/language levels - Present information by importance - Give clear prompts and feedback
Perceptible information	Essential information is communicated clearly in all conditions	<ul style="list-style-type: none"> - Use multiple modes (visual, verbal, tactile) - Maximise legibility - Support assistive technology use - Provide captions and transcripts for meetings and videos - Provide alt text for all images - Use colours that contrast sufficiently
Tolerance for error	Minimises hazards and consequences of mistakes	<ul style="list-style-type: none"> - Arrange elements to reduce risks - Warn of hazards and errors - Include fail-safe features - Prevent automatic actions in tasks needing focus - Allow copy and paste - Allow password managers - Provide a forgot password functionality
Low physical effort	Comfortable to use with minimal fatigue	<ul style="list-style-type: none"> - Support neutral body positions - Require reasonable force - Reduce repetition - Minimise sustained effort - Reduce cognitive load
Size and space for approach and use	Provides accessible space for all users	<ul style="list-style-type: none"> - Ensure clear sightlines seated or standing - Ensure easy reach to components - Accommodate hand/grip variations - Allow space for assistive devices

Reasonable adjustments – what to consider

It is important to make the most of someone's strengths, for example their disability may mean that they can hyperfocus on a task, or spot mistakes.

Consideration should be taken to understand if the adjustment:

- Would reduce or remove the disadvantage by discussing with the individual
- Is practical
- Is affordable
- Would harm the health and safety of others

The employer must also make reasonable adjustments linked to someone's disability and ensure that the reasonable adjustment requirements are met.

Employers are only required to make adjustments which are reasonable. Factors such as the cost and practicality of making an adjustment and the resources available to the employer may be relevant in deciding if this is reasonable.

Reasonable adjustments are not universal; they are designed to remove barriers in a specific context and may not transfer directly to another workplace, service, or learning environment. What is effective in one setting will depend on the task, physical space, available resources, staffing, and the individual's role, meaning that another organisation cannot reasonably be expected to copy an adjustment exactly if its own circumstances are different. The appropriate approach is to understand the underlying need and then agree an equivalent adjustment that achieves the same outcome in a way that is practical, safe, and proportionate in that environment.

If an employer does not comply with reasonable adjustment requirements, the individual could make a claim of unlawful disability discrimination to an employment tribunal. The employment tribunal would then decide what adjustment should be made for the individual and whether a decision to decline the request on grounds of practicality or cost was correct or not.



Examples of reasonable adjustments

Sensory processing differences involve experiencing environmental input, such as sights, sounds, smells, tastes, and textures as heightened (hyper) or reduced (hypo), this may cause overwhelm or a need for stimulation. Sensory differences are often associated with neurodivergent conditions like autism or ADHD. These variations can lead to daily challenges in focusing, socialising, and regulating emotions. The table below includes some considerations for different sensory presentations and possible reasonable adjustments.

Sensory need	Possible adjustment
Sight	<ul style="list-style-type: none"> - Turn off or turn down artificial lights - Remove flickering or oscillating environmental features
Taste	<ul style="list-style-type: none"> - Respect preferences when preparing for events - Don't pressure colleagues into sharing food - Review canteen provision to ensure choice
Touch	<ul style="list-style-type: none"> - Ascertain tactile preferences - Avoid casual touch - Use fidget toys - Explore acceptable sensory-friendly clothing or uniform choices
Temperature	<ul style="list-style-type: none"> - Consider environmental temperature - Consider use of fans, air conditioning, opening windows
Proprioception	<ul style="list-style-type: none"> - Understand the need for proprioceptive input, for example, chewing gum, a stress ball, or fidget toys - Avoid making inferences from unusual body posture
Interoception and pain	<ul style="list-style-type: none"> - Pay attention to verbal reports of discomfort including illness, hunger and thirst - In some cases, interoception can be affected by having reduced interoceptive signals for example, having a very high pain threshold. For more information see: Interoception - Humber Sensory Processing Hub - Connect NHS
Predictability	<ul style="list-style-type: none"> - Be aware that non-verbal expression of discomfort may be different from expected - Give realistic information in advance - Ensure clear and accurate directional signage in physical space - Provide photographs or videos of the physical environment and staff (social story) - Allow working in a familiar environment - Use timetables and adhere to agreed work plan
Acceptance	<ul style="list-style-type: none"> - A neuro-affirming approach is beneficial - Understand autistic stimming and monotropic thinking patterns - Facilitate need for detailed information - Seek to understand distress
Mobility issues	<ul style="list-style-type: none"> - May need a height-adjustable desk- particularly if a wheelchair user - Look at the height of the hand sanitiser, - can a colleague actually reach it? - Look at how high the computer monitors go- do they go high enough? - Pedal bins- can a wheelchair user actually operate the pedal bins- do they need a motion sensor? - Sanitary bins- can a wheelchair user actually open these? - Are there platforms for wheelchairs to be raised in clinic? - Appropriate clinic equipment- kneeling equipment - Does the person need a manual handling assessment?

Source: www.nhsemployers.org/system/files/2024-03/Understanding%20workplace%20adjustments%20infographic.pdf

Sensory need	Possible adjustment
Communication	<ul style="list-style-type: none"> - Understand verbal and non-verbal communication differences - Know that communication ability is reduced by anxiety and sensory stress - Clear unambiguous communication may be required - Consider alternatives to phone-based communication, for example, provide options online and face to face - Promote use of augmentative and alternative communication - Extra time to complete SOAP notes and read information - Proofreader - Consider the use of different colour backgrounds for documents and completing tasks - SOAP note guide, and potentially voice to text communication to help - SOAP notes written in bullet points - Ability to change text size/font/colour - Talking through written information - During a Teams/phone call: <ul style="list-style-type: none"> - Use a script where helpful - Confirm what has been agreed in a letter or email - Allow camera off where appropriate - Regular breaks - People on mute when not speaking- reducing background noise - Record teams meeting- so that you can have a transcript/watch back to see what's been agreed - Quiet space for meetings to occur - Using captions or other accessible features during a teams call - Being able to make the phones louder- in a busy environment, and able to link into the loop system
Empathy	<ul style="list-style-type: none"> - Recognise that people might display empathy differently - Recognise the impact of emotional labour in healthcare on different neurotypes - May need extra time to process emotions, and may need a buddy to support them
Physical space	<ul style="list-style-type: none"> - May need extra personal space - Avoid proximity to other people where possible - Moving platform to bring service user to clinician's height - Grab rails to help getting up and down from the floor
Processing space	<ul style="list-style-type: none"> - Increased time to respond to question - Increased time for decision making - A quiet place to work without distractions - Breaking down tasks into smaller more manageable tasks and using Standard Operating Procedures (SOPs) as necessary - Having radio/music on as low level background noise - Standing desk - Regular check-ins about how work is going - Planners that highlight deadlines and appointments - Extra time to plan work
Emotional space	<ul style="list-style-type: none"> - Expect differences in emotional expression - Allow restorative solitude to recover if distressed - Plan regular work breaks and annual leave - Buddy system - Access to counselling services - Preplacement/ starting work walk around

Health and safety and reasonable adjustments

Health and safety must be taken into account within reasonable adjustments.

You may be required to provide the employee with a personal emergency evacuation plan (PEEP), or look at the evacuation procedures. For deaf members of staff, you may be required to provide a portable alarm receiver, vibrating alert, flashing device, or similar alerting support. Alternatively, a deaf alerter or silent alarm may be necessary. If you need help with this, contact your fire safety team.

Reasonable adjustments for prosthetic and orthotic learners

Although we have spoken about reasonable adjustments in the workplace in this document, these reasonable adjustments may also be implemented for prosthetic and orthotic learners. As part of the clinical team, learners will benefit from any inclusive practices and universal design principles embedded into workplace practices.

Because adjustments for learners can take time and planning, universities should keep a record of placement centres that may be able to accommodate different types of reasonable adjustment. [The Reasonable adjustments on practice placements – UNISON's guide for healthcare students](#) is also a useful guide.



Reasonable adjustments for prosthetic and orthotic service users

The Health and Care Professions Council (HCPC) states that all practicable steps should be taken to meet service users' and carers' language and communication needs, with proactive consideration of how to make care as accessible as possible. Barriers can be removed by making changes to the way people are cared for.

Reasonable adjustments are a legal requirement that help ensure health services are accessible to all disabled people.

Reasonable adjustments can be things like:

- Making sure there is good access for people who use a wheelchair in GP surgeries and hospitals
- Providing plain English or easy read appointment letters
- Giving someone a priority appointment if they find it difficult waiting in their GP surgery or hospital
- Offering a longer appointment if someone needs more time with a healthcare professional to make sure they understand the information they are given
- Having a quiet space available for people waiting for their appointment
- Making sure there is a hearing loop system in consultation rooms
- Making sure you fill in information about the appointment if a person has a hospital or health and care passport
- Ensure there is access to a British Sign Language (BSL) interpreter to support at appointments or an internet video-link that could be used with BSL interpretation remotely
- Using a communication chart to support a person with dementia during an appointment
- Using a Picture Exchange Communications System (PECS) for those with communication challenges to enable them to communicate with pictures.
- Ensuring a play therapist is available for distressing procedures for paediatric patients
- Having access to sensory/fidget toys in waiting areas and clinic rooms.
- Having access to specialist learning disability clinics to reduce distress.

Reasonable Adjustments Digital Flag

The Reasonable Adjustment Digital Flag is a marker placed on a person's electronic health record that alerts staff to any reasonable adjustments they need when accessing care. It is intended to reduce the need for people to repeat their needs across services. When staff search for a patient on their computer system, the flag appears and tells them what changes need to be made, such as longer appointments, accessible rooms, or alternative communication methods.

Staff record adjustments by selecting from a standardised list of options, with the ability to add free-text notes for needs not covered by the list. The flag is designed to work across all NHS and local council computer systems, regardless of which software a particular service uses.

Once recorded, adjustments are automatically shared between health and care providers involved in a person's care. This means someone can tell their GP what they need and their dentist, hospital, or other services will be able to see it without the person having to explain again each time. Only staff directly involved in that person's care can access the information, and individuals can opt out of sharing if they choose, though they will then need to communicate their needs at each appointment themselves.

The flag is currently live in some services, with the intention of rolling it out across GPs, hospitals, dentists, opticians, ambulance services, and social care. People who know they require adjustments are encouraged to tell staff so the flag can be added to their record, and they can ask to see what has been recorded at any time.

More information can be found at <https://digital.nhs.uk/services/reasonable-adjustment-flag>

Funding

The employer is responsible for paying for any reasonable adjustments. Employers may be able to get help from **Access to Work** towards some costs where an individual requires support or adaptations. Find out more in the Employer's guide to Access to Work.

Access to Work can normally provide a grant to pay for the cost of support. However, this does not remove the employer's legal duty to make reasonable adjustments. For example, it can provide funds towards:

- Special aids and equipment
- Adaptations to equipment
- Travel to and from work
- Communication support at interview
- A wide variety of support workers

You can find more information on [Access to Work on the UK government website](#), including checking your eligibility and making an application for a grant.

What you can do if reasonable adjustments are declined

If you have requested reasonable adjustments during a recruitment process or in employment and they have not been put in place, you can raise the issue with your employer or service provider.

The government-funded but independent **Advisory, Conciliation and Arbitration Service (ACAS)** suggests that raising an issue informally can help to resolve it more quickly while maintaining positive relationships in the workplace. This may mean having an informal discussion with your line manager or Human Resources advisor.

If this doesn't work you can raise the issue in a more formal way. If you are a patient this may be through the Patient Advice and Liaison Service (PALs). If you are an employee this may be by contacting ACAS for advice, or raising a formal grievance through your employer's relevant policy.



Zrinka Mendas

Prosthetics and Orthotics student



Since becoming deaf 15 years ago, I have worn a cochlear implant that enables me to communicate more effectively. Yet, lags in information processing can create a deaf fatigue caused by anxiety, environmental noise, shortened concentration span, and headaches. To cope with these challenges, over the years I have learned to lipread, read body language, and communicate in sign language.

As a deaf student prosthetist and orthotist (P&O), I must complete clinical placements in noisy hospital clinics or wards. This might make me anxious as I miss out hearing words. I have found the simple things that can make my placement an enjoyable experience without taking too many resources from P&O staff. Being an empathetic listener and showing commitment and desire to make a difference to a learner's experience, matters and it is important to discuss this with educators prior to and during the placement.

My last placement was an excellent example of how it is possible to create a constructive dialogue between educators and learner. For example, patient assessment forms the biggest part of the experience. At every step, I was aware that I needed to talk to patients clearly through the assessment, helping them to understand the process, be engaged and feel valued. To ensure that I have all the information available at my disposal about the patient case before the assessment, I asked my educator to provide detailed information and confirm it with her. To conduct assessment without disruption, I asked my educator to close the room door so that I could hear and understand the patient better. I also wanted to ensure that the room was bright enough so I could see the patient clearly when I needed to lipread.

Keeping my educator informed about any issues I felt was hampering my learning and not being afraid to ask and trusting my educator, was key. Focusing on these aspects has removed the anxiety and allowed for immediate learning and feedback so that an effective orthotic or prosthetic solution could be identified. This collaborative and reflective approach has led to a better understanding of the learning requirements of a deaf learner and helping develop clinical reasoning skills relevant to the P&O practice while also recognising that there is no one fit to all approach to communication and that it continuously evolves. Importantly, it illustrates the value of adopting the inclusive practice within the P&O profession that reduces the need for reasonable adjustments, decreases emotional load on disabled students to self-advocate and helps non-disabled P&O staff to learn more about this disability.

Anonymous

Prosthetics and Orthotics student



I am a prosthetics and orthotics student who has autism, ADHD, anxiety, and depression.

Disability on placement can cause challenges. In my experience, some sites often seemed unaware of my disabilities until I disclosed them upon my arrival. Support is often considered once the placement is already underway. This is especially difficult for me as I already struggle with executive dysfunction. Remembering information across multiple different forms is incredibly frustrating especially when responses can range from sluggish to nonexistent.

On placement, staff were always kind and willing to help. They were largely open to making adjustments, the difficulty is more that there is often no clear plan in place beforehand, so everyone is trying to work things out as the placement progresses. That can leave me feeling like I have to explain my needs repeatedly, as even when one person understands what helps me, that information is not always passed on. As we often cycle between different clinicians this can mean support can become inconsistent.

There appears to be an expectation that students already know what reasonable adjustments they need. I was only recently diagnosed with my disabilities. I feel I could have benefited from more guidance, especially from an occupational health specialist or another professional who could help identify practical and realistic adjustments. Without specialist support, I feel like the responsibility falls on the student to understand both their condition and the placement system well enough to suggest solutions on their own.

Another challenge is the strictness around placement hours. During one of my placements, medical and disability appointments came up last-minute meaning I missed placement hours, resulting in a somewhat stern response suggesting I manage my time better. It feels absurd that in a healthcare setting, attending necessary medical appointments can still be seen as a problem, especially when these issues are often the result of inflexibility within the NHS preventing me from rearranging appointments in the first place. We would encourage our own patients to prioritise their health wherever possible, and it often feels like this principle isn't necessarily extended to staff and students.

I think a more supportive approach would be to have an early discussion between the placement site and an occupational health specialist to agree a basic framework of reasonable adjustments to use as a starting point before the placement begins. It would also help if students were given guidance on what kinds of adjustments might be appropriate, rather than being expected to work this out alone.

Overall, I feel that placements are willing to support disabled students, and individual staff members have been fantastic and very good to me. However, I feel they were often let down by the surrounding infrastructure and systems. With a little more planning, guidance, and flexibility I think you could remove a lot of the barriers, enabling disabled students to make the most of their time learning on placement.

Anonymous

Prosthetist/orthotist and placement educator



I have been working in the industry for over twenty-five years across many centres in the UK as both a prosthetist and an orthotist and have been a placement educator within these for the majority of that time.

Every student and every placement that a student partakes in is different with often varied individual requirements to ensure a successful and productive experience for the student and the practice educator. These differences take on many forms whether it is the grade expectations of the student and level of detail in which to teach, ethical choices made by the student that can affect them handling products made from animals, religious observation and practice, right through to conditions that affect the student's ability to interact with patients, our colleagues and the buildings that we work in.

It sounds clichéd but communication is always the key aspect in this. As the practice educator may only have a surface knowledge of the experiences of the student there is understandably an onus on the student to help the practice educator tailor the placement around their needs. Even if the practice educator has experience with students in particular circumstances (be it medical, mobility, religious/ethical or educational) these may present in vastly different ways and what worked for a previous student may not be helpful for another student despite the student presenting with the same issue/condition. A constructive two-way dialogue is needed so that the placement educator doesn't pigeonhole a student or make any assumptions. Instead working in conjunction with the student to make effective an equitable plan to navigate their time in the department.

As already mentioned, adjustments required take on a broad variety. Though this was not the case a quarter of a century ago when I first started practising most departments have procedures in place to allow a separate area for religious observation, and these adjustments can be easily put in place. Others require more thought and a recent example where a student did not wish to work with material derived from animal products proved more complex as many of the products, we use contain these. Both the student and I did some background work with the manufacturers and discussed these on a case-by-case basis finding accommodations that allowed the student to complete their placement without compromising their beliefs.

When the adjustments are significant this dialogue will often need to start taking place between the student and the placement educator prior to the commencement of the placement as these are often not actions that can be undertaken on the spot. Where these involve the working environment, we may not have the authority to proceed with these as frequently our services are subcontracted, and the NHS has responsibility for the building and needs to be brought on board before any adjustments and allocations can be implemented. In the past the university has encouraged students to contact in advance to begin the process, and this has always been helpful, and I feel should be encouraged as early dialogue helps the process. We have also in the past had some recommendations from students that we have not initially been able to implement due to not having unlimited control over the building in which we work. In this case a student who fatigues easily wanted to have a private room that could be accessed as required. However with discussion between the practice educator, the student, and the NHS we managed to find a compromise that suited the needs of the student without negatively affecting the needs of all the other clinics running in the department.

This is a hypothetical case study that is not meant to reflect any individual(s). No diagnoses have been included, as it is important to consider the impact for the individual rather than categorise based on diagnosis.



A learner/employee reports that they have difficulty processing information, maintaining concentration and accurately writing notes (tends to have spelling and grammatical errors). They report that they find these tasks harder in busy environments and when there is a change to their routine.

How the individual could be supported and why this may help

- Have a meeting prior to placement/employment in your setting to discuss the workload, the environment, and any strategies that they have found helpful or unhelpful before. This shows a personalised approach and allows all parties to feel prepared.
- Co-create a timetable/work plan. A structured diary can help maintain concentration and help the individual understand the structure and routine of the setting before and during their time in this work environment. It may be beneficial for the individual to have short breaks scheduled to help with concentration, and longer periods of time to read and write notes. This pre-planning can avoid pressure points where too much work has been planned that cannot be accommodated.
- Discuss with the individual their preferred method for successfully processing information, for example do they find conversations better, or written down feedback etc. Once this has been identified, ensure that feedback about their performance, and any key actions they need to do are delivered in this format to assist with their processing.
- For a learner, when completing their assessments or other key meetings with feedback, establish if it is helpful to them to have a representative from the university, or a disability support tutor (depending upon eligibility) present. They may find this helpful so that they can seek support outside of placement to address any developmental feedback actions. They may benefit from having scheduled time to meet with these individuals regularly throughout the placement period. The same principles may apply for an employee; they may find having a representative present helpful for any appraisals or performance reviews.
- Explore with the individual if there are any aids/technology that assist with reading and writing notes. It may be that the individual has overlays, has used text-to-speech/speech-to-text software or has other mechanisms. If the individual is using software or technology, it is important to check with your organisation what is permitted (due to potential data security risks).
- Discuss with the individual what can be accommodated if the environment is too busy. Depending upon your setting, it may be that you can look at using a quieter area, dedicating a quiet space for meetings and notes, or allowing the use of noise-cancelling equipment at various times.

This is a hypothetical case study that is not meant to reflect any individual(s). No diagnoses have been included, as it is important to consider the impact for the individual rather than categorise based on diagnosis.



A learner/employee reports that they experience widespread pain and can become fatigued quickly. They have a walking aid which they use on “bad” days. On some occasions, they report that they can feel lightheaded.

How the individual could be supported and why this may help

- Have a meeting prior to placement/employment to understand any aggravating and easing factors for the individual. This can then be a basis to discuss adjustments.
- Discuss with the individual about how to maintain safety whilst they use their walking aid. It is important to consider if there are any infection control precautions needed (e.g. have disinfectant wipes available), fire evacuation procedures (e.g. will they need assistance to evacuate) and any moving and handling activities for your area of work (e.g. will they need assistance when there are patients with reduced mobility or to move items).
- Explore with the individual if reducing walking and standing helps with pain levels and fatigue. Where possible, it could be that the individual works from one location or has the opportunity to rest if moving between locations. It could be that the individual has the option to sit down regularly in the work environment and has appropriate seating is available.
- If the individual reports that certain activities, or repetitive activities exacerbate their symptoms, it can be helpful to look at how this can be accommodated in your setting. Examples could include: alternating between upper limb and lower limb patients to facilitate changes in posture, modifying the caseload to avoid certain cases, completing activities that may flare up symptoms where others can support and/or are before a break to allow for recovery etc.
- Where possible, discuss with the learner and the university (for a learner)/human resources (for an employee) about working hours. The individual may benefit from altered start/finish times, longer breaks or rest days, or a change in duties.
- Explore options for the individual to have food and drink available to both avoid and assist episodes of feeling lightheaded. This may be that the individual can have it readily available in their working area, or it is stored somewhere close by where it can be retrieved by another.

Anonymous

Prosthetics service manager



During the last year we have had the experience of implementing workplace changes to support a team member with Dyslexia. The staff member's neurodivergent condition was first disclosed at an induction review, three months after they had joined our team. It emerged that they had given consent for disclosure at a pre-employment occupational health check but unfortunately the opportunity to pass this information on had been missed. Once aware, we set about exploring how and what support we could offer.

The individual's specific challenges were in reading new and unfamiliar words (unable to sound out), reading complicated instructions, untidy or 'busy' documents and arithmetic. Unsurprisingly they expressed a preference for learning by seeing and doing rather than reading.

Some helpful changes were possible to implement quickly with the cooperation of the team and the openness of the team member. These included instructions being written in block capitals and instruction charts being redesigned to be lined to promote neat and legible handwriting. Consideration was given to the best colour and font for our documents. We also encouraged use of the department camera to capture processes and began to download the relevant section of the manufacturers' instructions instead of having to look through pages of multiple languages. Quiet space and time were offered away from the busy workshop to complete mandatory training modules. A calculator was also supplied for day-to-day arithmetic. These were relatively simple changes to make and within our control.

It was slightly more challenging to figure out what our wider organisation could do to support. Mandatory online learning modules were in the process of being made more dyslexia-friendly with the ability to choose font, colour and a read-aloud function. Our occupational health department directed us to Dyslexia Scotland who in turn directed us to Access to Work, a division of the Department for Work and Pensions. A grant application was submitted and was successful but took a few months to reach an outcome. A workplace assessor met with us at our workplace and from there a list of recommendations was made with associated costs. It is worth noting that we were categorised as a large employer and, as such, we were liable for the first £1000 of any equipment/aids recommended and 20% of anything above £1000. The recommendations included various pieces of software, a reader pen and Dyslexia coaching sessions.

We met to discuss which of these recommendations our team member thought would be the most helpful and it was agreed that Dyslexia coaching would be prioritised. This was initially offered as an online service, but we requested face-to-face input instead, which was agreed. The coaching proved to be very valuable in unexpected ways. His correct title was a Workplace Adjustment Coach, focussing on neurodivergence, his role name reflecting his person-centred approach rather than the specific type of neurodivergence. There were five one-hour sessions. It was suggested by the coach, and consented by the staff member, that I joined for a few minutes of each session. We were expecting some practical 'how-to' sessions and instead the meetings delivered valuable advice and guidance in the style of life coaching. It transpired that for my staff member, as with many people with neurodivergent conditions, there was a lot to unpick and try to resolve regarding how they have been treated through their lives so far.



The workplace coaching challenged our team member's way of thinking and encouraged self-awareness, which then led to implementing strategies in response to their specific challenges. It also highlighted their strengths! My colleague feels that the benefits of these sessions will be life-long and extend beyond the workplace.

In our workplace our colleague gave early consent to disclosure and says they felt safe to do so within a supportive team. In other workplaces, they have felt less comfortable and chose not to be open. Their openness was key to us being able to implement changes, but it is of course entirely their decision whether or not to disclose. Not disclosing and struggling without support has implications for performance, mental health and ultimately patient safety. It therefore seems crucial that we learn how to create supportive, neurodivergent-aware workplaces and reduce the barriers to openness that are within our remit.

Further information and support

- ACAS reasonable adjustment information.
[What reasonable adjustments are - Reasonable adjustments at work - Acas](#)
- Reasonable adjustments for Disabled workers or those with health conditions.
<https://www.gov.uk/reasonable-adjustments-for-disabled-workers>
- The Equality and Human Rights Commission guide on Employing people: and workplace adjustments.
[Employing people: workplace adjustments | EHRC](#)
- Practical advice for employers on supporting people with a range of disabilities in the workplace produced by Maximus
[Disability Guide](#)
- Diversity and ability discuss how the language around reasonable adjustments can be interpreted.
[What is a reasonable adjustment?](#)
- Access to work.
[Health Professionals: Access to Work Find Your Way | D&A | Diversity and Ability](#)
- Mechanisms for sharing required reasonable adjustments.
[health-adjustment-passport.pdf](#)
- Duty on employers to make reasonable adjustments for their staff.
https://assets.publishing.service.gov.uk/media/5a7b346d40f0b66a2fc05dc5/Equality_Act_2010_-_Duty_on_employers_to_make_reasonable_adjustments_for....pdf

General disability information for employers

- Recruiting, managing and developing disabled people: a practical guide for managers.
[Recruiting, managing and developing people with a disability or health condition - A practical guide for managers \(publishing.service.gov.uk\)](#)
- Information on becoming a Disability Confident employer.
[How to become a disability confident employer](#)
- Disability workforce reporting.
[The case for disability workforce reporting | CIPD](#)
- Disability at work.
[Disability at work | CIPD](#)
- Disability and employment statistics.
[Disabled people in employment - House of Commons Library \(parliament.uk\)](#)
- HCPC guidance on Disability and becoming a healthcare professional .
[health-disability-and-becoming-a-health-and-care-professional.pdf \(hcpc-uk.org\)](#)
- Grievance procedure
www.acas.org.uk/grievance-procedure-step-by-step

These organisations can support you with reasonable adjustments

- [Your local Patient Advice and Liaison Service \(PALS\)](#)
Call 111 and ask for help to find your local service.
- [Citizens Advice](#)
03444 111 444
- [Healthwatch](#)
0300 068 3000
- [NHS England Customer Contact Centre](#)
0300 311 2233
- [The Local Government and Social Care Ombudsman](#)
0300 061 0614
- [The Parliamentary and Health Services Ombudsman](#)
0345 015 4033

You can also speak to charities and organisations that work with people who have different disabilities who may be able to help you.





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