

Disability Passports

The RCN Peer Support Service Guide

ADVICE AND INFORMATION



1. Introduction

This guide is for employees with impairments and their line managers. At the back of the guidance is a suggested template which you can adapt to suit your organisation and people. The completed document should be considered binding so that employees can see that their input and honesty is valued. It should also build in review dates so that both parties can propose alterations when their needs change. However the most important element of the process is the conversation behind the document. So the next few pages have tips and pointers for both employees and line managers to get the best from their meeting.

Research has shown that reasonable adjustments will fail if they are not accompanied by a supportive, positive attitude from colleagues and managers (Gates, 2000). For the disability passport meeting to go well, staff must feel able to be open and honest about their health.

Similarly they must be able to play a part in educating their line manager and team mates about their situation as required – They should be able to expect to be treated with dignity and respect, but not expect people to “just know” every aspect of their particular condition or what will help.

Done right, filling in the passport together is an opportunity to begin or build upon a relationship of mutual trust and respect. It allows the employee to feel valued and gives them a platform to speak frankly about their situation. It allows the line manager a chance to ask questions and gain an understanding of their employee’s impairment in a safe environment for both parties.

2. What is a disability passport?

Language

In this guidance we use the words associated with the social model way of looking at disability.

Under the social model, individuals are disabled by environments and attitudes – not by their health condition or impairment.

This is different to the approach traditionally used in the medical profession, where the individual's impairment is the root cause of their problems.

Whereas some people might say that you “have a disability” under the social model we would say that you “are disabled” – by physical and attitudinal barriers – and the focus is on removing these barriers.

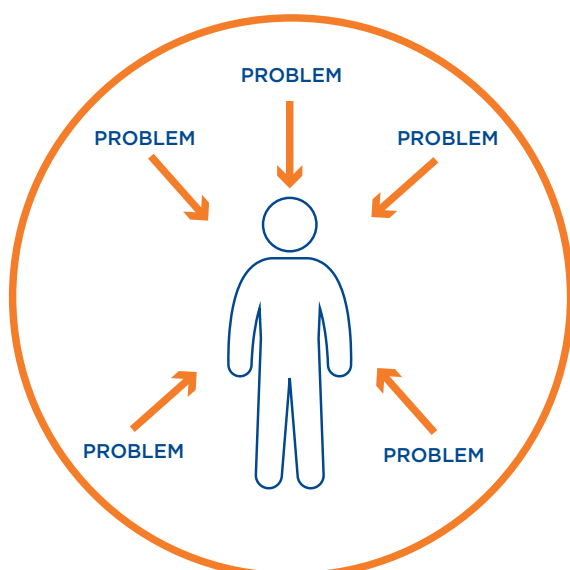
For this reason, in the guidance we use “Impairment” to refer to any physical or mental health issue that someone may have, rather than “disability”. Everyone will have their own way of referring to their impairment and describing exclusion, and should be supported to use this.

What is a disability passport?

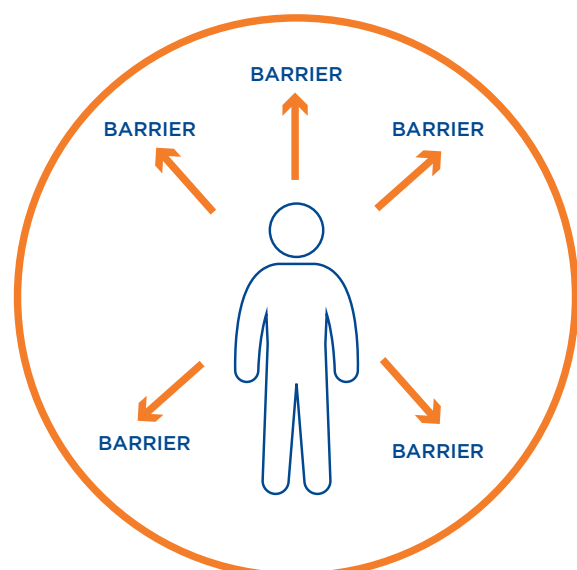
A disability passport is a document completed by an employee who is disabled and their line manager. It provides a framework within which to discuss the employee's health and what changes can be made at work to assist them. Once these adaptations have been agreed the document is signed by both parties to indicate that the adjustments will be made and upheld. This means that if the employee's line manager changes they do not have to explain their requirements again and that the current arrangements will not be withdrawn.

The passport is reviewed at agreed intervals to check that adaptations remain appropriate and can be adjusted if the employee's needs or their role has changed. Alternatively to check that the adjustments are still reasonable in line with the employer's requirements and effective in enabling the employee to fulfil their role.

The Medical Model



The Social Model



The passport could also be used to document:

- A procedure for if the employee becomes unwell, particularly in the case of mental ill health, including who to contact.
- Behaviours to look out for that may indicate that health is declining, an episode of illness is beginning.
- Things that can trigger or exacerbate the disability or condition and how these can be minimised.
- Recommendations from occupational health (if applicable)
- At the meeting where the document is completed, related workplace policies eg. sickness absence, disability leave can also be clarified.
- The document assists in beginning conversations about disability and may be used by the employee to request an Occupational Health (OH) assessment if they haven't had one already.

What sorts of things could be agreed?

The Equality Act 2010 is the legislation in England, Wales and Scotland that details employer's duties to make "reasonable adjustments" for people who are disabled. In Northern Ireland the equivalent legislation is the Disability Discrimination Act.

In both pieces of legislations, someone is disabled when they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities – this is a legal, rather than a medical, definition.

NB – Under the Equality Act, positive effects of treatment are not considered. For example, someone who suffers chronic pain and meets the criteria of being disabled should still be considered as disabled even if they take medication that greatly alleviates their symptoms.

Reasonable adjustments are anything that removes barriers to allow disabled people the best opportunity to do their jobs.

However when deciding what adjustments you make, as line manager you should objectively consider what is "reasonable" in terms of the role, length of contract, cost of implementation, size and resources of the organisation.

The adjustments themselves are not always physical and can fall in to the following areas:

- Equipment - such as voice activated software, an ergonomic mouse.
- Changes to working patterns - such as shift patterns, working from home, working nearer home.
- Changes to the workplace - such as automatic doors, altered lighting.
- Training - to educate colleagues and change attitudes.
- Redeployment - which means moving to another more suited role that becomes available, when the employee can't continue in their current role.
- Employer policy – such as disability related sickness targets in addition to general sickness targets.

The Equality and Human Rights Commission Statutory Code of Practice for Employment <https://www.equalityhumanrights.com/en/publication-download/employment-statutory-code-practice> has some helpful examples from page 78 onwards.

3. How to complete

Step 1 – arranging a meeting

What are the starting points for instigating the process?

Line manager – send this guidance to your employee and reassure them that your intentions are positive and that the organisation wants to retain them – this is not a disciplinary or formal capability management process. Invite them to bring notes if they want.

You could say, “I am looking forward to hearing about your situation and working together on your disability passport. This is not a formal process so there’s no need to worry, but you can always confirm this by speaking to your union [or failing this a helpline such as the Equality Advisory Support service or Acas] if you want”

Consider if the individual may benefit from being accompanied by a union rep or advocate (most commonly in cases where they are currently off work sick). Alternatively a friend or family member may be allowed to attend – check your employer’s policy.

Has the employee seen OH? If not and you think it could be beneficial then suggest this is arranged before you meet.

A case conference approach may be helpful in some cases – ask the employee if they would like to have a doctor/physio/OH/Rep present.

Set a meeting time that allows a few days for preparation or if applicable enough time to arrange OH or accompaniment.

Employee – If your line manager has instigated the DP process, this is a good sign. The DP’s function is to help keep you in work, so try not to worry.

Think ahead about what you want to say – make some notes to bring with you if that helps. The next sections of this guide will help you structure your notes. Include positive examples and skills as they occur to you.

If you are off sick at present and completing the DP ahead of your return, then consider if you would feel reassured by attending with a union Rep or advocate. Check your employer’s policy on bringing a rep or friend/family member.

If you need longer to prepare for a meeting, ask to rearrange – but don’t feel that you need to put in hours of preparation. The meeting should be simple and straightforward.

Step 2 – opening the meeting

Line manager – Whether you know the employee already or not, be clear that this is an opportunity to start from scratch and leave any presumptions at the door.

Explain what the document’s purpose is and that today is about filling it in together. The employee should have seen this guidance already.

You aren’t expected to know all about their condition or impairment – and it can be a hindrance rather than a help to start applying your medical knowledge here.

You are here to understand the employee’s situation and see if together you can reach an agreement that benefits them, your organisation, colleagues and patients.

Here are some things to cover to make the employee feel reassured:

Confidentially – where the document will be kept and who can access it.

We recommend that a copy is sent to HR and a copy kept by you and the employee.

Concerns – Make sure the employee has an opportunity to highlight things that may be worrying them about the meeting. They may also worry about wider implications of completing the passport. Ask, “what would make you feel better about that?”

Own Expert – say something like “I am not here to make assumptions today, I am looking forward to learning from you about how your impairment affects your working life. I may need to ask questions to understand your situation, is that OK?”

Terms- everyone has different ways of referring to their circumstances. They may or may not consider themselves to be disabled, for example. It is good practice to use their preferred terms.

Say something like “when we are talking about your situation, let me know if you have a preferred way of referring to your health issue that I should use.”

We recommend completing the DP together – but you may want to make notes of key things as the employee talks. If so let them know that these are to refer to when you complete the DP.

Don't forget that any notes you make should be treated as sensitive. Treat them as you would the final document – if you can keep them securely then retaining them with the final document is a good idea. They may be useful if you have to look back at the process at a later date. If you can't keep them securely, it may be better to destroy them.

Employee – Workers often feel very defensive when they have a meeting about their health. It is also natural to look to your manager to have the answers. But this isn't helpful here.

Remember:

You have legal rights but more importantly you have valuable skills and experience. You have been invested in by your employer, and it is to their advantage to keep you. Think positive!

You are your own expert. You probably have coping mechanisms in and out of work already – show your manager how you can meet the duties of your role, have solutions ready. When you don't have solutions try and work with your manager to work out a plan, consulting third parties if required (see resources).

Leading the conversation. The meeting is focused on your work life but may touch on other areas as it flows. If there is something that you want to keep private or that you are worried will upset you, let your manager know at the outset. You could say “I get quite upset talking about... Can we avoid that please and if it becomes relevant I would rather arrange another meeting so I have time to prepare”.

Line managers don't have all the answers! It is so much easier for us to make progress when we speak openly and ask questions. As long as they are asked respectfully, questions from your manager should be seen as a positive – they want to understand and this is better than them assuming. Be prepared to educate your line

manager about your condition/impairment if you want to get the best outcome for yourself.

Don't be rushed. If you are not sure about an element of the agreement or how the completed document will be used then ask for some time to look over it. Consult your union.

NB – you should agree who will write up the document. Both parties have time to review it before it is finalised.

Step 3 – the nature of your disability

Line Manager – Invite the employee to explain in their own words. They should do most of the talking here, you may input to prompt them if they are stuck or to clarify.

Really listen to what they are saying. Active listening means:

Making eye contact and using body language to let them know you are paying attention.

Having no distractions

Making only minimal notes.

Allowing natural pauses to occur, without feeling the need to fill the silence.

When they conclude, pick up on anything that needs clarifying – things you don't understand, or elements that are important that haven't been covered.

Tip: a way of demonstrating that you have heard someone is to repeat back to them. You could say; “you said that you often get headaches after a night shift, how do you manage these?”

Employee – Later on you will discuss solutions with your manager, but this section is really all about you. The notes you have made can help you to give a succinct, structured account. You could use this as a start point:

- The nature of your health issue including medical name if applicable eg. Fibromyalgia.
- How long you have had this issue and when you were diagnosed.

- What your symptoms are day to day. How you manage them.
- If you have a fluctuating condition, how often you have episodes and what, if anything, triggers them.
- Any existing aids or equipment eg. Parking near hospital, walking stick.
- How your health issue impacts on your mood.
- Any side effects of treatments.

Step 4 - Occupational Health

Detail any OH recommendations here.

Line manager – at this stage the employee may request an OH assessment – they may not have felt confident to earlier. If this happens and you agree this is useful, make arrangements and agree to meet again to look over the OH report together before continuing with this process.

Employee – you may wish to bring your OH report for reference. If you request an OH report at this stage, keep engaged with the DP process. Be clear that you wish to come back to the process. You could say, “I will contact you once I have the report – it will be really helpful to look at it together and work out what adjustments can be made.”

Step 5 - What adjustments do you think would benefit you at work?

Write any ideas or suggestions here – both parties can input.

Line manager – again this should be offered to the employee to answer first. If they have an OH report they may disagree with this or have additional ideas.

If they seem daunted by the question try and prompt them using your knowledge of what is possible.

Failing this try and find a third party who

can assist – a condition specific charity, their union. See our useful resources and/or internet research. Make sure they leave with a plan of who to contact for advice and document these actions, arrange another meeting so there is a timeline to follow to get info.

Employee – you will probably have some ideas here and should cover as required:

Shift patterns, change/reduction in hours

Equipment (don't forget Access to Work may refund some of the cost to your employer – see <https://www.gov.uk/access-to-work/overview>)

Staff awareness training (this will involve disclosing to your wider team – see Step 7 below)

If at this stage more information is required, make sure you leave the meeting with an agreement on who will do what, by when. This can be recorded in the Actions section.

Step 6 - The way forward

This is where all the discussion so far is boiled down to what is practicable, reasonable in the circumstances and likely to be effective. Detail clearly each action and who will do what.

If there is uncertainty about how to take an adjustment forward, detail who will look in to this and when.

Step 7 - Sharing with the team

Use this section to detail what can be shared and who with.

If any adjustments directly involve the employee's wider team (eg. Staff awareness training) then it will be easiest if they know why.

In general we advise that colleagues know at least some of the reasons for the adjustments. This is for several reasons:

Research shows that adjustments tend to fail when those around don't have a supportive attitude- and it is easier to support someone when we know the facts.

Disclosure means more employment rights under the Equality Act – if people don't know, or have reasonable cause to suspect, that you are disabled then they can't be shown to be discriminatory.

Although disclosing can be scary and feel like an invasion of privacy or an "overshare", those who disclose often do feel better in the long run as they don't have to hide who they really are.

To change attitudes in the healthcare sector, we need colleagues who consider themselves disabled to disclose, so their skills and potential are obvious to everyone.

BUT unless there is potential risk due to the nature of the impairment, choosing to disclose is up to the individual. It may be that once adjustments are made and the process is shown to have value, the employee becomes willing to share more widely.

Agreeing the document

If the document is handwritten, scan and save it as soon as possible so that it is backed up. Store the original somewhere safely or destroy it.

The document should now be reviewed by the employee and any amendments sent to the line manager for agreement.

Make sure that all adjustments are identified as either temporary or permanent.

The document is then signed.

Set a review date. This is a good opportunity to check the progress of implementing adjustments and follow up as required. It is also a chance to assess how effective adjustments are once in place. If adjustments aren't working then they can be removed and other options should be considered.

It is shared with HR/other departments as required.

Review

Agree a date for review – Is there a wider policy around this? We would suggest that this document be reviewed annually at appraisal, and that there is opportunity to raise any issues during other one-to-one meetings between the line manager and employee. It is good to include a caveat around review times so that they can be moved forward if required by either party.

Consider if there is anything coming up that could influence the timeline for review eg. For the employee – an operation; for the organisation – a change to services. If there is, factor that in.

When adjustments are not made in agreed time frame, or an agreement can't be reached

Why is this? Are there legitimate reasons such as difficulty with an equipment supplier or high cost? Or have there been communication issues or a reluctance to deliver? Perhaps it is time for a union representative to assist in negotiations if they haven't already.

If there is an issue with knowing what adjustments are possible then seek specialist advice – line managers should contact the HR department.

Remember that making reasonable adjustments is required by law. Seek advice from your union and see <https://www.equalityhumanrights.com/sites/default/files/employercode.pdf>

When adjustments to workplace fail

It is in everyone's interest to keep a dialogue going and try to resolve issues locally.

Is the reason for the failure obvious? Is it because the agreed adjustments weren't working, or because there is a lack of support for them? Are they not sustainable because of other factors such as staff shortages?

If you can, arrange a review of the passport and see what can be updated to make adjustments more likely to work. Seek outside advice from occupational health, HR, the employee's trade union, specialist charities related to the employee's health issue.

If this isn't possible, or doesn't work, it is time to find out why and what options remain. At this stage, if they haven't already, the employee should seek advice from their trade union or other employment law specialist.

When it is not possible to make adjustments that allow you to remain in work

Sometimes, despite everyone's best efforts, it is simply not possible to continue in your current role. If you have explored remaining in work with support to do so from your employer and are satisfied that this is not an achievable outcome, this can be a very difficult time. Healthcare professionals are rightly proud of the work they do and their caring role forms part of their identity. In addition work is a significant part of our daily lives and losing this can mean losing a lot of social interactions.

You can get past this and the peer support service finds that many people forced to leave their jobs due to health issues do readjust well – it just takes time. The RCN can offer help:

Counselling – we speak to hundreds of RCN members every year so we really know the challenges facing healthcare workers.

Finding a role that suits your change in ability – look at our careers guidance online, there are some useful tools that look at your expertise and

transferable skills. You can also book a telephone appointment with an adviser to explore this in more detail.

Money and Debt advice – if you have to leave your role, what about your monthly outgoings? Speak to our FCA regulated money advisers about your options.

Ill health retirement – if this is an option for you, look at your contractual terms and conditions and then call RCN Direct for further advice. Ill health retirement needn't mean you will never work again, but there are a number of criteria to meet and how much you will get is dependent on your contributions – so make sure you take advice.

RCN members can discuss all of these services by contacting RCN Direct 0345 772 6100

3. Appendix 1 – suggested format for Disability Passport

Disability Passport for: *(employee name)*

Completed on: _____ Following a meeting on: _____

Completed with: *(line manager name, plus any other stakeholders present eg. OH)*

This document is confidential.

The nature of your disability (see guidance step 3)		
Occupational Health recommendations - if applicable (see guidance step 4)		
What do you think would benefit you at work? (see guidance step 5)		
The way forward (see guidance step 6)	ACTION:	Date/Responsibility
Sharing with your team (see guidance step 7)		

Signed: *(employee)*

Print name:

Date:

Signed: *(line manager)*

Print name:

Date:

Review Date:

4. Further information

The RCN's Peer Support Service has guidance for employees here www.rcn.org.uk/peersupport that provides further information and links to other organisations that can help .

RCN members can also contact RCN Direct for advice on legal duty and employment issues.

Useful Resources

The Peer Support Service guide to Reasonable Adjustments

<https://www.rcn.org.uk/professional-development/publications/pub-006595>

RCN Peer Support Service

Join other members to share experiences of ill health and disability and promote positive change

<https://www.rcn.org.uk/membership/member-support-services/peer-support-services>

Equality and Human Rights Commission

Advice on discrimination for employees and employers

<https://www.equalityhumanrights.com>

Equality Commission for Northern Ireland

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

Benefits and Work

Specialist guidance on disability benefits

<http://www.benefitsandwork.co.uk/>

College of Occupational Therapists

Information on what OT is and how it may be able to help you

<https://www.cot.co.uk/ot-helps-you/what-occupational-therapy>

Ableize

“The largest and most viewed UK disability resource offering the largest collection of disability, mobility and health websites and social media pages in the UK and Europe.”

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

Fit For Work

A Government scheme that provides online and telephone advice plus referrals to Occupation health for employees in small or medium sized businesses (referred via GP or Employer)

<http://fitforwork.org/>

Access to Work

<https://www.gov.uk/access-to-work/overview>

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excellence in practice and shapes health policies

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