



nras
National Rheumatoid
Arthritis Society

An Employer's Guide to Rheumatoid Arthritis and Adult JIA

How to support employees and
students living with RA or Adult JIA





nras

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Arthritis Society

ABOUT US

The National Rheumatoid Arthritis Society (NRAS) is the only patient-led charity in the UK focusing specifically on **rheumatoid arthritis (RA)** and **juvenile idiopathic arthritis (JIA)**, including **adult JIA**. We provide information and support services for those affected by RA and JIA, their families, friends, carers and health professionals.

CONNECT WITH NRAS

Our helpline can be contacted by freephone on **0800 298 7650** or by email at **helpline@nras.org.uk**. Our trained helpline staff, supported by an advisory board of medical and healthcare professionals, are there to answer your questions on all aspects of living with RA.

CONNECT WITH OTHERS

NRAS offers many ways of connecting with other people with RA and JIA, from online groups to local meetings to a host of social media channels and an online community. To find out more, visit the NRAS or JIA websites and click on 'Connect with others' under 'Information & Support'. Or phone us on **01628 823524**.

NRAS and JIA WEBSITES

Our websites offer a wealth of information about RA and JIA and their treatment, the latest research and developments, as well as lifestyle and supported self-management resources.

www.nras.org.uk

www.jia.org.uk

JOIN US

To find out how to support the work of the charity by becoming a Member of NRAS, visit **www.nras.org.uk/join** or call our Membership team on **01628 823524**.

CREDITS

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DISCLAIMER

Please note that the information in this booklet is a guide only and is not intended as a substitute for individual guidance from appropriate agencies. While we have made every effort to ensure this information is accurate at the time of going to press, please be aware that details may change. We strongly recommend you seek advice according to your individual circumstances, as we cannot be held responsible for any consequences arising from reliance on the information in this booklet.

SAN DOZ

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About this booklet

This booklet is for you if you are an employer who has on your payroll anyone with **rheumatoid arthritis (RA)** or **adult juvenile idiopathic arthritis (AJIA)**. It is also for you if you have any apprentices or interns on your staff with RA/AJIA or if you run a college or university that has people with either condition among the student body. You have a legal duty to ensure that your employees, interns, students or trainees do not suffer discrimination because of their condition.

Rheumatoid arthritis and adult juvenile idiopathic arthritis are types of **inflammatory arthritis (IA)**. They are life-long and potentially disabling conditions. The information in this booklet is about how RA and AJIA can affect people at work, the kind of difficulties their condition may cause and how these may be overcome. Much of what we say here is also relevant to other forms of IA, such as psoriatic arthritis and reactive arthritis, but you should also consult the support organisations for those conditions for more detailed information.

This booklet also includes up-to-date details of where you can go for help and advice on the law relating to disability. It gives guidance on best practice, on making adjustments and on the financial help that may be available.

Today, people who are diagnosed with RA/AJIA have far more effective treatments than ever before. The goals nowadays are early diagnosis and starting treatment as soon as possible. With understanding and support from employers, education providers and healthcare teams, it is possible for most people with all forms of IA to continue their studies or to remain in work as long as they wish.

However, this does not always happen. NRAS has carried out three major surveys on employment and the impact RA has on peoples' working lives in the past 16 years. The findings suggest that far too many people are still having to give up work early due to their RA. Other research suggests that this is true for all IA conditions, not just RA.

Our findings also shed light on some of the less obvious costs of RA/AJIA. For people in employment, the picture is often one of slowed career progression, changes in employment to accommodate their condition and uncertainty about the future, as they face the possible loss of income and pension contributions. It is also clear that when people experience problems at work, it can have a major impact on their social life and their relationships with their partners and families.

By reading this booklet, you are taking the first steps to help support your employee, intern, student or trainee to get the best out of themselves.

About RA and AJIA

We are a charity that specialises in supporting people with **rheumatoid arthritis (RA)** and juvenile idiopathic arthritis (JIA), including **adult JIA (AJIA)**. Both forms of inflammatory arthritis occur when, for reasons we are only just beginning to understand, the body's immune system starts attacking and damaging joints and soft tissues surrounding the bones.

Key facts about RA and AJIA

- They are life-long conditions.
- People can develop RA at any age, but the most common age of onset is between 40 and 60 – often when people are in the prime of their working life. JIA develops in children. If it persists into adulthood, it is known as adult JIA.
- There is no obvious pattern to symptoms and everybody's disease is different. People get 'flares', or periods when symptoms are much worse, which then subside. They can also have long periods when the disease is quieter and causes them fewer problems.
- RA and AJIA are auto-immune conditions, meaning that the person's immune system is causing the damage and needs to be suppressed with medication.
- Common symptoms are joint pain, stiffness and swelling, typically in the hands, wrists and feet. RA/AJIA can also affect other joints and other parts of the body, such as the skin, heart, lungs and eyes. Some people also have difficulty in sleeping, feel intensely tired and as if they have bad flu.
- Left untreated, RA/AJIA can cause serious damage to joints. The membrane surrounding the joint (the synovial membrane) becomes inflamed and fluid and cells leak into the joint space, causing swelling. The inflamed membrane damages the cartilage and bone. Eventually, the bone can wear away and the whole joint can become weakened, damaged and deformed.

There have been significant advances in the treatment of RA/AJIA. It is important that people are diagnosed and treated early. Once the disease is well controlled, the signs and symptoms can be managed effectively and people have less joint damage than used to be the case. They can remain active and see their studies or training through successfully and/or enjoy satisfying and productive working lives.



Rheumatoid disease control is so much better today than it was in 2000. Since then, we have got better drugs to treat our patients, there are better strategies for the use of all drugs. We have better tests (blood tests and imaging) that help us make the diagnosis earlier. This enables the use of earlier drug therapy which leads to a reduction in joint damage. A consequence of our new therapies for RA has been a significant reduction in fatigue, which is a major factor in helping to keep patients with RA at work.



Dr Tom Sheeran
Consultant Rheumatologist, Cannock Chase Hospital

My capacity was drastically reduced at the beginning. It was difficult lifting and carrying things, even to pick up and carry a ream of paper for the photocopier. Once I started treatment, things began to improve and now I'm back to 95% compared with how I was before diagnosis.



Rosanna
Information Officer

How RA and AJIA may affect someone's work or studies

It is natural to be concerned about the possible impact of an employee's, student's or trainee's long-term health condition on their performance and reliability. You may have worries about additional burdens or costs, such as arranging cover for sick leave or buying new equipment. But the impact of RA/AJIA can very often be successfully managed and may be less disruptive than you fear

Although people with RA/AJIA may be able to work or study normally with few problems while their condition is well controlled, most will need extra support from their employer or education provider at some time.

Here, we look at some of the common problems that may arise. In later sections of this booklet, we show what can be done to help overcome them and point you to the many sources of support and advice that are available

Early days after diagnosis with RA

When someone is newly diagnosed with RA, they are often distressed and overwhelmed. They are in pain; they are coming to terms with the fact that they have a potentially lifelong condition for which there is no cure; they are anxious about how this will affect their future, including their ability to remain in their job. Having an employer who understands the nature of their condition and its treatment in these early stages makes a huge difference.

Newly diagnosed people are also likely to be getting used to the medication they have been prescribed to damp down the underlying disease and/or to control symptoms. Some of these drugs may take a while to 'kick in', but once they take effect many people can continue to work as normal. Others may need some adjustments to their working environment, working hours, or to the job itself. There is more about this on page 18.



I had only just been diagnosed with RA when my new boss started with us. She was very unsympathetic to the condition. Added to this she didn't know me very well and thought I was very short-tempered and miserable. I was in a state of shock at the time and found it hard to convey my feelings.'

Peter
Building Control Officer

Symptoms

The most common ways in which symptoms affect a person's ability to work are:

- problems with mobility or function, such as dexterity, flexibility, strength and grip
- severe stiffness, particularly in the early morning
- pain
- fatigue
- reduced focus, concentration and memory
- reduced physical and mental stamina.

These days, however, people can manage their symptoms more effectively than in the past. This is due to a combination of drug treatments and other, non-pharmacological management strategies, which range from wrist splints and other supports to self-management techniques, such as pacing and energy conservation. Psychological interventions – such as cognitive behavioural therapy (CBT) – can also help people learn strategies for coping with chronic pain and for improving sleep.

Flares: when RA and AJIA suddenly get worse

Even when RA/AJIA is well controlled, people can experience a 'flare' in their joint symptoms. Flares can sometimes occur suddenly and without any warning: a person can be at work one day and be physically unable to get out of bed the next. Flares usually subside within a couple of days, but their frequency and severity vary greatly between individuals. Some people almost never experience flares, while others may have one or two a year.

Flares may be managed without medical help when people have learnt good self-management techniques and know how to treat their problems rapidly. When people do need medical support, rapid intervention can minimise the severity of the flare.

Flares are often a difficult aspect of RA/AJIA for colleagues to understand, particularly as a person experiencing a flare can look exactly the same as usual.

Time off from work or study

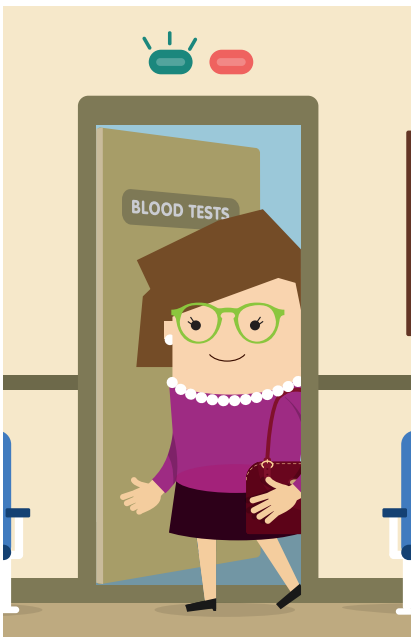
Allowing a disabled person 'to be absent during working or training hours for rehabilitation, assessment or treatment' is given by the law as an example of a reasonable adjustment. To deny a disabled employee, trainee or student time off for such appointments (for a blood test, for example, or to see their consultant) may be classed as discrimination.

Once stabilised on treatment many people will still need to attend regular blood monitoring appointments, but hospital appointments may move to once a year or once every two years. This will vary from person to person due to the unpredictability of the condition. Some drug treatments require blood tests for safety reasons, which can often take place at their GP surgery. This does not

have to be disruptive; often people can arrange to do this on the way to or from work.

People whose disease is not yet effectively controlled are more likely to need some time off before drugs stabilise their condition, though this varies according to each individual.

With today's more effective treatments, joint replacement surgery is much less likely than it used to be. However, some people with more severe disease, may need surgical intervention at some point. Joint replacement operations have a high success rate, providing both pain relief and more mobility. Improvements in surgical treatments mean that patients today can often recover much faster than used to be possible.



I told my line manager face-to-face and then notified the HR department. I had been with the company for eight years at the time and they were very understanding. They allowed me the time necessary for blood tests, doctors and hospital check-ups without query.

Mary
Full-time Buyer

Returning to work

People with RA/AJIA may need to take sickness leave when their disease flares up or to recover from surgery. But there is much support available to enable employers to help their employees with their return to work. It is good practice to distinguish between such 'disability leave' and general sick leave. You may then discount some or all of the disability leave when considering any disciplinary issues, performance measures or selection criteria for promotion or redundancy.

Fit Notes allow a person's GP to identify if they may be fit to return to work with some support and can offer suggestions for ways to help support the person at work. These may include a phased

return to work, flexible working, amended duties and/or workplace adaptations. More details can be found at www.gov.uk, where there are also useful links for employers, including a guide entitled 'Getting the most out of the fit note'.

When an employee with RA/AJIA wants to return to work after a prolonged period of sick leave, they will likely contact you to request a 'return to work' meeting. These can be very useful for both parties. There is more information on the ACAS website at www.acas.org.uk/returning-to-work-after-absence

Rehabilitation services can help a person with IA and their employer deal with return-to-work issues. See page 28 for more information.



Communication and understanding

Communication and understanding can make all the difference to your employees, students and trainees with RA and adult JIA. Your response to their condition can help you retain the skills and experience of valued members of staff and avoid all the costs involved in recruiting someone to take their place. Your support can help your students stay the course.

Understanding makes all the difference

It's not always easy for employers and colleagues to understand the variable nature of RA or adult JIA. Our most recent work survey found that the colleagues of people with RA and their immediate line manager were often not willing to listen to work-related problems. And over a third (38.7%) of those surveyed said that their employer did not understand their disease at all.

RA and adult JIA are complex and fluctuating conditions, which also vary greatly between individuals. They can be severe and at the same time almost invisible; to non-medical eyes, there are often no physical changes in a person newly diagnosed with RA.

Our surveys on work suggest that there is a real need to increase the understanding about rheumatoid arthritis and the needs of people at work who have it. The respondents to our surveys identified key factors which would enable people to remain in employment longer. Among the top priorities were greater knowledge and flexibility on the part of employers.



When someone tells you they have RA or adult JIA

Our most recent work survey found that, compared to previous research, almost all the participants (96.7%) had told their employer that they had RA, with 78.2% disclosing almost immediately after diagnosis, 12.5% within six months, 2.8% within six to 12 months, 2.3% within one to three years and 4% after four years.

But deciding when and who to tell varies from person to person. Someone with adult JIA or RA who is taking up a new job or course of study may tell their employer or education provider at the very beginning. Someone who is diagnosed with RA who is already in employment or partway through a course may prefer to take their time and come to terms with the news. Some will effectively have no choice if their early symptoms are severe and they are facing difficulties at work or in their studies that they need to discuss.

Some people with RA/AJIA may choose to tell only their manager or course tutor; others may also tell their colleagues or fellow students.

Whatever the case, for most people it will not be an easy conversation. It makes all the difference to have the understanding of their employer or education provider. People may be facing the difficulties of coping with a life-changing diagnosis or may have feelings of guilt if their condition has flared up and their performance has been affected. They will be uncertain about their future health and perhaps about their legal rights. Employers and education providers can help greatly by taking a supportive approach.

I suppose I could have just accepted that with RA I would stop work, go on the dole and put a sticker in the car. As it turns out the only time I take off now is for blood tests or hospital appointments.

Stephen
Full-time sheet metal worker



Tips for supporting an employee who tells you they have IA

- Follow normal good people-management practice in communicating with your employee, particularly ensuring that they have seen and understood all the relevant company policies and how these apply to their situation.
- When an employee has told you that they have rheumatoid arthritis, they may want to inform their colleagues, or they may prefer to keep it confidential. If they wish their colleagues to be informed, discuss and agree jointly the best way to proceed.
- Agree a series of review meetings with your employee that enable you to discuss any support or adjustments they may need. You can, of course, use your normal review meetings that you have with your employees to discuss these matters.
- Let the employee know who they can talk to if they need support or if their situation changes.
- If any employee has an extended absence, keep in touch. It will give you information to help manage workloads and ensure that suitable support is given to an employee on their return. Aim to agree with the individual what frequency of communication is appropriate, which may include home visits, visits to work, regular phone calls and/or online discussions. Agree who contacts whom and when, to ensure you meet your company attendance policy.



At first I didn't want too many people to know at work. I could see in their faces that sometimes people didn't believe me. It's difficult because I could get out of bed tomorrow and feel I could run the marathon, and that afternoon – bang. There's no predictability to flare-ups. But it's got better as people understand more; most of my colleagues are very helpful.

Vicky
Warehouse worker

Finding out what your employee needs: a checklist

- Explore the situation with your employee. Identify with them the aspects of their role that they can complete without problems and those which they know or think that they may struggle with. Then identify how these could be done differently, including travel to work (missing the rush-hour, for example) and location of parking space in relation to the workplace.
- Decide what actions are needed and who will be responsible.
- Examine the working environment and how accessible it is. Does the employee have to walk a long way to get to where they actually do their job? Are there heavy doors along the way? Or stairs? If your business does not have an occupational health nurse, you can arrange a work assessment with an occupational health professional. For more information see pages 19 to 20
- Assess the potential for the employee to continue with their current role. Consider whether adaptations, changes to their working hours, or additional training are necessary.
- Identify any adjustments to their role that could be tried out on a trial basis or identify a (temporary or permanent) potential alternative job. Look at the possibility of re-training.
- Agree on what information colleagues should receive and who is responsible for telling them.
- Agree on a communication and review process.

With proper support at work a patient with RA should expect to have a normal work record and should not be viewed as a "high risk" employee. This is especially so at the beginning of the 21st century.

Dr Tom Sheeran
Consultant Rheumatologist, Cannock Chase Hospital



What are your legal responsibilities?

The law requires employers and providers of further, higher and vocational education to make reasonable adjustments to accommodate disabled employees, trainees and students.

Once you have discussed with your employee the kind of support they need, it is time to make changes. You may need to arrange a workplace assessment to identify problems and potential solutions.

Occupations that involve manual work may be more difficult to accommodate than less physical jobs. However, there are things that can be done, such as transferring people to less physical work that still uses their skills or allowing some flexibility in the time they spend on specific tasks.

The law and disabled people

The Equality Act (EA) 2010 protects disabled people in England, Scotland and Wales against discrimination when applying for employment, during employment, and when their employment is terminated. The EA also imposes a legal duty on employers to make **reasonable adjustments** to enable disabled people to keep working. Long-term and fluctuating or progressive conditions, which would include many forms of inflammatory arthritis, are specifically included in the Act's definition of disability.

The relevant legislation in Northern Ireland is the **Disability Discrimination Act 1995 (DDA)**, which has broadly similar provisions to the EA.

There is extensive guidance for employers on the EA and the DDA, including examples of best practice, at the websites of the Equality and Human Rights Commission (EHRC), the Equality Commission for Northern Ireland and GovUK. See our directory of **Organisations that can help** for contact details (page 29 onwards).

Providers of vocational training and further or higher education are also legally obliged to make reasonable adjustments to accommodate disabled trainees or students and to protect them from harassment or discrimination. There's guidance for higher education providers on supporting disabled students at **www.officeforstudents.org.uk**

The legal definition of disability

Many people with RA/AJIA do not consider themselves to be disabled. However, in many cases, the law considers both conditions to be disabling impairments. For example, the government’s guidance to the Equality Act gives rheumatoid arthritis as an example of an impairment ‘with fluctuating or recurring effects.’

People with RA/AJIA are entitled to protection at work under the EA and the DDA if their condition affects them in such a way that they meet the legal definition of having a disability – that is, if they have a **physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.**

The guidance to the EA defines **day-to-day activities** as ‘things people do on a regular or daily basis, and examples include shopping, reading and writing, having a conversation or using the telephone, watching television, getting washed and dressed, preparing and eating food, carrying out household tasks, walking and travelling by various forms of transport, and taking part in social activities. Normal day-to-day activities can include general work-related activities, and study and education-related activities.’

A **substantial adverse effect** is one that is neither minor nor trivial. The comparison that is made is between a disabled person’s performance of a task and the

performance of the same task by a non-disabled person. The effect of RA/AJIA on a person’s ability to carry out everyday tasks will also be considered with reference to how they would get on if they were receiving no treatment for their condition. In other words, if an employee’s arthritis is currently well-controlled by medication, that does not mean that the law does not see them as having a disability. And if their RA/AJIA is progressive – likely to get worse over time – it is how they will be as their condition develops, rather than how they are now, that is important.

The effect of an impairment such as RA/AJIA is considered **long-term** if it has lasted at least 12 months or is likely to last 12 months or for the rest of the affected person’s life. The guidance gives the example of ‘a person with rheumatoid arthritis [who] may experience substantial adverse effects for a few weeks after the first occurrence and then have a period of remission. If the substantial adverse effects are likely to recur, they are to be treated as if they were continuing. If the effects are likely to recur beyond 12 months after the first occurrence, they are to be treated as long-term.’

All this taken together means that, in most cases, people with RA and adult JIA are entitled to the full protection of the Equality and Disability Discrimination Acts, as will many people with other forms of inflammatory arthritis.

Adapting to RA

Brian runs a family business, manufacturing duct work for ventilation systems. He explains how they managed when Steve, the foreman, was diagnosed with RA.

'I didn't want to lose Steve because he's important to us. He's the shop foreman and he's a skilled chap, so we bent over backwards to accommodate him.'

'When Steve's RA first played up, he'd work in the office for short periods, or go out in the van to instruct the fitters on our behalf. We've come to agreements, and of course it does help that his RA is better than it was. The drugs he's on now do seem to be working. It took quite a long time to sort things out, getting on for a year, and in the early days he'd get very low. The worst thing going through my head was the possibility of Steve having to find another job or having to go on sick leave.'

'Steve's always been up front about his RA; he doesn't try to hide it and we have a quiet word when things change. He can't do too much repetitive work – the knocking down and assembly work that we have to do manually. So, I advise him to delegate that to someone else and, of course, he does have a number of other skills.'

'We're a small company, 11 staff altogether, so there isn't the scope there might be in a larger company for changing what people do. But we've managed, and we haven't had to take on additional staff. Things are more settled now. I think if employers are sympathetic, it can be possible for people to stay at work.'

I don't think employers realise that this is a chronic condition, and employers should do what they can – and indeed what is required of them in law – to help people with disabilities work.

Linda Riordan
Retired MP (Halifax)



Reasonable adjustments

The law requires employers to make 'reasonable adjustments', to ensure that, as far as is reasonable, a disabled employee has the same access to everything that is involved in doing and keeping a job as a non-disabled person. Many adjustments can support a person with RA or adult JIA, some of which cost very little to implement. These include:

- 'adjusting working hours, making these more flexible, allowing additional breaks to help overcome fatigue or work from home for all or part of the time (hybrid working)
- adjusting duties, possibly transferring some to other people and allowing an employee to take on others that are more suitable
- acquiring equipment, such as telephone headsets, ergonomic keyboards, adapted handles or a supportive chair
- support from someone else to do part of the job (such as help with lifting or transferring necessary equipment)
- improvements to access, such as a disabled parking place near to the workplace entrance, ramps, rails and stair lifts, widening of doors, positioning of light switches and door handles
- assigning the employee to a different place of work or transferring to fulfil an existing vacancy
- adjusting company policies, such as modifying disciplinary or grievance procedures, redundancy selection criteria or absence policy

The Equality and Human Rights Commission publishes an **Employment Statutory Code of Conduct**. It provides detailed guidance to courts and tribunals in interpreting the law and help for those who may need to apply the law, including employees and employers. The Code lists some of the factors that may be taken into account when deciding what steps are reasonable for an employer to take. The factors are:

- whether taking any particular steps would be effective in preventing the substantial disadvantage
- the practicability of the step
- the financial and other costs of making the adjustment and the extent of any disruption caused
- the extent of the employer's financial or other resources
- the availability to the employer of financial or other assistance to help make an adjustment
- the type and size of the organisation

It would be reasonable to expect all employers and education providers to provide ramps, rails and simple ergonomic equipment for computers and telephones or minor adaptations to machinery. But if a building has awkward stairs, for example, it may not be physically possible to install a stair lift without extensive additional building work, which might then make such an adaptation unreasonable.

Employee and employer should aim to communicate effectively and

openly, to negotiate on both sides what is 'reasonable'. Further advice is available from the Trades Union Council (www.tuc.org.uk) and ACAS (www.acas.org.uk).

If an employee cannot continue in their present role because of their RA or adult JIA, you should explore all avenues for transferring the employee to another role within the company. Such a move can also be considered a reasonable adjustment and could include a role at a different work location.

Workplace assessments

The best way to assess what adjustments are needed may be to carry out a workplace assessment. An assessment can be carried out by:

- **Occupational therapists**, who specialise in enabling people with illness or disabilities to perform work, leisure, daily activities and social roles more easily.
- **Occupational health physiotherapists**, who also specialise in work problems.
- **Vocational Rehabilitation (VR) counsellors or case managers**. For more on VR, turn to page 32.
- **Occupational Health Nurses or OH Doctors**, who may work independently, as part of a company's OH services or for an OH provider company.

These professionals can provide workplace advice and/or job analysis and assessments. Assessments can be carried out by visiting employees at work or by a structured interview. They can evaluate job tasks and advise how they can be simplified or modified to reduce the effort needed. Their suggestions may include: appropriate adaptations to equipment; assistive technology; other devices, such as wrist splints; and changes to the work environment or how the job is performed.

An employee may request that their workplace assessment is undertaken by someone with a specialist knowledge of their disease. Employees can ask their rheumatology team what services are available locally.

Some **private companies** also provide workplace assessments. Therapists may be self-employed or employed by health insurance companies, private health companies, or rehabilitation case management companies, some of which specialise in musculoskeletal conditions.

To find private occupational therapists, occupational health nurses and occupational health physiotherapists, you can search online at the following sites.

- **For occupational therapists**
The Royal College of Occupational Therapists has a search facility on its website at rcotss-ip.org.uk
- **For occupational physiotherapists**
The Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE) at www.acpohe.org.uk. Their professional body is the Chartered Society of Physiotherapists. Go

to www.csp.org.uk, where you can search for physios who offer private services.

- **For occupational health providers** who can assess the risks within your company and advise if any medicals are required and conduct them on the relevant employees: the Commercial Occupational Health Providers Association (COHPA) at www.cohpa.org – click on ‘Search for an OH Provider’.
- **The Chartered Institute of Ergonomics and Human Factors** also lists some therapists and other ergonomics professionals at www.ergonomics.org.uk



Assessing changes in the workplace

Sam, a 45-year-old college lecturer, was a valued member of staff but he and his line manager were concerned about his ability to continue working.

He was referred to the local rheumatology occupational therapist (OT), who met him to discuss his concerns and carry out a work assessment. Sam's main difficulties were standing when lecturing to large student groups, writing, working on the computer, moving study materials round the building, opening doors and getting between classes on time. His fatigue was increasing and he was concerned that his concentration was not what it used to be. His stress levels had also increased because of his difficulties, and he was particularly upset that he was becoming easily irate with students.

The OT, Sam and his line manager met to discuss the OT's recommendations and how to put them in place. They decided to:

- Revise the timetable to spread classes more evenly throughout the day, where possible.
- Relocate Sam's office to the ground floor and change the

other rooms he used to be closer together and mostly on the ground floor.

- Provide 'perch stools' in the lecture theatres to reduce his standing time.
- Install magnetic door catches.
- Provide adapted office supplies, including pen grips, voice-activated software and a small trolley for moving equipment and books.
- Sam also had several short appointments with the OT to learn self-management methods, such as joint protection, hand exercises, pacing and energy conservation techniques.

After these changes, Sam had less pain and fatigue and his concentration improved and he felt more relaxed at work. He and his manager were both pleased that these relatively inexpensive changes to equipment and work practices improved Sam's productivity and made it possible for him to remain at work.

Reasonable adjustments passports

It is a good idea for employers and employees to keep a written record of all reasonable adjustments agreed. That way, the information will not be lost if a disabled employee's manager changes or the employee moves to a new role. And it means that the disabled employee will not have to start from scratch and explain all the necessary changes all over again to their new manager.

The TUC offers a template for a document it calls a 'reasonable adjustments passport', which aims to help you and your disabled employees keep track. Visit www.tuc.org.uk/reasonable-adjustments-disability-passports or see the ACAS site at www.acas.org.uk for details. Education providers may be able to adapt them for their purposes, too.

Flexible or hybrid working

During the Covid pandemic of 2020 to 2021, working from home became the norm for almost half of all workers in the UK. Since then, many have gone back to their workplace.

However, a growing proportion of workers are opting for 'hybrid working' – a mix of working from home and on-site. The Office of National Statistics found that between February 2022 and May 2022, the number of people choosing hybrid working increased from 13% of the workforce to 24%. The balance of hybrid working has also shifted more in favour of home working. For more information and guidance, visit www.acas.org.uk/working-from-home-and-hybrid-working

All employees have the legal right to request flexible working hours and, from spring 2024, those rights will be strengthened by a change in the law:

- Employees will be able to make two requests for flexible working in a 12-month period rather than one, as present.
- Employers will have to respond within two months rather than three.
- Employers will have to consult with employees before rejecting their request.
- Employees will no longer have to explain how their request will affect the business as a whole and how it should be implemented.

For many employees the nature of their role means that working from home won't be an option. But there may be other ways of offering flexible working hours, such as adjusting start times, giving more frequent breaks or days off in between shifts. For guidance, visit www.gov.uk/flexible-working

Small and medium businesses

For small and medium enterprises (SMEs), making reasonable adjustments may be trickier or costlier than for larger businesses. For example, a larger company may be able to afford to allocate another employee to help, whereas a small company with only a few

employees may not be able to do so. But there are usually ways around any such difficulties. The Equalities and Human Rights Commission and the Federation of Small Businesses – www.fsb.org.uk – have guidance on their websites for small businesses.

Apprentices, students and interns

Providers of training or education are obliged to make reasonable adjustments to accommodate disabled trainees or students.

In most cases, anyone undertaking an internship or work placement is afforded protection under the law,

even if they are not paid. There may be exceptions to this general rule, depending on the circumstances, so it is important that you take advice to make sure that you fulfil your legal obligations.

Self-employment

Self-employed people who act as regular contractors for a company should generally be covered by the provisions of the Equality Act. In 2018, the Supreme Court ruled that a self-employed plumber who had worked for the same firm for six

years was protected from disability discrimination under the Equality Act. If you use the services of self-employed people, you should check what protections they are entitled to.

Preventing harassment

The Equality Act defines 'harassment related to a protected characteristic' – such as sex, race, sexual orientation or disability – as unwanted behaviour that violates a person's dignity and/or creates an intimidating, hostile, degrading, humiliating or offensive environment for the person. Employers can be held liable for any such harassment

that occurs at work – whether by colleagues or third parties, such as customers or suppliers – and they should have in place procedures for dealing with any complaints of harassment. The ACAS website has guidance for employers on how to deal with a complaint of bullying, harassment or discrimination. Go to www.acas.org.uk

The Worker Protection (Amendment of the Equality Act 2010) Bill was making its way through parliament as this booklet went to press. It aims to tighten employer liability for harassment committed by third parties. Should the bill become law, employers will have 12 months to prepare before it comes into force.

Disability Confident Scheme

The government's Disability Confident Scheme certifies businesses that sign up as being committed to increasing the understanding of disability and to removing barriers to the participation of disabled people and those with long-term health conditions in the workplace. To find out more and to sign up, go to www.gov.uk/guidance/disability-confident-how-to-sign-up-to-the-employer-scheme



'We were able to retain a highly valued employee'

A Finance Director of a major UK waste management company explains how the company adapted when an employee who had RA joined in a senior role.

'Sarah joined us as divisional management accountant for one of our larger divisions. She became a valued member of the division's management team, providing insight into their trading results and advice on financial aspects of their business.

'Sarah had been diagnosed with RA about seven years before and spoke to her line manager about it shortly after her appointment. On a day-to-day basis she managed quite well but had a number of "very bad flare-ups", as she described them. She also had a couple of trips and falls, and on these occasions we advised her to go home, rather than worry about her work. On two occasions, she had to go straight to hospital – she thought she was suffering from side effects of her RA medication, but in the end was diagnosed with MS.

'We were happy to be flexible over working hours, as Sarah found her RA was much worse in the mornings, and we allowed her to work from home once a month to receive medication for her MS. We had no difficulty in allowing time off for her medical appointments.

'Sarah was entitled to a company car and was expected to drive to her division's various locations regularly. Her consultant suggested that she would get some relief from her symptoms if she changed from a manual to an automatic car. We were happy to allow this even though the car was not due for replacement, and this had an immediate beneficial effect. On a smaller scale, we were happy for Sarah to order wrist rests and a special mouse mat.

'I do not believe that Sarah's RA affected the quality of her work in any way, and by adapting to her needs we were able to retain a professional and highly valued employee. We endeavoured to support her unobtrusively, hopefully without her feeling that she was being put under an obligation. I believe that she found her line manager and personnel team supportive, and that the personnel team was knowledgeable regarding the company's responsibilities to workers with a disability.

'I like to think that Sarah felt secure in her employment, and that she was being judged by her contribution to the company, and not by what she physically could and couldn't do.



Support and resources

Some companies have in-house occupational services. Otherwise, there are many external sources of help for developing a disabled-friendly workplace.

Access to Work

Access to Work (AtW) is a publicly funded employment support grant scheme that aims to support disabled people start or stay in work. It can provide practical and financial support for people who have a disability or long term physical or mental health condition.

Support can be provided where someone needs support or adaptations beyond reasonable adjustments. It does not pay for reasonable adjustments; they remain your responsibility as an employer.

An Access to Work grant can pay for practical support to enable your employee to start or stay in work, or to support you if you are self-employed.

Civil service employees cannot get support from AtW as their employers will fund any support they may need.

The Channel Islands and the Isle of Man are not covered by Access to Work and there is a slightly different service in Northern Ireland (see **Organisations that can help**, page 29 onwards, for details).

The kind of support that AtW can pay for includes:

- travel to and from work, where extra costs are incurred because of a disability

- support workers
- communicator support at interview

Employees or interviewees can find out more about AtW at

www.gov.uk/access-to-work

Employers may have to make a contribution towards the cost of an Access to Work grant, depending on the size of the company and the amount awarded. Full details are available at **www.gov.uk** – search for 'Access to Work Guide for Employers'.

NHS Health at Work Network

NHS Health at Work is the network of occupational health teams dedicated to ensuring that the NHS has a healthy, motivated workforce that is able to provide the best possible patient care.

NHS Health at Work influences and advises government and other bodies about occupational health in the NHS. They also provide a

gateway for businesses in the broader community who are seeking occupational health advice and support, including a search facility to find an NHS occupational health (OH) provider.

To find out more about the services offered visit

www.nhshealthatwork.co.uk

Workplace Health Advice

Government-funded services providing confidential, practical and free advice to small businesses on workplace health and safety, management of sickness absence and return-to-work issues are available from the following:

England: The Health and Safety Executive **www.hse.gov.uk**

Northern Ireland: The Health and Safety Executive NI at **www.hseni.gov.uk**

Scotland: 'Healthy Working Lives' at **www.healthyworkinglives.scot**

Wales: 'Healthy Working Wales' project on **029 2022 7744** or at **www.healthyworkingwales.wales.nhs.uk**

Business Disability Forum

The Business Disability Forum (BDF) is a membership and partnership organisation that provides information and advice on disability as it affects business.

Examples of advice offered to members and partners include:

- Advice on adjustments and whether they are reasonable.

- Support for members who are measuring how disability-smart their organisation is against the BDF Disability Standard.
- Review of documents and policies and feedback from a disability perspective.

For further information, contact the BDF on **020 7403 3020** or email **enquiries@businessdisabilityforum.org.uk**

AbilityNet

AbilityNet is a national charity and a leading provider of advice on computing and disability. It provides:

- An advice and information service.
- Training and advice to businesses.

- Individual assessments to find the right solution for disabled people who have a problem using their computer.

To find out more, visit **www.abilitynet.org.uk** or call **0800 048 7642**.

Rehabilitation

Employees with RA/AJIA will have access, via their rheumatology team, to NHS rehabilitation services. But there are also private services available.

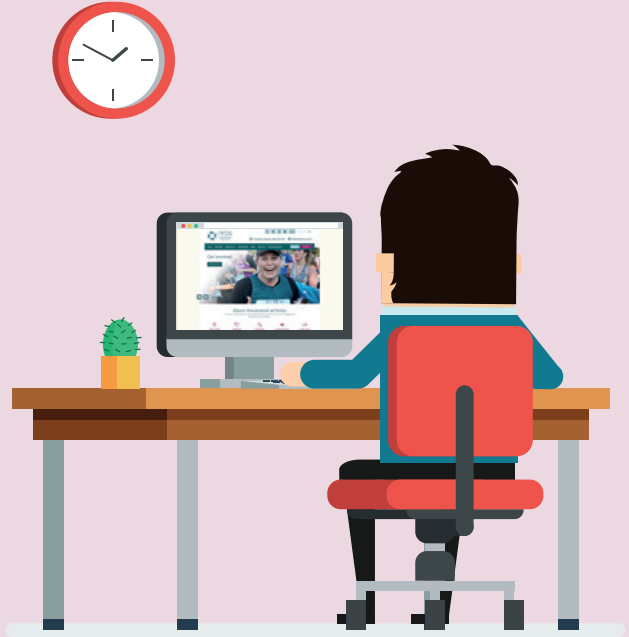
Rehabilitation case management companies provide a range of services, including helping people to rehabilitate and get back to work following a workplace injury. They may also provide risk-management advice to businesses and workplace assessments, among other services.

Practitioners who are members of the Case Management Society UK adhere to the Society's code of practice and standards. To find a practitioner and identify the company they work for, you can search **www.cmsuk.org** – click on the 'Member Check' button.

Vocational rehabilitation is a multidisciplinary intervention offered to those with physical, psychological and/or social difficulties enabling a return to work or preventing loss of work. Visit the website of the Vocational Rehabilitation Association at **vrasociationuk.com** for more information and to find a practitioner.

The UK Rehabilitation Council publishes several useful free documents, including *Rehabilitation Standards, Choosing a Rehabilitation Provider and Selecting Rehabilitation Services*, that can help you identify good-quality private providers. Go to **www.rehabcouncil.org.uk** and click on 'Downloads'.

For more details of the organisations mentioned in this booklet, turn to the next page.



Organisations that can help

The following is a list of useful organisations that offer information and/or support on employment.

Accessibility

AbilityNet

National charity for disabled people looking for help with their computers and other technology and for digital professionals advocating for accessibility best practices.

www.abilitynet.org.uk | Freephone 0800 048 7642 | enquiries@abilitynet.org.uk

Access to Work

Access to Work provides grants and practical support to help people with a disability in England, Scotland or Wales get or stay in work. A guide to Access to Work for employers is available at www.gov.uk – search for ‘Access to Work Guide for Employers’.

For Access to Work Northern Ireland, visit www.nidirect.gov.uk/articles/access-work-practical-help-work or contact your local Jobs and Benefits Office.

Disability rights and the law

Business Disability Forum

National business membership organisation working in partnership with business, government and disabled people to remove barriers to inclusion. Joining BDF or becoming a partner gives businesses access to a wide range of services, including an advice line and disability audits.

businessdisabilityforum.org.uk | 020 7403 3020 | enquiries@businessdisabilityforum.org.uk

The Equality Advice and Support Service

Their freephone Helpline advises and assists individuals on issues relating to equality and human rights, including disability rights, across England, Scotland and Wales.

**www.equalityadvisoryservice.com
0808 800 0082** (Mon to Fri, 9am to 7pm; Saturday, 10am to 2pm)

For Northern Ireland, contact the Equality Commission for Northern Ireland
www.equalityni.org | 028 90 500 600 | information@equalityni.org

The Equality and Human Rights Commission (EHRC)

Provides advice and guidance for individuals, businesses and public sector provider organisations on a range of equality and diversity issues. England, Wales and Scotland only.

www.equalityhumanrights.com | 0808 800 0082

For Northern Ireland, contact the Northern Ireland Human Rights Commission.
nihrc.org | 028 9024 3987 | info@nihrc.org

GOV.UK

The best place to find government services and information, including help for businesses and the self-employed and guidance to the Equality Act.

www.gov.uk

For information specific to Scotland, see also **www.mygov.scot**

For information specific to Northern Ireland, see also **www.nidirect.gov.uk**

For information specific to Wales, see also **www.gov.wales**

Healthy workplaces

Association of Chartered Physiotherapists in Occupational Health and Ergonomics

A network of specialist physiotherapists who work to improve the health and wellbeing of workers so that they can do their jobs efficiently and effectively. They improve work design through ergonomics, to make work tasks comfortable and safe. Search online for local physiotherapists or send an email enquiry.

www.acpohe.org.uk | admin@acpohe.org.uk

Case Management Society UK

Find a rehabilitation case management practitioner via their website.

www.cmsuk.org

Chartered Institute of Ergonomics and Human Factors

Ergonomics and human factors encompass a range of other professions such as psychology, design and engineering, to improve conditions in the workplace. An ergonomist might look at workflow systems or at office furniture, for example, to see how they can be improved. Find an ergonomist through their website.

www.ergonomics.org.uk | 0330 135 9833

Chartered Society of Physiotherapists

Can help you to find a chartered physiotherapist that offers private services.

www.csp.org.uk | 020 7306 6666

Commercial Occupational Health Providers Association (COHPA)

Help with finding an occupational health provider in your area.

cohpa.org | 0333 772 0401 | manager@cohpa.org

Health and Safety Executive

National regulator for workplace health and safety.

www.hse.gov.uk

0300 003 1747 (Mon to Fri, 8.30am to 5pm, except Wednesdays, 10am to 5pm)

Healthy Working Lives

An initiative of Public Health Scotland. Advice, training and resources to help employers keep their workplace safe and healthy.

www.healthyworkinglives.scot

Healthy Working Wales

The Healthy Working Wales programme aims to support and encourage employers to create healthy working environments, take action to improve the health and wellbeing of their staff, manage sickness absence well and engage with employees effectively. Enquiries in Welsh welcome.

www.healthyworkingwales.wales.nhs.uk | 029 2022 7744

General.Enquiries@wales.nhs.uk | yhmholiadau.cyffredinol@wales.nhs.uk

NHS Health at Work

Provides a gateway to advice and support on occupational health for businesses.

www.nhshealthatwork.co.uk

Royal College of Occupational Therapists

Provides online information about private OT services and can help find local occupational therapists specialising in employment.

rcotss-ip.org.uk | 0203 141 4630

UK Rehabilitation Council

A community of rehabilitation associations, rehabilitation providers, clients and other stakeholder groups, whose common goal is to ensure access to high quality medical and vocational rehabilitation services in the UK.

www.rehabcouncil.org.uk | info@rehabcouncil.org.uk

Vocational Rehabilitation Association

Vocational rehabilitation practitioners can help disabled people stay in work or return to work. To find a practitioner, visit their website.

vrassociationuk.com

Recruitment and retention

JobCentre Plus

A government agency supporting people of working age from welfare into work and helping employers to fill their vacancies. Part of the Department for Work and Pensions (DWP). Offers employers recruitment advice, a job advertisement service, help with work placements, work trials and apprenticeships, and advice on and support with employing disabled people (see also Access To Work above).

www.gov.uk/contact-jobcentre-plus | 0800 169 0178 (Mon to Fri, 9am to 5pm)

In Northern Ireland, contact your local Jobs and Benefits office or visit

www.nidirect.gov.uk

Resolving disputes

ACAS

Free, impartial advice for employers and employees on workplace rights, rules and best practice. Also offers training and help to resolve disputes.

www.acas.org.uk | 0300 123 1100 (Monday to Friday, 8am to 6pm)

Employment Tribunals

Employment Tribunals are the judicial bodies with responsibility for workplace justice, being the main forum for deciding disputes between workers and employers. The website provides information about the tribunal's procedures and gives guidance on responding to a claim.

For general enquiries, call:

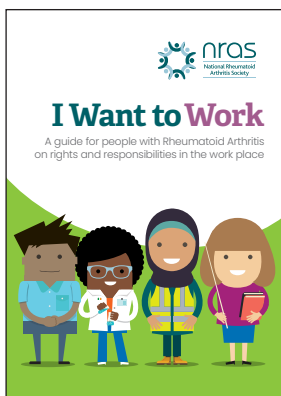
England/Wales **0300 123 1024** | Welsh speakers **0300 303 5176** |
Scotland **0300 790 6234**

www.judiciary.uk/courts-and-tribunals/tribunals/employment-tribunal

In Northern Ireland, Industrial Tribunals perform the same function as Employment Tribunals. For more information, visit

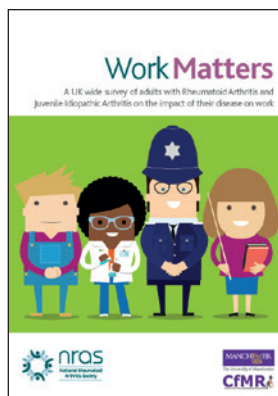
www.employmenttribunalsni.co.uk





I Want to Work

A guide for employees, students, apprentices and interns with rheumatoid arthritis or adult JIA. Copies are available free from NRAS.



Work Matters

A UK-wide survey of adults with rheumatoid arthritis and juvenile idiopathic arthritis on the impact of their disease on work.

AVAILABLE FOR DOWNLOAD ONLY

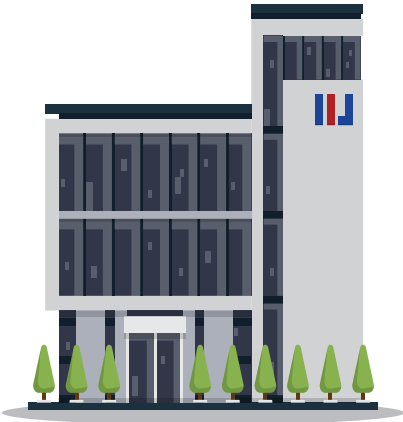


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www.jia.org.uk/publications

Or call **01628 823524** or email enquiries@nras.org.uk



An Employer's Guide to Rheumatoid Arthritis and Adult JIA

How to support employees and students
living with RA or Adult JIA

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