



# MANAGEMENT FILE

by DR CHARLES SHEPHERD, our medical adviser

This leaflet is based on an article which first appeared in the ME Association's quarterly *ME Essential* magazine .  
MEA membership costs £18 a year for people living in the UK/BFPO.  
For contact details, see foot of this page.



February 2020

## EMPLOYMENT ISSUES AND ME/CFS

### INTRODUCTION

Work has many benefits – not just the financial ones. It's a place where people can achieve their ambitions and create a role in society. It's where people can make friends and social contacts. So, for many people, work is something that they really enjoy doing.

Having to leave work because of ill health not only causes financial problems. It can lower self-esteem and result in the loss of a whole network of social contacts.

So how do you cope with a range of work-related issues when you develop ME/CFS?



### WHAT CAN HAPPEN IN THE EARLY STAGES OF ME/CFS?

Most people with ME/CFS develop the illness following an acute infection. At this point they are usually so unwell that they are unable to work and have to take sick leave.

Unfortunately, it may then take a considerable amount of time before a diagnosis of a post-viral fatigue syndrome, or ME/CFS, is either considered or confirmed.

As a result, no clear advice is given on management and some people return to full-time work still feeling very unwell – often at a time when they should be having a period of rest and convalescence. If this is then followed by a series of erratic attempts at working, followed by more sick leave, anecdotal evidence indicates that this can significantly increase the risk of ME/CFS

becoming more severe and persistent.

So our key advice during the very early stages of ME/CFS (whether suspected or confirmed) is to keep in touch with your GP, obtain good advice on appropriate management – activity management and symptom relief in particular – and avoid trying to return to work if you are clearly not well enough to do so.

During this time it is also important to keep in touch with your line manager and human resources/ personnel department at work, as well as the occupational health (OH) department. This will, of course, depend on the size of the organisation you work for – small employers are unlikely to have their own human resources or OH departments.

If you find that you need to produce a medical report and there is no OH department at work, you could make an appointment with an OH physician who writes private reports. And do make a careful note of any meetings you attend – especially any actions that are agreed.

A good employer will want to make fairly regular enquiries about an employee who is on a prolonged period of sick leave – this may also involve arranging for someone to come and see you at home. And don't stop paying union or professional body subscriptions because money is tight – you may well need their help later on.

◆ We have an MEA information leaflet called *Explaining ME/CFS to people*. This can be very helpful when talking to your employer.

# STATE SICKNESS AND DISABILITY BENEFITS

**STATUTORY SICK PAY (SSP)** is paid to an employee by their employer for up to 28 weeks in any period of sickness lasting 4 days or more. SSP does not depend on your National Insurance contribution record.

SSP ceases after 28 weeks. If you are still unable to work, you will then have to apply for Employment and Support Allowance (ESA).

Detailed guidance on SSP can be found in the *Disability Rights Handbook*. Help is also available from the HMRC employees enquiry line: 0300 200 3500.

## EMPLOYMENT AND SUPPORT ALLOWANCE (ESA)

**ALLOWANCE (ESA)** is a benefit for people whose ability to work is affected by long-term ill health or disability. If a claim for ESA is successful, you will be placed in one of two groups.

Being placed in the ESA support group means that the DWP has decided that you cannot work and it does not expect you to do anything to improve your chances of finding work.

Being placed in the work-related activity group (WRAG) means that the DWP has decided that your disability or health condition does limit your ability to work in current circumstances. However, there are actions that could and should be taken to improve your chances of returning to work. This means you could be asked to go to a work-focussed interview and then do what are termed work-related activities – the theory being that this will improve your chances of returning to some form of employment.

The group into which someone is placed will determine the amount of ESA that is paid, along with the responsibilities that you will have to meet in order to keep receiving the benefit.

Rules and regulations governing ESA are long and complicated. So anyone applying for this benefit should obtain a copy of *ESA: Help if you are ill or disabled*. This DWP booklet can be downloaded

from the government website: [www.gov.uk/employment-support-allowance/overview](http://www.gov.uk/employment-support-allowance/overview) or by phoning 0800 055 6688.

Feedback to The MEA from people with ME/CFS who have tried to obtain ESA indicates that a significant proportion are being refused. One of the main reasons is the way in which claims are assessed using what is called the Working Capability Assessment (WCA).

Following widespread concern about the WCA, an independent review was carried out by Professor Malcolm Harrington. The ME Association sent in a detailed submission covering key areas of concern in relation to people with ME/CFS.

The charity also formed part of a fluctuating conditions group that went on to produce recommendations for reform of the WCA.

In particular, we highlighted the way in which the WCA does not properly assess fluctuating and unpredictable conditions like ME/CFS, and where people cannot sustain physical and mental activity. A copy of the MEA submission, which is essential reading if you are appealing against an ESA refusal, can be found at the MEA website: <http://tinyurl.com/zoaem2r>

◆ The MEA has produced a detailed guide to filling in the ESA application form. The section on ESA in the *Disability Rights Handbook* contains very detailed guidance on all aspects of ESA, including appeal procedures.

## INDUSTRIAL INJURIES SCHEME

**(IIS)** There are circumstances – for example where ME/CFS was clearly triggered by a vaccination given for occupational health purposes – where you might qualify for additional compensation under this government scheme. The *Disability Rights Handbook* contains detailed guidance on the IIS financial benefits available. Further

information: <https://tinyurl.com/o4vbnt8>

## PERSONAL INDEPENDENCE

**PAYMENT (PIP)** is a DWP benefit designed to help people who have problems with care and/or mobility. PIP can still be paid to people who are in work – provided you satisfy the care and/or mobility criteria.

◆ The MEA has an information leaflet covering PIP and a more detailed guide on how to fill in the paperwork.

## WORKING TAX CREDIT (WTC)

**DISABILITY ELEMENT.** Working Tax Credit is a payment administered by HMRC and has what is called a disability element. This is worth enquiring about if you can satisfy the disability criteria. More information on WTC can be found in the *Disability Rights Handbook*. Disability Rights UK has a useful factsheet:

<https://tinyurl.com/wadbvwd>

**FIT NOTES** Employees must now give their employer a doctor's 'fit note' (previously called a 'sick note') if they're off sick for more than seven days in a row (including non-working days). The fit note will say the employee is either 'not fit for work' or 'may be fit for work'.

If it says the employee 'may be fit for work', employers should discuss any changes that might help an employee return to work (e.g different hours or tasks). The employee must be treated as 'not fit for work' if there's no agreement on these changes.

Doctors should record the advice given to their patient, along with other actual information including a diagnosis, except where a doctor feels that it could be prejudicial to their patient's wellbeing if the true diagnosis were given.

The comments section on medical statements allows the doctor to make additional comments about the disabling effects of the diagnosed condition, its treatment and prognosis.

Doctors should not speculate and only provide factual information. They

should not certify something they are unable to verify.

In cases where a doctor considers that a patient would benefit from help or advice from a Disability Employment Adviser (DEA), this opinion should also be included in the remarks section.

- ◆ The MEA has leaflets covering all the main DWP benefits and how they

apply to people with ME/CFS.

We also have detailed guidance on how to fill in what are often complex application forms. Our leaflets can be ordered using the 8-page Order Form at the MEA website at [www.meassociation.org.uk](http://www.meassociation.org.uk)

## WHEN YOU RETURN TO WORK

### RETURNING TO WORK

Most people with ME/CFS will find that some degree of improvement occurs over the course of time – but this may take years rather than months.

Once the condition starts to stabilise, it may be possible to attempt a return to work. However, a sudden return to full-time previous work is usually unrealistic. A far more sensible idea is to try a return to work on a very flexible and part-time basis, possibly in a role that is less demanding both physically and mentally.

#### **Factors to take into consideration**

Any decision to return to work will have to take account of a number of factors relating to health and disability that will need to be carefully thought through and discussed with your employer:

- **Physical fatigue** To what extent is this going to impair your ability to work? This is going to be most important if your job involves heavy or sustained physical work.
- **Cognitive dysfunction** This means problems with memory, concentration, information-processing and retrieving, and attention span. Cognitive function is obviously going to be very important if your work involves a lot of sustained mental activity and/or you have to make important or costly decisions based on accurate calculations.



- **Mobility** How difficult is your journey to work? Would it be better to have a later start in the day to avoid the rush hour? How much travelling is involved as part of your job? If your work involves driving, are you physically and mentally fit enough to do so?
- **Variability of symptoms** At what time of the day do you generally function best and worst? If you function better in the afternoon, try and negotiate returning for a few afternoons each week to begin with. Are you going to be able to take adequate rest breaks? And is there somewhere quiet and peaceful to go and rest?
- **Potential problems at work** Is there anything you do at work or in the work environment – e.g.

*Turn to page 4*

## OTHER TYPES OF FINANCIAL ASSISTANCE

**SICK PAY** Some employers are reasonably generous with their own sick pay schemes and will keep paying a percentage of normal salary for a period (which may extend to six months) and then a reduced percentage for another period (which may be up to a year). But others are not. So it is well worth checking the small print in your employment contract if a prolonged period of sick leave seems likely. Some unions have hardship funds available for members experiencing financial difficulties as a result of ill health.

### **INCOME PROTECTION**

#### **AND PERMANENT HEALTH**

**INSURANCE (PHI)** policies As well as sick pay, an increasing number of people are being covered – either individually or through company schemes – with insurance-based sickness benefits known as income protection schemes or permanent health insurance (PHI) policies.

These can be quite generous in relation to the percentage of income that is covered. However, these policies only tend to kick in after a more prolonged period of sick leave that was negotiated when the policy is taken out. They don't usually apply to short-term sick leave involving only a few weeks or months. Again, it's important to check the small print in the policy if you are covered by such a scheme.

As with state sickness benefits, people with ME/CFS may run into problems when they start to try and claim on one of these policies. The MEA has an information leaflet covering PHI policies.

- ◆ The MEA has an information leaflet covering PHI policies.

## WHEN YOU RETURN TO WORK *from page 3*

long periods of standing, contact with fumes, chemicals, bright lighting, etc – that may affect someone with ME/CFS and should be addressed?

- **Financial situation** Despite a lot of well-intentioned announcements, politicians still haven't got round to making life easy when it comes to people attempting to return to work on an erratic, part-time or flexible basis. So do check out very carefully what will happen to your DWP benefits if you return to work and then have to go off sick again (these are known as the 'linking rules'). You could ask a local Citizen's Advice Bureau or a disability employment adviser (DEA) at your local Jobcentre to calculate how much better off you will be before you attempt to return to work.

### **Discussions with an employer**

Once you are clear in your own mind about the answers to these questions, you need to discuss a possible return to work with your employer or human resources manager, preferably the occupational health (OH) department as well, and possibly your union or professional organisation representative. Again, do take notes on what is being proposed and agreed.

A mutually agreed return to work

plan can then be drawn up which takes account of your current state of health and disabilities, the variability of your illness, and the fact that you may not be able to cope with some of the physical and mental tasks that you did before. To start with this will almost certainly involve a significant reduction in hours and possibly duties as well. It may be wise to see if you can do an informal 'trial run' at work, with a few short sessions, before formalising the arrangement.

You also need to be clear as to how and when your workload will or might start to increase – provided you can cope, as well as what will happen if you are not able to cope.

The 'return to work' plan should be mutually agreed and preferably be in writing. There should be regular reviews on how you are coping with both the human relations and OH departments.

### **Disclosing medical information to an employer**

The information below comes from government guidance:

*The general position is that it is unlawful for an employer to ask any job applicant about their health or disability unless and until the applicant has been offered a job. There are a few specific circumstances when questions about health and disability can be asked...*

*It is also unlawful for an employer's representative to ask a job applicant questions about their health or disability. This means that an employer cannot refer an applicant to an occupational health practitioner or ask an applicant to fill in a questionnaire provided by an occupational health practitioner before a job offer is made.*

Guidance on disclosure of health information under The Equality Act 2010:

<http://tinyurl.com/nkpggj2>

However, a duty to make adjustments at work obviously cannot arise until an employer knows or ought reasonably to know that you are disabled. While there is not an explicit duty on employers to enquire, the Equality and Human Rights Acts Codes of Practice suggest that employers must do all they can be reasonably expected to do to find out if this is the case. Knowledge held for example by the OH or HR departments may be imputed to the employer.

So you don't need to advise your employer you have ME/CFS if it doesn't affect the way you work. However, if it does affect your working day, you cannot expect your employer to make reasonable adjustments unless the employer does know about your condition. And if your condition is bad enough to be deemed a disability, the employer has a legal duty to make those adjustments.

## GOVERNMENT HELP ON A RETURN TO WORK

There are various types of practical and financial help available from government agencies to help people returning to work after a long absence due to sickness. Examples include:

**ACCESS TO WORK** provides practical advice and grants towards extra employment costs. Examples include provision of special aids or

equipment, adaptations to premises, help with travel to work if public transport cannot be used, and even a support worker. More information on Access to Work: <https://www.gov.uk/access-to-work/overview>

**JOB INTRODUCTION SCHEME** is aimed at disabled people who, in the opinion of a disability employment adviser, are suitable to

a job but need to demonstrate their capabilities to an employer. The scheme pays the employer during the initial period of employment.

**WORK CHOICE SCHEME** is designed to help people keep a job if they are disabled and find it hard to work. The type of support will depend on the type of help you need. This can include training

and developing skills; building up confidence and interview coaching. More information:

<https://tinyurl.com/ptzotvq>

**FIT FOR WORK** is a new scheme that is aimed at helping employees obtain the support they need to get back to work quickly and safely.

*It provides:*

- Free, expert and impartial work-related health advice for employers, employees and GPs via a website and telephone line.
- Free referral for an occupational health assessment for employees who have been off sick, or are likely to be off sick, for four weeks or more.

*It does not:*

- Replace any existing occupational health service supplied by employers – but rather complements it.

*It runs a:*

- Referral service that has now been rolled out nationwide to GPs, so they are able to refer patients to the service directly.

Fit for Work and Return to Work Plans do not replace Fit Notes but offer an alternative way to get back into work.

Employers can refer their employees to the Fit For Work service. GPs can refer employees who have been, or are likely to be, off work for more than four weeks for a free voluntary occupational health assessment. The assessment will look at the health, work and personal factors preventing an employee from returning to work, and recommendations which will assist them to return to work.

Employees can access advice regarding work-related health issues via the FFW website or telephone helpline.

Your GP can refer you to a free occupational health assessment



if you have been or are likely to be absent for four weeks. You will receive tailored advice from an occupational health professional, who will talk about any health issues and your circumstances and then create a return to work plan with recommendations to help get you back to work safely. You can decide whether your return to work plan can be shared with your employer or not.

More information for people living in England and Wales <http://fitforwork.org> and in Scotland [www.healthyworkinglives.scot](http://www.healthyworkinglives.scot)

**DISABILITY LEAVE** is different from sick leave. The UNISON model for disability leave policy defines disability leave as: “...paid time off work for a reason related to someone’s

*disability. It may be for a long or short period of time, and may or may not be pre-planned...”*

Disability leave can cover a range of disability-related absences from attending clinic appointments to taking time off to come to terms with a new diagnosis or cope with treatment side effects. What is required will vary from person to person.

Disability leave can include time when an employee is well but absent from work for a disability-related reason. However, if someone has time off because of sickness that is not related to their disability, this should be recorded as sick leave in the usual way.

More information on Disability Leave: <http://tinyurl.com/ybgg6jav>

## PERMITTED WORK AND THE VOLUNTARY SECTOR

There are various other government schemes that may be of help – all of which are described in more detail in the *Disability Rights Handbook*. They can be discussed with a DEA – who can be contacted at a local Jobcentre Plus.

If you are claiming ESA, it should still be possible to carry out what is called ‘permitted work’. This is another way of testing whether a return to work will be possible.

But don’t go ahead before making sure that what you are going to do is acceptable to the DWP (and your employer) – as there are strict conditions relating to hours, payments, and how long you can pursue this option.

Another possibility is to take on a part-time and flexible role in the voluntary sector. Volunteers are

*Turn to page 6*

From page 5

always required by charities (including the MEA!) and sometimes by commercial organisations. Just doing a few hours in a local charity shop is something to consider. You could also try other forms of voluntary work such as being a charity trustee. Although you cannot be paid, you may be

## EMPLOYMENT AND THE LAW

### **The Disability Discrimination Act, 1995 (DDA)**

The DDA provides disabled people with legal rights relating to a number of important areas, including employment.

Several people with ME/CFS have made use of this legislation and helped to establish that the DDA does apply to people with ME/CFS. The first case involved O'Neill vs Symm and Company Limited – where Dr Shepherd provided expert medical opinion. Details can be found by entering the case names on Google.

In relation to employment, the DDA requires employers to make reasonable adjustments to employment conditions to accommodate the needs of a disabled employee.

**The Equality Act, 2010 (EA)** is an important law that combines, strengthens and replaces previous discrimination legislation, including the 1995 DDA.

A person is defined as disabled under the Act if he or she has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities.

ME/CFS can be classed as either physical or mental. In “substantial”, the focus should be on what a person cannot do and “long term” means the effects have lasted, or are

able to claim expenses for travelling, meals, etc.

To find out more about the rules governing ‘permitted work’ arrange an appointment with a DEA, or check out the relevant section in the *Disability Rights Handbook*. Disability Rights UK has a useful factsheet: <http://tinyurl.com/n3uc75s>

likely to last, for at least 12 months.

ME/CFS is listed in section A6 as a specific condition covered by the Equality Act but each case will depend on the particular facts involved in the case. There is, in fact, no need for a person to establish a medically diagnosed cause for their impairment. What is important is the effect of the impairment – not the precise cause.

In relation to employment, this means that employers have to make reasonable adjustments to employment conditions to cater for the needs of a disabled employee. These will depend on the size of the organisation, disruption, cost involved, etc).

A good employer should be willing to make any necessary and reasonable adjustments.

A bad employer may not be willing to recognise ME/CFS and make any adjustments. This may then lead to a situation where dismissal is threatened due to incapacity to do the job – in which case, in legal terms, this may be regarded as unfair dismissal or constructive dismissal (if someone leaves voluntarily). If you find yourself in this situation, you must take urgent and professional legal advice. *See next section for more information.*

Reasonable adjustments and modifications to the work place could include any of the following:

- Adjusting equipment, e.g. installing speech browser software onto a computer
- Providing a reader
- Providing supervision, e.g. a mentor or support worker
- Modifying equipment, such as a specifically designed chair
- Modifying reference manuals, e.g. providing oral instructions as an alternative to written instructions
- Altering working hours to give a later or early start or longer lunch break
- Allocating duties to another member of staff
- Transferring a disabled member of staff to fill an existing vacancy, e.g. a sales representative who has to give up driving could be transferred to an office-based vacancy
- Assigning a different place of work, e.g. allowing home working during a period of rehabilitation
- Allowing time off for rehabilitation or medical treatment
- Adjusting premises or equipment, e.g. the direction a door opens to allow for a wheelchair user

### **Termination of employment and dismissal in relation to ill health**

After a prolonged period of sick leave, some people find that they no longer have a job to go back to. In some circumstances, employers can terminate employment on the grounds that an employee is no longer in a position to meet their contractual duties as a result of ill health.

Dismissal on the grounds of ill health is a complex legal area. All stages of the consultation process have to be handled properly – especially since the introduction of the Disability Discrimination Act and The Equality Act.

If you find yourself in a situation where termination of employment is being mentioned or taken forward, you must take expert legal advice from a solicitor who deals with employment law. Your union or professional body should be able to offer this type of expert advice.

It is outside the scope of this guidance to include detailed information on legal aspects of disability discrimination in relation to employment. Specialist employment solicitors often provide useful summaries on their websites – one such website is Lawson West: <http://tinyurl.com/jywyxxw>

### **Obtaining professional help**

If you belong to a trade union or professional body you should be able to obtain some free legal assistance as part of your membership fee.

If you are going to consult a local solicitor, you need to find one who specialises in employment law – the internet or local Citizen's Advice Bureau should be able to help here.

Some home insurance policy providers provide legal assistance – but you will probably have to use one of the solicitors on their panel.

The ME Association has contact details for an employment solicitor who is willing to offer our members some initial legal advice through a phone or email consultation free of charge. The firm is also willing to provide a discounted hourly rate, a fixed fee, and assess if the case can be taken on a 'no win, no fee' basis.

### **EARLY RETIREMENT FOR PERMANENT ILL-HEALTH**

For some people with ME/CFS, the prospect of a return to any form of meaningful employment, even on a part-time basis, is no longer realistic. The possibility of taking early retirement on the grounds of permanent ill-health will then need to be considered.

Obtaining an occupational pension before normal retirement age will depend on a number of factors – in particular illness severity, age, how long you have been off work, what sort of management programme has been used, and any other medical problems you may have.

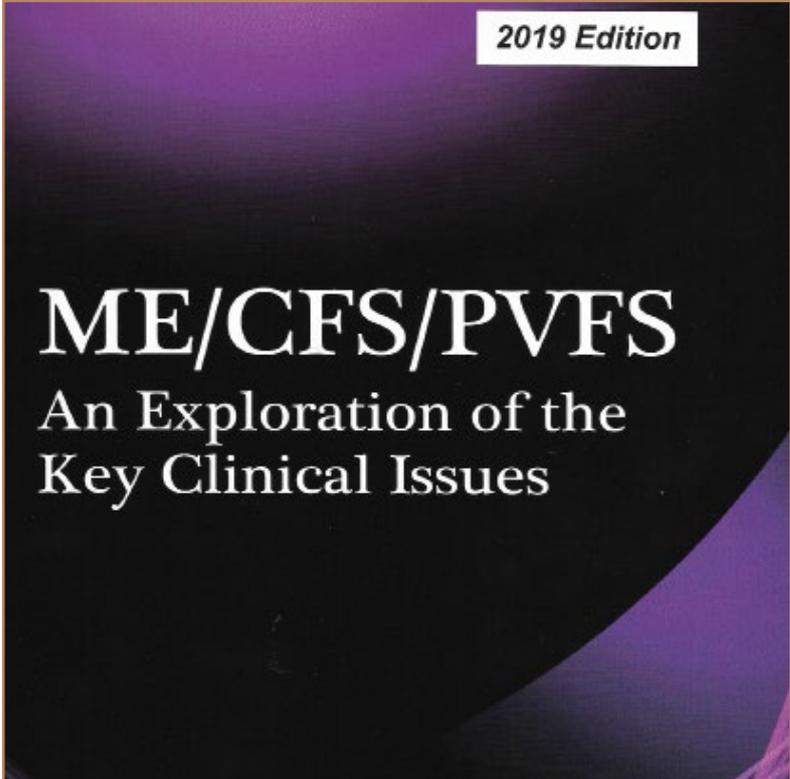
- ◆ The MEA has a leaflet called *Obtaining an Ill Health Pension*, which includes detailed coverage of issues relating to prognosis and permanency in ME/CFS.

### **ALWAYS CHECK THE CURRENT RULES AND REGULATIONS!**

Rules and regulations covering state benefits and allowances are always changing. For the most up-to-date information, check with Jobcentre Plus before applying. Tel: 0843 504 7178.

### **FURTHER INFORMATION**

- ◆ The *Disability Rights Handbook* can be obtained from Disability Rights UK: [www.disabilityrightsuk.org](http://www.disabilityrightsuk.org) This handbook should also be available from larger public libraries.
- ◆ Chapter 16 in *Living with ME* covers all aspects of employment in more detail.
- ◆ The MEA has a range of literature covering the various state sickness and disability benefits as they apply to ME/CFS, as well as appeal procedures.



**2019 Edition**

**ME/CFS/PVFS**  
An Exploration of the  
Key Clinical Issues

***Our Clinical and Research Guide***  
Available only from The ME Association  
Buy it online at <https://tinyurl.com/y6a9dtca> or phone  
01280 818 963 for your copy ○ Price £9.

# DISABILITY PASSPORTS

Recently, I was invited to speak at a meeting on fluctuating medical conditions and employment, writes ME Association medical adviser **DR CHARLES SHEPHERD.**

The meeting was organised by the Cabinet Office and the large accountancy firm KPMG – both of whom have a very proactive policy in helping people with fluctuating medical conditions and disabilities remain in work, or return to work.

Among the various strategies that the civil service and KPMG use to help people with employment is the use of what is called a **Disability Passport** or **Workplace Adjustment Passport** (WPA).

These emerged in the 1990s when the Business Disability Forum worked with the MS Society to produce a document for managers and employees to each have a record of agreed workplace adjustments and support.

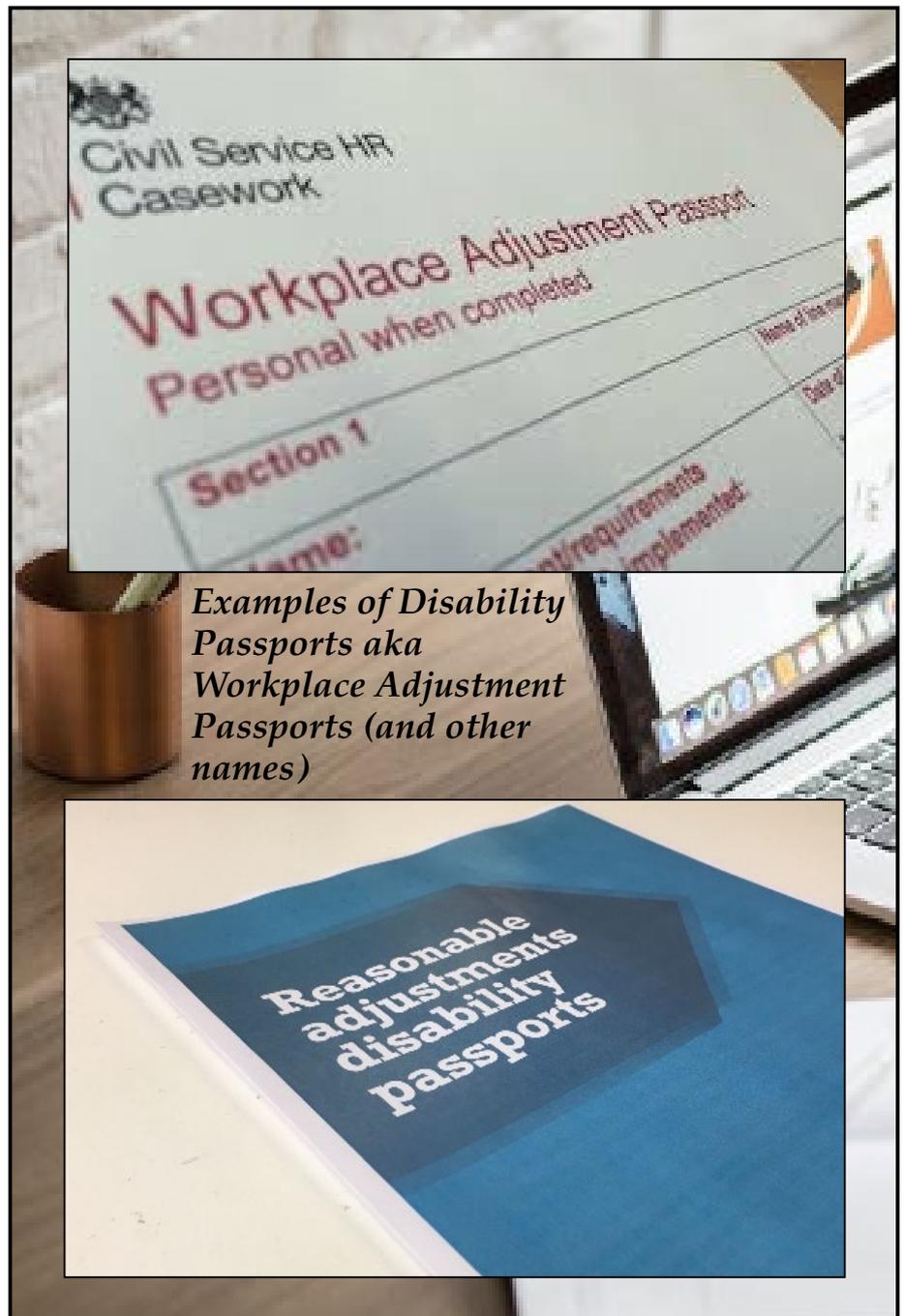
This was designed particularly with fluctuating medical conditions (such as MS) in mind, where different support might be needed at times when an employee's symptoms are more pronounced than at other times.

## DEVELOPED OVER TIME

Soon after this, BT adopted its use and named it the *Disability Passport*. They also developed a similar document for employees with caring responsibilities (called a *Carer's Passport*).

The Disability Passport (or WPA) is a live record of adjustments that have been agreed between you and your

*Continued on next page*



*Examples of Disability Passports aka Workplace Adjustment Passports (and other names)*

## Useful to have if you are still in work or considering a return to work

line manager to support you at work because of a health condition, impairment or disability.

It is for you to keep and pass on the information to anyone you think needs to know about any impact or issue that can arise due to the interaction between your condition or impairment and barriers within or outside the workplace.

Barriers can include both attitudes and environmental factors and relates to people with both visible impairments (such as wheelchair users) and those with non-visible or 'hidden' conditions or impairments (such as people with fluctuating medical conditions and mental health problems).

## YOU KEEP CONTROL

The document will not be passed on to anyone automatically. So you have control of the information and who it is passed to.

### ***The main purpose of a Disability Passport is to:***

- Make sure that everyone is clear and has a record of what adjustments have been agreed
- Reduce the need to re-assess adjustments every time you change jobs, are relocated or are assigned a new manager
- Provide you and your line manager with the basis for future conversations about adjustments.

The content should be reviewed regularly (at least every six months, or sooner if there is any change to your job or your condition or impairment) to check if the adjustments are still appropriate and work for you.

Your manager may need to obtain additional advice from Occupational Health, Access to Work or Human Resources before any adjustments or changes can be agreed and implemented.

But this process should not be subject to any undue delays and you should be consulted and kept informed of progress throughout.

If you have any concerns about any aspect of the process you can speak to

your trade union or professional body for advice. You are entitled to have a representative accompany you to any meetings to discuss adjustments if you wish.

If you change your job, or you have a new line manager, you should provide a copy of the passport to them so that they understand what adjustments have been made for you.

If you're in the same role and your health condition remains the same, a new line manager should accept the adjustments outlined in the passport.

The agreement may need to be reviewed and amended at a later date. But this should not happen until you have both worked together for a reasonable period of time.

If your health condition or impairment changes, or if you move to a new role, department, site, desk, etc or if there are other changes to your job description which mean that the adjustments may no longer be appropriate, then the adjustments may be reviewed straight away.

## NO CENTRAL RECORD

Disability Passports aren't stored or recorded centrally. It is your responsibility to keep the document safe and provide it when necessary.

Your line manager should also keep a copy for their own records – which should be held securely in your personnel file.

If a review date is specified in the passport, you should put this in your calendar and let your line manager know when the date arrives.

But do speak to your line manager at any time if you believe your situation or needs have changed and it needs to be reviewed earlier.

It's also worth noting that the Equality and Human Rights Commission Statutory Code of Practice guidance states:

*In order to avoid discrimination, it would be sensible for employers not to attempt to make a fine judgement as to whether a particular individual falls within the statutory definition of disability, but to focus instead on meeting the needs of each worker.*

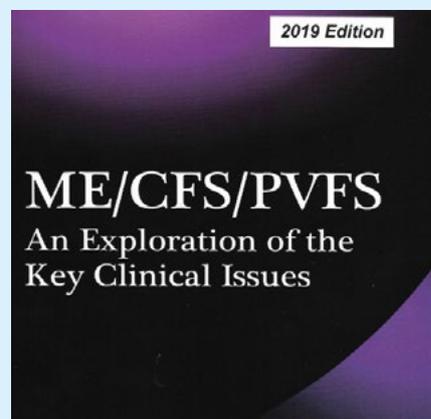
Disability Passports are now being used across many sectors, but the most prominent use is in the Civil Service. This is a blog by a senior Civil Servant on the use of a Disability Passport:

<https://tinyurl.com/uymqmv>

Template of the Disability Passport, which can be filled in, can be downloaded from the TUC website:

<https://tinyurl.com/rk3kaka>

- ◆ Please let us know if you have a Disability Passport and how it has helped you at work.



**Our updated clinical and research guide. Available only from the MEA office, tel: 01280 818963 or for your Amazon Kindle or smartphone: <https://www.amazon.co.uk/dp/B07NYT8TWB> Price £9**

# ME CONNECT

## We're here to help



### Do you need to talk?

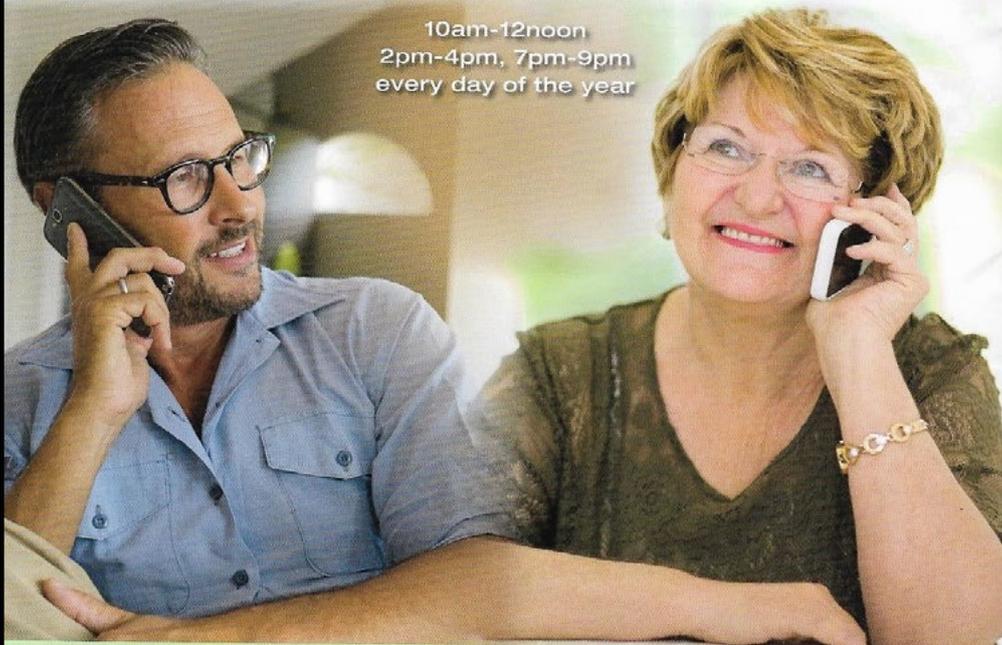
ME Connect is the telephone helpline service of the ME Association. It provides information and support for people with ME and those who live with or care for them.

ME Connect provides a safe and understanding environment for people with ME so that they know they are being heard and understood.

ME Connect is a member of the Helplines Partnership which promotes high standards.

**CALL 0344 576 5326**

10am-12noon  
2pm-4pm, 7pm-9pm  
every day of the year



Calls cost the same as other standard landline numbers (starting 01 or 02).  
If you have a call package for your landline or mobile phone then  
calls will normally come out of your inclusive minutes.