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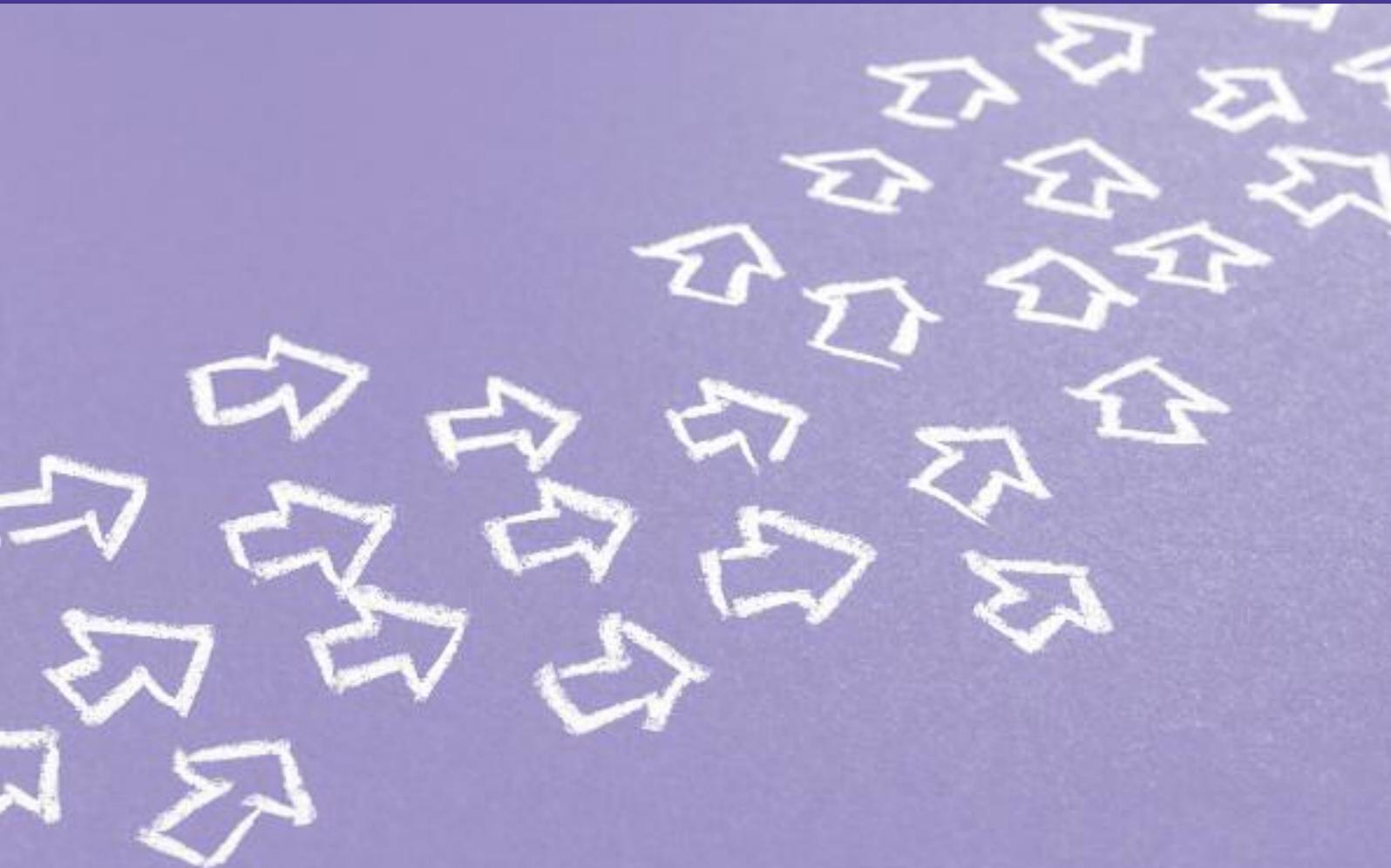


Division of  
Occupational Psychology

*Position Paper*

## Access to Work support for hidden disabilities

Produced by the Neurodiversity and Employment Working Group  
of the Division of Occupational Psychology



January 2016

# Acknowledgements

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This paper was produced by the Neurodiversity and Employment Working Group, a peer committee of volunteers for the Division of Occupational Psychology. Our declared interest is in ensuring that the workplace support provided to ‘neurodiverse’ adults with dyslexia, dyspraxia, ADHD, Autism, and health conditions which affect cognition, is evidence based and ethical. We draw on our knowledge of neurodiversity, our scientific study of workplaces and our codes of conduct (both Health and Care Professionals Council (HCPC) and British Psychological Society (BPS) to advise and recommend changes to current provision. Some members of the group provide services via Access to Work and some members do not.

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# Background to Access to Work support for neurodiversity

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The current provision of Access to Work (AtW) involves prime-contracted workplace needs assessments, leading to recommendations for disability adjustments. Disability Legislation dating as far back as the Disability Discrimination Act 1995, to the current Equality Act 2010, has ensured provision for hidden disability, insofar as it affects ‘memory or ability to concentrate, learn or understand’, chronically over a sustained period of one year. A great many impairments can be incorporated under these inclusion criteria, from Multiple Sclerosis to dyslexia. Indeed, dyslexia was cited as the third most common impairment reported to AtW (Gifford, 2011) and an analysis of AtW provision in 2013/2014 (Melville *et al.*, 2015) found that dyslexia was cited as the reason for referral for 12 per cent of applicants, with a further 6 per cent citing progressive illness and 4 per cent citing mental health needs. Employers are required to make ‘reasonable adjustments’, and AtW assessments provide guidance, per individual, as to which adjustments would be suitable.

AtW is well regarded in government and by the public, and is often cited as providing a great return to the tax payer – for every £1 spent, a positive return with some estimates ranging from £1.14 – £1.48. A strength of the service is that individual employees can instigate the assessment, without depending on inclusive Human Resources (HR) policies or Occupational Health services. Once instigated, the individual is likely to receive the support s/he need, such as magnifying computer screens or specialist training or software. The current contracts are managed regionally; and delivered

- according to strict service level agreements (SLAs),
- holistically, without the need for impairment specialists, and
- uniformly, with consistent report structures and standards (DWP, 2016).

Those with hidden disabilities, such as mental health needs and neurodiversity, are subject to discrimination in the workplace (Johnson *et al.*, 1988; Pearson *et al.*, 2003). Many report a lack of belief that their issue exists and disclosure rates are lower (Cook *et al.*, 2015). As a result, many will wait until their performance is suffering and they are about to lose their job before raising disability as a problem (Wilton, 2006). Thus, help is provided at a later stage than should be expected, and professional relationships suffer in the delays.

Research into factors which affect disclosure rates in those with hidden disabilities during employment has found that the legal status of the disability, attitudes in self and others towards the label, existence of visible support, and awareness training, all played a role (Stanley *et al.*, 2007). It would appear, therefore, that encouraging a positive and proactive stance towards hidden disabilities within employers, might encourage disclosure and access to effective help, and so prevent unnecessary performance loss. Increasing AtW’s scope to include awareness-raising of hidden disability could further enhance their contribution to the employment market and the economy. At present, however, the Dyslexia Adult Network (which delivered awareness training to AtW’s advisors in 2015/2016) is reporting that the advisors do not yet feel adequately trained or experienced in this field (Dyslexia Adult Network, 2016). This group appreciates that it is difficult to ensure staff are trained in understanding the details of each condition that they may come across, and indeed

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<sup>1</sup> This figure was published by the RNIB (Connolly, 2011) but has been contested by other figures produced by CESI (Melville *et al.*, 2015) suggest that the number is much lower, but still a net gain.

holistic call centre advisors and assessors can deliver very high performance. However, when non-experts deliver a high volume of assessments, there protocols and safeguards that can be employed contractually to prevent inadvertent poor service on the part of holistic staff.

## The role of coaching in providing support

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Support workers are often recommended for those with dyslexia, dyspraxia, attention deficit hyperactivity disorder (ADHD), Autistic Spectrum Condition (ASC) and for those with neuro/mental health conditions affecting memory, concentration, communication, stress management and organisation (De Beers *et al.*, 2014; Doyle & McDowall, 2015; Corbiere *et al.*, 2013) to deliver 'strategy coaching'. Recent longitudinal research has shown that coaching can have a positive effect on both self and manager ratings of performance (Doyle & McDowall, 2015).

However, this coaching operates a little like a 'black box' - we send employees in and expect them to come out 'better'. There are no standards or benchmarking for the content or process of the coaching. Experts in specific conditions (e.g. dyslexia tutors, or mental health counsellors) may not be experts in workplace performance, managing complex relationships or boundaries at work. The quality of the coaching could therefore vary, bringing unnecessary risks to the ongoing sustainability of employment. Where psychologists who provide this service should engage in evaluation of their work, as this forms part of our standards (BPS, 2015); other professions may or may not include an expectation of evaluation within a framework of qualification, registration and continuing development, for example, those with coaching qualifications or previous teaching experience. However, an ongoing depreciation of value over the past 15 years has resulted in few psychologists delivering this service and a rise in unqualified support workers. There is now a need to stipulate standards in evaluation and perhaps delivery as part of the contracting process.

Additionally, there is a lack of understanding that the coaching exists to create an extended period in which to develop adjustments. Each strategy arising from the coaching, be it a communication strategy, a template to use in meetings, a colour coded filing system or a prioritisation flow chart, is the adjustment, not the coaching process. Many perceive the coaching as a 'box to tick', meaning that by allowing time for coaching, the reasonable adjustment has been provided. Instead, we propose that the employer must engage with the coaching to help devise and understand the strategies and therefore be in a better position build them into performance management. This prevents risk to both parties, defining the ways in with the condition is affecting performance and giving recourse to interventions if there are difficulties after the coaching is complete.

**Case study 1:** An employee with ASC may have benefitted from workplace coaching to support her to minimise sensory overload in her environment and review communication strategies for resolving misunderstandings. However, she did not wish to ‘cause trouble’, and instead struggled on, making errors. A history of poor performance, leading to team conflict and line manager stress, means that the intervention now also needs to incorporate either a ‘co-coaching session’ (which includes line manager and employee) or an awareness training session for the team, in order to protect the employment and ‘reset’ relationships.

## The role of the employer in current AtW provision

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Line manager involvement in the AtW intervention is vital for those with hidden disabilities. It provides a unique opportunity for improving awareness and reducing prejudice, whilst ensuring that the intangible effects of hidden disability upon performance can be negotiated in an objective manner, improving confidence for line managers. However, assessors are not currently obliged to involve the line manager in the assessment at all. While the assessments are provided free of charge, the onus for payment for reasonable adjustments falls to either the employer or AtW (depending on the size of the organisation). Costs can run into the thousands (average cost for adjustments between £787 for dyslexia to over £3000 for progressive conditions, Melville *et al.*, 2015) which leaves many employers feeling obliged to provide adjustments without putting forward a case for whether or not they are ‘reasonable’. Indeed, the client-led focus has excluded employers from the assessment process altogether in many cases, which can lead to over/under recommendations. A job analysis is the only way to assess reasonableness and this must be conducted in conjunction with a representative from the organisation itself.

**Case study 2:** Dyslexic Care Assistant in a nursing home, was recommended £6000 worth of computing equipment, software and training to manage poor literacy. However, the only literacy requirement in her role was a few short sentences in a handover notes book at the end of each shift. A better recommendation would have been the development of crib sheets with ability to ask for help on odd occasions with unusual occurrences. Crib sheets could have been provided in house, or with support from a coach, maximum cost £400.

**Case study 3:** An administrator with ADHD self-referred for coaching, requested support with time management and memory issues. The coach discovered halfway through the four coaching sessions, that the line manager had very little faith in the process as it would not address the ‘significant’ spelling mistakes in her work. This would have been better addressed by specialist spell checking software, but the employee did not appreciate the extent of these difficulties and had not raised it herself in the assessment.

Reporting of assessment outcomes and data should be sensitively and clearly presented and relate to the purpose of the assessment. Reporting will always respect confidentiality and comply with data protection legislation.

In both the case studies, employment remained at risk because the employer's perspective had not been included and the adjustments were unreasonable, but unchallenged. In case study 2, the care assistant was facing months of time consuming information technology (IT) skills development, only to write a couple of sentences. In case study 3, the main reason that the employee's role was at risk had not been discussed in the assessment. Research-based evidence points to the importance of employer support and engagement in successful employment of hidden disabilities (Corbiere *et al.*, 2013; Cleaver *et al.*, 2016) yet this is excluded from the process to allow for the small number of cases where the employee would prefer not to disclose at all and receive support without the employer's knowledge.

## Quality of recommendations in current AtW provision

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Current AtW assessments ensure that services are recommended with three alternative suppliers for each item over £500 (DWP, accessed 2016). However, this assumes that the employee is an informed consumer and can make a reasonable judgement on who to request. The recommended services are:

- a) Not regulated by AtW or the assessment contractor.
- b) Not subject to due diligence scrutiny of governance, as per the norm with Department for Work and Pensions (DWP) funded supply chains.
- c) Not mandated to provide longitudinal evaluated data, for example a percentage of customers remaining employed after 1 year.
- d) Chosen according to the personal and networked knowledge of assessors, as opposed to a transparent, competitive tendering process, resulting in a preferred supplier chain.
- e) Not subject to guidance on quantity from any objective means, but simply based on historical practice, usually similar to the service delivered by the Disabled Student's Allowance where the individual receives 30 coaching hours, no matter the level of their difficulty.

In the case of hidden disabilities, the frequent recommendation for 'human support' in the form of strategy coaching to support difficulties in memory, organisation, stress and literacy (Doyle & McDowall, 2015) is not well researched (De Beers, 2014). Employees can be recommended anywhere between 1 and 26 coaching sessions, with seemingly no rationale for the number other than assessor preference.

Indeed, the scant evidence we have about the number of coaching sessions indicates a 'sweet spot' between three and seven sessions (lasting 2–3 hours), and a diminishing return after 8 coaching sessions. The diminishing return may indicate that there is a capability gap that cannot be solved by coaching alone (Doyle, 2013).

There are two main issues here: first, the lack of evidence on which to base recommendations and second, the lack of accountability when providing recommendations. Poor quality delivery and inaccurate recommendations will damage the reputation of the service and

**Case study 4:** A staff nurse in a busy hospital was referred for one coaching session to cover notetaking, memory and communication skills. The coach enquired as to how the assessor imagined this would work in practice, since good coaching involves reflection time and practice of strategies. The assessor advised that she had been told that coaches would ‘follow the nurse around the ward, pointing out where they could do better’. Not only does this fail to meet the definition of coaching, tuition, or even requirements for adult learning, the confidentiality issues for both nurse and patient are insurmountable! This contrasts with a further case study where the individual was recommended 26 coaching sessions to help a return-to-work from a period of depression, and no guidance provided as to the outcomes expected. The only notes were to ‘cover topics relevant to work performance’.

lead to increased difficulties for those with hidden disability. As psychologists, we would advocate a period of longitudinal evaluation and analysis of data to determine evidence based protocols for recommending services and sharing of best practice in delivery. At the moment there is no way to differentiate between a good service and a bad service. Those receiving a bad service will simply assume ‘here’s another thing that does not work’, leading to a lack of faith in future interventions, and a loss of self-esteem and job sustainability for the employee. There may be recommendations to cancel services that seem less successful, without proper analysis of the conditions that differentiate success from failure.

## Threats to the current AtW provision

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- 1) Corporate customers using AtW with increasingly less frequency in favour of proactive, company owned adjustments team, to minimise risk from expensive recommendations that they feel obliged to follow. Many police forces and local councils have taken this approach, as well as large corporations such as Lloyds Bank.

Company run adjustment teams could be a benefit to the United Kingdom (UK) workforce, and indeed we encourage corporate responsibility as per their Equality Act duties. For the company, internal provision develops cost efficiencies through bulk purchase of equipment and services as well as benefitting from a proactive approach. It is only a threat to AtW where there is no oversight/guidance for the consumer and where individual employees have no recourse to a more individualised approach where needed.

A strong AtW can continue to provide support for individuals, and AtW can provide a role model of good practice; raising standards and setting benchmarks for quality for self-funded organisations to follow.

- 2) AtW ‘competing’ with in-work support provided by Work & Health programme participants.

There are funding restrictions in place currently that prevent those entering the workplace via other DWP funded programmes (e.g. Work Programme and Work

Choice) from receiving AtW support. This can limit access to necessary reasonable adjustments, as these can be too expensive to fall under the limited provision of ‘in-work support’ on offer as part of current Work Choice and the future Work and Health Programme. If employers do not choose to finance the programmes, the employee is vulnerable, struggling to perform in a role in which they may be very productive, with the right adjustments. In general, the employability specialists lack awareness of reasonable adjustments and how to access them. We propose that this be addressed in the upcoming Work and Health programme.

3) Lack of innovation, assessment contractors slow to respond to new ideas.

There is currently no official mechanism for introducing new ideas into the AtW Service offer. While assessors can recommend unusual items such as e-learning, employer involvement in coaching, workshop alternatives to 1:1 support and effective use of modern technology as opposed to specialist software, they struggle if there are not three suppliers to choose from. How do they find out about the new ideas or services? Only by networking and self-promotion can entrepreneurs and innovators find access to the assessors, and the products are not subject to testing before they ‘go live’.

**Case study 5:** Hampshire County Council has trialled a workshop approach to dealing with typical neurodiverse issues, such as memory, rather than 1:1 coaching. Not only is this cheaper than 1:1 coaching, it was also found to be more successful at improving memory ability than 1:1 coaching, and when compared to a control. However, this innovation is unlikely to be supported by AtW as workshop attendance is not recognised as an adjustment, only 1:1 support.

We believe that in the next round of contracting, there is a unique and necessary opportunity to improve efficiency and quality in AtW recommendations. Based on our experience in the field of adult neurodiversity, from assessment to adjustment to employment tribunal support, we recommend that policy makers, contract commissioners and prime contractors consider the following opportunities to improve the AtW service.

# Summary: Recommendations for the next AtW contracts

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## **Involve employers**

- Ensuring that the employer perspective is taken into consideration when recommending adjustments.
- Improve transition, take up and success.
- Upskill employers, improving confidence at managing disability in the workplace.

## **Develop a preferred supplier list for recommended services**

- Ensure that supplier companies are monitoring outcomes, such as sampling job sustainability & SLAs, and compare the success of different suppliers fairly.
- Due diligence on company governance and ethics.
- Resolves data sharing issues which improves transition for employees, saving time.

## **Create forums for innovation**

- Regular reviews of services and equipment, assessing impact.
- Develop an evidence base for recommendations, leading to innovation to improve results.
- Allow provision for new entry into the supply chain and ensure that this is done with access to all assessors, in a controlled manner.

## **Link employability support for people with disabilities to AtW**

- Capitalise on the experience of the AtW supplier market to inform and upskill in-work support provision, by allowing Health and Work programme providers access to the preferred supplier list.
- Resolve funding restrictions and obligations, to ensure that people with disabilities are supported from day 1 in a new role with disability adjustments.

## References

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- De Beers, J., Engels, J., Heerkens, Y., & Van der Klink, J. (2014). Factors influencing work participation of adults with developmental dyslexia: A systematic review. *BMC Public Health* 2014, 14:77.
- British Psychological Society (BPS) (2015). *Qualification in Occupational Psychology (Stage 2): Candidate Handbook*. Retrieved on 17 February 2016 from [www.bps.org.uk/system/files/Public%20files/Quals/qop\\_handbook\\_2012\\_updated\\_2015.pdf](http://www.bps.org.uk/system/files/Public%20files/Quals/qop_handbook_2012_updated_2015.pdf).
- Cleaver, S., Doyle N.E. & Owens, R. (2016). Adult Neuro-diversity: Evidence-based resilience-building. *Occupational Psychology Matters*, 29, 30–40
- Corbiere, M., Villotti, P., Lecomte, T., Bond, G.R., Lesage, A. & Goldner, E.M. (2014). Work accommodations and natural supports for maintaining employment. *Psychiatric Rehabilitation Journal*, 37(2), 90–98.
- Cook, J.A., Burke-Miller, J.K. & Grey, D. (2015). Reasons for job separations among people with psychiatric disabilities. *Mathematica Center for Studying Disability Policy: DRC Brief Number: 2015–04*
- Connolly, P. (2011). *Vocational rehabilitation – The business case for retaining newly disabled staff and those with a long-term health condition*. RNIB.
- Department of Work and Pensions (DWP). *Access to Work Provider Guidance V7*. Retrieved 2 February 2016, from [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/422853/pg-access-to-work-needs-assessment-v7.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422853/pg-access-to-work-needs-assessment-v7.pdf)
- Doyle, N.E. (2013). *Coaching adults with dyslexia to improve performance at work*. Presented to the Division of Occupational Psychology, Chester. 9 January 2013.
- Doyle, N.E. & McDowall, A. (2015). Is coaching an effective adjustment for adults with dyslexia? *Coaching: An International Journal of Theory and Practice*. 8(2) 154–168.
- Dyslexia Adult Network (2016). *Dyslexia Adult Network News*, Winter 2016. Retrieved 27 February 2016 from [www.dan-uk.co.uk/news](http://www.dan-uk.co.uk/news)
- Gifford, G. (2011). *Access to Work: Official Statistics*. DWP. Retrieved 7 July 2013, from <http://research.dwp.gov.uk/asd/workingage/atw/atw0711.pdf>
- Johnson, V.A., Greenwood, R. & Schriener, K. (1988). Work performance and work personality: Employer concerns about workers with disabilities. *Rehabilitation Counselling Bulletin*, 30, 50–57
- Melvill, D., Stevens, C. & Vaid, L. (2015). *Access to work cost benefit analysis*. London: Centre for Economic and Social Inclusion.
- Pearson, V., Ip, F., Hui, H., Yip, N., Ho, K.K. & Lo, E. (2003). To tell or not to tell; Disability disclosure and job application outcomes. *Journal of Rehabilitation*, 69(4), 35–38.

Stanley, N., Ridley, J., Manthorpe, J., Harris, J. & Hurst, A. (2007). *Disclosing disability: Disabled students and practitioners in social work, nursing and teaching. A research study to inform the Disability Rights Commission's formal investigation into fitness standards*. Preston: University of Central Lancashire. Retrieved 17 February 2016 from <http://disability-studies.leeds.ac.uk/files/library/Hurst-Alan-DisclosingDisabilityReport07.pdf>

Wilton, R.D. (2006). Disability disclosure in the workplace. *Just Labour*, 8, 24–39.

Printed and published by the British Psychological Society.

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