



Autism

An Advice Guide
for Usdaw Reps



What is Autism?

Autism affects how a person communicates with, and relates to, other people and the world around them.

Autism is a spectrum. This means that while autistic people may share certain characteristics, everyone is different.

Autism Is Not an Illness

It's something a person is born with. Signs of autism might be noticed when a person is very young, or not until much later in life.

If you are autistic, you are autistic your whole life: autistic children grow up to be autistic adults.

Autism is not a medical condition with treatments or a 'cure'. But some people need support to help them with certain things.

Being autistic does not have to stop a person living a fulfilled, independent life. Like everyone, autistic people have things they're good at as well as things they struggle with.



Nobody knows what causes autism, or if it has a cause. It can sometimes affect people in the same family, so there may be a genetic link. However it is known that autism is not caused by:

- Bad parenting.
- Vaccines, such as the MMR vaccine.
- Diet.
- An infection you can spread to other people.

Autism is much more common than many people think. There are around 700,000 autistic people in the UK – that's more than 1 in 100. If you include their families, autism touches the lives of 2.7 million people every day.

People from all nationalities and cultural, religious and social backgrounds can be autistic. Men are three times more likely to be diagnosed with autism, however for a long time autism has been under- or mis-diagnosed in women. More and more women and girls are discovering that they are autistic due to better understanding of the ways in which autism can present differently in women.

Valuing Neurodiversity

Neurodiversity is a term that is often used by autistic people and others to describe the diverse, unique and different ways people communicate, think, and interact with others and the world around them.

Being neurodivergent means having a brain that works differently from the average or “neurotypical” person. The term can also include people with dyslexia, dyspraxia, ADHD and other neurological functions.

This is not to suggest that autistic people or those with other diagnoses do not find life challenging, but that autistic people and others should be valued and included for who they are.

Asperger Syndrome

Asperger syndrome (or Asperger’s) is another name for autism. People with Asperger’s do not generally have a learning disability though they may have a specific learning difficulty.

It is now broadly agreed that what was referred to as Asperger syndrome is part of the autism spectrum and a separate term is not needed.

However, many people who received a diagnosis of Asperger syndrome continue to use this term to refer to themselves.



Supporting Autistic Members at Work

Autistic members, and those with other associated conditions such as dyspraxia, dyslexia and ADHD, may not always think of themselves as disabled. However, people with these conditions may be entitled to the protection of the Equality Act (or the Disability Discrimination Act in Northern Ireland). This can help them get the support they need at work because the Acts give members important legal rights.

Members may have poor attendance or performance and this may lead to them being disciplined under absence or performance management policies. They may also find that aspects of their job make their condition worse. Unfortunately managers don't always realise that autistic people may have rights at work.

This guide explains more about autism, dyspraxia and other conditions and how reps can use the Equality Act or the DDA in Northern Ireland to help support members.



Signs of Autism in Adults

Common signs of autism in adults include:

- Finding it hard to understand what others are thinking or feeling.
- Getting very anxious about social situations.
- Finding it hard to make friends or preferring to be on your own.
- Seeming blunt, rude or not interested in others without meaning to.
- Finding it hard to say how you feel.
- Taking things very literally – for example, you may not understand sarcasm or phrases like "break a leg".
- Having the same routine every day and getting very anxious if it changes.

You may also have other signs, like:

- Not understanding social "rules", such as not talking over people.
- Avoiding eye contact.
- Getting too close to other people, or getting very upset if someone touches or gets too close to you.
- Noticing small details, patterns, smells or sounds that others do not.
- Having a very keen interest in certain subjects or activities.
- Liking to plan things carefully before doing them.

Social Communication

Autistic people have difficulties with interpreting both verbal and non-verbal language like gestures or tone of voice. Some autistic people are unable to speak or have limited speech while other autistic people have very good language skills but struggle to understand sarcasm or tone of voice. Other challenges include:

- Taking things literally and not understanding abstract concepts.
- Needing extra time to process information or answer questions.
- Repeating what others say to them (this is called echolalia).

Social Interaction

Autistic people often have difficulty 'reading' other people – recognising or understanding others' feelings and intentions – and expressing their own emotions. This can make it very hard to navigate the social world. Autistic people may:

- Appear to be insensitive.
- Seek out time alone when overloaded by other people.
- Not seek comfort from other people.
- Appear to behave 'strangely' or in a way thought to be socially inappropriate.
- Find it hard to form friendships.

Autism in Women

Autism can sometimes be different in women. Autistic women may:

- Have learned to hide signs of autism to 'fit in' – by copying people who don't have autism.
- Be quieter and hide their feelings.
- Appear to cope better with social situations.
- Show fewer signs of repetitive behaviours.
- This means it can be harder to tell you're autistic if you're a woman. Many autistic women and girls have struggled to get a diagnosis, received a diagnosis late in life or been misdiagnosed with other conditions.



Repetitive and Restrictive Behaviour

With its unwritten rules, the world can seem a very unpredictable and confusing place to autistic people. This is why they often prefer to have routines so that they know what is going to happen. They may want to travel the same way to and from school or work, wear the same clothes or eat exactly the same food for breakfast.

Autistic people may also repeat movements such as hand flapping, rocking or the repetitive use of an object such as twirling a pen or opening and closing a door. Autistic people often engage in these behaviours to help calm themselves when they are stressed or anxious. This self-stimulatory behaviour is often known as 'stimming'. When feeling overwhelmed, stressed or panicked, focussing on one sense can reduce the overall sensory input and help people to feel less distressed. Autistic people may also do these actions for enjoyment.

Change to routine can also be very distressing for autistic people and make them very anxious. It could be having to adjust to big events like Christmas or changing schools, facing uncertainty at work, or something simpler like a bus detour that can trigger their anxiety.

Over- Or Under-Sensitivity to Light, Sound, Taste Or Touch

Autistic people may experience over- or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain. For example, they may find certain background sounds like music in a restaurant, which other people ignore or block out, unbearably loud or distracting. This can cause anxiety or even physical pain. Many autistic people prefer not to hug due to discomfort, which can be misinterpreted as being cold and aloof.

Many autistic people avoid everyday situations because of their sensitivity issues. Schools, workplaces and shopping centres can be particularly overwhelming and cause sensory overload. There are many simple adjustments that can be made to make environments more autism-friendly.

Highly Focused Interests Or Hobbies

Many autistic people have intense and highly focused interests, often from a fairly young age. These can change over time or be lifelong. Autistic people can become experts in their special interests and often like to share their knowledge. A stereotypical example is trains but that is one of many. Greta Thunberg's intense interest, for example, is protecting the environment.

Like all people, autistic people gain huge amounts of pleasure from pursuing their interests and see them as fundamental to their wellbeing and happiness.

Being highly focused helps many autistic people do well academically and in the workplace but they can also become so engrossed in particular topics or activities that they neglect other aspects of their lives.

Extreme Anxiety

Anxiety is a real difficulty for many autistic adults, particularly in social situations or when facing change. It can affect a person psychologically and physically and impact quality of life for autistic people and their families.

It is very important that autistic people learn to recognise their triggers and find coping mechanisms to help reduce their anxiety. However, many autistic people have difficulty recognising and regulating their emotions. Over one third of autistic people have serious mental health issues and too many autistic people are being failed by mental health services.



Meltdowns and Shutdowns

When everything becomes too much for an autistic person, they can go into meltdown or shutdown. These are very intense and exhausting experiences.

A meltdown happens when someone becomes completely overwhelmed by their current situation and temporarily loses behavioural control. This loss of control can be verbal (eg shouting, screaming, crying) or physical (eg kicking, lashing out, biting) or both. Meltdowns in children are often mistaken for temper tantrums and parents and their autistic children often experience hurtful comments and judgmental stares from less understanding members of the public.

A shutdown appears less intense to the outside world but can be equally debilitating. Shutdowns are also a response to being overwhelmed, but may appear more passive – eg an autistic person going quiet or 'switching off'. One autistic woman described having a shutdown as: 'just as frustrating as a meltdown, because of not being able to figure out how to react how I want to, or not being able to react at all; there isn't any 'figuring out' because the mind feels like it is past a state of being able to interpret.'

Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder (OCD) can affect anyone, but research suggests it may be more common in autistic people. Everyone has worries and even irrational fears, but if a person has OCD these thoughts become obsessions that are distressing and lead to compulsions that significantly interfere with your life.

- Obsessions are persistent, irrational and intrusive fears, thoughts or images that can make you feel very anxious and distressed.
- Compulsions are repetitive activities that you feel you have to do to relieve fears or anxieties about the obsessions.

Obsessions and compulsions in OCD are distressing and unwanted, unlike the repetitive behaviours described previously, such as stimming and intense interests, which are often positive, soothing and purposeful. For autistic people the world can often feel like a very overwhelming place. It is thought that part of the reason they are more likely to experience OCD is because OCD compulsions can allow an autistic person to feel more in control in an overwhelming and highly stimulating world.

Learning Disabilities

One third of autistic people also have a learning disability, which can affect all aspects of someone's life, from studying in school, to learning how to wash themselves or make a meal. As with autism, people can have different 'degrees' of learning disability, so some will be able to live fairly independently - although they may need a degree of support to achieve this - while others may require daily, specialist support. However, all autistic people can, and do, learn and develop with the right sort of support.



Other Neurodiverse Conditions

There are a number of other neurodiverse conditions that are often associated with autism. These can include ADHD, dyslexia and dyspraxia. These conditions can appear on their own or alongside autism and other conditions.

ADHD

Attention Deficit Hyperactivity Disorder (or ADHD) affects the way a person behaves and interacts with other people and their environment. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.

Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school.

Most cases are diagnosed when children are under 12 years old, but sometimes it's diagnosed later in childhood. Sometimes ADHD was not recognised when someone was a child, and they are diagnosed later as an adult.

There are around 5% of children and 3-4% of adults with ADHD in the UK - that's over 2.6 million people.

Adults with ADHD may find they have problems in their daily life and at work with:

- Organisation and time management.
- Following instructions.
- Focusing and completing tasks.
- Coping with stress.
- Feeling restless or impatient.
- Impulsiveness and risk taking.

Some adults may also have issues with relationships or social interaction.



Dyslexia

Dyslexia causes people to have problems with reading, writing and spelling. It is very common and it is estimated around 1 in every 10 people in the UK has some degree of dyslexia.

It's a specific learning difficulty, which means it causes problems with certain abilities used for learning, such as reading and writing. Some people with dyslexia also have difficulty with numbers (dyscalculia).

Dyslexia is a lifelong problem that can present challenges on a daily basis, but support is available to improve reading and writing skills and help those with the problem be successful at school and work.

Signs of dyslexia usually become apparent when a child starts school and begins to focus more on learning how to read and write.



A person with dyslexia may:

- Read and write very slowly.
- Confuse the order of letters in words.
- Be confused by letters that look similar and write letters the wrong way round (such as "b" and "d").
- Have poor or inconsistent spelling.
- Understand information when told verbally, but have difficulty with information that's written down.
- Find it hard to carry out a sequence of directions.
- Struggle with planning and organisation.
- Struggle to meet deadlines.
- Try to avoid reading and writing whenever possible.
- Have difficulty taking notes.
- Struggle to remember things such as a pin or telephone number.

People with dyslexia often have good skills in other areas, such as creative thinking and problem solving.

Employers need to make reasonable adjustments to the workplace to help people with dyslexia, such as allowing extra time for certain tasks.

Dyspraxia

Dyspraxia is a developmental co-ordination disorder. It affects muscle co-ordination and perception. Perception includes vision and hearing, or the awareness of where your limbs are in space. It may also affect speech and can affect memory, planning, organising and concentration. There may be developmental delays in some areas but heightened sensitivities or abilities in others. It affects both adults and children and is a lifelong condition.

Dyspraxia is thought to affect up to ten per cent of the population, with men four times more likely to be affected than women. Dyspraxia sometimes runs in families.

What Causes Dyspraxia?

Although the exact causes of dyspraxia are unknown, it is thought to be caused by a disruption in the way messages from the brain are transmitted to the body. This affects a person's ability to perform movements in a smooth, co-ordinated way.



Common Symptoms of Dyspraxia in Adults

People who have dyspraxia often find the routine tasks of daily life such as driving, household chores and cooking difficult. People with dyspraxia usually have a combination of problems, including:

Gross Motor Co-ordination Skills (Large Movements):

- Poor balance. Difficulty in riding a bicycle, going up and down hills.
- Poor posture and fatigue. Difficulty in standing for a long time as a result of weak muscle tone. Floppy, unstable round the joints. Some people with dyspraxia may have flat feet.
- Poor integration of the two sides of the body. Difficulty with some sports involving jumping and cycling.
- Poor hand-eye co-ordination. Difficulty with team sports, especially those which involve catching a ball and batting. Difficulties with driving a car.
- Lack of rhythm when dancing, doing aerobics.
- Clumsy gait and movement. Difficulty changing direction, stopping and starting actions.
- Exaggerated 'accessory movements' such as flapping arms when running.
- Tendency to fall, trip, bump into things and people.

Fine Motor Co-ordination Skills (Small Movements):

- Lack of manual dexterity. Poor at two-handed tasks, causing problems with using cutlery, cleaning, cooking, ironing, craft work, playing musical instruments.
- Poor manipulative skills. Difficulty with typing, handwriting and drawing.
- May have a poor pen grip, press too hard when writing and have difficulty when writing along a line.
- Inadequate grasp. Difficulty using tools and domestic implements, locks and keys.
- Difficulty with dressing and grooming activities, such as putting on make-up, shaving, doing hair, fastening clothes and tying shoelaces.

Speech and Language:

- May talk continuously and repeat themselves. Some people with dyspraxia have difficulty organising the content and sequence of their language.
- May have unclear speech and be unable to pronounce some words.
- Speech may have uncontrolled pitch, volume and rate.

Eye Movements:

- Tracking. Difficulty in following a moving object smoothly with eyes without moving head excessively. Tendency to lose the place while reading.
- Poor relocating. Cannot look quickly and effectively from one object to another (for example, looking from a TV to a magazine).





Perception (Interpretation of the Different Senses):

- Poor visual perception.
- Over-sensitive to light.
- Difficulty in distinguishing sounds from background noise. Tendency to be over-sensitive to noise.
- Over or under-sensitive to touch. Can result in dislike of being touched and/or aversion to over-loose or tight clothing - tactile defensiveness.
- Over or under-sensitive to smell, taste, temperature and pain.
- Lack of awareness of body position in space and spatial relationships. Can result in bumping into and tripping over things and people, dropping and spilling things.
- Little sense of time, speed, distance or weight. Leading to difficulties driving, cooking.
- Inadequate sense of direction. Difficulty distinguishing right from left means map reading skills are poor.

Learning, Thought and Memory:

- Difficulty in planning and organising thought.
- Poor memory, especially short-term memory. May forget and lose things.
- Unfocused and erratic. Can be messy and cluttered.
- Poor sequencing causes problems with maths, reading and spelling and writing reports at work.
- Accuracy problems. Difficulty with copying sounds, writing, movements, proof reading.
- Difficulty in following instructions, especially more than one at a time.
- Difficulty with concentration. May be easily distracted.
- May do only one thing at a time properly, though may try to do many things at once.
- Slow to finish a task. May daydream and wander about aimlessly.



Emotion and Behaviour:

- Difficulty in listening to people, especially in large groups. Can be tactless, interrupt frequently. Problems with team work.
- Difficulty in picking up non-verbal signals or in judging tone or pitch of voice in themselves and/or others. Tendency to take things literally. May listen but not understand.
- Slow to adapt to new or unpredictable situations. Sometimes avoids them altogether.
- Impulsive. Tendency to be easily frustrated, wanting immediate gratification.
- Tendency to be erratic, have 'good and bad days'.
- Tendency to opt out of things that are too difficult.

Emotions as a Result of Difficulties Experienced:

- Tend to get stressed, depressed and anxious easily.
- May have difficulty sleeping.
- Prone to low self-esteem, emotional outbursts, phobias, fears, obsessions, compulsions and addictive behaviour.

Many of these characteristics are not unique to people with dyspraxia and not even the most severe case will have all the above characteristics. But adults with dyspraxia will tend to have more than their fair share of co-ordination and perceptual difficulties.

There is a lot of overlap between the signs and symptoms of dyspraxia and dyslexia: research suggests that 52% of children with dyslexia also have dyspraxia.



Supporting Neurodiverse Members at Work

Autistic members and members with ADHD, dyslexia and dyspraxia may not always think of themselves as disabled. However they may have rights under the law that can help them stay in work.

The Equality Act (or the Disability Discrimination Act in Northern Ireland) gives disabled people a number of important rights and protections. Many neurodiverse members will be covered by the Equality Act, though not all. Very few conditions are automatically covered under the Act and autism, ADHD, dyspraxia and dyslexia are not automatically covered.

Instead, you have to show that a member meets the definition of a disabled person as set out in the Act. If you can show that the member meets this definition, you will have a much stronger case in arguing that the employer should support the member.



When deciding if a member is covered by the Equality Act (DDA in Northern Ireland) look at the following:

1. Does the member have a physical or a mental impairment?

It is widely acknowledged that autism is a 'mental impairment'. Autistic people may also have physical impairment. In the case of dyspraxia, for example, a visual impairment or poor muscle tone causes fatigue. An autistic person may not look disabled and managers might therefore not be aware that someone has the condition. It is rarely obvious by looking at someone that they are disabled. Most disability is hidden including autism. Nonetheless they can be covered by the Equality Act or the DDA.

2. Is it more than a trivial condition?

Some members may not find that their autism has any real impact on their lives whilst others will find it has a significant impact. In order to satisfy the legal definition of disability you have to show that the member's autism has an impact which is more than minor or trivial.

3. Has the condition lasted or will it last for more than a year?

This is an easy one to answer in the case of autism. Autism is a lifelong condition, so the answer to this question is yes.

4. What would happen if the member stopped taking their medication?

Not every autistic person will be taking medication. If somebody is, then when deciding whether or not someone meets the definition of disability they must be assessed as if they were not taking their medication or having treatment. In other words the positive (and negative) effects of medication and treatment are to be disregarded when assessing whether or not someone's autism has a substantial impact on their ability to carry out day-to-day activities.

5. Does the condition affect the member's everyday life?

If you can show that autism has a substantial effect on how the member carries out normal day-to-day activities like cooking, cleaning, standing, sitting, dressing, bathing, travelling, getting around out of doors, driving, walking, talking to others, socialising, concentrating, remembering etc, then they should be covered. Go through the list of common symptoms in this factsheet with the member and mark off which they experience. Then go through a typical day with them and ask them how their symptoms affect their day-to-day activities.

For example, someone with dyspraxia may find it difficult to cook, clean, tie shoelaces, put on make up, do their hair, fasten buttons, lift heavy items or pour from a kettle. They may struggle to stand for long periods and become easily tired. They might forget things easily and find it difficult to concentrate. They may find it difficult to communicate with others and become easily anxious or stressed. It does not matter if these things don't happen every day. As long as these are difficulties that are usual and are likely to reoccur then they count.

6. Have I more than one condition?

Where a person has more than one condition, for example dyspraxia and dyslexia or autism and anxiety, then when deciding the impact those conditions have on the member's life the effects of each condition should be added together. For example, if a member has only mild anxiety and is on the very lower end of the autistic spectrum, then when taken separately those conditions may only have a minor effect of their ability to carry out day-to-day activities.

They would then fail to meet the definition of disability. However, this would be the wrong approach. The guidance to the definition is very clear that conditions should be added together and not looked at separately.



Reasonable Adjustments

If you can show that the member meets these criteria then they would be entitled to the protection of the Equality Act or the DDA in Northern Ireland.

The employer then falls under a duty to make what are called reasonable adjustments to take account of the member's autism and ensure that they are not disadvantaged by it at work. This means that they should look at the workplace environment, the member's job duties and working arrangements including hours and their own company's policies and procedures to see whether or not they can be reasonably adjusted to enable the member to stay in work or get back to work.

Always talk through what adjustments a member might need with them. They will be the best judge, but examples of reasonable adjustments might include:

- Someone with dyspraxia may find following several instructions given at the same time difficult. They may find it difficult to understand verbal explanations. A reasonable adjustment might be to give instructions one at a time and to demonstrate (ie show them) what is being asked of them rather than simply telling them. It might be a reasonable adjustment to give members with dyspraxia more time to perform a task than a non-disabled member and adjust

performance targets and policies accordingly. Members with dyspraxia might also find it more tiring to stand for long periods. Providing a chair behind the checkout may also be an example of a reasonable adjustment.

- Members with dyspraxia may struggle with handwriting. A reasonable adjustment might be to allow them to use a keyboard instead.
- An autistic member may perform better when they have a structured working day and a clear routine. Autistic members may find changes to working hours or working days difficult, if not impossible, to cope with. An example of a reasonable adjustment might be to give an autistic member set hours of work and/or set days of work that are not subject to change.
- If change is unavoidable it would be reasonable for employers to plan any change well in advance, with regular reminders of when it will happen and exactly what it will mean.

People with autism may, on occasion, behave in ways that others regard as 'strange' or in a way thought to be socially inappropriate (eg pacing or talking to themselves) yet do their job satisfactorily. Some of this behaviour may be unintentionally directed towards fellow colleagues.



Adjustments might include:

- Providing awareness training to fellow workers (ensure the member's consent is obtained first) to improve understanding.
- If the behaviour needs to be challenged, an instruction may need to be repeated on several occasions if the action is repeated, as it may take more time for the member to learn that the behaviour is inappropriate. Adjusting the investigatory and disciplinary procedure to take account of this may be a reasonable adjustment.

Remember the Equality Act (and DDA) make it clear that in order to ensure disabled members are not put at a disadvantage and to ensure they are given the same opportunities as non-disabled colleagues it is lawful (and may be necessary in order to comply with the duty to make reasonable adjustments) to treat them more favourably than non-disabled workers.



Supporting Parents of Autistic Children At Work

There are times when every parent needs time off work to be with their child, but parents of autistic children may need additional support from their employer to juggle caring with paid work.

Sometimes parents know in advance that they need time off but at other times they might need to leave work in an emergency.

Parents have rights at work that can help in these circumstances. These are explained below.

Time Off in an Emergency Or At Short Notice

All workers have the right to take time off for dependents from day one of their job. You can take a reasonable amount of unpaid time off work to deal with an unexpected situation or emergency involving someone who depends on you.

What is considered reasonable isn't defined in the law and will vary depending on the circumstances however you are entitled to take enough time to enable you to make 'alternative care arrangements'.

For more information about the right to time off for dependants, see Usdaw leaflet 349, *Time Off for Family Emergencies – An advice leaflet for Usdaw Members*.

The Right to Request Flexible Working

Anyone who has worked in the same job for 26 weeks or more can ask for a change in their working arrangements. You can ask your employer for different hours of work or you can ask to change the days you work.

If your employer is looking to change your hours and you cannot accommodate the change, any restrictions placed upon you because of your caring responsibilities must be taken into account and seriously considered by your employer.

For more information about the right to request flexible working see Usdaw leaflet 346, *Flexible Working – Your right to have a say in the hours you work*.

Parental Leave

Parents of disabled children who have worked for their employer for one year can take up to 18 weeks unpaid leave before their child's 18th birthday.

In order to take parental leave you must usually (unless you have a workplace agreement that says otherwise; see below) give your employer 21 days notice, in writing of the date you want to start your leave and how much leave you want to take. Usually it must be taken in blocks of a week or more, rather than odd days, and you can normally take a maximum of four weeks per child in any one year.

Your employer can postpone your parental leave once, for up to six months, if the 'functioning of the business would be unduly disrupted by your absence on leave'. However, your employer cannot postpone your leave request in the following circumstances:

- If you are the father/partner of the mother and want to take time off for your baby's birth.
- If you are adopting a child and want to take parental leave at the time of the placement.

Contractual Rights to Time Off Or Workplace Agreements

Despite what the law says, getting time off work can be difficult because there isn't always a clear cut right to leave and many parents can't afford to take unpaid time off.

That's why wherever possible, Usdaw has negotiated agreements that give parents extra rights over and above the statutory minimums listed above. These 'contractual' rights vary and companies have their own policies and procedures. Many companies have policies to support staff who need time off to care for disabled children.

To find out more, check your staff handbook or speak to your local Usdaw rep or Area Organiser.

Useful Organisations

National Autistic Society (NAS)

393 City Road
London
EC1V 1NG

web: www.autism.org.uk
email: nas@nas.org.uk

Asperger Syndrome Foundation

c/o Littlestone Golding
Eden House
Reynolds Road
Beaconsfield
HP9 2FL

They are a small charity so request that all enquiries are made via email or post.

web: www.aspergerfoundation.org.uk
email: info@aspergerfoundation.org.uk

ADHD UK

web: www.adhduk.co.uk

Support and resources for people with ADHD including helpful ideas for reasonable adjustments and workplace support.

British Dyslexia Association

web: www.bdadyslexia.org.uk
Switchboard: **0333 405 4555**

Dyspraxia Foundation

8 West Alley
Hitchin
Hertfordshire
SG5 1EG

Helpline: **01462 454986**

web: www.dyspraxiafoundation.org.uk
email: info@dyspraxiafoundation.org.uk



The Social vs the Medical Model of Disability

For some time now disabled people have emphasised that it is not so much their disability that prevents them from fully participating in society, but instead it is the way in which society fails to make adjustments for their disability that excludes them.

This emphasis on changing the barriers put up by society, rather than seeing the disabled person as the 'problem', is known as the 'social model of disability'. In other words, disabled people are people with impairments/health conditions who are disabled by discrimination, exclusion, prejudice and negative attitudes towards disability. Their impairment is not the problem.

The 'medical model' attributes the problems resulting from a disability to medical conditions alone. It concentrates on a person's impairment. Rather than focusing on the barriers society throws up that prevents disabled people from participating equally, the 'medical model' focuses on what disabled people should do to adapt to fit into the world as it is. If they are unable to adapt, the medical model accepts their exclusion.

For example, while a mobility difficulty can have an adverse effect on a person's ability to walk, the fact that the transport system is inaccessible to them has a far greater effect on their ability to get around.

The law is unfortunately rooted in the medical model. It has been rightly criticised for focusing on an individual's impairments and their ability to carry out normal day-to-day activities, rather than on getting rid of the barriers society puts in the way of disabled people.

This leaflet is designed to help understand how the law can support disabled members in the workplace and therefore tends to focus on the medical model.



More Information

Usdaw Nationwide

Wherever you work, an Usdaw rep or official (Area Organiser) is not far away. For further information or assistance, contact your Usdaw rep or local Usdaw office. Alternatively you can phone our Freephone Helpline **0800 030 80 30** to connect you to your regional office or visit our website: www.usdaw.org.uk

You can also write to the Union's Head Office. Just write **FREEPOST USDAW** on the envelope and put it in the post.

Join Usdaw

You can join online at:
www.usdaw.org.uk/join



Scan to
join today

What Happens Next

Once we process your application, you will receive a membership card with our Helpline telephone number and a New Member's Pack giving details of all the benefits and professional services available to you.

