What is a ‘Tailored Adjustments Plan’?

This ‘Tailored Adjustments Plan’ is a living record of adjustments\actions agreed between an employee and their line manager.

The purpose of this Plan is to:

* Ensure that the employee and line manager have a record of what has been agreed;
* Minimise the need to re-negotiate adjustments each time the employee changes jobs, is re-deployed, or assigned a new manager within the Council;
* Provide employees and their line managers with a structure for discussions about workplace adjustments.
* Support staff to maintain good mental health at work
* Identify individual’s specific symptoms, triggers and support needs, given the person control over their treatment
* Provide a person-centred approach

This plan can be reviewed and amended as necessary with the agreement of both the employee and line manager:

* At any regular one-to-one meeting;
* At a return to work meeting following a period of sickness absence;
* At annual performance review meetings (ADR);
* Before a change of job or duties or introduction of new technology or ways of working;
* Before or after any change in circumstances for either the council or the employee.

Mental Health Questionnaire

* This questionnaire reminds employees what they need to do to stay well at work and details what their line managers can do to better support them;
* Helps develop an awareness of the employees own working style, stress triggers, and responses, and enables them to communicate these to their line manager.
* The information in this form will be held confidentially and regularly reviewed by the employee and their line manager together.

Notes for managers

This is a live document and should be reviewed regularly by both the employee and manager and amended as appropriate. Managers who need help in deciding whether an adjustment is ‘reasonable’ should contact HR in the first instance.

The agreement allows the line manager to:

* Understand how a particular employee’s disability or condition affects them at work;
* Explain the needs of the business;
* Explain the Council’s attendance policy and reasonable adjustments;
* Recognise signs that an employee might be unwell and know what the employee wants you to do in these circumstances including who to contact for help;
* Know how and when to stay in touch if the employee is off sick;
* Consider whether or not the employee needs to be referred for an assessment by an occupational health or another adviser to help both parties understand what adjustments could be effective;
* Review the effectiveness of the adjustments already agreed;
* Explain any change in the Council’s circumstances.
* This form is not a legal document but it can help you to agree with employee how to practically support them in their role and address any health needs;
* It is the responsibility of the line manager to ensure that data gathered in this form will be kept confidential and will not be shared with anyone without the permission of the employee. Only in extreme circumstances would this confidentiality be broken such as risk of harm, crisis etc.

Notes for employees

The ‘Tailored Adjustments Plan’ allows employees to:

* Explain the impact of a disability or condition at work;
* Suggest adjustments that will make it easier for the employee to do their job;
* Offer further information from the employee’s doctor, specialist, or other expert (where applicable);
* Discuss an assessment by occupational health, Access to Work, or another expert;
* Review the effectiveness of the adjustments agreed;
* Explain any change in the employee’s circumstances;
* Be reassured that the manager knows what to do if the employee becomes unwell at work and who to contact if necessary;
* Know how and when the manager will keep in touch if the employee is absent from work because of illness or a disability-related reason.
* You only need to provide information that you are comfortable sharing and that relates to your role and workplace;

# Tailored Adjustments Plan

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| --- | --- | --- | --- |
| Employee Name: |  | Work Location: |  |
| Line Manager: |  | Date of last review: |  |

Employee: A disability or condition at work

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| --- | --- | --- |
| **The disability or condition has the following impact at work:** | | |
|  | | |
| **I need the following agreed reasonable adjustments (refer to Access to Work agreement if relevant):** | **Date discussed with line manager:** | **Date implemented (if agreed):** |
|  |  |  |

Impact Questionnaire

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| **When the employee is feeling well (i.e. on a ‘good’ day), their disability or condition has the following impact on them at work:** |
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| **When the employee is feeling unwell (i.e. a ‘not so good’ or ‘bad’ day), the employee experiences the following symptoms which may indicate they are not well enough to be at work:** |
|  |

Mental Health questionnaire

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| --- |
| 1. What helps you stay mentally healthy at work?(For example taking an adequate lunch break away from your desk, getting some exercise before or after work or in your lunchbreak, light and space in the office, opportunities to get to know colleagues) |
|  |
| 2. What can your manager do to proactively support you to stay mentally healthy at work? (For example regular feedback and catch-ups, flexible working patterns, explaining wider organisational developments) |
|  |
| 3. Are there any situations at work that can trigger poor mental health for you? (For example conflict at work, organisational change, tight deadlines, something not going to plan) |
|  |
| 4. How might experiencing poor mental health impact on your work?(For example you may find it difficult to make decisions, struggle to prioritise work tasks, difficulty with concentration, drowsiness, confusion, headaches) |
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| 5. Are there any early warning signs that we might notice when you are starting to experience poor mental health? (For example changes in normal working patterns, withdrawing from colleagues) |
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| 6. What support could be put in place to minimise triggers or help you to manage the impact? (For example extra catch-up time with your manager, guidance on prioritising workload,  flexible working patterns, consider reasonable adjustments) |
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| 7. Are there elements of your individual working style or temperament that it is worth your manager being aware of? (For example a preference for more face to face or more email contact, a need for quiet reflection time prior to meetings or creative tasks, negotiation on deadlines before they are set etc) |
|  |
| 8. If we notice early warning signs that you are experiencing poor mental health – what should we do?  (For example talk to me discreetly about it, contact someone that I have asked to be contacted) |
|  |
| 9. What steps can you take if you start to experience poor mental health at work? Is there anything we need to do to facilitate them? (For example you might like to take a break from your desk and go for a short walk, or ask your line manager for support) |
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| 10. Is there anything else that you would like to share? |
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**Contact details in case of an emergency**

If the employee is not well enough to be at work, they are happy for the line manager to contact any of the following in the order of preference indicated below:

|  |  |
| --- | --- |
| **First contact**  **Name:**  **Relationship to employee:** | **Second contact**  **Name:**  **Relationship to employee:** |
| Address:  Telephone:  Email address: | Address:  Telephone:  Email address: |

The employee should inform the line manager if there are changes to their condition that have an effect on their work and/or if the agreed adjustments are not working. They should then meet privately to discuss any further reasonable adjustments or changes that should be made.

If the line manager notices a change in the employee’s performance at work or feels these adjustments are not working, the employee and the line manager should meet to discuss alternatives.

Line manager: How to support your employee

**Keeping in touch**

If the employee is absent from work on sick leave or for a reason relating to their disability of condition for more than 5 working days and have followed the usual procedures for notifying the organisation of their absence, the line manager will keep in touch in the following way:

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| --- | --- |
| **Who will contact whom?** |  |
| **How will contact be made?** | (for example, email, telephone, text, letter) |
| **How often?** | (for example, daily, weekly, monthly) |
| **When?** | (for example, preferred day and time) |

**Conversations while the employee is on sick leave**

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| **These are the topics the employee and line manager have agreed to discuss when keeping in touch:**  **Examples include:**   * **How the employee is feeling;** * **What the line manager can do to help;** * **Current work;** * **Planned phased return to work;** * **Return to work date.** |

**Return to work**

When the employee is ready to return to work after a period of sickness or disability related absence of more than 20 working days, the employee and line manager will meet to review this Plan and make any necessary amendments.

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| **At this return to work meeting, the following will be discussed:** |
| For example:   * Current work issues; * A phased return/back to work plan (if applicable); * What to tell the team; * Assessments to review existing reasonable adjustments (this may include Access to Work, GP, or occupational health, for example) and identify new adjustments that might be needed; * Sickness Absence Policy if applicable |

**Unauthorised absences from work**

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| **If the employee is absent from work and has not followed usual procedures for notifying us that they are sick or absent for a reason relating to their disability or condition, the line manager and employee have agreed the line manager will do the following:** |
| For example;   * Try to contact the employee at home * Try to contact the employee on their mobile; and/or * Notify the emergency contact (details above). |

# Sharing this Tailored Adjustments Plan

An up-to-date copy of this form will be retained by employee/line manager/HR.

A copy of this form may also be given to a new or prospective line manager with the prior consent of the employee.

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| --- | --- | --- | --- |
| Employee Signature: |  | Date signed: |  |
| Line Manager Signature: |  | Date signed: |  |