

# Disability Reasonable Accommodation

Request Procedure





An Ghníomhaireacht ur Leanaí agus an Teaghlac Child and Family Agency

**SOP Number:** 2023/1010 - 2024/01

**SOP Title:** Disability Reasonable Accommodation Request Procedure

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# 1. Introduction

Tusla recognises the organisational benefits of having a diverse community of employees. In fact, the Agency is working towards building and maintaining an inclusive environment which promotes equality, values diversity and respects the rights and dignity of all. We encourage staff to disclose their disability status so we can adequately provide them with the tools they need to reach their full potential within their career at Tusla. This document outlines the recommended procedures for line managers to follow when a request is made under the 2005 Disability Act seeking "reasonable accommodations".

## 2. Scope

This procedure applies to all existing Tusla employees as well as candidates who have received a formal offer of a post in the Agency.

# 3. Definitions

Reasonable accommodation refers to modifications which would allow an employee with a disability to either continue or to take up a position to enjoy equal employment opportunities.

The Employment Equality Acts oblige employers to make reasonable accommodation for people with disabilities. An employer must take 'appropriate measures' to meet the needs of disabled people in the workforce. This means they must make arrangements that will enable a person who has a disability to:

- have equal opportunities when applying for work
- be treated the same as co-workers
- have equal opportunities for promotion
- undertake training. (IREC, 2023)

Disability as per the Disability Act 2005 is defined as 'a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.'



# 4. Specific Procedure Points To Note

Initial contact from employee to line manager requesting Reasonable Accommodations under Disability Act 2005. Line manager submits request to HWEAP - includes Educational Psychologist report and Occupational Health Report- GP note will not suffice. When all the paperwork is in order and line manager has budget approval that request can be facilitated. HWEAP will provide guidance where required.

Grounds for refusal are agreed with the budget holder by HWEAP if reports are not provided, two opportunities will be given.

Each Area must have their own budget for reasonable reccommodations. If there is no adequate reports for the staff member then supports cannot

ICT supports are built into the system, explanations on how this works can be given by ICT.

## **Appendix 1**

# Governance and process on requesting ICT support for Staff

Tusla endeavours to support all staff in their working life. Requests outside the process below will be returned to the applicant. With our colleagues in Tusla's ICT Department, in particular in relation to applications for extra equipment, all staff must follow the Reasonable Accommodation document and the associated assessment process in Health, Wellbeing and EAP Occupational Health.

It is the role of Occupational Health to provide information to support managers and staff in these applications. These must be reviewed as part of Tusla's ergonomic assessment. The Health & Wellbeing Department will provide guidance in this area. Staff must support their applications with a consultant's letter and/or an educational psychology report; a GP letter will not suffice.

The Health & Wellbeing Department will further assess with the employee and line manager if adaptations are required. A medical report from Occupational Health may be required in this instance as it would go into far more depth than a doctor's note.

#### **Disability Consultation**

A disability consultation is available to staff who believe that their disability requires support and is impacting on their work. A consultation with the Health & Wellbeing Department is provided for staff who are requesting adaptation and equipment, including ICT equipment, that is outside of the core equipment. The HWEAP service does not carry out tests or assessments or other diagnostic procedures but can provide a consultation, including suitable advice on external assessment. Risk assessment is completed by the employee and Tusla, not by a GP. All staff must follow protocol and use the ergonomic assessment provided by Tusla.

## **Governance Process**

#### Step 1

All working environments - Ergonomic assessment must be completed by staff members.

#### Step 2

Staff availing of blended working must complete the following;

- Blended Working Agreement
- RA 35 Remote Working Checklist
- DSE Risk Assessment for the Office
- DSE Risk Assessment for Remote Working

#### Step 3

The ICT equipment request - contact ict@tusla. ie no equipment or software outside of the core equipment will be provided by ICT without the steps outlined above.

#### Step 4

Any staff with requests as part of reasonable accommodations must complete a review (marked 'Reasonable Accommodations Request') with the Health & Wellbeing Department (eap@tusla.ie). The ICT equipment core list for staff is laptop, monitor, keyboard and mouse. There is no availability for equipment outside of a laptop, iPad etc are not provided.



# 5. Forms/Templates To Be Used

## **Sample Reasonable Accommodation Passport**

Name of employee:

Name of manager:

Passport history:

(This table gives details of the history of the passport - the dates previous meetings were held and who the manager was at the time.)

Date of Review	Managers Name

## **Document Completion Information**

In completing this Passport, the employee consents to the information being held by their manager/ designated person and if appropriate their HR Manager.

If the employee has a change of manager, the manager/ designated person leaving will seek the employee's consent prior to the Passport being transferred in strictest confidence to the new manager/designated person.

#### **Details:**

Date of meeting to complete the Passport	
Employee name	
Managers name	
Other attendees and their role	
Purpose of meeting	
Current role of individual	

# Overview of Employee's Disability or Circumstances, Workplace Barriers and History

(This will allow the employee and manager to gain a better understanding of the individual's condition or illness and how it affects the individual.)

Suggested questions to start the discussion:

Question	Answer	Action Points, Date, Owner
What is the general nature of your disability or condition?		
What workplace barriers exist or might exist for you?		
Are or will these barriers be a constant or likely to change?		
If relevant: what ongoing treatment or support are you receiving outside of work?		
What adjustments/ accommodations do you believe would enable you to do your job most effectively?		
Are these adjustments/ accommodations required on a temporary basis (up to 6 months) or more permanently?		
Is there a work colleague you trust to confide in if you need additional support? If so, please give their name/ contact details.		



## **Agreed Accommodations**

Provide a list all currently agreed accommodations.

Accommodation	Date of Adjustment	Date of Review	Change of Accommodation Required (If appropriate)

## **Emergency Information**

Please provide any additional information that may be useful in case of an emergency related to your situation if appropriate. These should be checked and updated at review meetings as appropriate.

	Name
Who are the people you would like to be contacted in the event that you become	Name:
unwell at work?	Relationship:
	Contact Details:
Are there any external sources of support that you would be happy for	Name:
your line manager to contact on your behalf if you become unwell? E.g., GP;	Role:
Psychotherapist; Specialist etc.	Contact Details:
How would you prefer to communicate with your manager if you are unable to come to work?	Text:
	Emails:
	Phonecall:
	Phone call by designated person:
Employee	Manager
Signature	Signature



# **6. Change History**

SOP Number	Effective Date	Significant Changes	Previous SOP no.

## **HWEAP**

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## H&S

e: healthandsafety@tusla.ie

