MOD / DBS

Reasonable Adjustments in the Workplace

Session Workbook

A practical session for HR caseworkers across MOD and DBS

Matt Gupwell
ThinkNeurodiversity / Divergence Works CIC
thinkneurodiversity.co.uk

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Name:

Team / Division:

How to use this workbook

This workbook follows the session in order. Write in it as you go — there are no right answers. The lines are for your thinking, not for copying slides.

Contents

How to Use This Workbook

This workbook is yours to write in. It follows the session in order — each section maps to what Matt is covering on screen. You do not need to copy information from the slides.

1. There are no right answers. Some pages ask what you currently think. Others ask you to apply the frameworks to situations you know.

2. Keep what you write. The toolkit page at the back is designed to be useful after today — something you can refer to when a real case comes up.

3. No names needed. When pages ask about real colleagues or cases, write enough to be useful to yourself. You do not need to identify anyone.

What this session covers

Before We Start	Assumptions and nine reflection prompts
1 Scene Setting	Legal foundations
2 The Full Picture	All conditions together
3 Case Law	What goes wrong — and the late-stage test
4 EEES™	Spotting strain early
5 WMW™	Better conversations
6 Your Scenarios	Real application
Toolkit	Take-home summary

Carry this workbook with you and bring it to any follow-up sessions. Session content and your personal notes together form your practical toolkit.

Before We Start — Nine Moments of Reflection

Nine short prompts about your own experience, before the quiz.

Work through these privately before Matt covers them. There are no right or wrong responses. This is about noticing where your own experience sits, so you can connect it to the frameworks later.

Moment 1

Someone you know who is always late for everything. Is it attitude — or something else?

Moment 2

Big news overnight, still had to show up. How did that affect your capacity?

Moment 3

Arrived somewhere new and immediately felt off. Could you feel it affecting how you managed yourself?

Moment 4

Really upset or angry. Did one of your senses feel more heightened, or were you less aware of others?

Moment 5

A message you tried to communicate fell flat. What did you do differently afterwards?

Moment 6

You misunderstood a message someone was trying to get across. Where was the gap?

Moment 7

Your knowledge of a topic was greater than the person you were communicating with. What barriers did that create?

Moment 8

Someone's delivery style made communication harder. What was it about that style?

Moment 9

The result went the opposite way despite your best efforts. What did you take from it?

Hold onto what came up. We will connect these moments to EEES and WMW as the session unfolds.

Before We Start — True or False

Eight statements. Tick based on what you currently believe.

Work through these before Matt covers the answers. There are no trick questions. This is about noticing where your assumptions sit.

1. An employer must only consider reasonable adjustments once an employee has a formal medical diagnosis.	( ) True ( ) False
2. Reasonable adjustments are intended to remove disadvantage, not to give someone an unfair advantage.	( ) True ( ) False
3. Employers are required to agree to any adjustment requested by an employee if it relates to their disability.	( ) True ( ) False
4. Cost alone is enough to justify refusing a reasonable adjustment.	( ) True ( ) False
5. A workplace policy or standard process can still be discriminatory if it puts a disabled person at a substantial disadvantage.	( ) True ( ) False
6. The duty to make reasonable adjustments is ongoing and should be reviewed if circumstances change.	( ) True ( ) False
7. Reasonable adjustments only apply to employees, not job applicants or former employees.	( ) True ( ) False
8. If an employer offers a different adjustment than the one requested, this can still meet their legal duty.	( ) True ( ) False

Hold onto your answers. We will revisit these at the end of the session. If any of them change, note in the margin why your thinking shifted.

SCENE SETTING

1 The legal landscape

Without this being a law lecture

You know the Equality Act. This section is about what happens when it is applied — or not. Use this page to note anything that lands differently than you expected.

The duty in plain terms

Under the Equality Act 2010, employers must make reasonable adjustments where a provision, criterion or practice (PCP), physical feature or absence of auxiliary aid puts a disabled person at substantial disadvantage. The duty is to remove the disadvantage — not treat everyone the same.

What is disability?

A physical or mental impairment with a substantial and long-term adverse effect on normal day-to-day activities. **Substantial** means more than minor or trivial. **Long-term** means lasting or likely to last 12 months or more. Day-to-day activities include memory, concentration, speech, mobility and perception of danger.

> ***Important:*** *Cancer, HIV and MS are covered from diagnosis regardless of current effect. Past conditions are also covered.*

The three duties

PCP — s.20(3)	Physical Feature — s.20(5)	Auxiliary Aid — s.20(4)
Provision, Criterion or Practice	**Physical Feature**	**Auxiliary Aid**
Any rule, policy, requirement or practice — written or unwritten — that puts a disabled person at substantial disadvantage. Examples: fixed hours, attendance trigger policy, office-only requirement.	A physical feature of the workplace that creates a barrier — must be removed, altered or worked around. Examples: steps, open-plan with no quiet space, fixed workstation layouts.	Where the absence of an aid or service creates disadvantage, the employer must provide it. Examples: screen readers, written summaries, specialist seating.

> ***The key tribunal question:*** *Did you genuinely consider the adjustment and document your reasoning — or did you dismiss it without proper thought? "Reasonable" means effective, proportionate and fair.*

My notes from this section

A question I want to come back to:

The State of Neurodiversity at Work

UK evidence 2024–2026

The data is consistent: tribunal claims are rising, manager confidence is low, and neurodivergent people are still masking, not disclosing, and facing discrimination. This is a culture and capability problem — not a knowledge one.

Workforce reality

15–20%

of the UK working-age population are estimated to be neurodivergent

Birkbeck / Acas, 2025

1 in 3

autistic people are in gainful employment — the worst employment outcome of any disability group

ONS Labour Force Survey, 2022

Only 6.5%

of organisations said managers were 'very confident' in neurodiversity conversations

VinciWorks, 2026

The training gap

35%

of managers lack confidence discussing reasonable adjustments for neurodivergent employees

VinciWorks, 2026 | n = 495 HR, L&D; and compliance professionals

39%

of organisations have delivered any neurodiversity training — only 21% of those have embedded it as ongoing

VinciWorks, 2026

31%

cite lack of staff awareness as the biggest barrier; 22% cite low manager confidence

VinciWorks, 2026

Legal and policy context

95%

rise in neurodiversity discrimination tribunal claims over five years — 517 cases in 2024/25

Irwin Mitchell analysis of HMCTS data, 2026

£8,500

average cost of defending a single neurodiversity tribunal claim in legal fees alone — before any award

Irwin Mitchell, 2026

75%

of experts confirm a formal diagnosis is not necessary before making adjustments — need, not paperwork

Birkbeck / Acas, 2025

What does this data mean for your organisation specifically?

2

THE FULL PICTURE

All conditions together

Physical, mental health and neurodivergent conditions — all together

Reasonable adjustment obligations cover all qualifying disabilities. Across a hybrid civilian and military workforce, physical and MSK conditions are as central as mental health or neurodivergence.

Neurodivergent conditions:	**Mental health conditions:**
Physical conditions (incl. MSK):	**Acquired or progressive conditions:**

Why it is never just one thing: *Conditions rarely present in isolation. ADHD and anxiety co-occur in the majority of adults. MSK pain and depression are strongly correlated. PTSD almost always co-presents with anxiety. When someone comes to you with one condition, you are almost certainly looking at more than one set of needs. The implication: ask about experience, not diagnosis.*

Think of a case where you now wonder whether there was more going on than was visible at the time. What might the other conditions have been?

What might have been done differently if this had been recognised earlier?

MSK injuries that significantly affect daily activities for 12+ months are qualifying disabilities under s.6 EA 2010. You can't see a bad back in the same way you can't see anxiety. The conversation approach is the same.

3

CASE LAW IN PRACTICE

What goes wrong — and what every case has in common

Matt will walk through tribunal cases ranging from neurodivergence to physical conditions and MSK. For each one, note what stands out and what it means for your casework.

Madden v Metropolitan Police (2305065/2024) ADHD + anxiety + disciplinary process

ADHD

A police officer with 22 years' unblemished service made inappropriate comments during a period when ADHD medication was temporarily ineffective. Key documents, including a psychotherapist's report, never reached the disciplinary panel. Unfair dismissal and s.15 discrimination succeeded.

WHAT STRUCK ME

WHAT THIS MEANS FOR MY CASEWORK

Ferraro v DWP Physical condition — all three s.20 duties in one case

Physical

A DWP employee requiring frequent toilet access and postural management was refused hybrid working and a height-adjustable desk on operational and cost grounds. All three s.20 duty types were engaged simultaneously. The RA claim succeeded on both adjustments.

WHAT STRUCK ME

WHAT THIS MEANS FOR MY CASEWORK

Williams v Royal Mail (2412913/2023) Autism + start time PCP

Autism

An autistic postal worker required a 06:45 start rather than 06:00 due to the impact of autism on routine and transitions. Royal Mail asserted operational requirements without evidencing them. The RA claim succeeded.

WHAT STRUCK ME

WHAT THIS MEANS FOR MY CASEWORK

Ziga v Anglian Windows Depression, anxiety and joint pain — the four-day week

Mental Health

An employee with co-occurring depression, anxiety and joint pain requested a four-day week. The employer refused without evidencing operational impact. The tribunal found the refusal indefensible.

WHAT STRUCK ME

WHAT THIS MEANS FOR MY CASEWORK

The common thread across every case: *no framework, no structured conversation, no adjustment. Every case was avoidable.*

Case Law in Practice — continued

Two further cases central to this session. Grosset is the anchor principle for every late-stage disclosure a caseworker will encounter. Drewniaczyk and de Vere show the time-bar risk that follows.

City of York Council v Grosset (2018) Cystic fibrosis — conduct — arising in consequence | **s.15**

A teacher with cystic fibrosis was dismissed for gross misconduct after showing inappropriate content to pupils. The school knew about his condition but did not consider whether the impaired judgement arose from it. The Court of Appeal confirmed: employers do not need to know the link between disability and conduct at the time. The question is whether the conduct arose in consequence of the disability — and whether that was considered before the decision was made.

WHAT STRUCK ME

WHAT THIS MEANS FOR MY CASEWORK

The Grosset principle: *Knowledge of the condition is enough to trigger the duty to consider whether conduct arose in consequence of it. You must ask that question and document your answer — even where no formal link was named at the time. This applies to every condition type: physical, progressive, mental health, neurodivergent.*

Drewniaczyk v Police Service of Scotland | de Vere v Tennent Caledonian ADHD · Dyslexia — the time-bar irony | **ADHD**

In both cases, substantively strong claims were dismissed as time-barred. In Drewniaczyk, ADHD and dyslexia in a documentation-heavy policing environment; in de Vere, ADHD diagnosed after employment ended. The irony: ADHD itself — through difficulty initiating action, poor urgency and time blindness — can directly cause the delay in bringing the claim.

WHAT STRUCK ME

WHAT THIS MEANS FOR MY CASEWORK

For caseworkers: *A late approach is often the disability talking, not a weak case. Do not read delay as opportunism. Employees with ADHD or dyslexia should be encouraged to seek advice immediately after any adverse employment event.*

Notes across all case law — what stands out for your casework:

Late-Stage Disclosure — The Legal Test

When a disability or health condition is raised partway through a grievance, disciplinary or appeal — whether neurodivergent, physical, mental health or MSK — the first question is not "why now?" It is whether the disability duty was already engaged.

1	**Has something relevant been disclosed?** A formal diagnosis is not required. Knowledge or constructive knowledge of difficulties consistent with a condition is enough.
2	**Pause — check it has reached the decision-maker.** Has this information actually reached the person making the decision? Document that it has — or that it hasn't — and why.
3	**Ask and document: arising in consequence?** Could the conduct have arisen in consequence of this condition? Record the answer either way, with reasoning, not just a conclusion.
4	**Consider proportionality and alternatives.** Is the proposed outcome proportionate? What less severe alternative exists: explicit guidance, a supported conversation, a documented behavioural agreement?
5	**If escalation proceeds, show your working.** The written rationale must show all of the above was considered, not just that a policy was applied.

> *Grosset is the anchor case for every late-stage disclosure a caseworker will encounter. The question is not whether disability is mentioned in the file. The question is whether it was genuinely considered before the decision was made.*

My notes on applying this in casework:

Further Cases — High-Value Claims

These cases illustrate the cost of getting it wrong. Note what each one teaches about your own processes.

Wright-Turner v Hammersmith & Fulham ADHD + PTSD — dismissal on day one of sick leave — **£4.58M**

WHAT STRUCK ME

WHAT THIS MEANS FOR MY CASEWORK

Barrow v Kellogg Brown & Root (2021) Cancer — 36 years' service — behaviour changed by chemotherapy medication — **£2.57M**

WHAT STRUCK ME

WHAT THIS MEANS FOR MY CASEWORK

Borg-Neal v Lloyds Banking Group (2202667/2022) Dyslexia + conduct in a training session — zero-tolerance contextualised by disability — **£470K+**

WHAT STRUCK ME

WHAT THIS MEANS FOR MY CASEWORK

The six common failures across all cases:

- Waiting for a diagnosis before acting.
- Asserting operational need without evidencing it.
- No documentation of genuine consideration.
- Withdrawing adjustments without review.

- Treating conduct and disability as separate when they were not.
- Not taking informal disclosure seriously.

Civilian and Service Communication: Recognising the Difference

DBS caseworkers move between two communication cultures every day. Neither is wrong. Assuming one is the baseline causes real friction — especially when the person you are supporting is neurodivergent.

Service communication norms	Civilian workplace norms
Direct, succinct, removes ambiguity. Clear chains of command. Instruction is explicit and expected to be followed. Stoicism and "get on with it" are valued. Feedback is blunt, immediate and task-focused.	Diplomatic and collaborative — often indirect. More stakeholders, slower consensus-based decisions. Instruction is often framed as a suggestion. Acknowledging struggle is encouraged. Feedback is softened and relationship-aware, which can itself be a barrier for someone used to explicit instruction.

What this means for ND people in or from service: *Service structure can be a genuine fit for many autistic and ADHD personnel — explicit instructions and low ambiguity remove exactly the barriers civilian workplaces tend to create. Leaving that environment can mean losing a support structure that was never named or recognised as one. Loss of structure through transition, redeployment or change of team is a known trigger point for previously-masked needs to surface.*

Four practical pointers for caseworkers:

1	**Translate, don't soften — in one direction** A direct request or blunt phrasing from an ND service member is not hostility. It is likely the only communication mode that feels honest and unambiguous. Don't read tone as the message.
2	**Translate, don't assume — in the other direction** Civilian-style feedback ("it might be worth considering…") can be genuinely invisible as an instruction to someone used to explicit orders. State what you need plainly and in writing.
3	**Be the bridge, explicitly** Naming the cultural difference out loud builds trust. It signals you understand the context, which is itself a form of psychological safety.
4	**Watch for the transition point** If someone has recently left service or changed role, that transition is a high-risk window for previously-masked needs to surface.

What I notice in my own casework about communication differences:

The skill is recognising which communication culture you are in — and which one the person in front of you is operating from. Naming the difference out loud is itself a form of reasonable adjustment.

Discussion: PCPs in Your Organisation

Think about the written policies and unwritten expectations across MOD and DBS. Use this page during the group discussion. Bring real examples — names stay in the room.

Q1 What PCPs exist in your organisation that you have never examined for potential disadvantage? Think about both written policies and unwritten expectations: “always being visible”, “responding within the hour”, shift-pattern start times with no flexibility, documentation-heavy reporting systems.

Q2 Are there processes that work fine for most of your civilian or service workforce but would structurally disadvantage someone with anxiety, PTSD, chronic pain, ADHD or a neurodivergent condition? Name one.

Q3 If a tribunal asked you to justify one of those PCPs tomorrow, what would you say? Could you explain why it is necessary and proportionate — with evidence, not assertion?

> *The goal is to identify risk before it becomes a claim. That is cheaper, kinder and legally much safer.*

4

EEES™ FRAMEWORK

Spotting what's beneath the surface

Before it escalates — developed by Matt Gupwell, ThinkNeurodiversity

Four universal human lenses. Not diagnostic categories. They become visible as strain signals when someone is struggling and doesn't have the words or courage to ask for help.

E — Executive Function

Planning, prioritising, initiating, sequencing, working memory. The cognitive architecture of getting things done.

Under strain: Missed tasks, difficulty starting, appearing disorganised despite effort, forgetting conversations, losing things, late to appointments.

E — Emotional Regulation

The ability to manage emotional responses in real time, particularly under pressure or uncertainty.

Under strain: Disproportionate responses, emotional flatness, difficulty recovering from setbacks, perceived 'overreaction' to feedback.

E — Environment

The physical and social conditions in which work takes place: layout, noise, predictability, social demands.

Under strain: Avoidance, reduced performance in specific settings, inconsistent output, disruptive behaviour, disengaged appearance.

S — Sensory Processing

How the individual processes sensory input: light, sound, touch, smell, movement, proprioception.

Under strain: Fatigue, overwhelm, difficulty concentrating, physical discomfort affecting focus, heightened sensitivity to environment.

These are not diagnostic signals. They are human performance signals. Everyone experiences all four. The difference is degree, frequency and the capacity to self-regulate or recover.

A colleague I am currently noticing one or more of these signals in (no names needed):

Which EEES area(s) seem most relevant? What might I ask?

If you notice one or more of these and they relate to changes in performance, communication or what appears to be attitude — it is time for a supportive conversation, not a performance review.

5

WHICH MEANS WHAT™

Better, more structured adjustment conversations

Person-first, non-judgemental, starting with the experience not the diagnosis

Question	What you are trying to understand
What	What specifically is harder about this? What is the actual impact on your work, your day, your experience? What does it stop you from doing or make significantly harder? What have you already tried?
When	When does it happen? Is it all the time, or in specific situations, at particular times of day, in certain meetings?
Who	Who is affected, or who is around when it happens? Does it happen with everyone, or in certain relationships or team dynamics?
Where	Where does it happen? Is this about a specific physical space, a remote or hybrid setup, a particular environment or site?
How	How does this affect you? How does this make you feel about your work? How does this impact you when you are not at work?

WMW does not require good faith to work — it simply reveals whether good faith exists. *Genuine experience produces specific, consistent, personal detail. Invented experience does not.*

WMW in Practice: Exercises

Exercise 1: Noise sensitivity

A colleague tells you they are struggling with noise in the office. Work through the five WMW questions.

What

When

Who

Where

How

Exercise 2: Your real scenario

Think of a colleague or case you are currently aware of. You do not need to know what is going on. That is the point. Redact what you need to.

What

When

Who

Where

How

Possible adjustments for noise sensitivity: noise-cancelling headphones, acoustic panels, Loop earplugs, moving workstation, avoiding certain areas at certain times, more frequent breaks.

YOUR SCENARIOS

6 Applying the frameworks to real cases

Three scenarios drawn from the MOD and DBS casework context

For each scenario, apply EEES and WMW. There are no single right answers — the aim is to build the habit of structured thinking.

Scenario A

A serving personnel member discloses ADHD mid-disciplinary process for missing three case deadlines. Their line manager says: “They have been fine for years — why are they raising this now?”

EEES SIGNALS I WOULD LOOK FOR	WMW QUESTIONS I WOULD USE	ADJUSTMENTS I WOULD CONSIDER

Scenario B

A civilian caseworker returning from a six-week absence related to PTSD requests hybrid working as a reasonable adjustment. Their manager says operational requirements mean the role needs to be office-based.

EEES SIGNALS I WOULD LOOK FOR	WMW QUESTIONS I WOULD USE	ADJUSTMENTS I WOULD CONSIDER

Scenario C

A long-serving DBS caseworker is struggling since a team restructure. No formal diagnosis exists. Their performance has dropped and they seem disengaged. A formal capability process has been suggested.

EEES SIGNALS I WOULD LOOK FOR	WMW QUESTIONS I WOULD USE	ADJUSTMENTS I WOULD CONSIDER

Revisiting the True or False

Go back to your answers from the start. Here are the correct responses. Has anything changed in how you would answer now?

1	**False**	The duty is triggered by knowledge of disability, not a formal diagnosis.	( ) Same ( ) Different
2	**True**	Adjustments level the playing field. They are not preferential treatment.	( ) Same ( ) Different
3	**False**	The duty is to consider and implement what is reasonable — not to agree every request.	( ) Same ( ) Different
4	**False**	Cost is a factor in reasonableness, but cost alone is not a complete justification.	( ) Same ( ) Different
5	**True**	PCPs applied equally can still be discriminatory if they create substantial disadvantage.	( ) Same ( ) Different
6	**True**	The duty to adjust is anticipatory, ongoing and must be reviewed as circumstances change.	( ) Same ( ) Different
7	**False**	The duty covers job applicants, employees and (in some circumstances) former employees.	( ) Same ( ) Different
8	**True**	An employer can offer a different adjustment, as long as it removes the disadvantage.	( ) Same ( ) Different

Anything that changed? Note why your thinking shifted:

Implementing Adjustments: The Practical Steps

1	**Initial conversation** Meet privately. Use WMW. Do not start with diagnosis. Do not start with “what do you want?”. Start with “what is making this harder?”
2	**Identify barriers** Use EEES as a lens. Which of the four areas is under strain? Often it will be more than one. Note what you find.
3	**Trial adjustments** Implement for 4–6 weeks with clear documentation. Document what is being trialled, why, and what “success” looks like. This is your legal record.
4	**Review and adjust** Conduct a mid-trial and final review. Did the adjustment work? Has the presenting need changed? The duty is ongoing.

> ***Ask · Trial · Review · Record*** *— the four steps that make your process both effective and legally defensible.*

Support channels available

Access to Work	Occupational Health	Workplace Needs Assessment
Employee-initiated	*Employer-initiated*	*Either party*
Funding for tech, coaching, support workers, travel and workplace needs assessments. Up to £66,000+ per person.	Clinical assessment and recommendations. Referral is support, not investigation.	Tailored adjustment recommendations — particularly useful where the employee cannot easily articulate their own needs.

Your Toolkit from Today

Pull together what you have noticed. These pages are yours to carry forward.

One legal principle I will apply differently from now on

The law I already knew — and how it lands differently now I see how tribunals apply it.

One PCP I need to look at again

Something that may be creating disadvantage without anyone having named it yet.

One conversation I will have differently using WMW

A situation where I would normally have waited, or not started the conversation at all.

One cultural shift I want to influence

Something we do that makes it harder for people to ask — and how I could change that.

> *You do not need to be a condition expert. You need to care enough to ask the right questions — and now you have the framework to do it.*

Quick Reference — Key Frameworks and Principles

EEES™ at a glance	
E	Executive Function: missed tasks, difficulty starting, losing things, forgotten conversations.
E	Emotional Regulation: disproportionate responses, flatness, difficulty recovering, perceived overreaction.
E	Environment: avoidance, inconsistent output, disengaged in specific settings.
S	Sensory: fatigue, overwhelm, difficulty concentrating, complaints about environment.

WMW™ at a glance	
What	What specifically is harder? What is the actual impact?
When	When does it happen? Consistently or in specific situations?
Who	Who is around? All relationships or specific ones?
Where	Which environment, site or setting?
How	How does this affect you? How does it make you feel about your work? How does it impact you outside work?

Late-stage disclosure checklist

1	**Has something relevant been disclosed? Diagnosis not required.**
2	**Has it actually reached the decision-maker? Document this.**
3	**Could the conduct have arisen in consequence of this condition? Ask. Record the answer.**
4	**Is the proposed outcome proportionate? What alternative exists?**
5	**If escalating, does the written rationale show all of the above was considered?**

Key cases	
Madden v Met Police	Consider disability before disciplinary. Evidence must reach decision-makers.
Grosset (City of York v)	Arising in consequence: you must consider it and document that you did.
Williams v Royal Mail	Operational objections must be evidenced, not asserted.
Ferraro v DWP	Hybrid working as RA is established. Trivial-cost adjustments are indefensible to refuse.
Wright-Turner	Dismissal on sick leave with no process. Award £4.58M.
Barrow v Kellogg Brown & Root	Medication side effects are part of the disability. Award £2.57M.
Borg-Neal v Lloyds	Zero-tolerance must be contextualised by disability. Award £470K+.

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Additional Notes

Use this page for anything that does not fit elsewhere — cases, questions, actions.