



EMPLOYMENT TRIBUNALS

Claimant: Mr S Smith

Respondent: Addingtons Associates Limited

Heard at: Cambridge **On:** 20 January 2026

Before: Employment Judge Davey

Representation

Claimant: In person

Respondent: Mr D Dillon-Redmile, Managing Director

JUDGMENT having been sent to the parties on **26 January 2026** and written reasons having been requested in accordance with Rule 60 of the Employment Tribunals Rules of Procedure, the following reasons are provided:

REASONS

Introduction and preliminary matters

1. By a claim form presented on 3 December 2023, the claimant brings complaints of discrimination arising from disability, disability related harassment, holiday pay (Working Time Regulations 1998) and unauthorised deductions from pay. The respondent defends the claim.
2. At the case management hearing dated 1 May 2025, case management orders were provided to the parties with reference to whether the claimant satisfied the definition of disability under s6 Equality Act 2010 (EqA) with reference to three conditions, these being:
 - Autism
 - ADHD
 - Emotional dysregulation
2. The claimant provided two impact statements and medical evidence. By a letter dated 16 July 2025, the respondent provided a detailed and nuanced response that suggested disability was not conceded, albeit this was not

entirely clear. No further enquiries from the claimant or the Tribunal followed this correspondence. The final hearing was listed for four days between 20-23 January 2026. At the commencement of the final hearing, I questioned Mr Dillon-Redmile, who is the managing director of the respondent and a lay representative, about this letter and he confirmed that disability was not conceded and this was partly because he did not understand exactly what the statutory definition required.

3. I explained to the parties that disability is a preliminary matter and must be determined before I hear the evidence about the case, particularly as the bulk of the case is about alleged disability discrimination which requires that the claimant must have a disability. I explained to the parties that I would hear evidence from the claimant and then determine if the claimant has a disability or disabilities with reference to the above conditions and that I would provide oral reasons explaining my decision. I explained that if I determined that the claimant has a disability or disabilities, I would go on to hear evidence about all the complaints whereas if I determined the claimant did not have a disability or disabilities, I would dismiss the disability complaints and hear evidence about the pay complaints only.

Evidence

4. With reference to disability, I had evidence before me which included an impact statement and an updated impact statement provided to the Tribunal and the respondent on 8 and 9 July 2025 respectively (46-48) and medical evidence from Northamptonshire NHS Foundation Trust of various dates (122-126). I have used the page numbers in the bundle when referring to documents.
5. I also heard oral evidence from the claimant.

Findings of fact

Autism

6. The claimant's evidence that he was diagnosed with autism aged 18 (122).

ADHD

7. The claimant has suspected he has ADHD since at least 2020/2021 though was unable to progress a referral as he had no GP for around 2 years. The claimant is still waiting for a full assessment and this is ongoing.
8. There is a letter from Dr Peivandi (123) that confirms the claimant has symptoms of inattention, anger outbursts, emotional dysregulation, restlessness, poor time management and poor organisation skills since childhood and describes these symptoms as consistent with a diagnosis of ADHD.

Emotional dysregulation

9. The claimant has emotional dysregulation suspected to be secondary to ADHD (123). This diagnosis was confirmed as part of the psychiatric assessment on 16 June 2023.

Day to day activities

10. The claimant's evidence was that his symptoms include inattention, fidgeting and restlessness. The claimant stated he has difficulty finishing tasks, struggles to undertake tasks he finds boring and is unable to work in a sedentary job as he needs to keep moving and stay physical and all his employment has been manual. The claimant further stated that at school he was given a special chair and a stress ball to help with restlessness as he struggled to concentrate.
11. The claimant described small things being big things and that he overthinks and this will impact on his ability to sleep. The claimant explained that he has always had difficulty sleeping and to assist he sometimes writes down things that he is thinking about and reads them aloud before going to bed. The claimant's evidence was that if he goes to bed at 10pm he will not fall asleep until 1am and will wake in the night at least once, usually twice and will need to eat otherwise he cannot get back to sleep. The claimant sometimes struggles to get out of bed and the primary reason for this will be anxiety and sometimes not wanting to leave the house.
12. The claimant described difficulties with managing his emotions (emotional dysregulation) and having a temper. He described becoming easily frustrated and may take issue with things he is uncomfortable with, for example, someone coming too close into his space. The claimant also described having meltdowns if things get too much for him.
13. The claimant's appetite is affected by his moods and he will frequently lose his appetite. The claimant's weight has fluctuated over the years due to difficulties regulating his appetite. The claimant described struggling to eat in front of some strangers due to not being comfortable.
14. At home, the claimant's partner helps him to manage his life and he stated that if it wasn't for her he would have arrived today 'in his pants'. I accepted this was a metaphor for him being very disorganised. The claimant described his partner as stepping in to manage many of his day to day tasks (e.g. washing his clothes and reminding him about basic needs). He described being reminded to get a haircut for today. He frequently described trying to be the best version of himself.
15. The claimant told me that his difficulties managing day to day tasks causes anxiety and the medical evidence he supplied supports he suffers with anxiety.
16. The claimant's evidence was that the symptoms and resulting difficulties described above have been present since at least adolescence. The claimant accepted that not all symptoms were present everyday though explained that his good and bad periods at work were linked to masking his symptoms and depended on how well he worked with his colleagues.

Treatment

17. The claimant has taken medication in the past, has had therapy and presently is part of a men's mental health group which includes cold water therapy, talking circles, having zoom chats and a weekly challenge and share (usually about exercise so as to release endorphins). The claimant has been supported by the NHS and has been told his symptoms are consistent with a diagnosis of ADHD albeit the psychiatrist undertaking the assessment could not provide that diagnosis as this has to be done by a qualified specialist with relevant expertise in neurodevelopmental conditions. The claimant has been referred for and is waiting for a full ADHD assessment.

Findings

18. I found the claimant to be a candid witness and overall, accepted his evidence, much of which was supported by written evidence. In any event, the claimant's evidence was not challenged by the respondent.

Law and guidance

Law

19. Equality Act 2010 (EqA)

Section 6

Disability

(1) A person (P) has a disability if—

(a) P has a physical or mental impairment, and

(b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

Section 212 of the EqA describes 'substantial' as being more than minor or trivial.

Schedule 1

Long-term effects

2(1) The effect of an impairment is long-term if—

(a) it has lasted for at least 12 months,

(b) it is likely to last for at least 12 months, or

(c) It is likely to last for the rest of the life of the person affected.

(2) If an impairment ceases to have a substantial adverse effect on a person's ability to carry out normal day-to-day activities, it is to be treated as continuing to have that effect if that effect is likely to recur.

Statutory guidance

20. Disability: Equality Act 2010 - Guidance on Matters to be taken into account in determining questions related to the definition of disability 2011 (Government guidance).
21. Equality and Human Rights Commission (EHRC) Employment Code of Practice.

Conclusions

Is there an impairment?

22. The claimant has a diagnosis of autism and this is documented. The claimant has had this diagnosis since he was 18 albeit it is accepted he would have manifested the symptoms leading to this diagnosis prior to it. The claimant has a diagnosis of emotional dysregulation since June 2023. The claimant is still waiting for a diagnosis of ADHD and it is not for me to make that diagnosis.
23. It is documented in the evidence provided by the claimant that he has inattention, restlessness, poor time management and poor organisation skills. Irrespective of the diagnosis (and these might be determined as ADHD in the future though nonetheless the symptoms and consequent effect of the symptoms still exist and may be part of ADHD, autism or emotional dysregulation).
24. The Government guidance provides whether a person is disabled for the purposes of EqA is generally determined by the effect that an impairment has on that person's ability to carry out normal day to day activities. The EHRC Employment Code of Practice states 'There is no need for a person to establish a medically diagnosed cause for their impairment. What is important to consider is the effect of the impairment, not the cause.' The issue is clearly the effect of the claimant's mental impairments. It is difficult to unpick exactly what symptoms from each impairment and what consequent effects belong to what conditions, and in my finding, it is not necessary for me to attempt to do that. It is enough that there are effects from the claimant's symptoms linked to his diagnosed mental impairments of autism and emotional dysregulation and to the symptoms of the suspected ADHD (confirmed by a consultant psychiatrist) who has referred him for a full assessment.
25. In summary, the claimant has diagnosed mental impairments and potentially ADHD causing a range of symptoms, which I accept he has, and consequent effects, which I accept he has, that satisfy the definition in section 6(1) of EqA.

From when?

26. The claimant's evidence is he has lived with these impairments his whole life. I accept the nature of autism and the symptoms are likely to have been present since childhood and in any event, he was diagnosed at the age of 18, long before he started working for the respondent. I accept the

symptoms and effects of the other mental impairments combined are likely to have been present for many years and since at least 2020.

27. In my finding the conditions satisfy the definition of 'long term' and these symptoms have been present throughout the claimant's employment with the respondent.

Day to day activities

28. The difficulties described above of sleeping, getting out of bed, eating, time management, managing social situations and organising and managing daily tasks through to completion are ordinary day to day activities.

More than minor or trivial

29. In determining whether an adverse effect is substantial, a tribunal must compare the claimant's ability to carry out normal day-to-day activities *with the ability the claimant would have if not impaired*. It is important to stress this because the Guidance and the EHRC Employment Code provide that the comparison should be with what is considered to be a normal range of ability in the population at large. Appendix 1 to the EHRC Employment Code states 'The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people'.

30. What is more than minor or trivial is a matter for the Tribunal. A persistent inability to sleep through the night (which includes difficulty going to sleep and broken sleep), difficulty getting out of bed, difficulty regulating appetite, difficulty concentrating and difficulty managing social situations (which cause anxiety and require extreme effort) demonstrates a substantial adverse effect on the claimant's ability to manage these day to day activities. Further, the emphasis is on what the claimant cannot do rather than what he can do with extreme difficulty, treatment and the support of his men's mental health group and his partner.

31. I accept the claimant's evidence (not disputed by the respondent) that without treatment and support, the claimant could not do the above activities and even with support, cannot do these activities within the normal range of ability.

Lasted or likely to last for a year or more.

32. The mental impairments are all lifelong. Conditions subject to fluctuation impacting on 'good days and bad days' are nonetheless conditions. Conditions that recur are nonetheless to be treated as long term and substantial if they are likely to recur.

Summary

33. Based on the evidence, the claimant satisfies the definition of disability within the meaning of section 6 of the EqA and had (and still has) disabilities at the material time (i.e. throughout his employment with the respondent).

34. Whether the respondent had knowledge of the claimant's disabilities at the material time will be determined in the judgment on liability (i.e. at the end of the final hearing).

Approved by:

Employment Judge E Davey

23 March 2026

JUDGMENT SENT TO THE PARTIES
ON

.....23 March 2026.....

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FOR THE TRIBUNAL OFFICE