

Conversation guide

WORKING TOGETHER TO CREATE AN INCLUSIVE ENVIRONMENT WITH PEOPLE WITH DISABILITIES



**SOCIETE
GENERALE**

EDITO

For many years, Societe Generale has made commitments to improve the social and professional inclusion of persons with disabilities.

These commitments are fuelled by the Group's values to make its employees the agents of their own success: **team spirit, accountability, innovation and commitment.** Societe Generale strives to guarantee quality of life at work, diversity and professional development.

Our Group ensures that everyone can feel listened to and valued, regardless of their differences, within a caring environment, with the backing of managers and others. Among its policies that assist people with disabilities, Societe Generale aims to respect the boundaries between professional and private life, to offer help without imposing it (each situation is unique and autonomy is essential), to support and, as necessary, to provide referrals to relevant services.

In this conversation guide, we share a few concrete situations and ideas to put in place to address this topic, whether you are a manager or employee.

Let's all work together for a more inclusive work environment!

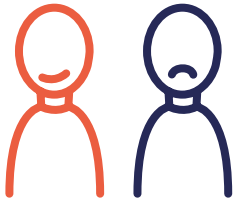


KEY FIGURES*



80%

of disabilities are invisible

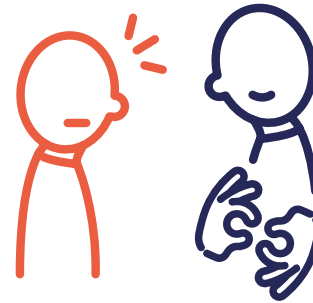


**1 IN 2
WORKERS**

is affected by a disability
during their lifetime

IN 1 IN 2 CASES

people whose views on disability
change attribute it to a personal
or professional experience



of disabilities occur
during lifetime.
**Only 15% of disabilities
are born.**



**2,7 MILLION
PEOPLE**

have administrative recognition
of their disability. **They represent 6.5%**
of the total population aged 15-64.

**4 CONCRETE
SITUATIONS
TO LEARN
THE RIGHT WAY
TO TALK ABOUT
DISABILITY AND
FACILITATE A
CONVERSATION**



1 VISUAL AND HEARING IMPAIRMENT

A member of the team often speaks quite loudly and has difficulty following meetings/conversations in which multiple speakers are interacting.

#Hearing impairment involves moderate to severe hearing loss, whereas deaf people suffer from a profound loss of hearing.

HOW TO BRING IT UP

"I notice that you often turn your ear and that you always sit on the same side of a room. I'm here if you'd like us to talk about it."

"Thank you for bringing this up. It's true that I am trying extra hard to follow conversations. And I have to confess that it's exhausting to always be looking for strategies to hear better and not call attention to myself"

"I understand. Would it help you, for example, to ask team members to DM you rather than call on the phone?"

"Yes, that would help a lot. And I have several other ideas..."

"Okay. Let's talk about it!"

A FEW IDEAS THAT ARE EASY TO IMPLEMENT

- Prioritise written communication (email, direct messaging, etc.) over phone calls
- Whenever possible, position yourself in front of the person and articulate clearly
- Use captioning in videoconferences, where possible
- Prioritise meetings with a small number of participants
- Look for quiet spaces to have discussions.
- Invite the person to consult the occupational doctor.

A member of the team is uncomfortable with light, systematically sits with their back to the window, frequently leans into their screen, or struggles to read. **#Visual impairment** covers a wide range of deficiencies, ranging from a benign visual disorder (such as short-sightedness) to total blindness

HOW TO BRING IT UP

"It seems that sometimes the light bothers you at your desk or when you are working on the screen. Please feel free to let me know if you want to talk about it."

"Yes, I'm having more and more trouble with my vision on a day-to-day basis. I am undergoing further testing to request disabled worker status. I was going to wait for the results before discussing it with you."*

"We can wait if you want to complete that process first. But we can also try to help you right now. Would you like to switch desks or would it help to lower your blinds, for example?"

"Yes, that would be a great start!"

A FEW IDEAS THAT ARE EASY TO IMPLEMENT

- Suggest simple adjustments: reduce screen brightness, work to find optimal lighting, change desks, etc.
- Prioritise telephone communication over reading and writing emails
- Invite the person to consult the occupational doctor.

*Recognition of disabled worker status (RQTH).

2 LONG-TERM LEAVE/ CHRONIC DEBILITATING DISORDERS

A team member was absent for several months. When they returned to work, they exhibited various signs that they had gone through a very difficult period. **#Long-term leave** can be due to many causes: cancer, cardiovascular disease, recovery from a stroke, aneurysm, etc.

HOW TO BRING IT UP

"Hello. It's nice to see you again and to have you back on the team. I am here if you want or need anything from me."

"Thank you for the welcome. I was nervous about coming back. Now that I've been here for a few days, I'm realising that I still have trouble focusing and that I tire easily. At the same time, I needed to get back to my work with all of you."

"We will find a way together, and it's okay if it takes some time. Let's schedule a meeting to help organise your work and let you find your bearings."

A FEW IDEAS THAT ARE EASY TO IMPLEMENT

- Schedule a meeting on the first day back
- Be understanding and compassionate, and mindful of the workload and demands
- Plan the adaptation measures recommended by the occupational doctor.

A colleague or team member is frequently on sick leave. In addition to their repeated absences, the individual has other symptoms, such as fatigue and difficulty concentrating. **#Chronic debilitating disorders** are caused by a variety of pathologies, some of which are progressive: endometriosis, diabetes, multiple sclerosis, asthma, etc.

HOW TO BRING IT UP

"You are frequently absent and you seem tired. I've also noticed that you often isolate yourself. Do you want to talk about it? Can I help you?"

"I don't want to talk about it, but thank you for the invitation. I will follow up with you if I need to."

"Feel free to do so. Together, we can see what's possible."

A FEW IDEAS THAT ARE EASY TO IMPLEMENT

- Inform them of the various services that are available: occupational health department, HR manager, "Mission Handicap", etc.
- Propose adaptations (work deadlines, videoconference or face-to-face meetings, etc.)
- Respect the boundary between professional and private life
- Invite the person to consult the occupational doctor.

3 NEURODEVELOPMENTAL DISORDERS

A team member regularly makes spelling mistakes, occasionally confuses the order of letters in a word, or struggles to understand a written document.

#"Dys" diagnoses relate to learning disorders. People with dysorthographia, for example, do not process spelling rules correctly and have trouble transcribing words that sound the same but are written differently.

HOW TO BRING IT UP

"I noticed that writing is sometimes difficult for you. You bring a lot to the team, with your creativity, empathy and great mindset. I want to help you with this aspect, which can be an inconvenience in your work."

"Yes, I have a dys-type disorder and spelling is a real challenge for me. I try to rely on tools like spell check, but it doesn't always catch everything."

"I am here to proofread your emails and documents, if you like. And if you know of any software that could help you, we can ask the Disability coordinator to see if Societe Generale can get it for you."

A FEW IDEAS THAT ARE EASY TO IMPLEMENT

- Give the person more time for writing tasks
- Allow them access to a quiet place, with the least noise and visual distraction possible, to optimise concentration
- Prioritise speaking over writing, where possible
- Invite the person to consult the occupational doctor.

4 MENTAL DISORDERS

A team member exhibits behavioural changes, suddenly seems sad, isolated from others, less involved in projects or appears to struggle making decisions. **#Depression**, for example, is a state of unusual sadness. It is not necessarily linked to a specific cause, and it can last for a short or long time.

HOW TO BRING IT UP

"I've noticed that you seem sad and preoccupied lately. Would you like to talk about it?"

"Perhaps a little, but I don't want to talk about it."

"I understand but if you change your mind, I'm available and can help you."

"Thank you, I'll think about it."

A FEW IDEAS THAT ARE EASY TO IMPLEMENT

- Help the person get organised during periods when their concentration is flagging and the influx of information can be difficult for them
- Encourage them to seek help, to reach out to others, to be careful not to become isolated
- Invite them to meet with the occupational physician, social services office or their HR manager.

Societe Generale strives to facilitate and support the social and professional inclusion of persons with disabilities, in line with its commitments to diversity, equity and inclusion. We encourage you to contact the dedicated coordinators.

WITHIN THE GROUP

- Occupational health and prevention department
- Social services office
- Local Disability Liaison
- Your HR manager
- "Mission Handicap"
- An anonymous Handiproline toll-free number (Group code available on the intranet)

OTHER USEFUL CONTACTS AND LINKS

- *Maison Départementale des Personnes Handicapées* (MDPH)
- AGEFIPH - www.agefiph.fr
- www.monparcourshandicap.gouv.fr
- All information relating to Societe Generale's disability policy as well as the related support systems are available on [the intranet](#).

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