

# Research Paper

## Neurodiversity at work

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## 1. MOTIVATION

### 1.1 Introduction and terminology

This report seeks to identify policies and practices which ensure the integration of people with the following neurological conditions into mainstream employment:

- Attention Deficit Disorders
- Autism
- Dyslexia
- Dyspraxia.

The report, in addition, aims to ensure that the benefits of having a 'neurodiverse' workforce are fully-realised.

'Neurodiversity' refers to the diversity of the human brain and neurocognitive functioning. As such, neurodiversity encompasses individuals who are 'neurotypical' and 'neurodivergent'. Neurodivergent people have one or more of the above (and possibly other) neurological conditions. The conditions share common features, in particular, differences in how people learn and process information. Whilst a neurotypical person's brain functioning is aligned with the prevailing idea of what is considered 'normal' functioning, a neurodivergent individual's neurocognitive functioning differs from this 'norm'.<sup>1</sup>

The neurodiversity *paradigm* is a specific perspective which holds that neurodiversity is a natural form of human diversity and that all styles of neurocognitive functioning are equally valid. The neurodiversity movement frames minority neurotypes such as autism as natural human variations, which are authentic forms of human diversity and self-expression rather than pathologies.

The present study adopts this broad principle in approaching the subject of neurodiversity specifically within the context of employment. It is based on case studies of two organisations: one large employer based in the private sector and the other a medium-sized public sector employer. The aim is to provide evidence that Acas (the Advisory, Conciliation and Arbitration Service) can use to contribute to emerging debates on neurodiversity as an issue that impacts on workplace relations, and to inform the guidance that it produces for employers, including action around neurodiversity in mainstream employment.

A crucial point to be noted is that the neurological conditions under consideration are spectrum conditions which have a range of associated characteristics. These are present in varying degrees and combinations in neurodivergent individuals (and in the general population). Hence, the characteristics displayed by a person with one or more neurological condition will not necessarily match another person with the same condition(s). Moreover, individuals' handling of the challenging characteristics associated with their condition will differ at points in time.

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<sup>1</sup> See <<http://neurocosmopolitanism.com/neurodiversity-some-basic-terms-definitions/>> for more information on the terminology.

Furthermore, there is a propensity for neurodivergent individuals to be stereotyped according to the more well-known characteristics of their condition. For example, not all individuals with autism will be highly numerate; neither will all of those with dyslexia have insurmountable difficulties with functional literacy.

Nevertheless, many of the characteristics of a person's condition will have a bearing on their management of working life. Therefore, with the above points in mind a description of the neurological conditions of interest to the report, and some of their associated attributes, as given below.

### *Attention Deficit Disorders*

Attention deficit hyperactivity disorder (ADHD) is a condition which affects brain functioning in relation to the ability to control attention, impulses and concentration. ADHD is believed to affect 3 to 9 per cent of school-aged children and young people.<sup>2</sup> Until recently it was thought that children 'outgrew' ADHD in adolescence. However, research indicates 65 per cent of those diagnosed within childhood continue to experience its effects in adulthood.<sup>3</sup> Characteristics experienced in childhood, such as inattention, hyperactivity and impulsiveness can continue into adulthood. Areas of difficulty for adults can include: difficulty with attention to detail and organisational skills, problems focussing or prioritising, starting new tasks before finishing old ones, restlessness, impatience and problems dealing with stress. Some people with the condition may have problems with inattentiveness, but not with hyperactivity or impulsiveness; this form of ADHD is known as attention deficit disorder (ADD).<sup>4</sup>

### *Autism Spectrum Disorder (ASD)*

Autism is a lifelong developmental condition that affects how people perceive the world and interact with others. It is a spectrum condition, albeit all autistic people share certain difficulties, though having autism will impact on people in different ways. Difficulties include social communication and interaction and restricted and repetitive patterns of behaviours or interests. There are a number of autism profiles, for example, childhood autism and Asperger's syndrome. However, recent and forthcoming changes to diagnostic manuals will result in ASD being the most commonly given diagnosis going forward. It is estimated that there are around 700,000 people with autism in the UK, i.e. more than 1 in 100.<sup>5</sup> Notably, only 15 per cent of autistic adults in the UK are in full-time paid employment.<sup>6</sup>

### *Dyslexia*

Dyslexia is a learning difficulty that can result in problems with reading, writing and spelling. Dyslexic people may find it difficult to process and remember information they see and hear. Dyslexia is one of a group of 'specific learning difficulties' that often co-occur with related conditions, such as dyspraxia and ADD. Therefore, individuals may also have problems related to language, motor

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<sup>2</sup> National Institute for Health and Care Excellence (2008). Attention deficit hyperactivity disorder: diagnosis and management. Clinical guideline [online]. Available on the World Wide Web: < <https://www.nice.org.uk/guidance/cg72> >.

<sup>3</sup>ADDISS. ADHD: Paying enough attention [online]. Available on the World Wide Web: < <http://www.addiss.co.uk/payingenoughattention.pdf>>.

<sup>4</sup>ADDISS Information centre [online]. Available on the World Wide Web: < <http://www.addiss.co.uk/allabout.htm>>.

<sup>5</sup> Autism. What is autism? [online]. Available on the World Wide Web: < <http://www.autism.org.uk/about/what-is/asd.aspx>>

<sup>6</sup> Figure given in the expert interview with the National Autistic Society.

co-ordination, mental calculation, concentration and personal organisation. Dyslexia is a lifelong condition and affects around 10 per cent of the population.<sup>7</sup>

### *Dyspraxia*

Dyspraxia is a developmental co-ordination disorder (DCD) that affects fine and/or gross motor co-ordination; it may, in addition, affect speech. It is a life lasting condition. DCDs occur in between 6 to 10 per cent of school children in the UK.<sup>8</sup> Individuals with dyspraxia may have a range of co-occurring difficulties, such as planning and personal organisation, time management and social and emotional difficulties.<sup>9</sup>

ADD, autism, dyslexia and dyspraxia are often co-occurring. Also to be noted is that they occur across a range of intellectual abilities.

Whilst the above descriptions detail the challenging attributes associated with these forms of neurodivergence (as these are the characteristics which may have a negative impact at work and for which individuals could need support) it is important to note that there can also be numerous positive attributes associated with neurodivergence. These can include creativity; persistence; loyalty; visual, spatial and lateral thinking, and the ability to hyperfocus, to name a few. Not all neurodivergent people will have outstanding talents, but all will have comparative strengths. Neurodivergent individuals will have their own unique combination of attributes associated with their condition, making it vital for line managers and colleagues to understand them as individuals in order to provide them with person-specific support.

## **1.2 Research questions**

The study sought to answer the following questions:

- How can neurodivergent employees best be recruited, trained, supported and retained?
- What makes for the most effective management of a neurologically diverse workforce?
- Are neurodivergent employees vulnerable to disciplinary action/dismissal by their employers, owing to their condition? Why? Can anything be done to reduce this?
- How can the risks of disciplinary action/dismissal be minimised?
- Does the issue of disclosure of neurological conditions raise any problems?
- How can staff awareness of neurodiversity be improved and how can employers become 'disability confident' with regard to neurological conditions?

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<sup>7</sup> Dyslexia and specific difficulties: overview [online]. Available on the World Wide Web: <[http://www.bdadyslexia.org.uk/dyslexic/dyslexia-and-specific-difficulties-overview#What is Dyslexia](http://www.bdadyslexia.org.uk/dyslexic/dyslexia-and-specific-difficulties-overview#What%20is%20Dyslexia)>; Definitions [online]. Available on the World Wide Web: <<http://www.bdadyslexia.org.uk/dyslexic/definitions>>.

<sup>8</sup> Prevalence and impact [online]. Available on the World Wide Web: <[http://www.hdcd.org.uk/hdcd\\_guidance\\_notes/prevalence\\_3.php](http://www.hdcd.org.uk/hdcd_guidance_notes/prevalence_3.php)>.

<sup>9</sup> What is dyspraxia [online]. Available on the World Wide Web: <<https://dyspraxiafoundation.org.uk/about-dyspraxia/>>.



- What are the potential benefits to employers of attracting and maintaining a neurodiverse workforce (and the risks of failing to do so)?
- Where can employers go for help and assistance?

These questions were addressed by first reviewing background information on neurodiversity and interviewing experts on the topic of neurodiversity at work; and secondly conducting two case studies of organisations whose workforces are neurodiverse, that is to say they employ neurodivergent as well as neurotypical staff. The expert interviews and review of background evidence had two main aims:

- to identify the issues affecting employers and employees in relation to neurological conditions to inform the development of topic guides for the case studies;
- to identify suitable case study organisations.

The case studies consisted of interviews with senior human resources managers and/or those able to give an overview of diversity policies at each organisation, one or more line managers of employees with neurological conditions and one or more employees with a neurological condition. In some cases managers were themselves neurodivergent.

### **1.3 The conduct of fieldwork**

#### ***1.3.1 Review of background information and expert interviews***

The review of background information on neurodiversity and interviews with experts were completed over the period from August 2015 to January 2016. Interviews were carried out with representatives of the following organisations:

- Attention Deficit Disorder Information and Support Service (ADDISS),
- British Dyslexia Association,
- Dyspraxia Foundation,
- National Autistic Society.

In addition to this, two experts working for consultancies which work with employees with neurological conditions (Key 4 Learning and Genius Within) were interviewed.

The expert interviewees made a number of points in common. First, they felt that there was a need for increased awareness of neurodivergence and its impact in employment. This was even the case for conditions where there had been a longer history of awareness such as dyslexia. Experts explained that knowledge could be limited to a few more well-known attributes associated with the conditions, leading to incorrect expectations and stereotypes. A lack of awareness could be more problematic if the individual had not disclosed their condition as behaviours could be misconstrued, for example as laziness, being difficult or not having the skills to do the job. Increased awareness by line managers and colleagues could prevent problems developing and escalating, and depending on the relationship could prompt conversations about support, and if appropriate about getting diagnosed. However, some experts highlighted that awareness and subsequent support were not reliant on an official diagnosis, and

in fact in some cases a diagnosis would be unnecessary and could be emotionally difficult for the individual.

The experts drew attention to the low-esteem experienced by many neurodivergent individuals, who may have had numerous negative experiences during their education and employment history. Therefore, in addition to being aware of the challenges associated with their employees' conditions employers need to consider the emotional impact of being neurodivergent and its effect on individuals' self-esteem. For example, employers should bear in mind that neurodivergent individuals' reluctance to progress may stem from their lack of self-belief. Similarly, when discussing performance it is important to highlight successes as well as areas for improvement.

The expert interviewees discussed the importance of good communications, for example, being clear in what is expected when allocating tasks. Additionally, having an open and supportive dialogue with neurodivergent colleagues was felt to be important, particularly when discussing performance issues. However, it was stated that discussions with colleagues with autism would require neurotypical individuals to discard their norms of social interaction; they would need to be considerably more direct and be prepared to take the lead in conversations. When communicating with those with ADD, colleagues should consider that they could be hypersensitive to auditory stimuli. Additionally, people with ADD may need instructions repeated several times.

Expert interviewees emphasised the need to foster a positive environment where acceptance and tolerance of diversity are the norm. Some experts were eager to stress that there has been a trend in education and employment to develop and value generalists with a range of skills. This could result in a lower appreciation of people with specialist skills or whose aptitude, though potentially high, may be limited to a smaller range of capabilities. The focus on generalists was particularly problematic for neurodivergent individuals in recruitment and progression. As one solution, experts discussed the need for employers to review whether activities, either in the selection process or the job, were necessary. For example, employers should think whether assessment tests during recruitment accurately reflect the work environment in terms of content and the time allowed to complete the tests.

All the experts discussed the merits of having a neurodiverse workforce. They discussed the many positive attributes often associated with neurological conditions, such as creativity, the ability to think laterally, to develop highly specialised skills and to consistently perform tasks once mastered. They also discussed other positive traits often found in this group, such as loyalty and persistence.

### ***1.3.2 Identifying the case studies***

Two potential case study organisations were identified as a result of the expert interviews and other research, a Midlands-based college of further education (FE) and a large private sector employer in the finance industry. Both organisations consented to take part in the research and no other organisations were approached.

The FE college was considered suitable as it was known to employ a number of staff with different neurological conditions, in addition to working with students with such conditions. The large private sector employer was mentioned by a

number of the expert interviewees as having a well-established network for employees with dyslexia. Further enquiries prior to fieldwork suggested that the organisation also employed staff with other neurological conditions. It was of interest as a large private sector employer, with a greater emphasis on profitability than the public sector employer.

### ***1.3.3 Case study fieldwork***

Three separate topic guides were devised for each of the case study respondents (HR manager, line manager and employee) and revised in response to comments from Acas. These are included in the appendix to this report, as is the topic guide for the expert interviews. Interviews were semi-structured and those with HR managers lasted between around 40 minutes and an hour and a quarter, depending on the breadth of coverage of their role. Interviews with other respondents lasted around 30 minutes.

The FE college case study visit took place on 18 February 2016 and interviews conducted with a total of four members of staff, the HR manager, two line managers and one other employee. Three had a neurological condition, two of them managers. All interviews were face-to-face.

The visit to the large private sector employer took place on 22 April 2016. Five members of staff were interviewed face-to-face on the day. Prior to this, two members of staff were interviewed by telephone, and three were interviewed by telephone following the case study visit. It was necessary to interview a larger number of people than was the case for the FE college as responsibility for different aspects of the HR function were split across different staff, due to the size of the business. Also, the intention was to interview staff working in different divisions of the business and at different levels of seniority. Interviewees consisted of three HR managers, one line manager and six other members of staff.<sup>10</sup> All six employees had a neurological condition.

The following two chapters describe the main findings from the two case studies and similarities and differences between the two workplaces are then discussed in detail in Chapter 4, alongside findings from the expert interviews and review of background material. The final chapter summarises the main findings across the two case studies and highlights the limitations of the analysis, as well as any ways in which the current research could usefully be extended.

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<sup>10</sup> Some of these members of staff were also line managers, so they were asked whether they managed others with neurological conditions, and if so, about this experience.

## **2. CASE STUDY 1 - MEDIUM-SIZED PUBLIC SECTOR EMPLOYER**

### **2.1 The organisation**

The first case study was of an FE college, located in the Midlands. It had a long history as a college for visually impaired students, but in the past 20 years had started to take on students with a wider range of conditions. As the student intake changed to include those with a broader range of physical disabilities and neurological conditions, diversity amongst staff had also increased.

The college employed a little over 300 staff in total, most of whom were located at a single site. However a small number worked within three small enterprises in other locations: a gardening centre; a coffee shop and a cycle shop. These enterprises were set up with the aim of giving students work experience; generating revenue for the college and to engage in community outreach. Five staff were known to have severe dyslexia which meant that they struggled with written work, but a further 15 to 20 had dyslexia which had a lower level of impact on their work, due to their role and the less severe nature of their condition. Around 15 staff were thought to have dyspraxia and three had been diagnosed with autism. About 10 employees had ADD. Because of the co-occurrence of some of the conditions, around 40 staff in total were thought to have one or more neurological conditions.

### **2.2 Respondents**

Case study respondents included an HR manager (known as [HR] throughout) who had been with the employer for two years, two line managers, one of whom had worked for the organisation for 18 years [LM1] and the other for five years [LM2], and an employee who had been working at the college for six months [E]. Three of the four had neurological conditions; one having been diagnosed with dyslexia at the age of nine and one at the age of 25. In the final case, the respondent had received a diagnosis of autism whilst they were studying at college.

The HR manager was a generalist and so carried out a wide range of HR tasks, including recruitment and selection, overseeing the probationary period, dealing with performance problems, including disciplinary hearings, stress management and organising training and development. One of the two line managers was responsible for managing an on-site gym. This was a profit-making enterprise, similar to the three off-site enterprises previously mentioned. He was also responsible for managing lettings for a sports hall. He line managed four full-time and three part-time staff, as well as six volunteers and casual workers. This included two staff who had been diagnosed with autism, but were described as 'high-functioning' [LM1]. The second line manager was a student support manager who was responsible for managing a team of nine mentors who worked with students. His team supported students with emotional and behavioural issues and other disability-related needs and he also worked with two external psychologists. Two of the staff members that he line-managed were dyslexic. The final interviewee was a tutor, responsible for planning and delivering lessons to groups of students.

The fact that staff awareness of neurological conditions was high due to working with students with a range of conditions meant that all respondents with a neurological condition themselves had disclosed this from an early stage with the employer. In two cases disclosure had taken place prior to interview, and in the other case disclosure had occurred after receiving the job offer. Disclosure is discussed in further detail in section 2.4.

## **2.3 Neurodiversity policies and practices**

The college did not have a specific written policy on neurodiversity, but neurological conditions were covered under a wider policy on disability. Thought had been given to how to ensure that employment practices did not disadvantage neurodivergent staff. The ways in which practices accommodated employees with neurological conditions are described in the following sections.

### ***2.3.1 Recruitment practices***

It was necessary for the college to have a standardised recruitment process involving the completion of application forms to meet safeguarding requirements. This was done online so that applicants had access to spell and grammar checking software. As well as reducing the barriers for those with dyslexia, this also accommodated autistic applicants who found computer-based communication easier.

Candidates were asked to declare any disabilities or neurological conditions as part of their application, but this information was only seen by the HR department and not the managers involved in shortlisting candidates for interview. This information was used to identify a suitable room for the interview (where candidates had a physical disability), as well as any adaptations which were needed in the interview process. Where there was a written test, candidates who declared that they were dyslexic at the outset were given extra time to complete the task.

Applicants were invited to interview by e-mail, as this was thought to aid dyslexic applicants who may have memory problems. This was also considered more suitable for those with autism, who might find it difficult to receive an unplanned telephone call. However, the e-mail invited applicants to ring if they had any queries prior to the interview and if they had already declared their condition by this stage they were asked to call to discuss whether they required any support in the interview process.

The interview format and process was explained to candidates in advance so that they knew what to expect before the start of the interview. It was important for candidates with autism in particular to be given detailed information on the precise format of the interview. For example, whilst the respondent with autism described the interview process as 'good', she did say that she was slightly thrown by the fact that she had been asked to plan a lesson for six students, but was then asked to deliver this to the interview panel, rather than to a class, as she was expecting.

If the applicant had declared a neurological condition prior to interview, the college sought to accommodate any requests for support, provided they did not

disadvantage other candidates.<sup>11</sup> Candidates were also allowed to take notes into the interview.

### ***2.3.2 Following interview***

If a candidate who had declared a neurological condition was offered a job, they were then invited to discuss any support needs when they came in to complete their Disclosure and Barring Service (DBS) form. The discussion about their support requirements was intentionally left until after they had received the job offer because it was felt that new recruits would be more willing to talk about their needs at this stage. This conversation took place well in advance of their first day of work however, to ensure that it was possible to put the required support in place before the new recruit started work. Line managers would be involved in discussions if necessary.

### ***2.3.3 Induction***

The coverage of the induction training was standard, but the way in which the content was conveyed to new starters was adapted to suit their needs. Longer sessions were broken down into shorter interactive sessions, with new recruits discussing information and making notes which were reviewed later, or they were given background reading prior to a short briefing so that the content could then be discussed. Disability awareness training formed part of the induction. Respondents also noted that the availability of support, if required, was emphasised during this period and that this was reassuring.

### ***2.3.4 Training***

Staff were sent a training calendar on a regular basis, so that they had plenty of prior notice of what was coming up. It was also important to provide information on the venue in advance for those with autism, as changes to room layout and background noise could be a distraction. Advanced information on subjects for discussion and written notes to refer to afterwards ensured that staff with autism were able to benefit fully from the training received.

The paperwork that accompanied training was designed to be accessible to all participants – for example, by using coloured and larger font sizes for dyslexic employees. Staff were given copies of slides in advance and were read out, as those with autism had difficulties reading and listening at the same time. Plenty of time was allowed for staff to ask questions ‘as opposed to whizzing through stuff’ [E]. The respondent with autism commented that ‘what I’ve noticed mainly is just it’s exactly the same as how you treat the students in that you make sure that everybody’s following and stuff. Whereas other places they get it with the students but with the staff you’re supposed to be perfect’ [E].

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<sup>11</sup> Requests to see the interview questions in advance were not granted, for example. However, candidates were given an overview of the topics that would be covered in the interview.

### **2.3.5 Performance management**

It was noted that staff with neurological conditions often suffered from low self-esteem due to past treatment as a result of their condition. A number of respondents mentioned that the problems that they experienced due to their neurodivergence had resulted in mental health problems and there was a strong desire amongst some to take action to ensure that others avoided similar difficulties. As a result it was necessary to handle performance issues with particular sensitivity. It was important for line managers to be aware that problems with performance may have arisen because the member of staff was reluctant to discuss the impact of their condition on their work and the need for additional support. In these cases it was important for the line manager to offer support, rather than relying on the employee to say what they needed. However, even in these cases, it was necessary to have a two-way discussion of what the employee might find helpful. For example, the line manager might suggest ways of working that other staff with the same condition had found helpful and ask the employee whether they felt that the same approach might work for them. Of course, the ability of the line manager to do this might vary depending on their past experience of working with other staff with neurological conditions.

Where adaptations were required to assist an employee in doing their job, the college sought to implement these in stages so that they could monitor its impact. For example, one member of staff who had had an Access to Work<sup>12</sup> assessment requested training which the college provided. There had been other suggestions for this person; however, the college had a practice of assessing existing adaptations for a period of time before they provided more. In part they wanted to ensure that any changes had the desired effect and to identify areas where any further support was necessary; this was felt to be important in tailoring the support to the individual.

### **2.3.6 Retention**

Making the employee feel like a full member of the workforce, with the same opportunities as other staff was seen as vital to ensuring retention. This included ensuring that they were offered ongoing support for their condition, through any changes in their job that occurred over time. One respondent noted that there was a danger that 'support is provided early on...and then it drifts off as time goes on' [LM2]. Giving employees the opportunity to discuss any concerns as they arose was important. Initially discussions might largely take place between the HR department and the new recruit, but as the employee became more established in their job, the line manager might assume greater responsibility for discussions over support needs. This process had been put in place as initially employees and line managers would not have established a relationship. Once they had done so there was less HR involvement, although HR staff did still attend appraisals in a support role.

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<sup>12</sup> Access to Work is a publicly funded service from Jobcentre Plus aimed at helping those with a 'disability or long term health condition' that requires 'an aid, adaptation or financial or human support to do a job'. (Department for Work & Pensions, 2016. Access to Work: factsheet for customers [online]. Available from World Wide Web: <<https://www.gov.uk/government/publications/access-to-work-factsheet/access-to-work-factsheet-for-customers>>)

## 2.4 Disclosure

The college formally monitored the number of people with different types of neurological condition. Every two years all staff were asked to reconfirm their details and so were given the opportunity to disclose a condition at this point. This was done in recognition of the fact that some staff may have been wary of disclosing a neurological condition or other disability when they first started working for the college. At least some staff were known to have *not* disclosed their condition until later in their employment. Where an employee did disclose a neurological condition, they were asked whether they would like any support.

There were a number of reasons why an employee might chose not to disclose that they had a neurological condition. Firstly, there was a desire to be called for interview based on merit, rather than because of the legal requirement for employers to interview all suitably qualified candidates with a disability. Secondly, the willingness to disclose depended on the perceived openness of the employer towards those with neurological conditions and the fear that disclosure might 'go against them' [LM2]. Some respondents reported that whilst they had declared their condition at an early stage in their current job, this had not been the case with previous employers because of a fear of the likely consequences. Finally, in some cases employees failed to disclose their condition at the outset because they were not aware of it themselves.

Disclosure once someone was offered a job was seen as vital to minimise the risk of avoidable performance management issues arising. Job roles could often be adjusted to reduce the need for the individual to carry out tasks that were more difficult for them, due to their neurological condition, or they could often be provided with adaptations which helped them to perform particular tasks, such as working on some tasks as part of a team, rather than on their own. Where disclosure did not occur, this could create difficulties for the employee, as much as for the organisation. For example, one interviewee reported that a member of staff with dyslexia had initially struggled with her workload because of the difficulties that she faced in producing written work. Her dyslexia only came to light when she admitted that she was finding the amount of work difficult during the course of an appraisal. The problems arose partly because of the strain that producing written work caused, due to her dyslexia and partly because her perception of the standard of work required was higher than it actually needed to be. As a result of her discussion with her line manager, she was formally diagnosed with dyslexia. Her line manager questioned whether this would have been the case in a less supportive workplace where awareness of neurological conditions was lower.

In a second case, an employee who had not disclosed their condition on starting a previous job had initially received good feedback on her performance. On declaring her condition, she started to receive criticism and she felt that this may have been because they were concerned that they would be expected to make adjustments. In another case, she had disclosed her condition in confidence, but this information was then passed on to the safeguarding team, the implication being that her condition might potentially put students at risk. Rather than disclosure being used to ensure that the employee had the support they needed to do their job well, in some cases it was used to question their competence and suitability for the job.

Whilst in some cases respondents reported that information on their condition had been communicated to others without their permission in past jobs, in other instances employees expected information to be shared more widely than in fact



was the case. This could create difficulties where the employee expected others to be aware of their condition, when in fact they had not been notified. This highlighted the need to have a clear procedure for staff to disclose their condition and clarity around whether they were willing for this information to be passed on to colleagues and for this to be discussed explicitly. The college asked employees whether they consented to this information being shared more widely before discussing their condition with other staff, but did encourage employees to disclose to colleagues where they felt comfortable to do so. Although disclosure to colleagues in general could reduce work pressures where they were understanding, it was seen as less important in an environment in which differences between individuals were acknowledged and accepted. One respondent commented that it was important generally for employers to treat employees as individuals and to offer them flexibility and support where needed, rather than expecting them to conform to a rigid pattern of behaviour. This had the added advantage of ensuring that those who had not been diagnosed with a neurological condition were able to contribute to the workplace. To her it was important 'to support that person as an individual, you know, rather than needing a label for it' because 'even if you've not got a disability, people work in different ways so just understanding your individual people, your workforce, and how they work best surely is just what you should do anyway?' [E].

## **2.5 Awareness of neurodiversity**

The general level of awareness of neurodiversity within the workplace was thought to be high, given that staff worked with students with a range of conditions. However, some respondents noted that staff may be less aware of neurodiversity amongst their colleagues. This was partly due to the fact that they did not expect their colleagues to have the same conditions as the students and also because it was up to individuals to decide whether they wished to disclose a neurological condition to their colleagues. Therefore, even some of those directly working alongside neurodivergent colleagues may not be aware that this was the case. It was also noted that staff were perhaps less aware of some of the practicalities of interacting with colleagues with autism, compared to their knowledge of dyslexia and dyspraxia. There were differences between teaching and support staff, with the former being more aware of autism due their interaction with students. Additionally, whilst staff were provided with training on autism, it was geared towards interactions with students rather than their working relations with colleagues. Finally, there was a greater incidence of staff with dyslexia or dyspraxia in comparison to ADD and autism, which may have also contributed to lower levels of understanding of autism as cited by the interviewee. Furthermore, students sometimes had quite a profound level of disability, which meant that staff were less able to recognise the less severe, more 'hidden' form of impairment experienced by some of their colleagues, because the symptoms were much less obvious. Whilst staff were aware of the well-known impact of dyslexia on written communications, they were less aware of the potential strain from having to complete a lot of written work, or differences with neurodivergent staff in terms of organisation and problem-solving.

Even when employees disclosed their condition and it was known to all parties, difficulties could still arise between members of staff where they were less able to adjust to the needs of others due to their neurological conditions. Situations where two staff with neurological conditions worked alongside each other needed careful management. In one such case, the college had spoken to both parties

and sought their consent to disclose their condition to the other party so that they could then offer them both support in working together.

In most cases employees were thought to be good at recognising each other's needs and adapting to accommodate each other. Having leadership that was committed to having diversity, in terms of disability or neurodivergence, amongst its staff, was also identified as important in creating a supportive environment. Nevertheless, the fact that autistic staff could 'sometimes have very channelled avenues of conversation or take things literally' [LM1] could cause frictions at times, with the potential for other staff or members of the public to take offence or get bored. For example, one employee with autism had a favourite topic which they would talk about for extended periods of time without realising that other people were not interested. A potentially more serious example was given by the employee, who discussed difficulties she had had with another member of staff who had a disability. After checking that both individuals were happy to disclose their neurodivergence and disability, the college explained to each person the other's needs and characteristics. The employee felt that this had been useful and that the situation had been handled well. More generally, (neurotypical) colleagues were sometimes thought to take the attitude that someone with a neurological condition was 'in the wrong job' because 'they haven't got the right skill set for the job they're being asked to do' [LM2]; though in some of these cases individuals would not know of their colleagues' neurodivergence. Misunderstandings over behaviour could result in disciplinary action and conflict at work; speaking with regard to prior experience of other workplaces, the respondent with autism commented that 'whilst obviously the autistic spectrum is seen as being a lack of flexibility, actually it's the lack of flexibility that's shown to people on the spectrum that causes the problems' [E]. The fact that staff were used to supporting students was thought to lessen problems at the college in this regard, but the respondent with autism felt that there should be greater employment protection for those with neurological conditions because in most cases they just ended up leaving their job if they encountered problems.

The gym manager noted that whilst some employees had 'slightly shorter fuses with other staff' and would complain to him, the fact that they also worked with students with neurological conditions and had received autism training meant that this was not generally a problem. It was more of an issue where autistic staff came into contact with members of the public though, as described above, in relation to the employee who discussed their favourite topic at length with gym members. Additionally, this individual would often be happy to sit at the reception desk but at other times did not feel able to cope with the task and would ask to leave whilst manning the desk. In these situations the gym manager was flexible and gave the responsibility to another employee. However, this did mean that the manager had to change employees' tasks at short notice.

As well as providing disability awareness training as part of the induction and at other times, the college took action to seek to raise awareness of neurological conditions amongst staff by encouraging employees who had a condition themselves to give awareness training. Making staff aware that they had a colleague with a particular condition to highlight the fact that this was not always obvious was an important part of this as in some cases problems arose when an otherwise able member of staff was unable to carry out particular activities. The respondent with autism felt that the fact that her condition was not visible and that she came 'across as fairly intelligent, fairly articulate and I'm in a job that's not just stacking shelves' meant that there was a risk that a less understanding employer, or colleagues, would just see her as 'being difficult' and refusing to conform [E]. Even with disclosure, difficulties could arise due to a lack of

understanding of how her condition affected her behaviour. The awareness training gave staff the opportunity to talk about how their condition affected them as an individual and what other staff could do to help, as opposed to talking more generally about the condition, which may not necessarily apply to those with the condition within the workplace.

Line managers were thought to have a greater level of awareness of neurological conditions from working alongside neurodivergent staff. However, there was a learning process when they started managing employees with particular conditions and built up their confidence in how to offer support. Both of the line managers interviewed had received training in working with disabled people and the gym manager said that he had also completed a certified course on autism. The student support manager reported that a dyslexia specialist ran awareness sessions on the conditions, which were mainly aimed at teachers, but were also relevant to other staff. One of the two line managers felt that training on different learning styles and personality types would be useful in raising awareness of diversity amongst employees more generally.

## **2.6 Benefits from neurodiversity**

One of the main benefits of employing staff with a range of neurological conditions for the college was that it provided role models for students. Students could see that 'people who are like them' were able to make a contribution to the workplace and to occupy responsible positions [HR]. In addition to this, students were said to benefit from being taught by staff who were able to explain things in a way that made sense to them, because teacher and student had the same neurotype.

Aside from the value of having a neurologically diverse workforce for reasons which were specific to the nature of this particular workplace, it was noted that there were benefits that would apply more generally to all workplaces from having people with 'a different mind-set' who 'look at things in a different way' [HR]. It was seen as important to have staff who challenged established ways of thinking and brought a different perspective to the workplace. Employees with dyslexia were considered to be particularly strong in terms of coming up with ideas for problem-solving and planning. If their strengths in certain areas were recognised and channelled, they could make a valuable contribution. Autistic staff were described as 'good at attention to detail', honest and dedicated to their job [E].

The gym manager reported that all of the staff that they had employed with neurological conditions were 'exceptionally good members of staff'. Whilst it was necessary to give them a narrow brief which suited their skillset, the college tended to 'get value added in that' [LM1]. However, he felt that there was greater potential to employ autistic staff to their strengths. His view was that 'We tend to kind of bland people out of it now', by focusing on support related to everyday activities and assimilation into a neurotypical environment. He believed this led other more specialised skills, where individuals have a comparative advantage, being neglected. The manager gave the example of a student who is very interested in information technology (IT) but has difficulties presenting himself. The manager felt that instead of concentrating on his interpersonal skills the focus should be on developing his IT skills to a high level and then providing him with support so that he could use these skills in a work environment. The manager also described this in relation to other students, 'a lot of autistic students with fantastic memories and visual acuity and photographic memories

who love spotting things and... why are these guys not working on...port scanners and data entry for the Police...they might not be able to cope in the work place without support, but give them support...then use that skill and that person would be very happy' [LM1].

Some respondents felt that organisational loyalty was a common characteristic of neurodivergent employees. The fact that some staff had previously struggled to find an understanding employer that supported them with their condition and allowed them to fulfil their potential was likely to have contributed to this, rather than this being due to their condition per se. However, in the case of autism, it was felt that the intrinsic value attached to having an established routine at work also played a part.

## **2.7 Barriers to the employment of those with neurological conditions**

Respondents described some of the difficulties that arose in the workplace for those with neurological conditions and for their colleagues. Awareness of autism in society as a whole was thought to be low, so that many people would have little understanding of the contribution that an employee with autism might be able to make. More generally, stereotypes concerning what particular conditions entailed were limiting for respondents, as whilst they might be true of some people with the condition, not everyone is affected. There was also felt to be a general lack of awareness about how challenging effects associated with particular conditions could be minimised and accommodated with the right support. For example, some respondents felt that employers often assumed that employees with dyslexia would struggle with paperwork, whereas in reality relatively small adaptations could avoid any potential problems arising.

Employees with autism were said to prefer e-mail communication to telephone calls and the employee who was interviewed explained how she liked recipients to acknowledge receipt of her e-mails even if they had no other response to make, as not receiving a reply made her feel anxious. One line manager described how the impact of an individual's autism on their capacity to undertake work could vary from day-to-day, so that a task that was achievable one day might be impossible the next. A set-back could trigger anxiety, making it harder to overcome a problem. Difficulties could also arise because the employee was not always able to express their feelings and needed clear instructions, rather than being expected to be proactive. Because of this it was important to ensure that communications were clear and no-one was asked to do anything that might result in overload.

The respondent with autism also described how her role as a teacher could be stressful, due to the fact that it was sometimes necessary to adapt to last-minute changes, or situations that she had not been prepared for. This was exhausting and in past jobs where the support had been lacking, this had resulted in absences due to anxiety. A period working as a supply teacher had caused particular problems due to the lack of advance information and uncertainty over whether she would be working from one day to the next. To some extent, this was due to the nature of the job, but was also down to the employer not providing her with information that was available to them in advance, such as which room she would be working in. However, it was not clear if the employer was aware of her autism.

The fact that it was not possible to place a high level of reliance on all autistic employees working alone meant that it was necessary to ensure that they were

deployed in a way that made optimum use of their skills, rather than expecting them to perform *all* aspects of the job. In the absence of pressure, it was possible for an autistic employee 'to shine and relax and do more than you expect of him, but when you put pressure on him he withers' [LM1]. The difficulty in being able to rely completely on an autistic employee in respect of certain tasks had implications for other staff, who were potentially called upon to fill in for them at short notice if it became apparent that the autistic member of staff would not be able to complete a task.

As a public sector college with wider aims than the purely financial, the gym manager saw an intrinsic value in employing autistic staff, but he noted that in a more commercial environment it would be unlikely that an employer would take on someone who had to declare themselves that they would not be able to take on all aspects of a role. This was particularly the case given the rigors of job interviews and the high level of competition for jobs. He described how 'the last time we interviewed here, even quite a low paid job we had some major applicants, we had somebody with Masters Degrees and for a minimum wage job'. In this context he felt that many employers would be unlikely to recruit an autistic employee, because whilst college staff had sufficient experience of autism to know what challenges to expect, employers who had no previous experience of employing autistic staff 'might need some serious training in it' [LM1]. The respondent with autism also noted that whilst the college had been very supportive, she had previously worked for other FE colleges which had students with special needs who had not been supportive of staff members with neurological conditions.

Dyslexia was associated with memory problems and some problems communicating ideas to others as well as difficulties with written communications and dyscalculia. As previously mentioned, where the condition went undiagnosed, employees could find it necessary to spend a lot of time trying to carry out tasks to the required standard, placing them under undue stress and making it difficult for them to fulfil their potential. They could also find it difficult to explain ideas to others in a succinct way that could be clearly understood by others. A diagnosis followed by support with coping techniques, such as association and visual prompts, enabled staff to reduce the negative effects of the condition. For example, an interviewee discussed thinking about the location where an event took place as a trigger to remembering other information. The same person had difficulties remembering passwords or at times was confused with telephone numbers. They dealt with this by knowing the sequence they had to type on the keyboard rather than knowing exact numbers or passwords.

A failure to disclose could cause problems during the interview as some neurological conditions are associated with anxiety. In some cases autistic candidates 'froze' during the interview, but as they had not declared their condition, it was difficult to take this into account. The gym manager felt that in this case 'it's in their best interests to declare it because it might go against them ... if they don't perform so well in the interview process' [LM1]. This could also apply to applicants with dyslexia, as one respondent reported that 'sometimes the dyslexia gets worse if you're nervous so that can affect things at an interview' [LM2]. The form-filling that was required in the early stages of a new job could also be a barrier for new recruits with dyslexia who did not disclose their condition.

One of the line managers noted that as some of their staff had previously been students at the college, the employer already had a good idea of their capabilities and the adaptations that would be required before they were taken on as an

employee. However, this would not be the case for another employer and it may be difficult for some applicants to demonstrate their potential during interview, due to the nature of their condition. As the participant spoke from experience he only referred to applicants with dyslexia or autism.

It was noted that the barriers to employment for those with certain types of neurological conditions varied depending on the workplace and job role. It was felt that in some industries there would be a lack of understanding of particular conditions. The severity of the symptoms would dictate whether an employee would be able to fit in where the employer was less accommodating. The respondent with autism reported that in the past when she had explained that she found something difficult 'the response is well you need to learn to do it, rather than what can we change so that it's not difficult' [E]. This was a serious barrier to continuing employment. The potential for sensory overload for some of those with neurological conditions could also be a barrier to employment in particular fields, but it was thought important not to overgeneralise about this, as there was huge diversity even within those with a particular condition.

It was also thought that some employers had an expectation that adjustments would be costly and the process of establishing what adaptations were needed might be time-consuming. The HR manager felt that some employers would be reluctant to buy equipment for a new employee when they did not know how long they might stay with the firm. However, in practice, the adaptations required might be fairly minimal. Individuals discussed support such as: being informed of changes to timetables, rooms and room layouts in advance; colleagues being willing to adapt communication to the neurodivergent person's preference, and; providing feedback in bullet points rather than in paragraph form. Adaptations coupled with an openness to accommodating neurodivergent individuals' requests without assuming that they were being difficult or 'picky' were appreciated by individuals. For example, the employee discussed how being given a room as base to work from which was not shared with others, as would have normally been the case, as positive action by the college. She also mentioned that the college had quickly fixed a flickering light on her request as she is light sensitive. Although, she believed that they would have mended the light regardless of her request, she appreciated their quick response and, importantly, felt confident in making requests.

With the right support, job role and adaptations, employees with neurological conditions were able to progress, but it was recognised that this was partly dependent on the nature and severity of the condition. For example, it was noted that employees with ADD may struggle with more senior desk-based roles as they may not like the additional requirement for office-based tasks in these roles. However, the interviewee highlighted that it was important to clarify whether individuals felt prohibited to apply for promotion due to their neurodivergent characteristics or because of their lack of self-belief. It was felt that there was an element of self-selection in this. In particular, employees with autism were said to value stability and so in general would not welcome the change to their routine that a promotion would entail. In other cases, autistic employees were able to benefit from the training that they received, but it was thought that some individuals might find it more difficult to participate in certified or accredited training, or to pass exams. Employees with dyslexia had successfully managed to progress in the workplace, but one respondent noted that progression depended on having the right support. He was conscious that his condition meant that a further promotion would mean 'lot more things I'd need support with, which probably does tend to stop me wanting to move forward' [LM2]. In his view, he probably would have progressed quicker if he did not have dyslexia. It was noted

that in some workplaces employees with neurological conditions may feel unable to apply for a promotion for fear that their condition would become obvious to colleagues.

## **2.8 Effective practice**

Where employees did disclose that they had a neurological condition, the success of any support put in place depended on it being carefully tailored to the needs of the individual. This involved having a detailed discussion about support needs and creating an environment in which employees felt able to discuss any further issues as they arose. Where an employee received a negative response to any requests for help, they were less likely to feel able to raise any further problems and so this could cause difficulties to escalate.

It was important for the employer and fellow employees to be open to doing things differently and making the required adjustments. The respondent with autism commented that 'I've worked places before where it's pretty much you do the job however everybody else does the job and if you need adjustments it's not going to happen' [E]. Whilst she had access to an external specialist adviser who was able to work with the college to ensure that she had the support that she needed to do her job, she mentioned that mentors were also available at the workplace to fulfil a similar role for other staff. Of the external support discussed, the employee had a support worker from a charity which specialises in autism; she was assigned the support worker whilst seeking employment. Another member of staff had a support worker who facilitated an Access to Work assessment, thus aiding the individual in getting a package of support.

Giving careful thought to whether the job role was suitable given the strengths and weaknesses of the employee was vital to ensure that they were able to perform well. One of the line managers noted that it was important to consider the likelihood that the employee could fulfil a role with the right training, or whether, even with training 'it's going to be really hard for the person to achieve that' [LM2].

Proof reading was important where an employee had dyslexia. Having an established process of checking communications prior to circulation as part of normal quality assurance meant that this could be seen as standard good practice, rather than an adaptation which was brought in specifically because some employees were dyslexic. Being clear about the required standard of work was also important, as employees who struggled with certain tasks were sometimes trying to achieve higher standards than were in fact needed. One respondent found preparing written records of meetings, such as appraisals, difficult, but overcame this by recording them so that administrative support staff could type up notes. It was also important for those working alongside staff with dyslexia to ensure that there was a clear understanding between both parties about what had been agreed. This was particularly the case where both staff had dyslexia.

Greater standardisation of working practices over time was thought to have made it easier to accommodate autistic employees in the workplace. Many job tasks were now defined in writing and scheduled for particular times, both for health and safety reasons and in an effort to become a more corporate environment which maintained consistent standards. This was thought to assist autistic employees who benefited from clear instructions and having a written rota of tasks that they could tick off as they were completed. As the gym manager put it

'they're eliminating a lot of the grey areas' [LM1]. The challenge of having a list of jobs to complete also helped them to complete tasks more quickly. Tasks such as putting up posters were greatly simplified by having set places where these should go, as this removed the anxiety associated with choosing a suitable location. By contrast, neurotypical employees tended to enjoy greater job discretion and wanted to have greater freedom to think for themselves and organise their own time. The gym manager explained that whilst the set-up costs of ensuring that tasks were clearly prescribed were high, it had benefits for the gym as a whole as it meant that 'everyone works in the same way' [LM1]. With an established routine and clarity over what was expected and advanced notice of any changes, an autistic employee could make a valuable contribution to the workplace.

Providing written feedback as a bullet point list, rather than paragraphs of text and giving employees a written record of conversations was helpful for those with autism, who could have difficulty remembering verbal feedback. As previously mentioned, e-mail based communications and written training materials were useful for a similar reason. The respondent with autism was allowed to give notice by e-mail rather than telephone when she was off-sick and was given advanced notice of any timetable or room changes, including changes to room layout. She had also been allocated a dedicated classroom so that she could have a familiar base. Flickering lights had initially caused her problems, so as these needed to be replaced anyway, they consulted her over suitable replacements.

Direct communication with employees over the impact of their condition and their support needs was identified as important in ensuring that any potential problems were overcome. Shying away from the topic gave the impression that it was something to be ashamed of, rather than 'part of who they are' [HR]. The respondent with autism also commented that it was important to treat employees as adults and able to have an input into what they needed to help them to function effectively in their role, rather than saying 'we're going to do this because we understand your condition' [E].

Where someone did not disclose their condition at the outset and it later created difficulties, it was important to handle enquiries about whether they already had a diagnosis in a sensitive way and with a degree of informality so that the employee felt able to be open about the problems that they were experiencing.

Having a supportive work environment was thought to increase the likelihood that an employee with a neurological condition applied for a promotion as this provided reassurance that the employer would consider them on their merits, rather than making a judgement based on myths about their condition. Respondents felt that the opportunities for progression for neurodivergent staff were good within the college because 'they don't see it as a thing that they're having to do for you and begrudging you' [E].

## **2.9 External support for employers**

The college had made use of Access to Work. There was support for it in principle, but there was dissatisfaction with how it worked in practice. It was felt that there was insufficient interaction with the employer in the process of writing the report. For example, in some cases the report had suggested that the college should provide specific software to support an employee, when the college already had a similar package installed on all computers. This resulted in time



being wasted whilst establishing whether it was indeed necessary to buy new software. It was noted that for some employers the potential costs of implementing the suggestions made in the Access to Work report could be prohibitive and could deter them from taking on a neurodivergent employee.

The college had also had contact with a regional charity for people with autism which provided a support worker for an autistic member of staff, at no cost to the college or employee. This was available because the employee had previously been on Job Seeker's Allowance (JSA) and the service being provided was government-funded. The adviser was involved in identifying support and training needs and advising on adaptations even before the new recruit started working at the college. They accompanied the employee on their first day to introduce themselves to the employer and visited the employee at work once a week to check on progress. There was also an arrangement between the adviser, employee and college that the college could discuss any problems with the adviser if they did not feel able to address them directly with the employee. The employer found the assistance that the adviser provided very helpful.

More generally the HR manager felt that provision to support employers of staff with neurological conditions was inadequate. She felt that employers needed a straightforward guide to the adaptations that might be necessary depending on the traits of the employee. She felt that a list which guided the employer through adaptations that would be appropriate for particular conditions would help employers and employees to start a discussion about what was required. As she saw it, one of the potential barriers was that employees felt unable to ask for adaptations and employers were uncertain how to broach the subject. A general guide of this nature could be used as a starting point to prompt more detailed discussions between the two parties.

As an FE college, the gym manager also felt that they could potentially have a role in increasing knowledge of neurodivergence amongst other employers. This could be done through training and short secondments at the college, giving those from other organisations the opportunity to learn more about neurological conditions and to understand more about how work can be organised to accommodate greater neurodiversity and the type of support that might be required. He felt that there should be greater funding for employers thinking of taking on staff with neurological conditions to cover the costs of awareness training and to support commercial organisations to arrange work in a way that facilitated the employment of neurodivergent staff.

### **3. CASE STUDY 2 - LARGE PRIVATE SECTOR EMPLOYER**

#### **3.1 The organisation**

The second case study was of a large private sector employer in the professional and financial services industry. It operated globally and employees were spread across multiple sites in the UK and abroad. The case study visit was to a London office, but some of the interviewees were based at other sites across Britain, or were sometimes seconded to work on-site with clients. The main focus of discussions was on UK operations. All employees had a manager two grades higher who acted as a line manager. This was in addition to managers leading particular projects.

The organisation employed more than 10,000 staff across the UK. Due to the size of the organisation, it was difficult for respondents to estimate the proportion of employees with neurological conditions, as formal monitoring focused on whether employees had a disability, rather than the nature of their condition. Under two per cent of staff were recorded as having any type of disability, but HR managers felt that not all employees with a disability chose to formally disclose this to the employer.

#### **3.2 Respondents**

The HR managers interviewed included those responsible for the recruitment of experienced staff (as opposed to those coming in through a graduate recruitment scheme), diversity and inclusion and employment relations. They are referred to as HR1, HR2 and HR3 throughout.

The line manager (known as LM) worked in a department which provided outsourced HR services, such as payroll, to clients. She had been with the firm for 11 years and progressed up through the grades. She had occupied her current position for nearly three years and managed between two and eight people at any given point in time, including a member of staff with dyslexia. Her responsibilities including training staff, managing the team to carry out tasks, checking and signing off work and client liaison. Communications with clients were often by e-mail due to the fact that they were based all over the world and so subject to time differences.

The six employees interviewed (known as E1 to E6) were spread across five different grades, from a junior level to the one below the most senior. They covered both the financial and non-financial arms of the business and were engaged in a range of different activities from advising global clients on strategy, management consultancy, providing financial services and data analysis, designing and delivering training, assurance and investigating fraud. Almost all employee respondents had been with the firm for two years or more and the longest period was six years. Half of them spent at least a portion of their time working at the premises of clients in the UK or abroad.

Four of the interviewees were diagnosed with at least one neurological condition before joining the firm and two were only diagnosed after they had worked for the firm for some time. E1 was diagnosed with dyslexia and dyspraxia at the age of 15, but at the time of interview was also under assessment for ADHD. E2 was

diagnosed with dyslexia within the first nine months of joining the firm, due to the impact it was having on his work.

E3 was diagnosed with dyslexia whilst doing a postgraduate degree prior to joining the firm. E4 had only been diagnosed with dyspraxia and dyslexia six months prior to the case study interview and whilst at the firm. This diagnosis also came about because she was struggling with aspects of the job. E5 was diagnosed with dyslexia at the age of seven and E6 was also diagnosed with dyslexia at around age seven or eight.

### **3.3 Neurodiversity policies and practices**

The company had a formal written equal opportunities policy which covered disability in general, but it did not specifically mention neurological conditions. However, the organisation had an established disability network and also had networks for staff with dyslexia and autism. The organisation was seeking to become more 'disability confident' [HR2], with an HR manager responsible for ensuring that this aspiration was realised across the business, working alongside all the departments which played a part in putting this into practice, as well as the disability networks.

It was apparent that some neurodivergent respondents were unaware of the full range of support that was available to them. Whilst many spoke highly of the support that they had received, a need to provide a succinct central resource for those with neurological conditions was identified. It was suggested that a website with links would be helpful so that employees were reminded of relevant networks and mentoring and the type of support that was available more generally.

The following sections describe how employment practices sought to ensure that the organisation was neurodiverse and any difficulties encountered by employees with neurological conditions.

#### ***3.3.1 Recruitment practices***

The majority of vacant posts at the firm were advertised externally, although some were only available to internal applicants. Roles advertised externally appeared on the company website, but posts were also advertised internally for existing employees to refer any contacts who they thought might be suitable. Recruitment agencies were also used for the majority of posts. Whilst the firm sought to maintain good channels of communication with the agencies that it used, it was noted that they were reliant on the recruitment agencies to convey the message that the firm was keen to recruit a diverse range of employees and to deal with any enquiries from potential applicants with neurological conditions correctly.

Applicants were required to complete an online form and upload their CV. They were also asked to complete an online equal opportunities form as part of their application, but this information was held separately from the job application itself. A recruitment helpline was available to applicants if they had any general questions on the process. One respondent with dyslexia who was recruited through an agency explained that most of the online form was completed by the agency and he was only required to provide basic information. He reported that his condition was not a disadvantage in the process, but that this may have been partly due to the support that the agency provided. However, he did describe

recruitment as 'a very lengthy process with not much communication and quite a bit of stress on my part' [E1].

Shortlisting involved ruling out candidates who failed to meet certain criteria. The criteria were likely to include both objective and subjective measures. For example, a consultant would require a stipulated professional qualification, but their previous experience and work history would also be considered important. All shortlisted candidates were contacted to ask if they required any adjustments to the interview process. This contact could be by telephone or email, depending on the preferences that the applicant indicated in their application. However, the firm preferred to contact applicants by telephone unless the candidate had expressed a preference for e-mail contact. The selection process for some posts included tests, but this was more common in junior roles and varied depending on the nature of the job. Those joining through the graduate scheme were also given a psychometric test and asked to undertake a written task prior to interview. Shortlisted candidates were asked whether they required any adjustments to these tests due to a disability. There was an assessment centre following the first interview for graduates, which included a group exercise. Candidates were also interviewed by senior managers. A respondent with dyslexia reported that he did not experience any problems with the written tests. The biggest challenge for him was the group test, as he would have found it difficult to write on a flipchart, but another member of the group was willing to perform this role.

One respondent had been headhunted by the firm, having previously worked alongside members of her current team whilst working for another organisation. Some years prior to this she had applied to join the firm, but was not shortlisted. Having the opportunity to demonstrate her skills, rather than being judged on the basis of a written application, was an important factor in her recruitment. She also mentioned that the manager who hired her had a child with learning difficulties and had commented that 'if I had one leg, it makes me disabled and I can't run, but I could probably hop or walk'. She commented that 'before, if I was telling someone, I would be a little bit afraid of what they might think and think that I was not very clever', but his experience of learning difficulties and her past work meant that he was more interested in what she could do, rather than what was difficult.

### ***3.3.2 Following interview***

Successful applicants were given a further opportunity to ask for any adjustments that they required to do their job at the point when they were offered the post. At this point disclosure of a neurological condition would be recorded for the individual, rather than just on an anonymised basis. The firm did not require a formal diagnosis to offer support to employees.

A respondent who had disclosed their dyslexia on joining the firm reported being given a needs assessment at this stage. This involved identifying computer software which was helpful to her in doing her job, i.e. 'read and write' literacy support software and a Dictaphone which enables individuals to vocally connect to their personal computer. She reported that whilst this slowed her down, it 'eliminates a lot of the errors that I would have made naturally' and that she would not be able to do her job without it [E6].

### **3.3.3 Induction**

The induction period covered the first two days in the job. The first day consisted of a corporate induction. This was attended by all new staff, regardless of seniority or role. They also met someone from their team on the first day to be their initial point of contact. The disability networks were mentioned as part of the corporate induction and new staff were provided with information on how to obtain more details. The second day of the induction was focused on IT. Staff were given a company laptop and an introduction to IT at the firm.

A respondent with dyslexia reported that he found the induction process daunting due to the large quantity of information provided. Some of this was seen as unnecessary and overwhelming. However, the fact that the handouts were provided by e-mail was seen as useful. Whilst he did recall being told about the dyslexia network during the induction, he did not feel that what they do was highlighted sufficiently. In his case, he only joined the network because a couple of colleagues were in the network and talked to him about it. Another respondent who was aware that he had dyslexia on joining also commented that he was not really aware of the network initially.

### **3.3.4 Training**

A respondent with dyslexia found the use that the company made of external web-based training courses difficult. He felt that the pace was too fast and some of the content not relevant. He commented that the courses were 'far too technical for you to just listen to once, understand what they're thinking and use it'. His preference was for classroom-based courses with examples and more time to absorb information and understand its relevance. He contrasted the fast pace of the web-based training courses with the fact that extra time was available for dyslexic employees taking professional exams. He felt that the extra time to read and understand was important in the context of training, as well as taking exams.

Another respondent with dyslexia described how she went early to training sessions so that she could explain to the leader that she had dyslexia and to ask them not to ask her to read anything out loud. She did not feel that training was particularly designed with the fact that people might have diverse learning styles in mind.

In terms of any specific training for employees with neurological conditions on techniques for managing their condition, a respondent at a senior level within the firm commented that 'there is some allowance made for specific tools so my mapping tools and things like that are made available, but to ask for specific training would not be necessarily a good thing for your career' [E2]. This was not due to the subjective judgement of others, but because all staff were judged against the same performance benchmarks, which covered sales and revenue, risk management, operational performance, people management and external profile. Spending a couple of days on training meant 'two days out of the market and that's two days of sales lost in a year' [E2]. The employee stated that 'I currently work, on average... an 80-hour week... taking time out to do some of these, some interventions like that can be very difficult, particularly at senior levels in our organisation. I'd say at more junior levels it's definitely possible and probably supported, but at more senior levels there is less scope for doing those things' [E2].

One respondent also felt that formal training for line managers on neurodivergence would be helpful. This might assist them in recognising conditions and reducing the problems that arose where an employee did not disclose their condition, or had not been diagnosed. She also felt that this training might filter down to other employees and increase awareness more generally. However, another respondent questioned whether it would be feasible to train line managers on all the different types of neurodivergence. He also noted that junior staff often rotated between managers on a regular basis, so there was limited value in training managers on one neurological condition when they would only be managing that particular employee for a period of six months or so anyway. In his view, it was more important to ensure that employees with a neurological condition felt able to disclose this to their manager when they started working for them and for the manager to respond in a supportive way and ask how they could help. A line manager who had an employee approach them about their dyslexia also reported that their openness about the sorts of difficulties they faced and ways of working made it 'a non-issue' [LM]. However, she thought some training on neurodiversity to employees in general would be helpful in ensuring that they had some guidance on effective ways of working regardless of whether they currently worked with someone with a neurological condition.

### ***3.3.5 Performance management***

There was a concern about the impact of staff failing to disclose a neurological condition which then affected their performance. One of the HR managers commented that it was frustrating for managers where an employee only disclosed that they had a neurological condition at 'the eleventh hour' when they were already going through the performance management process [HR3]. By this point managers were impatient to resolve the problem of poor performance which may have been going on for some time and being told that they had to wait for adjustments to be made before things might start to improve was a source of irritation. A senior member of staff with dyslexia commented that 'people get a very short amount of time to reach a performance standard, so particularly when people come in from the outside, and particularly if they come in at the more senior levels and they have a neurological condition, and you're trying to adapt to the organisation, plus adapt to the client environment,...it's a very unforgiving place to be.' [E2]. He attributed this to the competitive nature of the business, rather than a failing of the firm, but as he put it 'if I have to sell you to somebody else for £4,000 a day, you need to deliver £4,000 a day of value and I don't really have a scope to accept £3,000' [E2].

Performance ratings were not monitored by disability, so it was not possible to say whether those with neurological conditions faced particular difficulties in meeting performance requirements. It was felt that managers were reluctant to discuss poor performance generally and so, given the small number of cases where a performance plan was put into place, it was difficult to know whether these were disproportionately for people with disabilities. However, a number of respondents either felt that they were more vulnerable to disciplinary action because of their neurological condition, or reported that they had been subject to disciplinary action or performance review in their current or past job. This was often because managers were unaware of their condition or its impact, rather than because they were unsupportive per se, but even respondents who were generally performing well often mentioned particular issues that had arisen and that then needed to be resolved with a line manager. A number of respondents commented that, provided the employer was aware of their neurological condition

they would not be any more vulnerable to disciplinary action. The line manager interviewed also commented that an employee with dyslexia would be assessed taking into account the fact that they were dyslexic i.e. they would not be marked down for poor spelling because 'we know that is not her strength, so we certainly don't sit in a room and say, oh, everybody she's dyslexic' [LM].

For the lower grades progression was fairly automatic provided staff passed exams and met the performance standards. However, even at this level, employees who experienced problems meeting particular requirements as a result of a neurological condition could struggle to progress, particularly if they did not recognise the cause of their problems themselves.

At the highest level within the firm opportunities were determined by whether there was a vacancy for someone in a particular field and their individual performance. One respondent who had reached a high level in the firm commented that 'I don't think we do ... have enough conversations with enough people, irrespective of their neurological conditions, about are you set up for success, given your ... what you do, what you want to do and what the organisation is going to expect of you delivering in this role, in this place' [E2]. His view was that those with neurological conditions might be more suited to particular roles and the organisation could benefit from doing more to channel people into jobs which made the most of their particular strengths.

### **3.3.6 Retention**

The firm recognised the need to help staff to manage their health and wellbeing as a means of ensuring retention. There were monthly webinars designed to help employees be aware of their health as part of a wider programme of activity to prevent illness and sickness absence.

There was also an inclusion strategy which encouraged staff to be aware of their behaviour and leaders to be inclusive. Almost all senior staff had received training on inclusive leadership covering diversity and inclusion and unconscious bias and insider-outsider dynamics. Line managers also received mandatory training on diversity and inclusion, as having leaders who were well-equipped to do their job was seen as vital to employee retention. The line manager interviewed reported that this involved encouraging line managers to be open and flexible to the differing needs of employees. The aim was to make staff 'more confident at engaging with anybody who's different to us' and 'helping all our people to understand as well that they can bring their authentic self to work, they can be themselves' [HR2]. This was thought to have the added benefit of allowing the firm to 'leverage that diversity' and enable people to perform better.

The firm carried out a global staff survey every two years. This had been used to compare job satisfaction amongst different groups of employees, including those with disabilities. Whilst disabled employees had previously expressed lower levels of satisfaction than others, this gap had narrowed in the most recent survey.

## **3.4 Disclosure**

The HR manager who was involved in recruitment reported that only a small number of applicants disclosed that they had a neurological condition prior to interview. She felt that many applicants were nervous about disclosing this information at this stage. This was also the opinion of one of the employee

respondents, who commented that 'not a lot of people I know actually kind of admit to employers in general that they suffer from [a neurological condition]... It is kind of seen as a ... you're almost putting yourself at a disadvantage straightaway.' [E1]. Even respondents who disclosed their neurological condition at an early stage after starting work at the firm said that they did not always disclose this at the application stage, although in some cases they did mention it during the course of the interview if there was a reason to do so. In one case, a respondent referred to his dyslexia in his interview in response to a question about his greatest weakness, but did not choose to disclose the condition to colleagues after starting work at the firm. He was active in the dyslexia network and noted that they wanted to do more to make contact with people as they joined the firm so that they were offered support from the outset. However, it was difficult to find the right way of achieving this. In his view, the firm could not do much more to be supportive, but there was a general nervousness about disclosing neurological conditions that was difficult to overcome, other than when people took the risk and had a positive experience.

Even following the offer of a job it was thought that only some employees disclosed that they had a neurological condition. One of the HR managers referred to some analysis that they had done of when employees disclosed that they had a disability and this suggested that on average staff only made this disclosure about two years after joining. In some cases this was because they did not have a condition, or were not aware of their condition, at the time of joining, but in other cases they had chosen to not reveal this initially.

Two respondents also mentioned a concern not to be seen as making excuses and another was concerned that spelling mistakes would be regarded as due to laziness, rather than her dyslexia. A respondent who did not disclose their condition until performance issues arose said 'lots of people just assume dyslexic means stupid' [E5]. Another respondent who had not disclosed their dyslexia in previous jobs or to friends at university said that this was because 'I was a little bit ashamed and embarrassed at having dyslexia' [E6]. The turning point for her was attending a course on dyslexia shortly before joining the firm. This encouraged her to feel confident about disclosing her condition to managers from the outset in her new job.

The HR manager responsible for diversity and inclusion noted that the firm was moving away from the traditional terminology of disclosing and declaring information on diversity towards asking employees to share information to allow the firm to understand more about how employees progress through the organisation. A recent communication campaign had sought to increase employee awareness of how the information could be used for the benefit of employees. Whilst the numbers of employees disclosing a disability increased, the intention was to have a further campaign as numbers were still thought to be low relative to the proportion of employees likely to have a disability. The intention was to make ongoing efforts to encourage staff to disclose, using different methods to try and reach people in different ways.

The concept of sharing information was also relevant because it was recognised that problems could arise where an employee disclosed that they had a neurological condition at a given point in time, but then this information was not shared more widely. It was thought that employees were not always aware that this information would not be passed on without their explicit consent. For example, an employee might reveal that they had a neurological condition to the department responsible for arranging professional exams, but they may not understand that this disclosure would be limited to this department. They might



potentially need to disclose their condition to a number of different departments. Whilst there was a need to ensure confidentiality, there was potential to use the disclosure to one department as an opportunity to establish whether the employee was willing for the information to be shared more widely.

HR managers believed that only a proportion of all staff who had a neurological condition disclosed this information to colleagues. In some cases it was thought that this was because the employee had coping mechanisms in place and did not wish to be labelled with a condition which they felt did not affect their work. However, the number of employees who were open with colleagues about having a neurological condition was thought to have increased. The support offered to staff doing professional exams, including extra time for those with dyslexia, was thought to be a factor in this, as it was reported that disclosure was much lower in a competitor firm, as one of the HR managers was told that 'no-one's got dyslexia at [competitor] you know' [HR3].

For employees who were diagnosed with dyslexia before joining the firm but who chose not to disclose this initially, it was fairly common for the disclosure to be made when problems became apparent with some aspect of their work. The problems encountered could be fairly minor, but a manager commenting on mistakes in their written work for example gave them a reason to explain that they had dyslexia. Whilst some employees chose to disclose their condition in order to avoid problems arising, others reported that they only tended to disclose if there was a reason to do so. A positive and supportive reaction when making an initial disclosure was important in encouraging employees to disclose their condition more widely. In one case, an employee who did not disclose their dyslexia initially but who found their line manager very supportive now disclosed this at the start of any new project and also took the opportunity to explain his strengths and weaknesses and how any potential difficulties could be minimised.

Even employees who were willing to disclose a neurological condition to their employer or colleagues did not always wish to share this with clients. Some respondents were of the opinion that it was an advantage to disclose their condition and preferred to do so at the outset to avoid any problems occurring as a result of misunderstandings.

Whilst having employees who were willing to become visible role models was thought to have benefits in terms of raising awareness of neurodivergence amongst staff generally, formal disclosure was considered less important in the context of a culture which was inclusive. Therefore, whilst disclosure could be helpful in terms of overcoming any problems that employees faced with barriers to their performance, and in allowing the firm to identify changes required to help neurodivergent employees progress, the importance of disclosure might be reduced over time as cultural change occurred. However, in the short term, being able to better monitor the progress of those with neurological conditions was considered something that would be helpful in identifying ways in which outcomes could be improved as it remained true that 'what gets measured gets managed' [HR2].

As previously noted, two respondents were only diagnosed with a neurological condition after joining the firm. One respondent reported that he had experienced problems with time management and the volume of documentation that he was expected to be familiar with. These issues were discussed by a review committee and one of the members suggested that he might have dyslexia. As a result, his line manager discussed this with him and the employee then sought a diagnosis. This allowed him to change his way of working to

overcome some of the barriers that he faced. This included telling the teams that he worked with that he had dyslexia and how they could support him, as well as how he would try to work with them so that all parties were more successful. He had found colleagues understanding and responsive to his request to do things differently. He also mentioned the fact that at his level in the organisation he was expected to devolve tasks to his team and only perform the tasks that only he could carry out. In some respects, having dyslexia had improved his awareness of the need to delegate. He also disclosed his condition to clients so that they were aware in advance that if he did forget a meeting this was due to his condition. He had found that clients were understanding of this because they usually had experience of others with dyslexia.

In the case of the other employee who was only diagnosed with a neurological condition after joining the firm, she commented that she had not experienced problems in previous jobs, despite having been in the same industry for 7.5 years. She had a series of coping techniques and had been promoted at a fast rate, but 'different circumstances just seemed to aggravate it ... to the point that I stopped being able to function' [E4]. This was down to the added pressures of working in a regulated industry and a lack of documentation and reliance on learning on the job in some respects, combined with large amounts of paperwork and reading in other areas. This was combined with difficulties associated with joining an existing project team who worked in a way that conflicted with her usual style. Whilst she was used to coping with a high degree of pressure at work, the fact that her performance was put under scrutiny due to her undiagnosed neurological condition created stress and anxiety that she was unable to deal with until she had a diagnosis and was able to start receiving support.

Following a discussion with managers about her performance the respondent researched the fact that a sibling was diagnosed with dyslexia as a child and discovered that the condition was hereditary. She paid for an assessment and was diagnosed with dyslexia and dyspraxia. The diagnosis empowered her to ask to move off the project that she was working on and to ask for adjustments which had made it easier for her to do her job. Her view was that it was vital for employees to be diagnosed as early as possible to avoid the added stress of a performance improvement plan.

### **3.5 Awareness of neurodiversity**

HR managers felt that whilst progress had been made in increasing awareness of neurodivergence, as a business they were only really 'just starting on that journey' [HR2] and that awareness of neurological conditions by employees at the firm was 'generally quite low' [HR1]. A line manager also commented that whilst the firm was active in the field of diversity and inclusion, employees tended to see this as 'oh, you're from a different country or from a different race or a different background', rather than necessarily thinking of neurodiversity [LM]. In her view, there was still a stigma surrounding neurological conditions and there was a need for training and awareness-raising to tackle this, even though attitudes towards diversity were generally good within the firm. In her view, the most beneficial activity was 'getting an understanding from the other person's perspective' [LM]. This was even more important than training on ways of working with someone with dyslexia, because of the need to see everyone as an individual and to appreciate that employees with the same condition might be differently affected.

Awareness was thought to be highest in relation to dyslexia and packages of support for those with dyslexia were now fairly well-established, such as software, coloured screens, voice recognition and extra time in exams. Whilst these types of adjustments had become standard practice, there were still areas where the firm was only just identifying potential problems. For example, the line manager reported that within the last three or four weeks they had realised that a test that they used might not be suitable for employees with dyslexia and may need to be adjusted. This was only questioned because of the increased awareness of employees and the respondent noted that if someone had not noticed this, employees with dyslexia might have been at a disadvantage.

Practices for employees with neurological conditions other than dyslexia were still being largely developed on an ad hoc basis in response to requests from employees. For example, an employee with autism had wanted to take exams in a private room. As that involved an extra invigilator and room and it was necessary to check arrangements with the exam board, it took some time to determine whether this was feasible. However, it was felt that progress was being made, with the emphasis switching from individual employees being expected to make the arrangements for adjustments themselves to the organisation being more proactive in offering support.

Where respondents did disclose their condition to colleagues and discussed effective ways of working with them, they usually reported that colleagues were understanding and that this had been beneficial. On employee with dyslexia who had not disclosed this on starting at the firm and did not identify the problems that he was experiencing as due to his neurological condition reported that his line manager had been frustrated by his underperformance initially, but had been fantastically supportive once the cause was identified.

Whilst some staff with neurological conditions had previously thrived at the firm, it was only in more recent times that they had started to think 'why is that person really good at that job? Why is that person really good in this team? What are the benefits? Oh, yes, if somebody has autism, what would they be good at, can we ... can we harness this in any way?' [HR2]. The mindset was starting to change from accommodating those with disabilities to 'what can this person do for us to help us be more successful' [HR2]. At a strategic level there was increasing awareness of the potential to harnessing the talents of employees with neurological conditions, rather than just seeking to address their needs. This had been achieved through a recent initiative to raise awareness of mental health issues. Whilst neurological conditions such as dyslexia and autism were not the focus, the campaign, which concerned mental health rather than neurodivergence, had increased general awareness of the fact that colleagues might be affected by conditions which were not visible.

The disability networks played an important role in raising awareness of neurological conditions. This included helping employees to understand the range of ways in which their condition could affect their performance. Also, contact with others who thought in a similar way reduced the sense of isolation for those coming to terms with their condition. One respondent who was diagnosed after joining the firm commented that 'knowing that there's people there that can help is actually a huge relief...that's the first time in my life that I've actually spoken to somebody who's gone yeah that makes complete sense to me' [E4].

However, a number of respondents with neurological conditions reported that they were not fully aware of the type of support that was available through the

dyslexia network initially and that this only became apparent to them when difficulties arose as a result of their condition.

One respondent felt that the main focus should be on making employees feel able to disclose their condition to colleagues, rather than further efforts to raise awareness of neurodiversity more generally. In his view, the firm was very meritocratic, with a number of employees with dyslexia progressing to a high level in the organisation. However, others felt that awareness was a necessary precursor before employees would feel able to disclose that they had a neurological condition. It was also noted that employees would only be likely to seek a diagnosis once they were aware of the condition, so it was necessary for employees to be aware of neurodiversity in order to seek a diagnosis and then be in a position to disclose their condition. A respondent who was born abroad noted that awareness of dyslexia varied between countries and given the multi-cultural nature of the workforce, the employer had an important role to play in ensuring that staff were sufficiently aware of neurodiversity to seek a diagnosis so that they could be given any support that they needed to do their job to the best of their ability.

It was felt that some colleagues did not understand the full range of ways in which dyslexia was manifest 'even in a really well informed company like [the firm]' [E4]. For example, one respondent said that she struggled to recognise words from the sounds of individual syllables and another found it difficult to pick out words if someone was mumbling. It was thought that this aspect of dyslexia was not always recognised. One respondent commented that 'I definitely think more awareness is needed and more support and more studies like this to really understand what, what employers can do, or what dyslexic people can do to help themselves and employer' [E6]. In her view, both the employer and the employee had a role to play in this, 'I have to be open enough to talk about it and explain what my troubles are or challenges are, and in the same way the employer also needs to invest time in you to understand what could they do to help you...and not you know, let you struggle in silence' [E6]. It was apparent that some employees were very proactive in trying to raise awareness amongst colleagues by giving talks about their condition, appearing in staff newsletters or preparing information sheets for colleagues to explain their condition and what they could do to work effectively together when starting work with a new team. Whilst this was seen as helpful and positive, the line manager interviewed did question what would happen in cases where employees were less confident about a neurological condition. She felt that in these circumstances there was a risk that employees would find that their career prospects were limited because their condition was not recognised. As she put it 'there are some people who don't even know they're dyslexic for example so I don't think you can put it all on the individual and currently it is that if they're, as I say, brave or willing or able to discuss that then they get the help they need, but it would be nice that we could be also doing that for people who aren't in that position because they either don't know or they're you know not able to discuss it' [LM].

Even respondents who were diagnosed at an early age were not always aware of the ways in which their condition could affect them. One respondent reported that he 'had it largely fixed by the time I went to university... And then I entered the world of work, and I started noticing that I was really bad at certain things' [E5]. It was only on talking to another employee with dyslexia who explained to him that the condition could affect more than just reading and writing that he realised that the problems that he was experiencing were as a result of his dyslexia and was able to seek help. Therefore, there was a need to increase

awareness of the impact of neurodivergence, even amongst employees with neurological conditions.

### 3.6 Benefits of neurodiversity

There was a view that to be competitive the firm needed staff with a broad range of ways of seeing things. As one of the HR managers put it '... if we had, you know, just a whole firm full of goalkeepers, it wouldn't be great, we wouldn't really win work, we wouldn't do very well. We need a good mix of goalies as well as strikers, as well as mid field. We need lots of different people with different strengths and different backgrounds' [HR2]. A line manager noted that 'the challenges are minor compared to what we actually get out of working with that person' [LM].

One respondent also mentioned the fact that some clients would also have dyslexia and having an understanding of this was important to ensure that the firm met their needs. Clients may not disclose their condition, but having someone within the firm who identified the need to communicate with them in an appropriate way could help to build a good relationship with the client.

Whilst there was an awareness that managing this diversity brought challenges and the firm was still developing its approach to some of these, the view was that diversity was important to the success of the business. The employer needed 'motivated, loyal individuals, not people who can spell with a 100 per cent record, or... type fast' [E1]. It was more important to have experienced staff with good personal skills with clients than those with a perfect academic record. One respondent with a neurological condition also commented that staff had to be good to get through the selection process and so the firm couldn't 'afford to be wasting good people' [E4]. This was seen as a waste in terms of the cost of recruitment and training and the time taken for employees to become fully productive.

It was acknowledged that there was diversity amongst people with neurological conditions and so two people with the same condition could be very different. It was also noted that there was a tendency to attribute *all* attributes, both positive and negative to an employee's neurological condition, regardless of whether they were actually related, or simply a personality trait. However, there were some characteristics which a number of employees mentioned in relation to particular conditions. For some, determination was necessary to overcome the difficulties associated with their condition and as a result they were used to working hard and being tenacious in the face of difficulties.

The firm employed many staff in roles which involved data analysis. It was thought that assimilating large quantities of data was suited to those on the autistic spectrum and the importance of this area of activity to the business meant that there was interest in the potential competitive advantage that having a neurodiverse workforce might provide in this respect. Processing data quickly was also thought to be a strength of some employees with dyslexia.

One respondent who was dyslexic reported that he was very good at high-level knowledge whilst another highlighted her strengths in terms of visual presentation. Another respondent described how she tended to think in pictures rather than words, which meant that she could see the impact of changes to a process quickly. She felt that one of her strengths was the fact that she liked to understand how processes fitted in with organisational objectives. In doing this

she would challenge the ways in which things were done and seek to improve them, whereas neurotypical employees tended to be more accepting of established processes and were less good at finding solutions to problems. Another respondent also commented that 'we want to be an organisation that is, that solves complicated problems and has, it, great new ideas, and if you want to do that, then you need to hire dyslexics, because they're good at it, or we're good at it' [E5]. Others also mentioned having a particular ability to solve problems and to work things out for themselves quickly without the need for training when others struggled to grasp the same points after multiple explanation.

The ability to think laterally, to be creative and think a few steps ahead was also mentioned by some respondents as a characteristics associated with their dyslexia. This was seen as important in a context of tight deadlines, as it was necessary to think creatively about how to achieve goals in the shortest possible time. Empathy was also seen as a quality associated with dyslexia. This meant that colleagues might talk to them about problems that they were not comfortable discussing with others, partly due to the fact that the employee picked up on issues that others did not notice. Recognising that employees had different strengths was also noted as a quality that may have been related to having a neurological condition. Rather than expecting all team members to carry out tasks interchangeably, one respondent described how she tried to deploy people according to their strengths and what they enjoyed doing. This helped them to remain motivated and to develop skills that they could pass on to other members of the team.

In some cases respondents felt that, rather than hold them back in their career, their neurological condition was actually one of the reasons why they had advanced. Rather than being close to the average, someone with a neurological condition had 'some real high points and some low points' [E4]. With the support to raise their low points to an acceptable level, it was possible for the firm to benefit from their strong points. Another respondent also commented that 'giving more support and adapting each others styles will definitely help both the company and the person get to both of their goals' [E6]. However, a line manager commented that, in trying to address areas of weakness, it was important not to try and force the employee into a way of working that was counterintuitive for them and reduced their brilliance.

A more junior member of staff reported that he was finding that his dyslexia was less of a disadvantage as he progressed in the organisation as 'I'm really good at strategic level thinking and problem solving, I'm terrible at booking meeting rooms' [E5]. He commented that no-one would comment on a spelling mistake in an e-mail from a senior employee and that they had personal assistants to book meeting rooms and ensure they were organised. The requirement to carry out some of the low-level tasks that he found difficult reduced as he reached a higher level in the organisation and he was instead able to demonstrate his strengths in areas that he excelled at. He noted that there was a difference between being expected to fit into a role and being able to define the role. Being able to define a role made it possible for an employee to use their skills to make a positive contribution to the organisation, rather than their contribution being constrained by whether they were able to fulfil low-level tasks. He recognised that it was important for junior staff to gain experience of all tasks and to be organised, but also felt that it was important to recognise that employees would vary in their ability to carry out certain tasks if they had a neurological condition.

### **3.7 Barriers to the employment of those with neurological conditions**

There were a number of difficulties which were thought to potentially limit the recruitment of those with neurological conditions. Firstly, there was a risk that those with a neurological condition felt that they would not be considered for a post if they disclosed their condition and therefore chose not to apply. Secondly, there was a risk that those involved in filling the vacancies made assumptions about the ability of the applicant to do the job due to ignorance about the nature of the condition and adjustments that could be put in place to minimise the likelihood of problems occurring. The huge range of roles across the firm meant that there were very diverse skills requirements, which complicated the process of ensuring that employees were well-informed about the suitability of those with particular conditions for any given role, and appropriate adjustments. It was suggested that some of the potential barriers to the employment of neurodivergent job applicants might be overcome with a selection process which was focused on placing applicants according to their strengths, rather than only considering them for a particular vacancy.

Some respondents with dyslexia felt that they were weaker than other employees in some areas and that this put them at a disadvantage. The difficulties they described were in producing high-quality work in high volume, taking on multiple tasks, making mistakes when tired, concentration, reading and proof-reading, expressing themselves through writing (such as missing out words or adding superfluous words and taking minutes) and short-term memory, such as remembering meetings and everything that needed to be done. It was also common for respondents to say that they needed clear instructions from line managers and found it difficult to comprehend verbal instructions at times, particularly if they were required to take in a lot of information in a short period of time.

Respondents at all levels commented on the difficulties they faced in dealing with the volume of policy that they were expected to be familiar with and the heavily text-based nature of much of the work. One senior member of staff commented that 'I have to be able to plough through tons of legal work etc., etc., and pull out what are the few things that matter', which was difficult due to his dyslexia [E2]. He also felt that the way in which the organisation was structured created difficulties as it was necessary to consult with a number of departments before being able to reach an agreement with a client. This created a significant burden in terms of remembering to consult with everyone and the number of tasks that he was required to carry out and follow up on, as individual departments were not responsible for resolving any things between themselves.

Whilst most respondents felt that they had compensating strengths, some employees still felt that weaknesses as a result of their condition were a barrier to their progression. One respondent commented that whilst he was 'very good at high-level knowledge', 'I'm not on a par with my peers in terms of technical ability or strengths to work [E1]. Another respondent felt that her difficulties with e-mails and terminology held her back. She explained 'if you're sending an email to a client, a client is paying for your service, they're expecting quality work and if I spell something wrong, it's not really quality, it's got an error in it' [E6]. She felt that this would potentially affect her career progression, because in junior grades work was checked by senior staff, but it would be difficult for her to provide the oversight expected in a more senior role. Whilst computer software helped her to partly overcome these problems, it could not detect all mistakes, such as grammatical errors, and was time-consuming to use and so she was still at a disadvantage in some respects.

Another respondent commented that 'you know how it works in the world of work, you, you first start working with someone and they give you a simple task to do just to make sure you're not a total idiot and then you progress further and further. And I'd just mess up the idiot tasks... people could see I couldn't do the simple tasks, but as a consequence they never got, I never got the chance to do the things I was good at' [E5]. It was only when he realised that the problems he was experiencing were as a result of his neurological condition and was able to seek help that he was able to overcome this barrier.

It was widely acknowledged that employees with a neurological condition could suffer from low self-esteem and anxiety, particularly where this was not recognised or if they were not in a supportive environment. One respondent commented that prior to her diagnosis work 'didn't feel safe, didn't feel secure' and another 'the things I was bad at led to a massive fall in confidence and so just like, I just completely closed in and withdrew into myself and didn't do anything really, I was just basically a totally useless employee' [E5]. He felt that this 'limits what else you can achieve because you're becoming focused on what you can't do rather than what you can' [E5].

The degree of persistence required to get a neurological condition diagnosed and the time taken to get adjustments in place could be difficult for employees who were struggling with work to cope with alone and it was suggested that a system that paired those going through the process with others who had similar experiences in the past might be beneficial to help staff through this difficult initial phase.

Line managers played an important role in helping employees to overcome any barriers that they potentially faced as a result of their condition, but the lack of explicit incentives to be a good line manager could mean that some line managers focused on their own career and work pressures rather than supporting junior staff. One respondent with dyslexia who had not progressed with his peers felt that this was due to a lack of clear guidance from his line manager on what he needed to do in order to be promoted.

Having understanding colleagues was also seen as important. One respondent explained that 'at the moment I have a job with people that I've never worked with before, that aren't aware of my health issues and I'm getting a lot pushed down on me and they're not very supportive at all' [E1]. He contrasted this with other teams that he had worked for where staff at all levels, right up to the most senior, were available to answer questions and provide support as required. Having access to team members at the right time was vital to reduce the degree of stress associated with the job, which could be heightened where staff had a neurological condition. A number of employees with dyslexia felt that being part of a team offset some of the potential difficulties that they might face working alone, as they had access to other team members who could review their work and complement their skills. Team-working could produce additional pressures though. Interruptions could cause stress. Some respondents with dyslexia were frustrated by the fact that colleagues needed steps explained in a way which appeared obvious to them and there could be difficulties in understanding that other team members thought differently. This could create friction between employees and be difficult for line managers to deal with. It was important in this context for there to be a good relationship between the employee and the line manager so that they were able to have an honest discussion about any problems and how they could be addressed. Provided the employee was open to receiving honest feedback and tried to take criticism on board, there was potential to resolve difficult issues, but sensitivity was required to ensure this was not



damaging to the employee's confidence, for example by highlighting their strengths.

Whilst the company recognised the potential benefits of neurodiversity at work, the team-based nature of much of the work could be a barrier to the employment of those who found it more difficult to work effectively with others due to their condition. Whilst adjustments could be put in place to seek to minimise problems, a certain level of interaction was unavoidable. Employees were expected to be 'quite a rounded individual' and there were challenges associated with employing people who 'don't fit quite neatly into a box' [HR1].

An undisclosed neurological condition could lead to difficulties meeting the required level of performance. A number of respondents reported that they had experienced problems in previous jobs due to their neurological condition, but in some cases they were only diagnosed later, or chose not to disclose their condition. This meant that no support was put in place to help reduce the negative impact of their neurological condition.

One respondent described how he had had been subject to an extended probationary period whilst working for a previous employer because of mistakes that he made as a result of his undisclosed conditions. He felt that his current employer was progressive and good on diversity matters but that the commercial nature of the business made it difficult to ask for more time to complete an assignment or call on others to provide additional coaching. The nature of his condition meant that he found it difficult to carry out multiple tasks concurrently. He felt that greater clarity about exactly what was required and support in organising his time would have been helpful, but that this would have been costly to the firm. He gave examples of an important meeting that he missed which had damaged his career progression and the fact that he had had problems claiming back expenses for a business trip as he did not remember to use the procedure that staff were told about during induction or update training. In both cases he felt that his condition affected his ability to remember information at the relevant time. Ultimately he felt that the fact that his condition made it more difficult for him to do everything expected of him could limit his career progression and felt that this was already the case.

HR managers also felt that having a neurological condition might limit the career progression of some employees if it meant that they were unable to fulfil some aspects of their job. The potential conflict between participating in training to help reduce the negative impacts of his condition and meeting performance targets necessary in order to progress further that one of the most senior members of staff reported was an illustration of the potential barriers that staff faced to progressing to the highest levels in the organisation.

A member of staff who had been promoted twice in his six years at the firm and had reached a senior level in the organisation felt that progression for those with a neurological condition was dependent on them picking areas of the business where they could shine. He felt that many people, with or without a neurological condition, were not aware of their own strengths and in the context of a complex organisation, this meant that people struggled to reach the next level. He mentioned that there was a guide which clearly set out what was expected at each grade, but that many people applying for promotion did not read it. Being a 'tough professional services firm, it's always going to be competitive and difficult' to progress to the highest level and 'so you need to have a personality type that allows you to cope in that environment' [E2]. Whilst some felt that in this environment those with a neurological condition were at a disadvantage, some

more junior staff felt that with seniority the pressure to carry out some tasks which were difficult due to their condition would be lessened.

One problem reported by a consultant was the short time given for tasks, which he felt was more problematic due to his neurological condition. He gave the example of how work had to go through a review process before it could be sent to a client and that feedback from the review was often received very close to the deadline for sending the work to the client. By this point they would have started work on another project, so they would have to make changes as a result of the comments received in a very short timescale whilst also facing pressures from the new client.

Finally, it was noted that the need to have secure IT systems slowed the process of getting software installed where employees needed this to support them with a neurological condition.

### **3.8 Effective practice**

The disability network played an important role in assisting employees to overcome some of the practical barriers that they faced as a result of their condition. Respondents with dyslexia said that they were part of the dyslexia network. The presence of the network gave some respondents greater confidence in asking for the support that they needed, rather than just feeling that it was down to them to fit in.

The dyslexia network held an annual event attended by external organisations. Whilst this was seen in a positive light by respondents, it was felt that it would have been helpful to have provided some written material after the event. There was a lack of awareness of some activities by the network however, with some respondents reporting that there was a meet and greet session every couple of months, whilst others said that the network did not hold regular events. Whilst respondents reported that it did provide useful support, it was felt that its existence could have been better advertised and more done to encourage staff to participate. One respondent who was part of the network commented 'it might just be me missing it but I don't know if there's somebody specific I could go to, to talk to' [E1] whilst others commented that the onus was on the employee with dyslexia to seek out support. It was apparent that even some current members of the network would have found more information on the sort of support that the network was able to offer useful. However, respondents did acknowledge that employees were running the network in their own time in addition to doing their day jobs, which limited the support that the network was able to offer.

Others reported that mentoring had become available through the network in the last 18 months. Whilst generally respondents found this useful, it was apparent that this depended on finding a mentor who they had some common ground with. Initially the structure was quite rigid and hierarchical, but it had recently been modified to have a core team of mentors which provided intensive coaching for a period of six to 12 months, which was felt to be more effective. For example, a member of staff with dyslexia who was struggling with their performance as a result of their condition could be put in touch with someone more senior with the same condition to discuss effective ways of working. The fact that they were able to talk to someone other than a line manager and who therefore was not directly responsible for managing their performance made it possible for them to talk openly about the problems they were facing and explore whether they might have a future in the organisation in a way that might be difficult with a direct manager.

However, the pressures on the time of senior staff made it difficult for some to play as active a role in the network as they would have liked.

Increasing awareness of individual employees within the firm who had particular neurological conditions was seen as an effective way of reducing the stigma attached to such conditions. This involved individuals talking about their experience of their condition. Again, parallels were noted with the recent initiative on mental health, where senior staff had talked openly about their own problems, or those of family members. Having visible role models was seen as important in bringing about cultural change and making it more likely that other employees would ask for help. It also made employees more aware of what was possible. Employees with neurological conditions mentioned that having visible senior role models was important in signalling that this was not something that employees had to keep quiet and the potential to reach a high level in the firm, but in some cases respondents felt that this was secondary to having a culture of acceptance and wanting to get the best out of people.

Efforts to change the culture so that it was 'okay to talk about disability and neurological conditions' included forwarding recent media articles on neurodiversity to the senior leadership team and more widely and seeking to publicise the firm's interest in having a diverse workforce [HR2]. To achieve the latter it was necessary to make internal changes to ensure that they were 'an employer of choice' so that potential applicants would know that 'if you're different in any kind of way, you can be who you are at [the firm] and be valued' [HR2].

The organisation was planning a pilot with a recruitment agency that specialised in employees with neurological conditions. The aim was to bring in staff for a short period of time to allow them to gain experience in the firm and increase the neurodiversity of the workforce.

The fact that the organisation was large enough to employ HR specialists was seen as an important factor in increasing neurodiversity and ensuring that neurodivergent employees were given the support that they needed to fulfil their potential. There was an expectation that small employers were much less likely to be able to invest resources into the sorts of activities required to achieve this change. Adjustments included the provision of computer software to allow those with dyslexia to listen to documents if they were finding it difficult to read them and the use of allocated desks, or desks facing walls, so that employees could work in a location where distractions from other people were minimised. This could be more difficult for employees who worked on site with clients as the working environment was not always compatible with their condition.

Frequent interruptions and background noise also slowed down the progress of work due to the time needed to refocus. Ways of overcoming this included noise-cancelling headphones and making it clear to colleagues when quiet time to work on a particular task was required and asking them to keep interruptions to a minimum at these times. One respondent also mentioned working at home one day a week to complete tasks which required a high level of concentration.

Respondents with dyslexia talked about the importance of communicating in a way that helped them to understand key points. One respondent who spent much of the week in a different office to her line manager said that she found a short e-mail with bullet points, followed by a telephone call to talk through the task helpful to allow her to check that she had understood the instructions correctly. She explained that 'I don't read very well, so I'll miss things in emails,

and I would have to read something three times to just understand exactly what she's saying' [E6]. It was useful to have the e-mail to refer to, but being able to discuss tasks and to clarify meanings was important.

Two respondents mentioned having received coaching sessions from an external company which they had found very useful. These were focused on understanding the types of problems that the employee faced and discussing potential solutions. Although one respondent described these as emotional, they were also 'some of the most useful things I've ever done' [E4].

### **3.9 External support for employers**

The firm worked closely with the Business Disability Forum and made use of specialist help where necessary. They also had close links with the British Dyslexia Association, which carried out assessments of the severity of dyslexia that individuals faced. This type of assessment was required by exam boards before employees with dyslexia, but without a formal diagnosis, could be given extra time in exams.

The firm was part of the Employers Network for Diversity and Inclusion (ENDI) which had recently produced guidance on autism for employers and staff. The autism network had reviewed the guidance and the intention was that it would be disseminated more widely within the firm. The ENDI had also run a webinar on autism which one of the HR managers described as informative.

The quality of support available externally was considered good, but was largely paid for by the firm. For example, they employed a third party to carry out assessments, rather than using Access to Work. This was done to save time and ensure that they were able to put adjustments in place quickly so that employees were able to get on with their work. The external provider ascertained whether the employee had any preference for the type of support that they required, based on past experience and took this into account in making their recommendations.

It was felt that sometimes the firm was rather fragmented in the external support being used, with different departments using different organisations. In some cases, this meant that the firm missed the potential benefits of working with an organisation which had an established relationship and knowledge of the firm.

The main criticism of external support was that it was necessary to go looking for it, rather than their being a single website with links to other sources of information.

## **4. DISCUSSION**

The report presents findings from case studies of two organisations: one a medium-sized public sector organisation and the other a large employer based in the private sector.

The public sector employer is an FE college with a long history of admitting visually impaired students which has in the past 20 years admitted students with a wider range of conditions. The increased diversity amongst students is mirrored by increasing diversity amongst staff. Case study participants included an HR manager, two line managers and an employee. Three of these staff had neurological conditions, one of whom received their diagnosis of autism whilst a student at the college. The other two had been diagnosed with dyslexia at age nine and at age 25.

The large private sector employer operates in the professional and financial services industry. The organisation is global and has multiple sites in the UK and abroad. The main focus of discussion was on UK operations. Interviews were conducted with three HR managers, one line manager and six employees. Four participants were diagnosed with at least one neurological condition before joining the company, whilst two were diagnosed after having started work at the organisation. Of the four who had received a diagnosis prior to their recruitment one was diagnosed with dyslexia and dyspraxia at the age of 15, and was at the time of the interview under assessment for ADHD; another was diagnosed with dyslexia whilst doing a postgraduate degree prior to joining the organisation; another received a diagnosis of dyslexia at the age of seven, and the fourth was diagnosed with dyslexia at around age seven or eight. The diagnosis of the two individuals whilst in the company was initiated by difficulties they had been experiencing at work. Of these two, one had been diagnosed with dyslexia and dyspraxia six months prior to the case study interview and the other had been diagnosed with dyslexia within the first nine months of joining the organisation.

The findings from the case studies and additional information from the expert interviews are discussed below.

### **4.1 Policies and practices**

Whilst neither employer had an Equal Opportunities policy that mentioned neurodiversity specifically, many of the actions taken by the employers fell into areas recommended by experts as examples of good practice. These recommendations included awareness training and information resources for all staff, mentoring, self-help groups, workplace assessments, and where necessary the use of a specialist advisor who would be available to neurodivergent individuals as well as their line managers.

The college had given thought to ensuring their employment practices did not disadvantage those with particular neurological conditions. The private sector employer had networks for staff with dyslexia and autism and mentoring had become available through the networks in the last 18 months. Both employers carried out workplace assessments for their staff. Thus, they could be considered diversity aware and good practice employers in many ways.

## 4.2 Recruitment

As recruitment processes determine the flow of people with neurological conditions into employment they can be a potential barrier to neurodiversity. Recruitment in the two organisations was direct or through agencies.

Where individuals apply directly to the employer having online applications with spelling and grammar checking software can reduce barriers for dyslexia and accommodate those who find computer-based communication easier. However, one application method is unlikely to provide all the necessary adaptations for the range of symptoms associated with neurological conditions. For example, whilst online applications could be beneficial in providing language checks, they could pose problems for those with working memory if they timed out. Offering multiple application methods would enable individuals to choose one that best suited them.

Using agencies to screen candidates could limit neurodiversity unless careful thought is given to how the process might be discriminatory. Employers may not necessarily discuss their policies with agencies, but in the case of good practice employers this would seem to be beneficial to candidates and could increase awareness amongst agencies. However, some agencies in fact offer assistance with applications that helps neurodivergent candidates navigate the process.

The expert interviewees mentioned that neurodivergent individuals could be discouraged from applying when job requirements are ambiguous and/or generic as they could be misinterpreted or seen as more important to jobs than they are in actuality. Similarly, setting tasks or tests at the interview stage which do not provide an adequate reflection of the position's requirements could lead to the rejection of individuals who, once trained properly, can be highly successful employees.

Another area for consideration is disclosure at the application stage; experts pointed out that individuals might not be aware of their condition or not understand that wording discussing special requirements was an opportunity to disclose their condition at an early point. One expert suggested having a list of conditions and associated adjustments which would better help individuals identify whether, and what they may need modified in the interview.

It is also helpful at the application stage to give individuals the opportunity to state how they would like to be contacted if they were to be shortlisted. Individuals may prefer different methods depending on which condition they have. Other issues highlighted were the importance of clear instructions in relation to the date, time and interview venue. Consideration should also be given to potential issues and distractions in the venue, such as the lighting for those who are light-sensitive.

Although employers gave applicants the opportunity to disclose their condition prior to interview in order for adjustments to be made, individuals can be reluctant to disclose at this stage for fear of prejudicing their application. One way of ameliorating the impact of non-disclosure would be to have a selection process that gives candidates opportunities to demonstrate a range of abilities in different ways. Considerations here include the unsuitability of psychometric tests; using appropriate question formats, for example, by avoiding open-ended, hypothetical questions; enabling individuals to demonstrate their skills rather than just discussing them and having workplace visits which are less formal in

nature. Though, in the latter case it must be made clear to the candidate if the visit is part of the selection process.

One expert said that ideally a support person would be available in interviews for those with autism; this individual could facilitate the interview by helping both the employer and applicant. Additionally, it was mentioned that if a neurodivergent individual was not successful in getting a job then giving them clear feedback on the reasons for this could prevent them making similar mistakes in the future.

### **4.3 Performance in work**

Problems with under-performance amongst employees with neurological conditions seemed most likely to arise where managers were not aware of their condition, or where the person's job-role changed. It was common for employees with neurological conditions to receive negative comments on some aspects of their performance prior to being diagnosed, or disclosing a neurological condition, but in most cases the problems were largely overcome once they were diagnosed or had disclosed. However, it is not clear whether this would have been the case in workplaces where there was less awareness of neurological conditions, less support and fewer role models who had reached a senior level in the organisation.

When dealing with performance issues there is a need to be sensitive and conscious of whether the employee needs guiding towards a particular resolution, or would want to have an input into this process themselves. Experts recommended clear communications on both the individual's strengths and weaknesses, and discussing in detail how issues could be resolved. It was pointed out that line managers of those with autism should be prepared to take the lead in all aspects of the discussions including resolving problems as the person might find it difficult to identify solutions to behaviours related to their condition.

Early disclosure is likely to prevent many performance issues for those with neurological conditions, and any potential impacts on their self-esteem. It was stated both by experts and case study interviewees that poor self-esteem can be a common problem for neurodivergent people. This indicates the importance of employers being aware that confidence issues may be an extra challenge that needs to be overcome by their neurodivergent staff. Also crucial is that employers create an environment where employees feel able to disclose free of the expectation that this might limit their career prospects. Furthermore, ensuring that they get the support they need will help them fulfil their potential. Experts discussed the need to foster a climate of tolerance and the need for openness and compassion in the workplace, stating that flexibility and making use of an individual's abilities would result in gains for both employees and employers.

Expert interviewees also stated that it was important to clearly communicate to an employee if they were no longer being performance managed if a condition had been identified during performance management procedures. This was to prevent them resigning before support can be embedded in the workplace. Neurodivergent employees should also be given a sufficient amount of time to get used to adjustments before any further performance management is initiated. However, use of formal procedures for managing performance issues should be the last resort. In addition to adaptations, organisations, wherever possible, should draw on the expertise of HR specialists, specialist practitioners and mentors before they initiate performance management procedures. Where line

managers are not able to effectively manage an employee they should be replaced with a more neurodiverse-confident colleague.

Participants had mixed views on whether having a neurological condition would increase their vulnerability to disciplinary action at work, though it is evident that this was dependent on whether the employee was in a supportive environment where their condition was understood.

#### **4.4 Progression**

It was important for neurodivergent employees to find a job role that suited their relative strengths and weaknesses, and some felt that the employer could perhaps be more proactive in helping staff to identify this and channelling them into jobs that made the most of their abilities.

There were a number of examples of employees with neurological conditions progressing in both case study organisations and in fact progression enabled individuals to shine in areas which made better use of their capabilities. It also often removed the need to perform tasks which may superficially appear simple if their condition is not taken into account (e.g. room-booking in the case of some dyslexic people). However, progression could be hindered for many junior staff who are often expected to be good at a wide range of tasks and therefore less able to play to their strengths. Experts also mentioned this as an issue, as well as discussing changes to the labour market which have resulted in fewer specialised technical jobs in some spheres and the increasing need to for employees to have generic skills and conform to an idea of a 'standard' employee, regardless of whether all the skills are in reality necessary for the job. In addition, they stated that educational institutions and employers place too much emphasis on 'all-round' generalist employees; this not only disadvantages neurodivergent individuals but neglects opportunities to develop and recruit individuals who might have highly specialised, sought-after skills.

It was evident that career progression was affected by the supportiveness and engagement of the line manager. In cases where line managers were less aware of the difficulties that the employee might face because of their neurological condition, this could make it harder for the employee to progress.

Expert interviewees discussed other issues around progression, such as a lack of confidence preventing people from applying for promotion, individuals not being able to recognise their achievements or not knowing how to promote themselves. For many, having someone, such as a mentor, to support their route to progression could be highly beneficial. However, individuals could come across real barriers to progression in tasks that demanded considerable additional effort from them, for example line managing others. It was suggested, where appropriate, that individuals could be promoted along the lines of their technical expertise thereby precluding the need to manage colleagues.

#### **4.5 Disclosure**

Individuals varied in the point at which they chose to disclose their neurological condition to their employer. Some were prepared to do this at the application stage, as they felt that this could only benefit them in the selection process, whilst others feared that they would be at a disadvantage if recruiters knew of their neurodivergence and were ill-informed about how this would be likely to



affect them. Other anxieties resulting in a reluctance to disclose included fear of being thought stupid, being perceived as lazy and making excuses, or seeking special or more favourable treatment. Some respondents noted that employees would not always know if they had a neurological condition, therefore, making it important to create a working environment in which employees were accepted and given the opportunity to play to their strengths.

Disclosure was often prompted by circumstances in which there was an obvious advantage to disclose, for example, being given extra time to read questions in exams for dyslexic staff. Disclosure could also be impelled by performance problems highlighting the need for an environment which facilitates disclosure and gives employees regular opportunities to disclose their condition.

Where employees did make a disclosure there had at times been confusion about the degree to which this information had been passed on to their co-workers. It would therefore be helpful to establish whether employees would be willing for the information to be shared more widely and also consider and mitigate issues which could make widespread disclosure detrimental to them.

Generally employees had positive experiences when they did disclose and this enabled them to receive support that they would not otherwise have been aware of or had access to. However, this may not have been the case in organisations where support for employees with neurological conditions was less well-established and disclosure could be used to question an employee's suitability, as had been the case in one participant's experience with another employer. Direct communications over any performance issues and how the neurological condition affected the employee were seen as important once the disclosure had been made. Experiencing positive results after disclosure made it more likely that an individual would disclose in future to others and, if visible, could encourage others to disclose a condition.

Expert interviewees advised that if an employer suspects that an employee is neurodivergent, then any discussion should focus on their strengths not only on issues. Whilst the possibility of a person having a condition could be brought up, this would depend on the relationship between the employer and the employee. Experts warned of the emotional difficulties an individual may experience on obtaining a diagnosis in adulthood, for example a sense of anger or a feeling of having been let down previously. The potentially prohibitive cost to an individual of getting a diagnosis was also mentioned. Experts stressed that employers should not focus on obtaining a diagnosis but instead they should ensure that they are sufficiently aware of conditions to enable them to address weaknesses and support employees. Additionally, employers could pay for Access to Work or a similar assessment for those without a diagnosis, though this may be prohibitively expensive for smaller employers<sup>13</sup>.

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<sup>13</sup> An employer may have to share the cost with Access to Work if the employee has been with them for more than six weeks when they make the application. Employers only have to share costs for special aids and equipment and adaptations to equipment or premises. Costs are shared between a threshold (below which the employer pays 100 per cent of the costs) and £10,000. Anything above £10,000 is normally covered by Access to Work (though the grant is subject to a cap). The threshold is dependent on the number of employees in the organisation. Small employers with 0 to 49 employees do not have a lower threshold, whereas those who have between 50 to 249 employees have a threshold of £500, and those of over 250 employees have a threshold of £1,000. (Department for Work & Pensions, 2016. Access to Work factsheet for employers [online]. Available on the World Wide Web: < <https://www.gov.uk/government/publications/access-to-work-guide-for-employers>>)

#### **4.6 Awareness of conditions**

Awareness that staff had certain neurological conditions had increased over time for both employers. In the first case, this was partly influenced by neurodiversity amongst the students that they served and in the second it was, in part, due to the fact that some senior employees with neurological conditions had raised the profile of neurodiversity.

Despite increasing awareness it is still key that employers are proactive in providing information on neurodiversity for those with a neurological condition as much as for those without. Employees with neurological conditions are not always fully aware of the ways in which their condition might affect their ability to perform particular work tasks. Even if they were diagnosed with the condition at an early age and have learned ways of coping with particular aspects of it, they may encounter different challenges in a work environment.

Having access to a network of employees with neurological conditions was a source of information for all employees. Awareness and access to support were also increased by having role-models at all levels willing to talk about their neurological condition. However, at times neurodivergent employees were not aware of what was available to them, leading some to access support only after a period of time in employment. This indicates the need to regularly publicise networks and activities through a range of channels so that individuals can make full use of resources in a timely manner.

The research from the case studies found mixed views on the need for specific training on neurodiversity for line managers given that only a subset would have line management responsibility for a neurodivergent employee at any given point in time. There was, however, general agreement that greater awareness by all employees of neurological conditions and possible adaptations would be beneficial. Experts echoed the views that *all* employees should have greater awareness of neurodiversity, however, they emphasised the importance of giving line managers training and support in relation to the neurodivergent staff they are directly responsible for.

#### **4.7 Support for individuals**

Some aspects of good support and management apply to employees generally, not just those with neurological conditions. For example, clear instructions given verbally and in writing, ensuring that staff are not overloaded or placed under excessive time-pressure, providing a working environment free of distractions and encouraging employees to discuss ways of working together effectively. Additionally, allowing employees to channel themselves into tasks where they could excel, rather than demanding that they continue to perform tasks to which they are less suited would benefit the majority.

However, some practices do need to be tailored to the individual to take account of their condition; for example, giving staff with autism advanced notice of any changes so that they could be fully-prepared. Similarly, an expert interviewee highlighted the importance of communicating in an unambiguous manner and leading discussions and solution-finding for those with autism.

Another important channel of support was the networks for staff with neurological conditions. In addition to raising awareness they were a source of support for employees and were particularly invaluable to those recently diagnosed or

experiencing problems. Also useful was the support available from neurodivergent colleagues being visible role-models and acting as mentors for their co-workers.

In addition to thinking about employees' roles and their working environment, consideration needs to be given to a wider range of situations, for example training. Issues to consider here are the pace of training, the mode of delivery and the way in which course materials are provided. Awareness of some people's difficulty in activities that might seem everyday, such as reading aloud or writing on a flipchart, is also important.

An essential factor in providing appropriate support is to understand that symptoms or difficulties are not necessarily shared by those with the same condition or in fact may not be consistent for an individual at any given time. For example, a stressful situation may lead to difficulties being more apparent. Being aware of and dispelling myths around neurological conditions would also be beneficial in providing appropriate support.

One of the benefits of having a number of employees with a particular condition is that employers became familiar with appropriate adjustments and established practices to aid their staff. This is more problematic where the employer did not have a previous history of putting in place adjustments for employees with a particular neurological condition, as it took time to establish what adjustments might be feasible.

#### **4.8 Support for employers**

There were signs that unless employers (or employees) are willing to pay for external support, it can be difficult to get timely, tailored support that takes into account existing technology and the most low-cost adaptations. There appeared to be a distinct difference of views on the quality of external support in the college in comparison to the private sector firm. In the latter support was often paid for by the firm and considered good. The company employed a third party to do assessments which they believed resulted in adjustments being put into place quicker, thereby enabling employees to sooner have tools to proceed with their work more effectively. However, this indicates that smaller companies or those which can less afford to pay for advice may have less easy access to support.

One suggestion for support to employers was a straightforward guide of the adaptations that might be necessary depending on an employee's traits. It was felt this could be a good starting point to discuss potential adaptations. The main criticism of external support was the lack of a single website with links to other sources of information.

#### **4.9 Benefits of a neurodiverse workforce**

Respondents felt employers could benefit from having employees who thought differently and had particular strengths, provided it was possible to put in place ways of minimising any areas of weakness. Additionally, it was thought by some that having a neurologically diverse workforce could be used to gain a competitive advantage if positive traits were harnessed effectively. Indeed some neurodivergent individuals attributed their career advancement to their condition to some extent, stating skills such as the ability to think laterally, be creative and

think a few steps ahead as factors in their progression. Respondents also recognised that there was neurodiversity amongst clients so it was useful to have employees who had an insight into this. One employee highlighted that successful applicants need to be of a certain quality, and that losing them or not enabling them to deliver to their full potential was wasteful.

Similarly, expert interviewees highlighted the potential benefits of having neurodivergent employees, giving examples such as, creativity, high ability and consistency in tasks once well-trained and bringing a different perspective which could result in innovation and original solutions to problems.

## **5. CONCLUSIONS**

### **5.1 Summary**

Some aspects of what works are just good practice generally, for example ensuring that staff are clear on what is expected of them, making employees feel supported in raising any problems that they encounter, and offering training to help them to carry out their job and fulfil their potential. Additionally, having some flexibility in job roles to allow individuals to play to their strengths, rather than a rigid approach which takes no account of comparative advantage is beneficial for all staff, but more so for those who are neurodivergent.

However, certain actions do need to be taken to improve employment for those with a neurological condition. Greater awareness and understanding of neurodiversity through training of all employees as well as increased visibility through employee networks, mentoring and role-models can greatly aid the employment experience of neurodivergent individuals. Furthermore, employers will need to put adjustments in place, adapt roles and organise things differently in order to successfully employ neurodivergent staff. When employers are aware of their employees' neurological conditions, the onus to implement support should be on the employer rather than the individual, as would be the case for non-hidden disabilities.

Employers need more information on the adaptations that might be required. This would enable them to make more informed employment decisions and might break down some of the barriers, at least for some. Adaptations do not necessarily have to be complex or costly and combined with fostering greater tolerance and acceptance of diversity will bring advantages to the employer as well as for their staff. Moreover, diagnosis of a condition is not the necessary starting point for support; if employers have sufficiently high awareness they can put measures into place to support their employees without the need for formal identification of a condition.

It is also crucial for employers to be aware that these neurological conditions are spectrum conditions. Characteristics will vary across individuals and how they cope with the associated characteristics of their condition will differ at points in time. Ultimately, the employer needs to gain awareness and a good understanding of the person separate to the label of their condition.

### **5.2 Limitations and areas for further analysis**

The findings have been drawn from only two case studies; these were a medium and large employer. There may be differences in smaller workplaces and those in which there are a wider range of conditions; in this study participants mostly reported having dyslexia. The research examined neurodiversity in mainstream employment and as employees self-select into jobs and employers, the neurodivergent individuals who participated in the study are those able to function in a conventional employment environment. Thus, the needs of those who are less able to do so are not examined here.

## APPENDIX A - TOPIC GUIDE FOR EXPERT INTERVIEWS

Explain interested in mainstream, not supported, employment.  
Recognise variation across individuals – and also overlap between neuroatypical conditions.

### Barriers

1. What are the main barriers to the employment of people with <condition>?  
*Explore different stages: Recruitment, retention, progression, dismissal*  
*Different types of jobs, different types of people*

### Employer measures

2. What are the main things employers should do to ensure people with <condition> fully participate in mainstream employment?  
*Explore strategic approaches, as well as specific measures*
3. What makes for the most effective management of people with <condition> as a whole, and at an individual line manager level?
4. What are the main measures employers should take to ensure people with <condition> are not disadvantaged:
  - a. in recruitment *advertisements (where, style, content); application forms; interviews; tests; other selection methods,*
  - b. on recruitment/induction
  - c. are trained *receive and benefit from training*
  - d. perform *performance management approaches; targets*  
*how manage underperformance and capability issues (including, e.g. interpersonal conflict between neuroatypical and neurotypical colleagues?)*
  - e. progress
  - f. are retained
5. Are employees with <condition> vulnerable to disciplinary action/dismissal by their employers, owing to their condition? CORE ISSUE FOR THE STUDY  
*concerned with unmerited/wrongful/discriminatory action*
  - a. How does vulnerability to disciplinary action/dismissal occur (*e.g. lack of recognition of atypicality by the employer or the employee; employers' failure to manage behaviours relating (directly or indirectly) to atypicality; employers' lack of knowledge to know how to manage behaviours*)?
  - b. How can the risks of disciplinary action/dismissal be minimised?
6. Are there other things employers should be doing to support their employees (and potential recruits) with <condition>?
  - a. Job redesign (tasks, time, teams)
  - b. Movement between jobs
  - c. Aids and adaptations
  - d. Action against bullying
7. Are their measures employers should be taking in relation to other employees to improve the employment of people with <condition>?
  - a. How can employees' interaction with employees with <condition> be improved?
  - b. And with employees with neuroatypical conditions in general?
  - c. How can employees' awareness of neurodiversity issues be improved?

## Disclosure

8. Are there particular issues around disclosure and neurological conditions?
  - a. How should employers deal with workers who they suspect might have a neurological condition where there has been no disclosure?

## General

9. How can employers become 'disability confident' (to borrow a phrase from the Government campaign<sup>14</sup>) with regard to:
  - a. <condition>
  - b. neurological development conditions in general
10. What are the potential benefits to employers of attracting and maintaining a neurodiverse workforce? In respect of :
  - a. <condition>
  - b. neurological development conditions in general
11. What are the potential risks to employers of failing to attract and maintain a neurodiverse workforce? In respect of :
  - a. <condition>
  - b. neurological development conditions in general
12. And the risks for employers which fail to take adequate measures for their neurodiverse employees? In respect of :
  - a. <condition>
  - b. neurological development conditions in general
13. Where can employers go for help and assistance? *Websites, documentation; advice, training, consultancy; free, cost; quality. What issues covered.*

## Employer case study suggestions

14. Suggestions for case studies?
  - a. *Why good; what doing*
  - b. *Contacts (as much detail as possible) – or them to contact*

## Anything else

15. Prevalence
  - a. How widespread is <condition> within mainstream work currently?
  - b. Are they aware of any reliable estimates as to the size of the UK working population with <condition>
16. What is current understanding like among employers generally about employment of staff with <condition>...
  - a. is it something that even figures in their thoughts,
  - b. is it gaining currency,
  - c. are there myths (or else legitimate worries) to overcome?
17. Anything else to add?

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<sup>14</sup> The mission statement for which is... "To remove barriers, increase understanding and ensure that disabled people have the opportunities to fulfil their potential and realise their aspirations. Employers are crucial to improving employment outcomes for disabled people"

## APPENDIX B - TOPIC GUIDES FOR CASE STUDIES

### Topic guide – HR manager

Permission to record interview? [to reduce need for note-taking].

Anonymity.

Neurological conditions that will be the focus – dyslexia, dyspraxia, autism and ADHD.

Purpose of study – to inform guide to best practice by talking to HR manager, employees with particular neurological conditions and their line managers.

Explain interested in mainstream, not supported, employment.

Recognise variation between individuals – and also overlap between neurological conditions.

<b>About interviewee</b>	
Job title	Check that person with primary responsibility for HR at workplace.
What does your role cover?	e.g. recruitment and selection; equal opportunities and diversity; disciplinary and grievance procedures; training; promotions etc?
Does your role cover this site alone or a number of sites?	If single site:  How many employees work here?  If multiple sites:  How many employees are employed across the sites that you are responsible for?
<b>Employment of neurodiverse employees</b>	
To your knowledge, does <organisation> currently employ people with:	
Dyslexia	If so (for each condition):  Approximately how many? How many in total (given that some may have multiple conditions)?
Dyspraxia	
Autism	
ADHD?	
Has the number of people with these neurological conditions employed by <organisation> changed over time?	If so:  In what way?  What has caused it to change?
Does the organisation formally monitor numbers?	If so:  How long has the organisation been monitoring numbers?
How high do you think awareness of these neurological conditions is amongst:	
your employees in general?	



line managers in general?	
line managers of neurodiverse employees?	
colleagues of neurodiverse employees?	
Do you think that awareness varies by condition?	If so:  Which conditions do you think staff are generally most aware of?
Does <organisation> take any particular action to raise awareness of neurodiversity?	If so:  What type of action?  What prompted the decision to take action?  Is the action targeted specifically at employees or line managers working with neurodiverse employees, or at the workforce in general?
In addition to any action to raise awareness, does <organisation> take any action to improve interactions between employees and those with neurological conditions?	If so:  What sort of actions?
What are the main barriers to employing neurodiverse employees?	Do the barriers vary by condition?  Are there myths to overcome?  Are there legitimate concerns/barriers to overcome?
<b>Neurodiversity policy and practice</b>	
Does <organisation> have an explicit policy on neurodiversity?	If so:  What does this cover?  If not:  Is it implicitly covered by other policies?  If so: <ul style="list-style-type: none"> <li>Is the fact that neurodiversity is implicitly covered communicated to other employees/line managers in any way?</li> </ul>
Moving on to practices, does <organisation> take any special measures to ensure people with these neurological conditions are not disadvantaged in:	
the recruitment process?	e.g. advertisements (where, style, content); application forms;

	interviews; tests; other selection methods.
on recruitment/induction?	e.g. tailored induction; workplace assessment; additional support during probation period; training for colleagues/line managers etc.
training?	receive and benefit from training
performance appraisal and management?	e.g. target setting; managing underperformance and capability issues; dealing with interpersonal conflict between neurodiverse employees, bullying etc; line management, including support for line managers.
retention?	
Are particular routes for progression more suited to employees with particular neurological conditions?	
Is it more difficult for those with particular neurological conditions to progress e.g. because it is difficult for the organisation to offer career paths suitable for all?	
Do you have explicit written policies in relation to neurodiversity on each of these topics?	Recruitment process On recruitment/induction Training Performance appraisal and management Retention Progression
Do you monitor each of these activities (listed previously) in terms of neurodiversity?	e.g. recording the number of people with disclosed neurological conditions applying for jobs; being shortlisted for interview; being recruited, promoted etc.
Do you review each of these areas of activity to identify any potential indirect discrimination against employees with neurological conditions?	
What makes for the most effective management of people with these neurological conditions as a whole, and at an individual line manager level?	
Are there some key things that apply to all conditions?	
Are there any important differences in approach necessary between different neurological conditions, or between employees depending on neurodiversity?	
<b>Disciplinary action/dismissal</b>	
Are employees with neurological conditions vulnerable to disciplinary action/dismissal, owing to their condition?	Particularly interested in unmerited/wrongful/discriminatory action  If so:  Why are they particularly vulnerable to this?  e.g. lack of recognition of impact of

	condition by the employer or the employee; employers' failure to manage behaviours relating (directly or indirectly) to condition; employers' lack of knowledge to know how to manage behaviours; discrimination.
How does <organisation> seek to minimise any risks of disciplinary action or dismissal as a result of neurological conditions?	
<b>Other support available within the workplace</b>	
Does <organisation> do any of these other things to help employees and potential recruits with neurological conditions:	
Job redesign (tasks, time, teams)	e.g. adjusting start and finish times; assigning particular tasks to other team members etc.
Movement between jobs	e.g. moving people to a more suitable job.
Aids and adaptations	Use of Access to Work; or paid for by the employer?
Action against bullying	If so:  What sort of action?
Does <organisation> take any action with other employees to improve the employment of people with neurological conditions?	
<b>Disclosure</b>	
How do you seek disclosure of neurological conditions by potential recruits or employees?	When does this happen?  How is the disclosure question worded?
In your experience, do employees always disclosure neurological conditions?	If not always:  Do any problems arise as a result of potential recruits/employees not disclosing, or disclosing at a late stage?  How do you deal with employees who you believe have a neurological condition which they have not disclosed?  Do you believe that this approach was effective?
Are there particular things that you do to try and increase the likelihood of disclosure?	
What do you do in cases where you suspect an employee may have a neurological condition, but they have not been diagnosed?	Would this be raised with the employee?

<b>Impact of employing a neuro-diverse workforce</b>	
Do you think that there are particular benefits to <organisation> from employing people with <each neurological condition mentioned at the start>?	What sort of benefits?
Do you think that <organisation> would lose out in any way if it hadn't taken the actions described to facilitate the employment of neurodiverse employees?	Particularly ask this if they don't mention particular benefits at the previous question.  Probe ways in which they would lose out. Cover losses related to having a less neurodiverse workforce and losses as a result of not taking adequate action to accommodate neurodiverse employees.
<b>Support for employers</b>	
What external support, if any, has <organisation> used related to its employment of neurodiverse employees?	e.g. websites; documentation; advice; training; consultancy; Access to Work; workplace assessments from organisations supporting those with particular types of condition.  If they have used external support:  Has <organisation> had to pay for these services, or have they been provided for free?  How helpful have you found these sources?
Do you feel that there are any gaps in the available provision for employers in relation to the employment of neurodiverse employees?	If so:  What sort of additional support would be useful?
Do you think there are any ways in which the support available could be improved?	
Are there people with particular types of condition that <organisation> would find it harder to employ?	If so:  Is this because <organisation> has less experience of employing people with these conditions or due to some other factor?
Finally, is there anything else that might be relevant to the study?	

## Topic guide – line manager

Permission to record interview? [to reduce need for note-taking].

Anonymity.

Neurological conditions that will be the focus – dyslexia, dyspraxia, autism and ADD.

Purpose of study – to inform guide to best practice by talking to HR manager, employees with particular neurological conditions and their line managers.

Important to hear their honest opinion of any difficulties that they have encountered for the guide to be helpful.

Explain interested in mainstream, not supported, employment.

Recognise variation between individuals – and also overlap between neurological conditions.

<b>About interviewee</b>	
Job title	
What does your role cover?	
How long have you worked for <organisation>?	
How long have you been a line manager at <organisation>?	
How many people do you currently line manage?	<p>If only one:</p> <p>Can you just confirm that this person has one or more of the neurological conditions previously mentioned?</p> <p>As far as you know, has the employee been formally diagnosed with &lt;this/all of these&gt; condition&lt;s&gt;?</p> <p>If more than one:</p> <p>As far as you are aware, how many of them have one or more of the neurological conditions previously mentioned?</p> <p>As far as you know, &lt;has the employee/have the employees&gt; been formally diagnosed with &lt;this/all of these&gt; condition&lt;s&gt;?</p>
Could you tell me about the neurological conditions of the <person/people> you line manage who <is/are> neurodiverse?	<p>For each person, note which conditions they have from:</p> <p>Dyslexia</p> <p>Dyspraxia</p> <p>Autism</p> <p>ADD</p>

Did you know that they had a neurological condition when you started line managing them or did you discover this later?	
How did you discover that they had a neurological condition?	
<b>Management of neurodiverse employees</b>	
Have you received any training in the management of neurodiverse employees whilst at <organisation>?	<p>If no:</p> <p>Have you ever received this sort of training i.e. whilst working for a previous employer?</p> <p>If yes:</p> <p>Was this training targeted specifically at line managers, or employees in general?</p> <p>Who provided the training?</p> <p>What did the training cover? e.g. recruitment, training, performance management, progression?</p> <p>How helpful have you found this training?</p> <p>Were there any gaps in the training that you received?</p> <p>How might the training have been improved?</p>
Are you personally involved in each of the following activities?	
Recruitment of staff?	Note which ones.
induction?	
training?	
performance appraisal and the management of performance?	
promotion/progression?	
disciplinary action and dismissal?	
retention?	
Is it necessary to approach any of these activities differently to allow for neurodiversity amongst employees or potential recruits?	<p>If yes:</p> <p>Which ones? Go through list.</p> <p>What differences in approach are required?</p> <p>How do you deal with this?</p>
Have you ever experienced any other challenges in working with the neurodiverse employees that you have line managed at this organisation, which you feel may have been due to their condition?	<p>If yes:</p> <p>What was the nature of these challenges?</p> <p>Were they subsequently overcome?</p> <p>If yes:</p>

	<ul style="list-style-type: none"> <li>• How?</li> </ul> <p>If no:</p> <ul style="list-style-type: none"> <li>• Is the employee still with the organisation?</li> <li>• Are they in the same role?</li> </ul>
<p>In your experience, do employees always disclose neurological conditions?</p>	<p>If not always:</p> <p>Do any problems arise as a result of potential recruits/employees not disclosing, or disclosing at a late stage?</p> <p>How do you deal with employees who you believe have a neurological condition which they have not disclosed?</p> <p>Do you believe that this approach was effective?</p> <p>In this case, as far as you know, had the employee been diagnosed prior to this action, or did they have an undiagnosed condition?</p>
<p>Are there any important differences in approach necessary between neurodiverse and neurotypical employees?</p>	<p>If they manage employees with different neurological conditions:</p> <p>Are differences in approach necessary between employees with different <b>types</b> of neurological condition?</p>
<p>Have you encountered any difficulties with managers senior to you as a result of you line managing neurodiverse employees?</p>	<p>If yes:</p> <p>What sort of difficulties?</p> <p>For example, unrealistic targets, pressure for all members of the team to carry out tasks which are more difficult for neurodiverse employees?</p> <p>Do these problems still remain?</p> <p>If no:</p> <ul style="list-style-type: none"> <li>• How were they overcome?</li> </ul>
<p>Have you encountered any difficulties between the neurodiverse employees that you line manage and other employees as a result of neurodiversity?</p>	<p>If yes:</p> <p>What sort of difficulties have arisen?</p> <p>e.g. complaints by employees with neurological conditions, or</p>

	<p>complaints made against them. Problems with workload for other employees covering tasks an employee with a neurological condition is unable to carry out etc.</p> <p>Has any action been taken to overcome these difficulties?</p> <p>What sort of action?</p> <p>Has this been successful?</p> <p>Do any problems still remain?</p>
<b>Support available within the workplace</b>	
Does <organisation> take any particular action to raise awareness of neurodiversity amongst employees?	<p>If yes:</p> <p>What type of action?</p> <p>Is this targeted specifically at:</p> <ul style="list-style-type: none"> <li>• Line managers working with neurodiverse employees;</li> <li>• Employees working with neurodiverse employees;</li> <li>• The workforce in general;</li> <li>• Or other sections of the workforce?</li> </ul> <p>If other sections of the workforce:</p> <ul style="list-style-type: none"> <li>• How are these groups defined?</li> </ul>
In addition to any action to raise awareness, does <organisation> take any action to improve interactions between neurodiverse employees?	<p>If yes:</p> <p>What sort of actions?</p>
Do you think there are any ways in which the available support could be improved?	
Do you feel that there are any gaps in the current provision by <organisation> in relation to the employment of neurodiverse employees?	<p>If yes:</p> <p>What sort of additional support would be useful?</p>
<b>Impact of employing a neurodiverse workforce</b>	
In your experience, what are the main barriers to employing neurodiverse employees?	<p>Do the barriers vary by condition?</p> <p>Are there myths to overcome?</p> <p>Are there legitimate concerns/barriers to overcome?</p>
Do you think that there are particular benefits to <organisation> from employing people with <each neurological condition	<p>What sort of benefits?</p>



mentioned at the start>?	
Do you think that <organisation> would lose out in any way if it hadn't taken the actions described to facilitate the employment of neurodiverse employees?	<p>Particularly ask this if they don't mention particular benefits at the previous question.</p> <p>Probe ways in which they would lose out.</p> <p>Cover losses related to having a less neurodiverse workforce and losses as a result of not taking adequate action to accommodate neurodiverse employees.</p>
Finally, is there anything else that might be relevant to the study?	

## Topic guide – Employees

Permission to record interview? [to reduce need for note-taking].

Anonymity.

Purpose of study – to inform guide to best practice by talking to HR manager, employees with neurological conditions, such as dyslexia, dyspraxia, autism and ADHD, and their line managers.

Explain interested in mainstream, not supported, employment.

Recognise variation between individuals – and also overlap between neurological conditions.

<b>About interviewee</b>	
Job title	
What does your role cover?	Ask for brief description of job
Would you mind telling me whether you have any of the neurological conditions previously mentioned?	<p>If they do:</p> <p>Which ones?</p> <p>Have you been formally diagnosed with this/these conditions?</p> <p>Was this prior to joining this organisation?</p> <p>Would you mind telling me when you were diagnosed?</p>
Can you briefly tell me about your employment history in the last 5 years?	<p>e.g. role, number of years in the job, why left the job.</p> <p>If at current organisation for past 5 years:</p> <p>Did you work anywhere else before joining &lt;organisation&gt;?</p> <p>If yes:</p> <ul style="list-style-type: none"> <li>• Can you briefly tell me about the job you had before this one?</li> <li>• Why did you leave that job?</li> </ul>
<b>Neurodiversity policy and practice</b>	
Are you aware of any policies in <organisation> relating to neurodiversity?	<p>If yes:</p> <p>Do you know what they cover?</p> <p>If knows about the policies:</p> <p>Could you tell me which ones you think are effective? Why?</p> <p>Which ones are less effective? Why?</p>
Moving on to practices, can you tell me anything that <organisation> does to ensure people with <condition(s)> are not disadvantaged in:	
the recruitment process?	e.g. advertisements (where, style, content); application forms; interviews; tests; other selection

	<p>methods.</p> <p>Were these practices in place when you were recruited?</p> <p>If yes:</p> <ul style="list-style-type: none"> <li>• Do you think they improved your chances of being offered a job?</li> <li>• Are there any other things that you think &lt;organisation&gt; could have done to improve the recruitment process for people with your condition&lt;s&gt;?</li> </ul>
on recruitment/induction?	<p>e.g. tailored induction; workplace assessment; additional support during probation period; etc.</p> <p>Were these practices in place when you started working for &lt;organisation&gt;?</p> <p>If yes:</p> <ul style="list-style-type: none"> <li>• Do you think they helped you to settle into the job?</li> <li>• Are there any other things that you think &lt;organisation&gt; could do to support people with your condition&lt;s&gt; as they start working here?</li> </ul>
training?	<p>receive and benefit from training.</p> <p>Can you tell me about any effective support you received for training?</p> <p>And anything you think did not work well? How could it be improved?</p>
day-to-day line management and appraisals?	<p>e.g. target setting; helping with interpersonal relations with colleagues, bullying etc; support from line manager, etc.</p> <p>Can you give me some examples of when you received a good level of support from your line manager or employer?</p> <p>And examples of when you feel you could have been supported better?</p>
progression?	<p>Can you tell me about your personal experiences of progression here?</p>

Do you think it is more difficult for those with <condition(s)> to progress in work?	If yes: Why? What can be done to improve progression opportunities?
What do you think are the main barriers to employing someone with <condition(s)>?	If myths not discussed: Are there any myths to overcome?
<b>Other support available within the workplace</b>	
Has <organisation> done any of these other things to help you carry out your job?	
Job redesign (tasks, time, teams)	e.g. adjusting start and finish times; assigning particular tasks to other team members etc.
Movement between jobs	e.g. moving people to a more suitable job.
Aids and adaptations	Use of Access to Work; or paid for by the employer?
Anything else?	If so: What sort of action?
Does <organisation> raise awareness of neurological conditions?	If yes: What do they do? Is it effective? Why/why not? If not effective: • What do you think they should do? If no: What do you think they should do?
Does <organisation> do anything with other employees to improve the employment of people with neurological conditions?	If yes: What do they do? Is it effective? Why/why not? If not effective: • What do you think they should do? If no: What do you think they should do?
Does <organisation> do anything to improve interaction between other employees and those with neurological conditions?	If yes: What do they do? Is it effective? Why/why not?

	<p>If not effective:</p> <ul style="list-style-type: none"> <li>• What do you think they should do?</li> </ul> <p>If no:</p> <p>What do you think they should do?</p>
Do you feel that your colleagues are sufficiently knowledgeable about your condition(s)?	
Is there anything more that your employer could do to increase awareness?	
Do you think it is important for others to be aware of your condition?	
<b>Disclosure</b>	
How did the disclosure of your <condition(s)> come about?	<p>How did you feel about disclosing your condition(s)?</p> <p>What did you feel about &lt;organisation&gt;'s disclosure process?</p>
Have you always disclosed your condition?	<p>e.g. in past jobs, or right from joining the organisation.</p> <p>If not always:</p> <p>Why?</p> <p>Should anything be done to make it easier for people to disclose their condition(s)?</p>
<b>Disciplinary action/dismissal</b>	
Do you think you are more vulnerable to disciplinary action or dismissal because of your <condition(s)>?	<p>Particularly interested in unmerited/wrongful/discriminatory action</p> <p>If yes:</p> <p>Why are you particularly vulnerable to this?</p> <p>e.g. lack of recognition of neurodiversity; employers' failure to manage behaviours relating (directly or indirectly) to neurological conditions; employers' lack of knowledge to know how to manage behaviours; discrimination.</p> <p>What can be done to improve this?</p>
Have you ever experienced disciplinary action or dismissal because of your <condition(s)>?	<p>If yes:</p> <p>How did this situation arise?</p> <p>What happened?</p> <p>Probe whether this was in a past job</p>

	or the current one.
<b>Impact of employing a neuro-diverse workforce</b>	
Do you think that there are particular benefits to <organisation> from employing people with <condition(s)>?	What sort of benefits?
Do you think that <organisation> would lose out in any way if it hadn't taken the actions described to facilitate the employment of people with <condition(s)>?	Particularly ask this if they don't mention particular benefits at the previous question.  Probe ways in which they would lose out. Cover losses related to having a less neurodiverse workforce and losses as a result of not taking adequate action to accommodate neurodiversity.
Finally, is there anything else that you would like to say that might be relevant to the study?	



