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Workplace Neurodiversity: The Power Of Difference Part 2: Perceptions About Neurodivergents

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Our research: why now?

Neurodivergence (see Box 1) has received increased examination in the workplace, with some notable organisations recognising the value of employing people whose neurology differs from the mainstream or neurotypical population. There is a sound business case for employing people from a diversity of minorities and groups (see below, page 10). Neurodivergence is actually very common; according to ACAS (the UK Advisory, Conciliation and Arbitration Service) over 15% of people in the UK (almost 1 in every 7) are neurodivergent (ACAS, 2019).

Historically, people from neurominorities (see below, see page 10) have been excluded in many contexts, pathologised for their differences and often given derogatory labels that do not reflect intrinsic ability. It is a common misconception that people having one of these conditions, such as dyslexia or autism, are less intelligent and less able, whereas in fact there is no association between intelligence and neurodiversity (British Dyslexia Association, 2020; CIPD, 2018; NHS, 2019c).

Many people who have these conditions have found creative ways to integrate themselves into contexts where they would otherwise be excluded (CIPD, 2018; GMB, 2018). However, negative stereotypes persist today, for example many assume that all people who have Tourette's syndrome have a propensity towards coprolalia (verbal tics that may cause them to swear) but in fact only 10% experience this (Tourettes Action, 2019). Similarly, many hold on to ideas that autistics are asocial and lack emotional intelligence, when in fact many enjoy the company of others and often have deep emotions and empathy but express them

differently and in ways not always recognised by neurotypicals (CIPD, 2018).

Under disability laws in many countries it is illegal to make predetermined decisions about people's abilities in employment on the basis of them having physical or neurological disability or difference. The UK equality act defines a disability as, "a physical or mental impairment that has a substantial, long-term, adverse effect on your ability to carry out normal day-to-day activities", this includes sensory impairments and neurodivergent conditions (Equality and Human Rights Commission, 2020). Impairments do not need to be medically diagnosed, and discrimination occurs if a person is treated badly because of a disability; this can be both direct discrimination (treating someone worse because of a disability) or indirect discrimination (where a policy or way of working has a worse impact on a disabled person compared to people who are not disabled) (Equality and Human Rights Commission, 2020).

Under the social model of disability (used in this research) disability is caused by the way society is organised both at physical and behavioural levels, rather than by a person's impairment or difference. Barriers may restrict the lives of disabled people and the removal of barriers can be enabling (Scope, 2019). This is in contrast to a focus on incapability or inability that assumes the individual is themselves limited and the environment cannot be adapted to be inclusive (the medical model). For many who have neurodivergent conditions, barriers that impede them performing on equal terms with their peers can be removed and they can perform to the same levels of neurotypical peers (GMB,

2018). Any assumption that an individual is unable or unsuitable to do a particular job or activity based purely on them having a neurodivergent condition would be a direct form of discrimination, and in many cases a false assumption (ACAS, 2019; CIPD, 2018; Equality and Human Rights Commission, 2020; GMB, 2018).

It is important to recognise that these conditions are not diseases, brain damage or mental illnesses themselves, but rather

intrinsic and innate differences in how the brain is wired and works, which are present from birth (GMB, 2018). However, it is very common for people who have these conditions to become mentally ill over time due to their exposure to exclusion, the stress associated with work environments where adjustments are not made, and bullying (GMB, 2018). The majority of the issues leading to mental illness in neurodivergents can be addressed and removed (GMB, 2018).

Box 1. What is neurodiversity?

The term neurodiversity, first coined in the 1990s by Australian sociologist Judy Singer, recognises that there are individuals in our society who are neurologically different to the majority of the population (Singer, 1999).

Singer's work emphasised that people with these previously ignored neurological differences were habitually overlooked and discriminated against. In her model, neurodiversity was added to the pre-existing categories of discrimination of class, gender, race and physical disability.

This relatively recent model of disability, generated by Singer, challenges the majority assumption that we all experience

the world in similar ways, when in fact there are significant differences in the way we:

- sense the external environment (see, hear, touch, smell etc.)
- sense the internal environment (temperature, balance, pain, proprioception)
- feel and manage emotions
- process information and manage information
- use different aspects of our memory

Singer initially focused on autism and recognised that autistic individuals bring unique traits that are an important and probably crucial part of human biodiversity.

Neurodivergent conditions and definitions

Neurodivergents are commonly identified through a set of clinically defined “deficits” that characterise neurodivergents in comparison to neurotypical individuals. It is recognised, but rarely stated, that neurodivergents often have unique attributes and capabilities. Despite broad labelling it is important to remember that no two people with one condition are alike (CIPD, 2018).

Condition descriptions based on clinical definitions

Attention deficit hyperactivity disorder/ attention deficit disorder (ADHD/ADD)

Includes traits such as inattentiveness, hyperactivity and impulsiveness (NHS, 2019a; GMB, 2018).

Autism (including Asperger’s, pathological demand avoidance and autistic spectrum condition)

Presented as non-typical traits and behaviours that affect how individuals experience the world. Individuals may communicate differently, have difficulty understanding non-autistic people, have sensory hypersensitivities, take longer to understand certain forms of information, undertake repetitive behaviours, or become anxious in unfamiliar situations (NHS, 2019b; GMB, 2018).

Dyscalculia

Affects the ability to acquire arithmetical skills. Dyscalculic individuals may have difficulty understanding simple number concepts,

lack an intuitive grasp of numbers, and have problems learning number facts and procedures (The Brain Charity, 2019; GMB, 2018).

Dyslexia

Primarily affects the skills involved in accurate and fluent word reading and spelling, a dyslexic may experience other challenges with tasks such as sequencing, processing information and working memory (NHS, 2019c; GMB, 2018).

Dyspraxia

Affects physical coordination, which causes a person to perform less well than expected in daily activities for his or her age, and appear to move clumsily (NHS, 2019d; GMB, 2018).

Tourette’s syndrome

Causes a person to make involuntary sounds and movements called tics (less than 10% of people with Tourette’s syndrome have “coprolalia” a form of Tourette’s that results in involuntary swearing and comments) (Tourettes Action, 2019; NHS, 2019e).

Additional definitions

Neurotypical/ Neurotypicalism (NT in figures)

Describes people whose brains function and process information in the way that society expects (Bewley & George, 2016), it includes all people who do not have any neurodivergent conditions.

Neurodivergent

A person who has neurology that differs from the “typical” or majority of the population, and has one of the conditions listed above (may also include forms of illness and acquired brain injury which are beyond the scope of this research) (CIPD, 2018; GMB, 2018).

Neurodivergence

The state of being neurodivergent (GMB, 2018).

Allistic

A person who is not autistic (it may include people with other forms of neurodivergence).

Neurominority

A group of people who have a form of similar innate neurodivergence, and together make up a minority group (e.g. autistics might form one neurominority, and dyslexics another).

Table 1: Prevalence and notable reported strengths of neurodivergent conditions referenced in this report
(ACAS, 2019; TOURETTES ACTION, 2019; THOMPSON, 2018; SCIENCE DAILY, 2007; BRAIN HE, 2019; WEB MD, 2019; RUZICH, ET AL., 2015)

Autism 2%	ADHD/ ADD 4%	Dyscalculia 7%	Dyspraxia 5%	Dyslexia 10%	Tourette's 1%
Intense/ hyper focus 	Working under pressure 	Practical ability 	High levels of literacy 	Ability to think in 3D 	Process language faster than general population 
Visual skills 	Intense energy & completing urgent tasks 	Intuitive ability 	Often good at strategic thinking 	Strong verbal skills 	Enhanced language skills 
Values driven; integrity and honesty 	Multitasking/ task switching 	Often good at strategic thinking 	Holistic thinkers 	Strong visual thinkers 	Often have enhanced memory 
Creativity & problem solving 	Creativity & problem solving 	Creativity & problem solving 	Creativity & problem solving 	Creativity & problem solving 	Enhanced self control 
Ability to work unsupervised 	Visible enthusiasm 			Good at maths & mechanical thinking 	Find it easy to pick up new skills 
Analytical & critical thinking 	Perseverance 			Analytical & critical thinking 	
Determination 	Good memory and observational skills 				
Observational skills 					

The context for the research

There is a strong business case for employing neurodivergents, who are frequently excellent problem solvers, creative thinkers and bring fresh perspectives. There are also unique attributes associated with each neurotype that can be beneficial to organisations (Table 1) (Bewley & George, 2016; CIPD, 2018; Faragher, 2018). According to Steve Silberman:

“[Businesses are] moving on from the notion of employing people with cognitive disability as a form of charity, to realising that it can be good business. They’re realising that they can think in ways neurotypical people can’t, can identify problems invisible to neurotypical employees and suggest solutions outside of the box.”

(Faragher, 2018; Silberman, 2015)

However, previous research shows high levels of either discrimination or ignorance about inclusivity of people who have one or more neurodivergent condition; almost three quarters of employers excluded neurodiversity from their standard management practices and many are reported to be daunted by the prospect of neurodivergent employees (CIPD, 2018). Additionally, many neurodivergent

employees recently reported being reluctant to inform their manager or colleagues of their condition or inclusion needs due to fear of discrimination and negative repercussions (ACAS, 2019).

This is the second of two reports; in the first, we explore the lived experiences of people with neurodivergent conditions, comparing these to perceptions of neurotypicals. In this second report we examine perceptions, attitudes and approaches to inclusion, looking at responses by sector and industry. Our research provides new insight about the perceptions and attitudes of leaders and managers towards people in these often-overlooked minorities (see ages 6–7 for definitions and descriptions of the conditions).

Many people report positive experiences of working with neurodivergent colleagues, but there is also a large proportion who have misconceptions about the impact of these conditions on capability (ACAS, 2019; CIPD, 2018; GMB, 2018). There are also some who report a lack of understanding of some of the conditions and a lack of confidence in creating an inclusive and enabling workplace.

Highlights

Overall people have limited understanding of neurodivergence, limited training and are many are unlikely to want to employ neurominorities.

- The majority believe they have a high level of awareness of most of the conditions, and some a good level of knowledge (with people claiming to be most knowledgeable about dyslexia, closely followed by autism).
- Dyscalculia is the least well-recognised condition; 35% have never heard of dyscalculia
- Despite people stating they have high levels of knowledge about autism, in our partnered report autistics reported higher levels of workplace exclusion than any other neurotype
- Far fewer report having neurodivergent colleagues (28%) than would be expected based on nearly 1 in every 7 having a neurodivergent condition; a further 35% believe they have neurodivergent colleagues who have not disclosed; suggesting that either neurominorities are unwilling to disclose (and hiding in plain sight) or are discriminated against and are excluded from the workplace
- Many people are not comfortable with the idea of employing neurodivergents:
 - o Around 3 in 10 report that they would not be comfortable employing people who have Tourette’s syndrome or ADHD/ADD
 - o Around 2 in 10 report that they would not be comfortable employing autistics or dyscalculics
 - o Around 1 in 10 report that they would be uncomfortable employing dyslexics
 - o Half of the people surveyed said they would not employ someone from at least one of the neurominorities
- There is an absence of neurodiversity in policies and procedures about inclusion/diversity (only reported in 30% of organisations) and bullying and harassment (only reported in 19% of organisations) in the vast majority of organisations.
- There is very little training about acceptance or inclusion of neurominorities made available in organisations.

Findings

Self-reported levels of understanding of conditions

We initially assessed the level of understanding people believe they have about the different neurodivergent conditions we were exploring in this research. We asked people to report on their own level of knowledge. We found that the vast majority felt they knew a little about ADHD/ADD, autism, dyslexia and Tourette's syndrome (over 63%), while one third felt they were very knowledgeable about dyslexia and almost one quarter (23%) felt they were very

knowledgeable about autism (Figure 1 and 2).

Dyscalculia is the least understood form of neurodivergence, 35% stated they have never heard of the condition, 25% state they know it by name only, and 32% state they know a little about it. This is closely followed by dyspraxia (7% never heard of it, 29% recognised name only, 51% know a little about it and 13% are very knowledgeable about it).

Figure 1 Self-reported levels of understanding of neurodivergent conditions

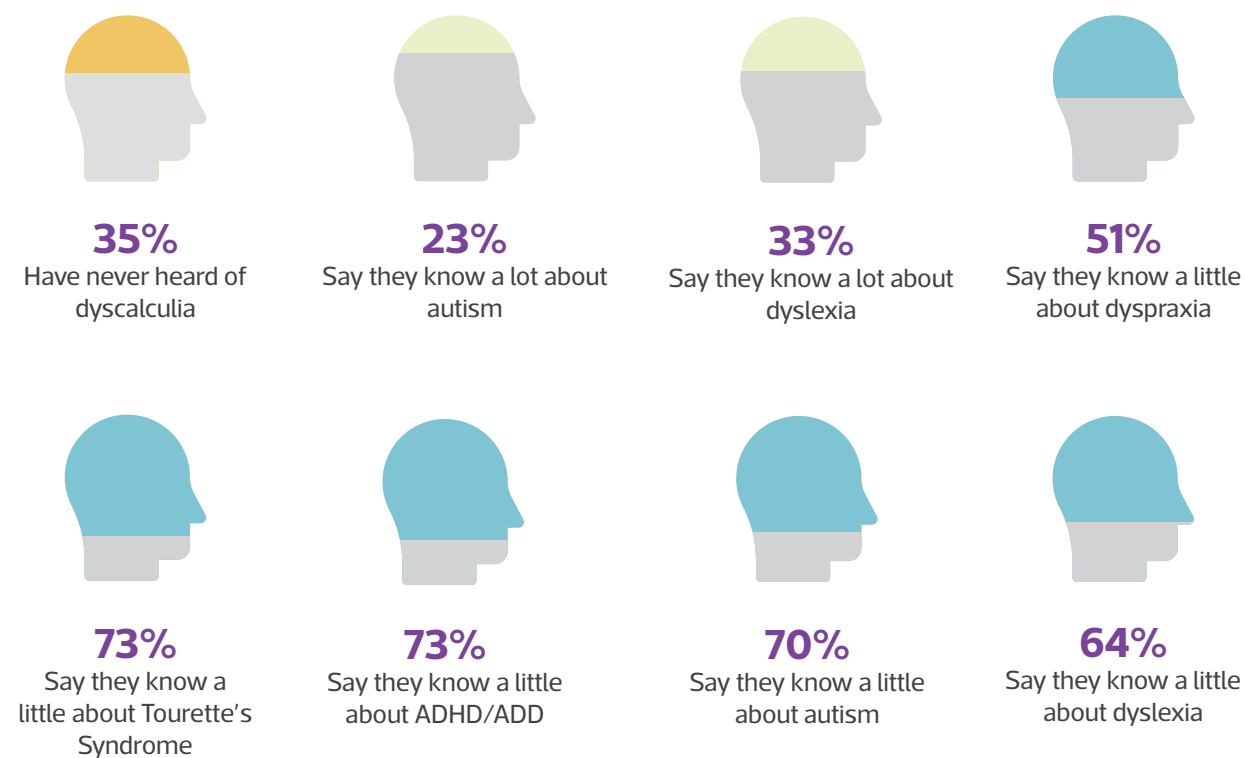
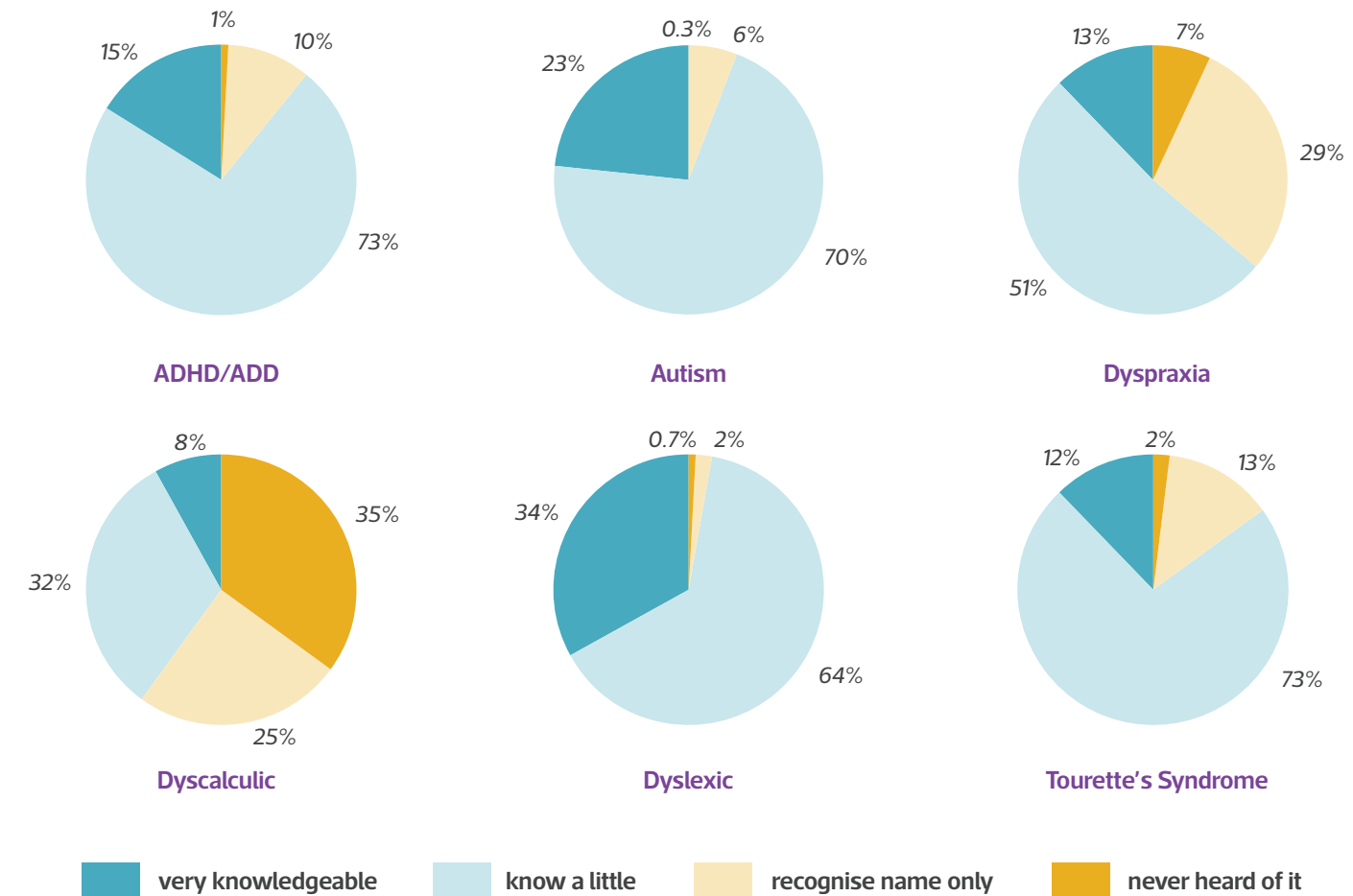
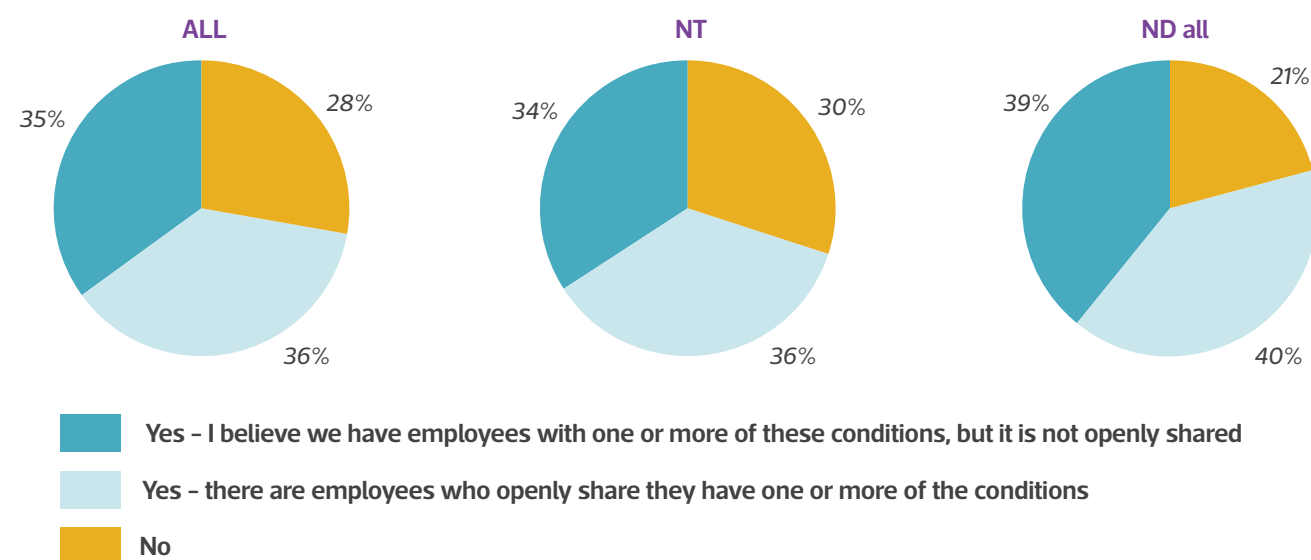


Figure 2 Self-reported level of knowledge people state they have about different neurodivergent conditions



Awareness of having neurodivergent colleagues

Figure 3 Are you aware of your workplace employing any neurodivergent individuals?



Only 36% report they have colleagues who are open about being neurodivergent, 35% believed colleagues are neurodivergent but have not disclosed (Figure 3).

People who are neurodivergent themselves, report slightly higher levels of people openly sharing that they are neurodivergent (40%) compared to neurotypicals (36%). However, just under 1 in 7 (15%) of the UK population are estimated to have one of the conditions (ACAS, 2019) and only 5% of respondents come from organisations with less than 10 employees (so less likely to have neurodivergent staff).

Despite this, 28% of respondents state they have no neurodivergent colleagues, suggesting neurodivergents are either significantly under-represented, or hiding in plain sight.

When we examine this by sector we find that people are more open about sharing they are neurodivergent in third sector organisations; 52% working in third sector organisations reported that they have colleagues who openly share they have one or more neurodivergent conditions, compared to 40% in the public sector and 30% in the private sector (Figure 4).

People working within the private sector report the lowest levels of neurodivergent colleagues, with 36% stating that they have no neurodivergent colleagues of whom they are aware. All sectors report under-representation of neurodivergent staff when compared to that which we would expect if employment figures matched levels in the general population.

Figure 4 By sector: are you aware of your workplace employing any neurodivergents?

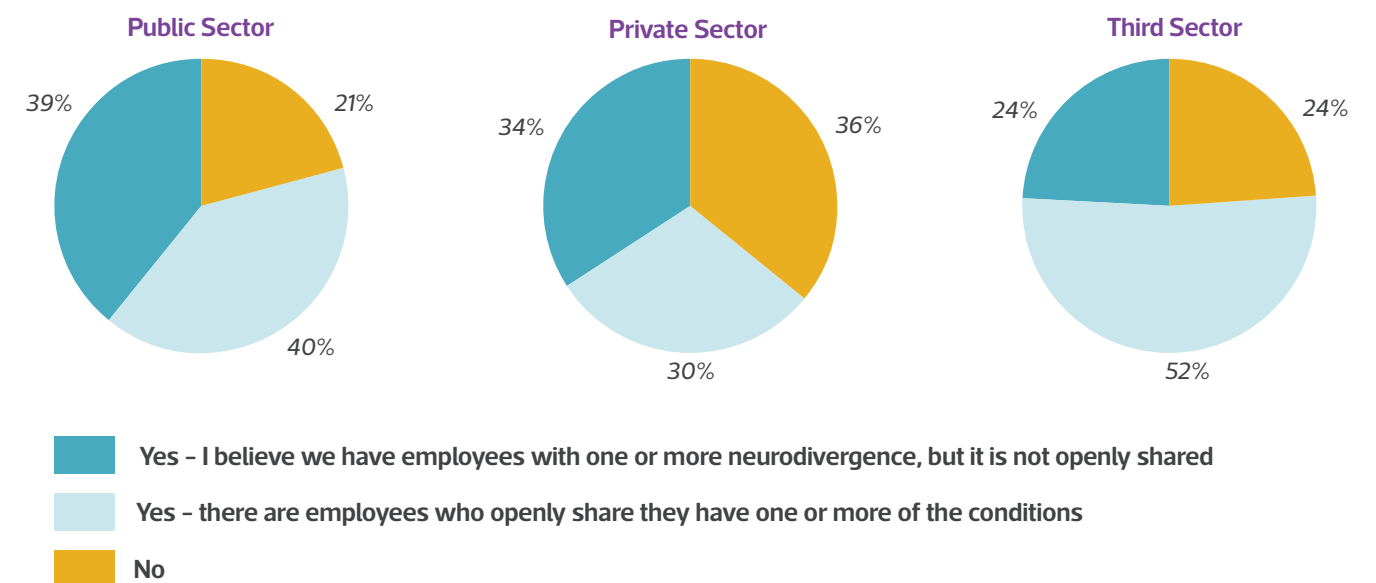
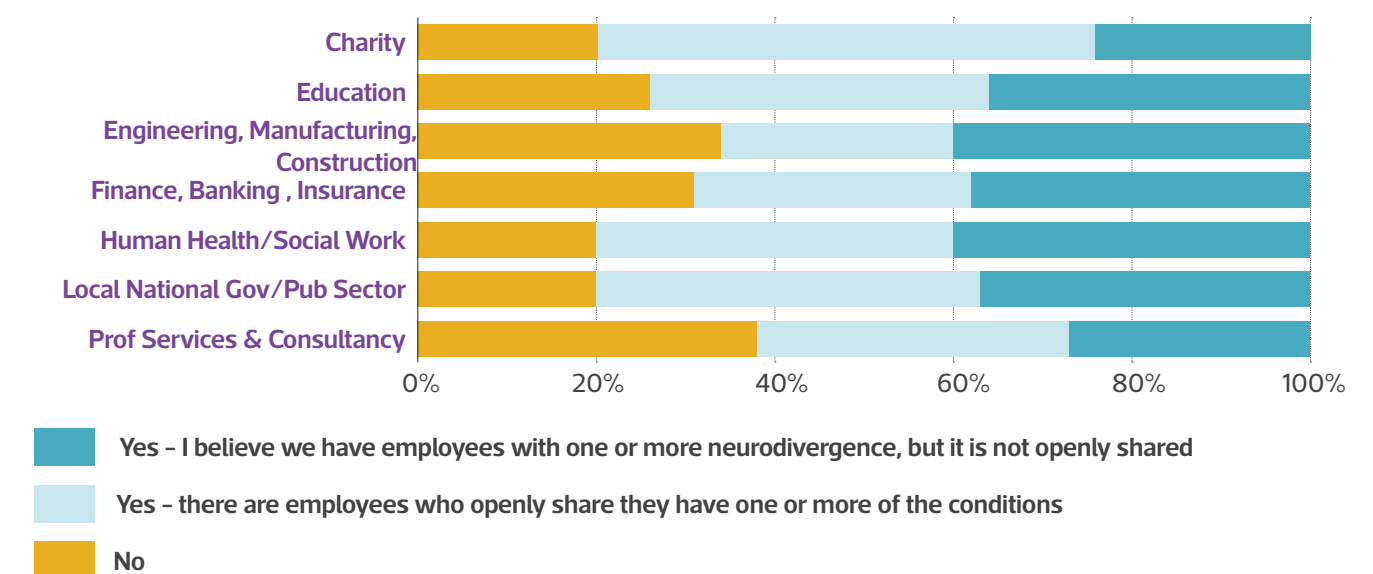


Figure 5 By industry: are you aware of your workplace employing any neurodivergents?



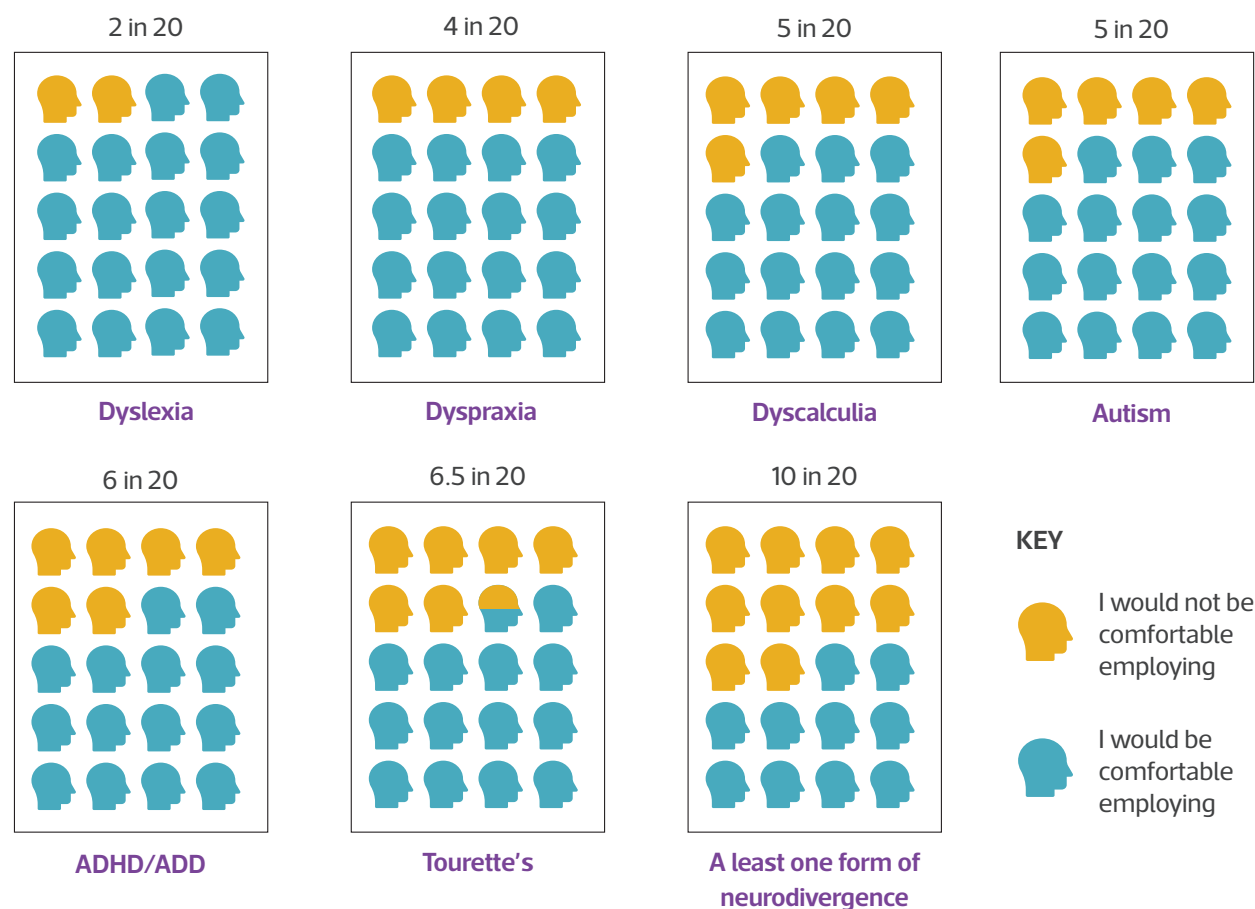
When we look at open disclosure within specific industries, we found that more respondents working in charitable organisations (55%) reported having colleagues who openly share their neurodivergent status, than in any other industry (Figure 5).

This was followed by local/national government/public sector organisations

(43%), human health/social care (40%) education (38%). The lowest numbers openly disclosing (from industries where we had enough data to include in analysis) were identified within engineering, manufacturing and construction industries (26%). Neurominorities are again reported at lower levels across all industries than their presence in the general population (when size of organisations is taken into account).

Attitudes towards employing neurodivergents

Figure 6 Would you be comfortable employing (recruiting and line managing) neurodivergents?



We asked people if they would be comfortable employing staff who have each of the neurodivergent conditions. We found that 50% stated they would be uncomfortable employing or line managing someone with at least one of the conditions (Figure 6).

Looking more closely, people had different views about individual conditions; 6 in 20 reported that they would not be comfortable employing people who have Tourette's syndrome or ADHD/ADD. Around 4 in every 20 stated that they would not be comfortable

"I work closely with a colleague with Asperger's. Their autism in some ways can assist in work, as they have exceptional attention to detail and rarely make mistakes. You just have to remember that any instructions or descriptions to them will be taken very literally".

Neurotypical male, public sector/
government services

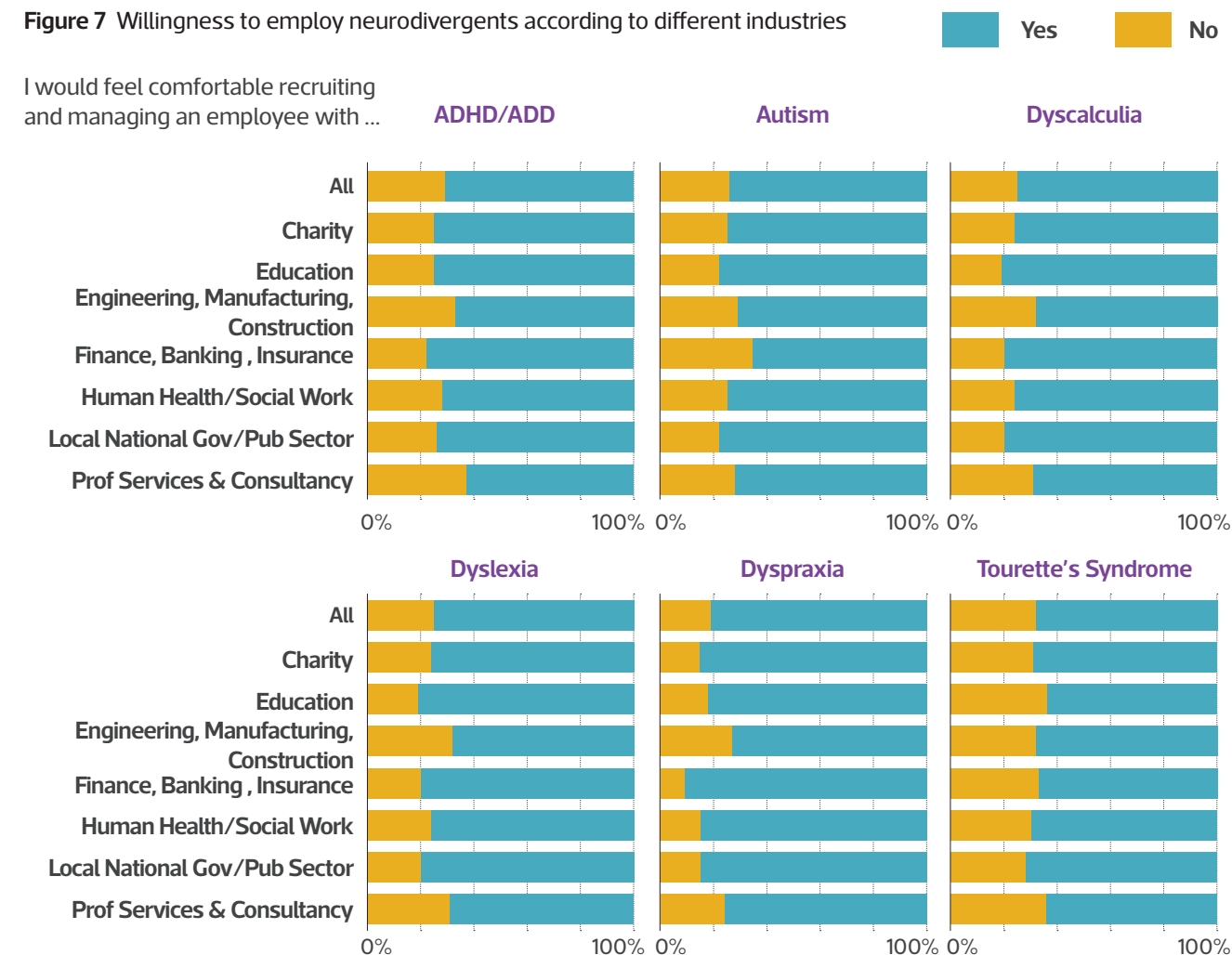
employing autistics or dyscalculics, and around 2 in every 20 report they would be uncomfortable employing dyslexics.

Across different professions we found different attitudes towards employing people from different neurominorities. More participants were uncomfortable employing people who have Tourette's syndrome than any other condition, this ranged from 28% to 36% (Figure 7). High proportions were also uncomfortable employing people who have ADHD/ADD, this ranged from 22% in financial services, banking and insurance to 33% in engineering, manufacturing and construction industries and 37% working in professional services.

People in engineering/manufacturing and construction industries were also more negative than most industries about employing autistics (32%) and dyscalculics (29%), as were people in financial services, banking and insurance, where 35% stated they would not feel comfortable employing a dyscalculic employee.

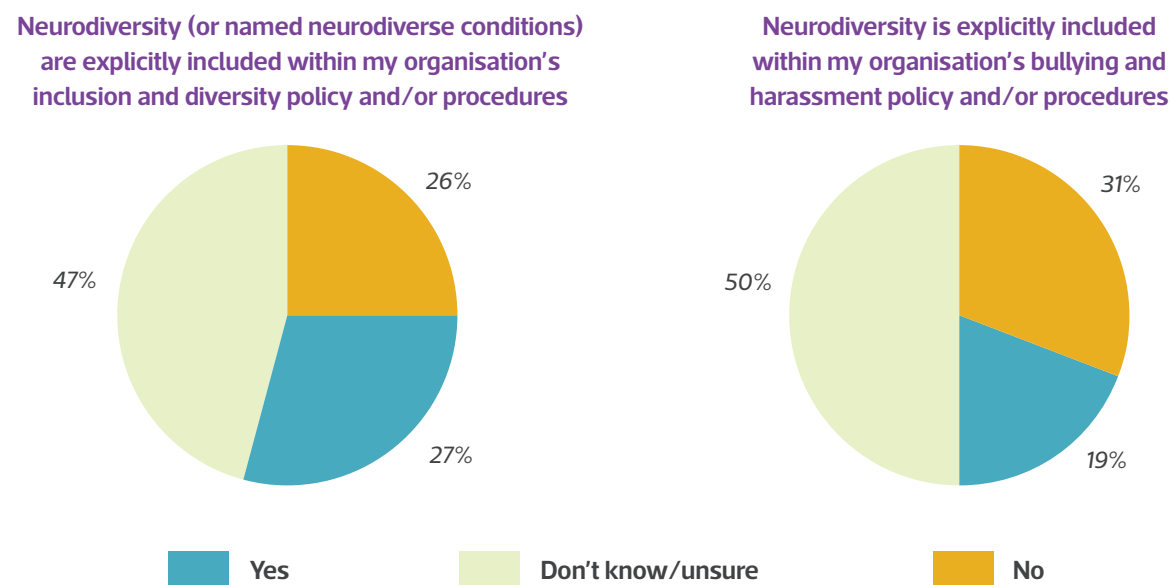
In financial services/ banking and insurance 15% stated they would be uncomfortable with a dyslexic employee, and 33% stated they would be uncomfortable with someone who has Tourette's syndrome, although they were the most accepting of dyspraxic employees.

Figure 7 Willingness to employ neurodivergents according to different industries



Specific policies and procedures about inclusion, bullying and harassment

Figure 8 Does your organisation have policies on inclusion or bullying and harassment that directly name any form of neurodivergence?



Only 30% of respondents were certain that neurodiversity featured explicitly in inclusion and diversity policy and procedures, and only 19% reported that they were certain neurodiversity was explicitly covered in bullying and harassment policies and procedures (Figure 8). This drops to 20% and

10% respectively in third sector organisations who have the greatest numbers of confirmed neurodivergent staff (Figure 9 and 10). When we look by industry (Figure 9) we found that neurodivergence features the least in inclusion and diversity policies in finance/banking (15%), engineering, manufacturing

"I do not feel that enough awareness is made about neurodivergent individuals in the workplace because it's something that you can't see, like a physical impairment/disability. My brother, who has Asperger's, has been subject to awful bullying and harassment in his industry because of the lack of understanding in his workplace on the condition. I would love to see more policies/ training in place in the workplace to make people aware of neurodivergent individuals and how they think, feel and behave".

Neurotypical female, team leader, private sector

and construction (18%) and charity (19%), and most highly in education (34%) followed by professional services (32%) and local/national government (31%). In bullying and harassment policies we find that while neurodivergence features less, overall it follows the same

pattern by industry inclusion (Figure 10). This is with the exception of education where, despite it featuring highly in inclusion policies (34%), it is only rarely featured (12%) in bullying and harassment policies.

Figure 9 Does your organisation have policies and procedures for inclusion/diversity that directly name any form of neurodivergence, by sector and industry

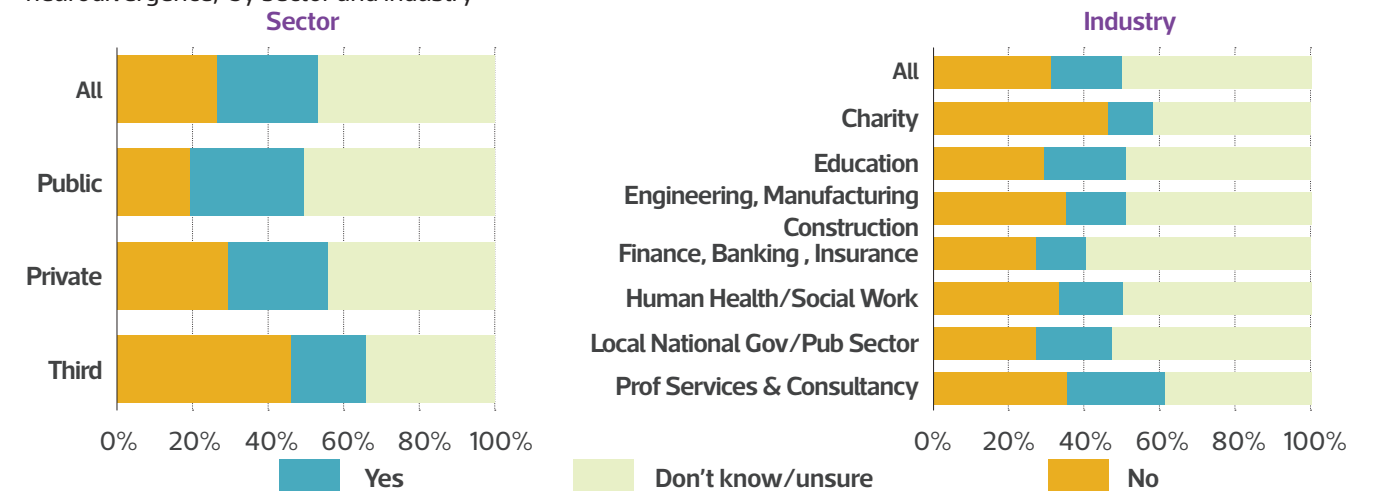
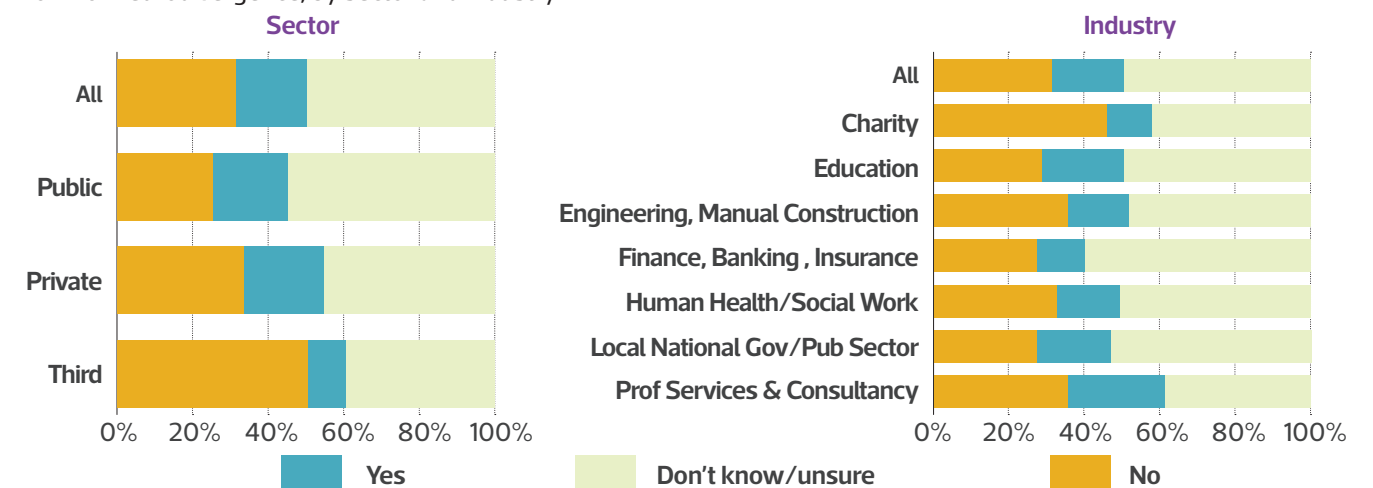


Figure 10 Does your organisation have policies and procedures for bullying and harassment that directly name any form of neurodivergence, by sector and industry

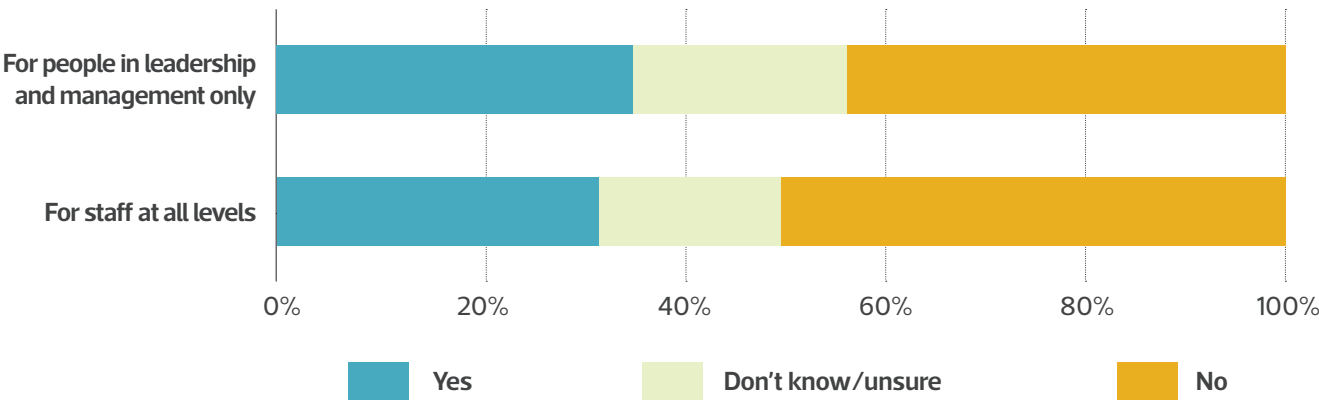


"Employers in customer services fear employing people with ADHD/ADD...People with these conditions have very little chance of getting customer-facing roles. Something needs to be done about it".

Dyslexic and ADHD female, private sector

Training for inclusion of people with neurodivergent conditions

Figure 11 Does your organisation provide training to support inclusion of people with neurodivergent conditions?



Training to support the inclusion of people with neurodivergent conditions was only confirmed in around 1 in 5 organisations (Figure 11). Training is offered and made available slightly

more often to people in leadership and management positions (21%) than to staff at other levels (18%).

"I am dyslexic and dyscalculic and have felt isolated, ignored and disregarded by my company in regards to my disability. I tried to explain my disabilities to my line manager who said she had no knowledge of the disability and did not understand it in anyway and could not help me. I asked for awareness training to make colleagues aware of learning disabilities and she said this wasn't anything the business had any plans to do."

dyslexic and dyscalculic female, manager, public sectorpublic sector

"I feel more training needs to be made available linked to these matters. At times, within the workplace, there is an expectation of how someone should behave ...People's individual diversity is not taken into account".

Autistic female, manager, third sector.

There is very little difference between the provision of training within sectors; this varies from 18% in the private sector saying training is offered to management, to 24% in the public sector saying training is offered to people in management positions (Figure 12).

In most industries between 17% and 24% reported neurodiversity inclusion training was available for leaders and managers. However,

education performed best with 29% of people reporting that training was provided, in contrast only 9% in finance/banking industries stated training on inclusion was available for people in leadership and management positions. Similar patterns were seen in terms of training made available across the entire staff population, with provision of training for people in non-management roles slightly less (Figure 13).

Figure 12 Training on neurodiversity inclusion for people in leadership and management positions

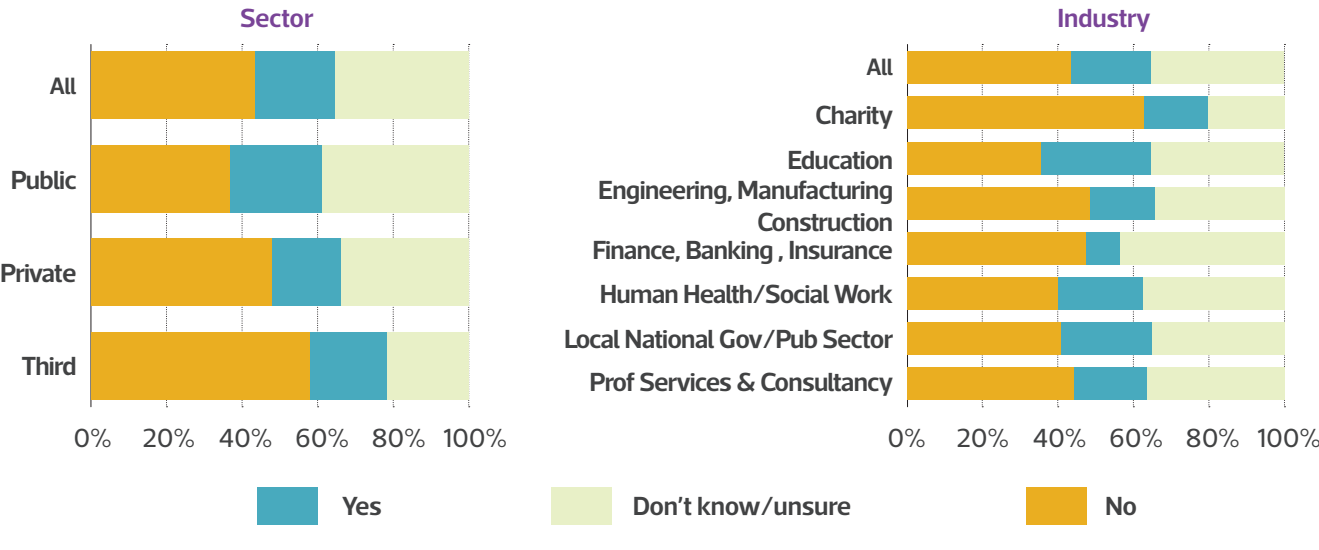
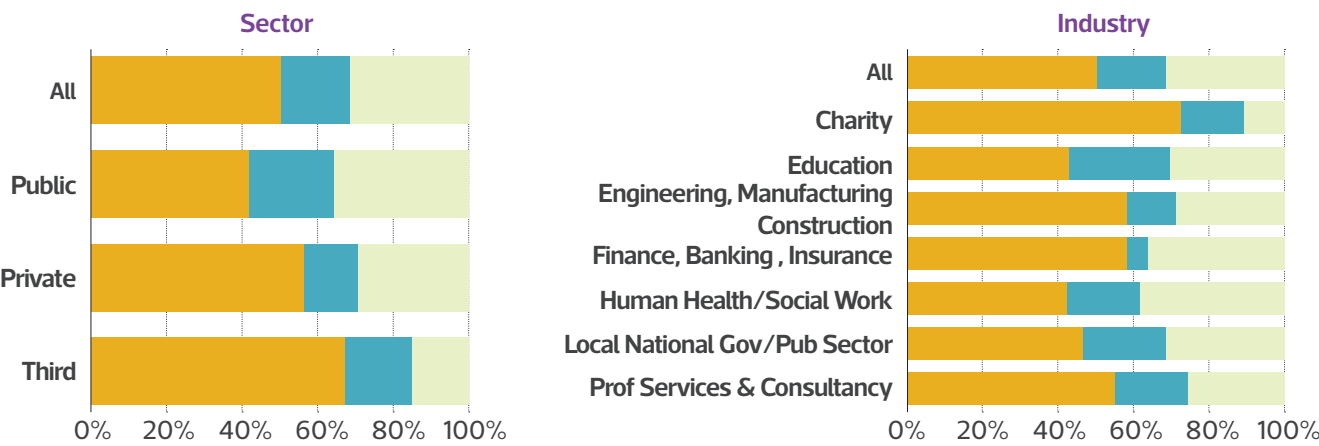


Figure 13 Training on neurodiversity inclusion for staff at all levels



Training for inclusion of people with neurodivergent conditions

Respondents shared their reflections on neurodiversity in the workplace or their own personal experiences in free text comments. We received a rich selection of comments; 307 out of 959 (32%) of neurotypical respondents, and 87 out of 197 (44%) neurodivergent respondents provided free text comments.

We undertook thematic analysis of free text comments, identifying three core emergent themes:

- Attitudes to inclusion
- Training
- Benefits/challenges

Attitudes towards inclusion

Just over one third of neurotypical respondents (107 people, 35%), and just under one third of neurodivergent respondents (27 people, 31%) described positive situations where effort was made to include neurodivergent staff within the workplace:

“One of my colleagues happens to have autism, he inspires the whole team and teaches us all something new about how the condition impacts on his life every single day. I personally can’t wait for him to come into work and am in awe of how, in spite of being treated unfairly throughout his formal education, he has achieved so much since. I feel he enhances our team with his

knowledge and skills, and I would love 10 minutes to look at the world through his eyes. It is a real privilege to have this person working within our organisation.”

Neurotypical female, manager, public sector

We found that 25% of neurotypical respondents (76 people) directly stated that their employer discriminates against neurodivergents, for example

“[It’s] not a priority in my workplace, as with disabilities in general, my employer actively discriminated against such employees; according to a former line manager ‘disabled employees are a burden and drain on the rest of the staff that can’t afford to be carried’.”

Neurotypical male, manager, education sector

Just over 3 out of every 20 neurotypicals (48 respondents, 16%) made statements that assumed neurodivergents lacked either capability or capacity to do certain jobs to the same extent as neurotypical employees:

“I would be content, but the organisation would have to make allowances for performance ‘failings’ as a result of the employment”

Neurotypical male, manager, public sector

Some respondents misunderstood the nature of some conditions, for example:

“Somebody with Tourette’s syndrome on a customer service helpline would not be suitable.”

Neurotypical male, manager, professional services

In this example, the manager is drawing on the misconception that all people who have Tourette’s syndrome swear and have negative verbal tics, which in fact only affects around 10% of those who have the condition. Others mistakenly assume greater supervision would be required, for either safety reasons or in order for the person to do the job effectively.

Further, there were examples provided of neurodivergents working in industries where they are likely to be discriminated against, for example, a dyspraxic working in a physical

manual role:

“My grown-up son is dyslexic/dyspraxic and has his own successful painting and decorating business. When he has been employed, he has hidden his condition from his employers due to embarrassment.”

Neurotypical female, manager health/social care

People with all forms of neurodivergence work in all types of roles and at all levels in organisational hierarchies (CIPD, 2018; GMB, 2018; NAS, 2016).

Just over 1 in 10 (34 respondents, 11%) made statements that it would be impossible to make reasonable adjustments to the working environment or culture to create a suitable workplace for neurodivergents. However, one neurodivergent respondent made a distinction between a reasonable adjustment and a convenient adjustment:

“As a neurodivergent individual, I find that there is a distinct culture of resistance to making reasonable adjustments even though staff have the resources to accomplish the adjustments easily. I have also found that there is a problem identifying the difference between what is ‘reasonable’ and what is ‘convenient’. Adjustments which are seen as inconvenient can be passed off as not reasonable when in fact they are reasonable and easy to implement.”

Dyslexic and dyspraxic manager, public services

Almost half (41 people, 47%) of the comments from people who have a neurodivergent condition gave examples of experiencing some form of discrimination about neurodivergence either towards themselves or others, for example:

“I have before now experienced discrimination as a politician and even been removed from a Board for sharing being autistic and/or ADHD. No one seemed fussed about my physical disabilities. This is important because we all too often see ASD or ADHD as mental health conditions when they are not. I have huge energy and connect concepts in ways others can’t see that delivers competitive advantage and has a positive impact on the bottom line. There is a business case for employing neurodiverse people at senior levels. The problem is the journey. I’ve had senior roles accidentally. Middle managers don’t like creative, hyper-focused, energetic or enthusiastic people. Office politics is often biased against the neurodiverse. For example, I tell the truth. I don’t play games.”

Autistic, ADHD/ADD, dyspraxic, dyslexic male, manager, engineering/manufacturing/construction

Just over one third of neurodivergents reported explicit negative personal treatment

regarding how colleagues or leaders in the workplace had responded to knowledge of their conditions and differences, for example:

“We are treated as if we are stupid. My company has equal opportunities, but they do not act upon this. Instead, work was taken off me when I told them about my diagnosis. The office was too loud with full of laughter and constant chit-chat. They treat me as [if] I am unable to do my work. They never treated me [as] stupid until I disclosed my AS.”

Autistic, ADHD/ADD male, engineering/manufacturing/construction

Comments about training

In total, 49 of the comments from neurotypical respondents focused on training; 24% of these (12 comments) reflected on the training being given or being available on request in their organisation. However, just over half of the comments on training (27 respondents, 55%) reflected that either training was not being given or that training available was not adequate and more was needed:

“I think it is about knowledge – where you have that knowledge and understanding you are more able to cope with someone with that condition in the workplace. Most

managers will not have had experience of many of [the conditions] and therefore will be less likely to want to take on an employee with those conditions. Essential is training to help understanding of neurodiversity so that managers are aware and able to cope.”

Neurotypical female, manager, administrative/support services

Eight people (16% of comments about training) stated that individually they actively wanted training for greater understanding and to be better at inclusion themselves. Training was only mentioned six times by neurodivergents, in each case they indicated a need for more training.

Personal experiences with neurodivergents

Only a small number of comments from neurotypicals reflected directly on their personal experiences working with neurodivergent colleagues. Eleven people (4%) stated that neurodivergents bring fresh and unique perspectives that benefit their team or organisations, this was also reported by nine neurodivergent respondents (10%).

“Having worked in engineering, I am experienced in working alongside

neurodivergent colleagues. Whilst they may present a challenge (to some people) from a management perspective, they make a great contribution with their skill set and knowledge. I think there needs to be more openness and honesty from employers surrounding neurodivergence.”

Neurotypical female, manager, arts/entertainment/recreation industry

Twelve people (4%) indicated that neurodivergents provided positive opportunities for organisations:

“I think having an open mind and a positive attitude about being inclusive is key to success. A neurodivergent workforce for me represents an opportunity to look at the world through different eyes, which is always a positive when trying to make an organisation meet the needs of its users or to compete for resources.”

Neurotypical female, manager health/social care

Only two respondents from 307 writing free text comments (0.6%) reported any negative experiences with neurodivergent staff; these focused on difficulties with management of traits and stating that they believed the neurodivergent colleagues were using these as an excuse to underperform.

Conclusions

With almost 1 in every 7 person estimated to be neurodivergent (ACAS, 2019), it is likely that the majority of organisations with over seven employees employ someone who is from a neurominority, unless there is some form of discrimination taking place. Despite this, only 37% in this study reported having colleagues who openly disclose they are neurodivergent, and 35% who believe a colleague is neurodivergent who has not disclosed (Figure 3).

A stark 28% stated they have no neurodivergent colleagues. This suggests that either people from neurominorities are being very effective at hiding their differences within the workplace or they are being excluded in many organisations.

Half of our respondents stated they would be uncomfortable employing someone with one or more neurodivergent condition, and the most negative perceptions were about people who have Tourette's syndrome closely followed by ADHD/ADD (with 3 in every 10 saying they would not employ someone with one of these conditions) (Figure 5).

The most accepted neurominority was dyslexia with 1 in 10 stating they would not employ a dyslexic. 1 in every 4 stated they would not employ an autistic or dyscalculic and 1 in every 5 stated they would not employ a dyspraxic. In our analysis of

free text responses, we were provided with many reasons why people believed neurominorities were not suitable in their organisations; common reasons cited included a perceived additional need to supervise neurodivergents, or assumptions that people from neurominorities are unable to work independently.

People also said that they felt neurominorities are less capable and would therefore be a greater cost to employ than neurotypicals. Many lacked awareness of the ability to provide reasonable adjustments to include neurodivergents (CIPD, 2018; GMB, 2018) or the sound business case for employing neurodivergent staff who have unique out- of-the-box thinking, creative thinking and problem-solving skills (Matuson, 2019; Silberman, 2015).

Many also seemed unaware that making these judgements on the basis of someone having these conditions could be breaching equality legislation. An assumption that an individual is unable or unsuitable to do a particular job or activity based purely on them having one of these conditions would be a direct form of discrimination, and in many cases a false assumption (CIPD, 2018; GMB, 2018; Matuson, 2019).

Policies and procedures on inclusion or bullying and harassment rarely address

neurodiversity (Figure 7). Adequate training to understand how these conditions actually effect people is scant, with only around 20% of organisations providing access to training (Figure 10). This creates a challenge in addressing the frequent misconceptions and stereotypes that result in stigma and exclusion.

Based on our findings it is likely that many leaders and managers are either directly or indirectly excluding neurominorities in the workplace, and that many neurodivergents are uncomfortable sharing their conditions or asking for reasonable adjustments. Our

findings also suggest that a lot of organisations are not providing sufficient information in policies and procedures or inclusion training.

It is not all bad news; the majority of people would consider employing people from at least one of the neurominorities and where people shared their experiences of working with neurominorities the vast majority were positive (only two negative experiences were reported). Yet, it is clear that there are significant levels of subconscious bias against neurominorities as well as misunderstanding of a potentially valuable human resource.



Advice for remote management of neurodivergents

At the time of publication many people have shifted, somewhat abruptly in many cases, to working at home for the first time, due to the Covid-19 Pandemic.

Home working environments are not always ideal and may pose additional unique challenges to neurodivergents so requiring new reasonable adjustments.

This advice was developed following the research, in collaboration with Infinite Autism and Asperger's and Autism for Adults UK, with additional reference to ACAS (2019) and GMB (2018). The advice focusses on addressing some of the barriers neurodivergents experience and aims to help neurodivergents approach managers about support and identifying reasonable adjustments for working at home.

Group meetings

- Offer options for the meeting; video, audio only, or text only (or combinations); there are significant differences in how neurodivergents process communication, for some videos may require extra cognitive attention creating a barrier to the meeting, for others auditory or text based communication may create barriers
- Ensure everyone is given an equal opportunity to contribute and be involved. Include silent space for thinking
- In remote group meetings do not single out neurodivergents specifically, either

by making reference to their condition or treating them in ways that are obviously different to colleagues

- Consider use of visual materials, provide these in advance and keep them uncluttered
- Ensure short breaks between meetings

Meetings to discuss reasonable adjustments

- Do not assume that working at home eliminates a need for reasonable adjustments, ask the employee if they experience any challenges or barriers
- Schedule meetings to discuss reasonable adjustments with plenty of notice and provide clear agendas; ensure neurodivergent workers have sufficient time in advance to prepare
- Getting adjustments right is an iterative process that may need to be revisited, once one barrier is addressed other barriers may reveal themselves; make time for regular meetings
- Keep minutes of meetings discussing barriers to work and agreed reasonable adjustments, share them with the neurodivergent and regularly check progress
- If you lack knowledge about neurodiversity, seek further support and advice from HR and ask for appropriate training.

Questions to ask neurodivergents to identify reasonable adjustments

Aim to be specific, as some neurodivergents find vague questions difficult to answer. Provide any questions in advance of discussions about needs. Be patient, listen carefully, take notes, and check you fully understand. Revisit regularly as it often takes time to identify all needs and for an organisation to consistently adapt to them.

- Is the lighting in the workspace suitable?
- Are there any sounds that are distracting, would ear defenders help to block these?
- Is your desk and chair suitable for work?
- Do you need a screen protector to reduce glare on the computer?
- Do you need a specific kind of keyboard, mouse, or other physical IT tools?
- Do you need printer, paper, or specific stationary (e.g. sticky notes, white board or others)?
- Would you benefit from any assistive technology (text to speech, speech to text, mind mapping, planning or others)?
- Do you need any support with organisation and planning?
- Are meetings accessible, and is there anything we can do to make them easier for you?

- Do you find verbal, written, or diagrams easier for communication?
- Do you find communication is causing any issues, if so what would make this easier?
- Do you feel you are able to participate in meetings and conversations equally?
- Is there anything I can do differently as a manager to enable you or provide support?
- Do you feel fully included as a member of our organisation?
- Are there any other challenges, and is there anything else we can do to make work easier for you?
- How is your mental health?

In some cases it may be challenging to identify accommodations and external support may be needed. In this case referral to Occupational therapist or a neurodivergent mentor or assessor can make a huge difference; someone with shared experience and consultancy expertise to guide exploration through daily activities.

Although these questions were developed with a focus on neurodivergents and the challenges they face with remote working, they may also be relevant for more general work situations and for people who have other differences or disabilities.

Methodology

During September 2019 The Institute of Leadership & Management undertook an online survey; 1156 respondents participated in the research, mostly based within the UK. Participants were asked a series of closed questions including identifying if they had any neurodivergent conditions or if they were aware of colleagues with neurodivergent conditions.

Participants were also asked a series of closed questions about their understanding of neurodiversity and if they had any neurodivergent colleagues. We also collected data on attitudes towards employing neurodivergents and the policies and procedures relating to neurodivergents. In addition, participants were offered the

opportunity to contribute further perspectives through a non-directed, open, free text question; free text responses underwent thematic analysis to identify core themes discussed by respondents and to further understand attitudes towards neurodiversity within the workplace.

Responses were analysed by demographics groups including whole population, neurotype, sector, industry and gender.

- Neurotypical 959, neurodivergent 197
- Male 440, female 697 (no differences were identified between genders)
- Public sector 441, private sector 535 third sector 137
- Industry

Charity	Education	Engineering/ Manufacturing/ Constriction	Financial Services/ Banking/ Insurance	Human Health And Social Care	Local/ National Government/ Public Sector	Professional Services/ Consultancy
83	206	93	55	138	164	68

The survey was conducted in line with the Market Research Society (MRS) Code of Conduct. All responses were anonymous, but respondents were asked if they would be willing to be contacted for PR purposes and were also incentivised to participate in the research.

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