

- In generating your response think about what you could do to create a welcoming space for *all* users. Are there practical solutions (e.g. a storage space for the prayer mats) that might work? Remember as a public sector organisation there will only be a small budget available (if any at all) to support your solution.

Case Study 3.1

Neurodiversity in the Workplace

This case study asks you to consider neurodiversity, a term used to explain differences in how an individual's brain processes information. The term neurodiversity covers a range of differences and according to Cambridge University Hospitals (n.d.) it is experienced by around one in seven UK individuals. Types of neurodivergence include autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyscalculia and dyspraxia among others. Dwyer (2022) notes that a medical approach to neurodiversity focuses on disorder, deficit and disease within disabled individuals, so having ADHD for example, would be viewed negatively in a medical context. The more positive news is that Dwyer (2022) identified two other ways of categorising neurodiversity, the interactionist approach (which focuses on the relationship between individuals and their environment) and the strong social model approach (which focuses on overcoming societal barriers to difference and diversity). As a result of these varying types of neurodivergence and the different positions on neurodiversity it is possible to conclude that developing approaches to support neurodivergent people in the workplace is a complex undertaking.

Despite its complexity, neurodiversity in the workplace has become a more prominent issue when considering inclusive HRM (Smith & Kirby, 2021). With more awareness of neurodivergent behaviours and the needs associated with them for both employees and employers, there has been an increasing awareness of a requirement to ensure that neurodivergent employees' needs are being met (Nerenberg, 2021). Some employers are also recognising the need to consider what reasonable adjustments look like for neurodivergent employees. An illustration of this is found in the UK based case study organisation we explore here. (Please note certain details have been changed to respect the privacy of individuals and that of the organisation itself.)

As part of a commitment to inclusive practice, the organisation set up a sub-group specifically dedicated to address the diversity needs of the workforce. This involved input from various senior managers within the organisation together with support from several HR Business Partners. The sub-group was specifically charged with two tasks, first,

making cases for reasonable adjustments to the working arrangements of individuals who had asked for them and second making sure that resources were allocated to address the agreed reasonable adjustments. The term reasonable adjustments refers to things that an employer changes to enable an employee to make their contribution to the organisation. Employers are required to make reasonable adjustments under the UK's Equality Act 2010.

As the sub-group went about its work, a pattern became noticeable. What tended to happen was that the HR professionals associated with the group saw it as their role to become engaged in getting the resources that each individual needed so that they could fulfil their work commitments. While laudable in some ways, the senior managers involved in the group began to question the focus of the group's work. It was noticeable that the group tended to focus their efforts on those reasonable adjustments that were technical/resource-based in nature, e.g. where a new desk/new office equipment or new software was required. This meant that more complex cases, particularly those which involved issues about mental health and neurodiversity, were neglected or diverted to occupational health providers (OHPs) who were employed by the organisation to advise them on what they should do in terms of supporting individuals back into work. This is not necessarily appropriate for neurodiverse conditions which might not be connected to sickness absence. Hence, it became clear that neurodiversity presented a challenge for the organisation in terms of its commitment to inclusivity for several reasons:

- 1 Neurodiversity is often 'invisible' to others within the same organisation, which makes it different from other kinds of personal characteristics, such as race, gender or physical disability. This is compounded by the fact that organisations (as well as broader society) are built around the needs of neuro-typical individuals - Chapman (2023) refers to this as the 'empire of normality'. Hence, it was difficult for those entrusted with encouraging inclusive HRM practice to recognise barriers to inclusion and identify how to overcome these barriers.
- 2 Being neurodivergent can mean that individuals can have different and varied challenges to the relational side of work, e.g. making eye contact, emotional resilience, working with uncertainty and ambiguity, and engaging with new and unfamiliar bureaucratic systems and processes (Middleton, 2023; Smith & Kirby, 2021). Hence, a 'one-size-fits-all' approach is not that effective because individuals can present in quite different ways depending how their neuro-physiology presents itself. Unfortunately, HR practice in this space was often based on a diagnosis and treatment model where it was common practice to place individuals into boxes in terms of their 'condition'; for example, HR practitioners were keen to label individuals as 'autistic' or having ADHD (attention deficit hyperactivity disorder) because they then felt able to identify different suitable work and/or practical strategies for dealing

(Continued)

with each 'disorder'. However, this approach failed to account for the fact that there is a 40-70% cross-over between ADHD and autism (Antshel & Russo, 2019) indicating that individuals may often experience aspects of both. Also, as Grandin's (2022) work shows, a lack of understanding of the boundaries and appropriate constructs can have negative consequences for individuals in social contexts, such as workplaces.

- 3 Intersectionality was also something that was not sufficiently accounted for in the organisation, which meant that in relation to work, neurodivergent people were often directed towards activities that their 'diagnosis' suggested that they would be good at. For example, those 'diagnosed' as autistic were seen as being effective 'geeks' who would be 'good at coding' due to their ability to hyperfocus whereas those with ADHD were better placed to do work which required less attention to detail and was more about energy, enthusiasm and 'people work'. Arguably, those individuals were being unconsciously discriminated against on the basis of a narrow, technical definition of what their 'disability' was, as opposed to seeing them as individuals with a unique mix of multiple, interconnected social identities (see Miller et al., 2023 for a discussion of intersectionality with regard to the diagnosis of ADHD and autism in children).

One key individual case that the group was asked to consider for reasonable adjustment brought these issues to a head. The individual was a young senior female manager in the organisation who had been diagnosed with autism and ADHD. As is common with female presentation of neurodivergence, the senior manager had become adept at masking behaviour (Middleton, 2023) - this is where an individual works very hard to appear to be like everyone else and to appear to be neurotypical. Unfortunately, the sheer effort (emotional labour) involved in masking meant that the senior manager was becoming exhausted and stressed and this was resulting in physical and emotional damage to her and negatively impacting on her overall wellbeing. She was therefore asking the organisation to help her by considering what adjustments might be made to her work. However, this presented a challenge to the group, in general, and to the HR Business Partners for two reasons:

- 1 The group was unaccustomed to dealing with requests for adjustment when applied to senior management work because it raised questions about what good leadership and practice should actually look like, and whether it was reasonable to expect the senior manager to continue to manage herself in the way that she had been.
- 2 The HR Business Partners were unable to identify an obvious technical/practical solution to this issue and hence were struggling to work out how they could help the senior manager.

In addition, the organisation seemed to be operating a double standard in relation to managers and senior managers. The unstated expectation was that managers, because they

were paid more than others in the organisation, were expected to be able to 'lead from the front' and to be present most of the time in the organisation and 'should not need' to have adjustments made for them. However, others, who were not deemed to be managers, were not subject to that expectation.

In this case, it can be argued that the questions that were raised about the nature of senior management work were too difficult to handle as it would potentially involve redefining what it was reasonable to expect from senior management role holders in general. The outcome was that the group and the HR Business Partners felt unable to deal with the case as presented to them and they proceeded to push for an occupational health referral. The impact on the senior manager was that she felt her needs were unheard and unseen by the organisation and that it had failed in its duty to help her feel included and enabled to make a contribution to the organisation.

Case Study Questions

- 1 What might the HR Business Partners have done differently so that the senior manager felt included, heard and seen?
- 2 What needs to change in terms of the way neurodiversity is understood within organisations, and, perhaps, more widely?
- 3 What role have the sub-group played in contributing to this situation? How might they have acted differently?
- 4 What lessons from this case can be learnt for future HR practice?

Further Reading

This journal article is about HRM practice related to neurodiversity in the workplace. – Hennekam, S. & Follmer, K. (2024) Neurodiversity and HRM: A practice-based review and research agenda. *Equality, Diversity and Inclusion: An International Journal*, 43(7), 1119–1129

The book about neurodivergence is thoughtfully written by someone who is neurodivergent. – Grandin, T. (2022) *Visual Thinking*. Penguin Random House.

This consultancy report provides a useful insight into race and intersectionality, highlighting how age can compound the challenges that come with race in the workplace. – McKinsey Institute for Black Economic Mobility (2023) Race in the UK workplace: The intersectional experience. *McKinsey*, 28 June. www.mckinsey.com/bem/our-insights/race-in-the-uk-workplace-the-intersectional-experience?cid=eml-web

This journal article provides a broad overview of current thinking around inclusion in the workplace. – Nguyen, L. A., Evan, R., Chaudhuri, S., Hagen, M. & Williams, D. (2024) Inclusion in the workplace: An integrative literature review. *European Journal of Training and Development*, 48(3/4), 334–356.