

# Neurodiversity at work: Opportunity or Exploitation

Dr Nancy Doyle C. Psychol.

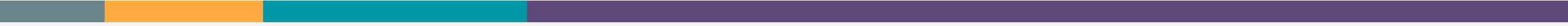
Founder & CRO, Genius Within

Co-Director of Centre for Research into Neurodiversity at Work

Fully paid up member of the ADHD Massive



# Session Outline



Nancy Doyle intro

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Spiky Profiles And Neurodiversity history

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State of the sector – exclusion & cost models

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Short video – the reality of social norms

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Q&A

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# My background

- ❖ The leading neurodiversity specialist for occupational inclusion
- ❖ Community Interest Company founded in 2011 with 75% ND leadership and 60% disabled staff, co-owned
- ❖ Highly qualified team of over 200, delivering award winning work in UK, EU, USA and India (so far....)
- ❖ Launched the Centre for Research into Neurodiversity at Work, Birkbeck College, University of London
- ❖ Pioneered the Positive Assessment, a strength-based approach featured in Employable Me on BBC

“

We need to get you to fly, because the world can only benefit from you living at the **power of your strengths**

Source: Dr Nancy Doyle

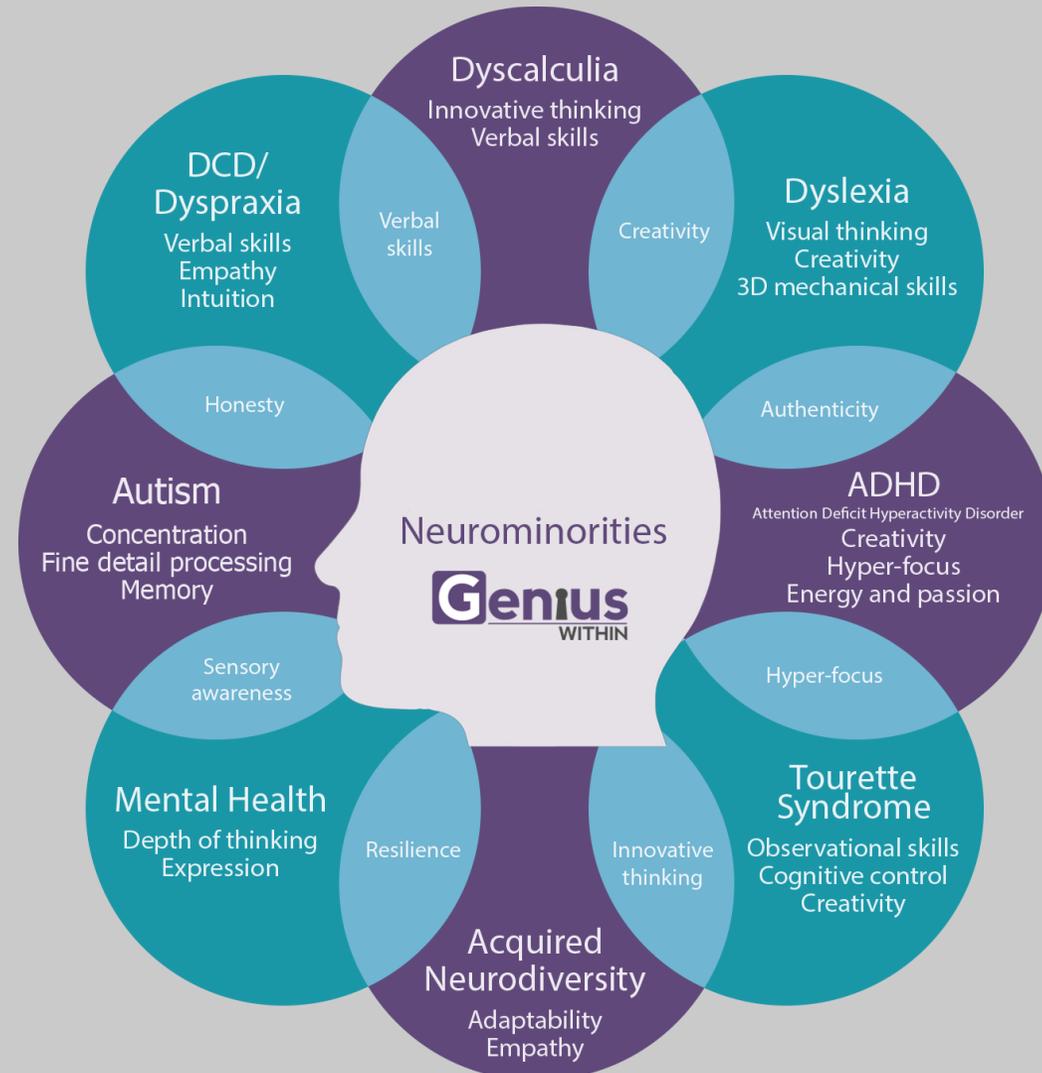
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# Neurominorities

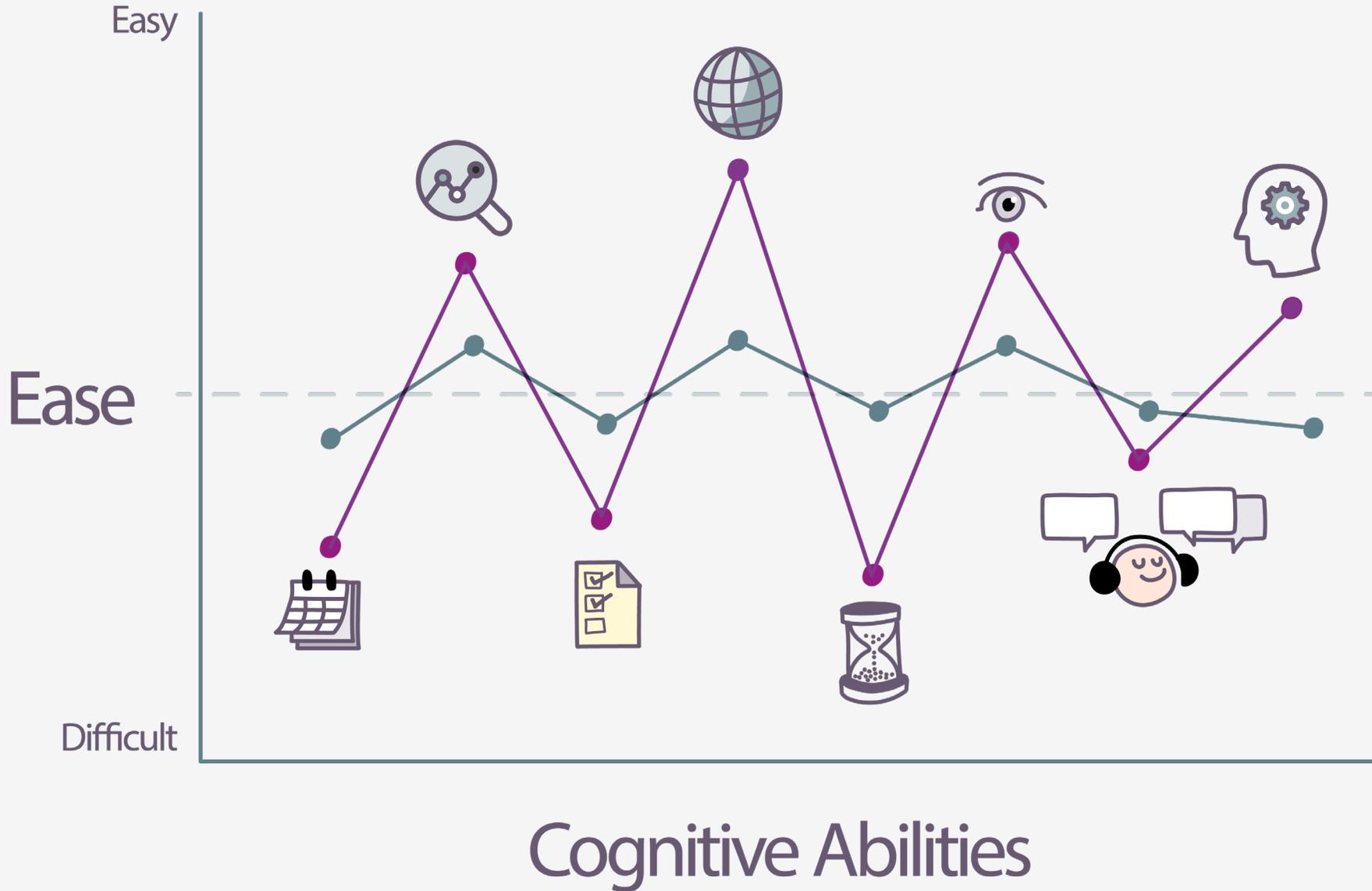
Whole population prevalence  
Estimated to be around

# 15-20%



Source: Dr Nancy Doyle, based on the work on Mary Colley

# The Impact



“Specialist”  
versus  
“generalist”  
thinkers

# History & Language of Neurominorities

## Mid to Late 20th Century

ADHD, autistic spectrum condition, dyslexia, dyspraxia, anxiety

Looking for functional locations of difficulty

## 19<sup>th</sup> Century to Early 20<sup>th</sup> Century

Word blindness, autism, hysteria, hyperkinetic or clumsy child syndrome

Describing differences medically

Early

Mid

Now & Next

## 21<sup>st</sup> Century

Neurodiversity, Neurodivergence, Neurominority

Dopamine, Noradrenaline & GABA

Hyperconnectivity

Hyper and hypo sensitivity

1%

of disabilities are not visible.  
Cost to UK economy

**£26 billion**

each year in lost employment.  
Missed opportunity

**\$1.1 billion**

discretionary spend in USA each year  
for cognitive disabilities alone.

# Neurodivergent people are...

More likely to be out of work, in precarious employment, struggling to be promoted

More likely to be under-qualified

More likely to be misunderstood

More likely to be fearful of misunderstandings

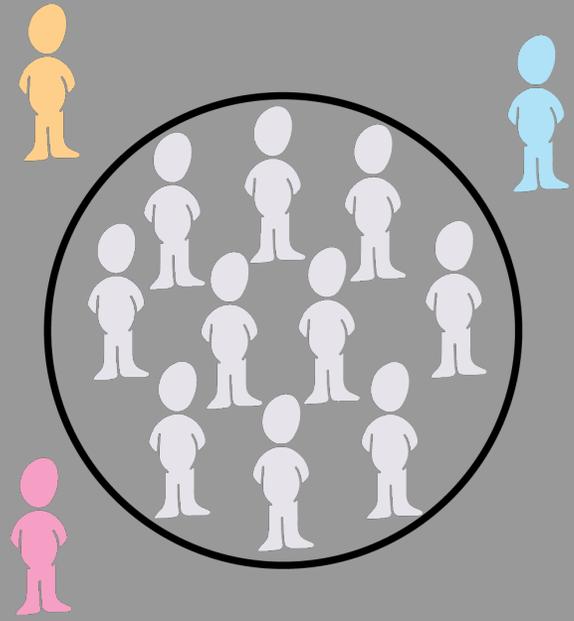
Have “pre-employment trauma disorder”

Have communication difficulties

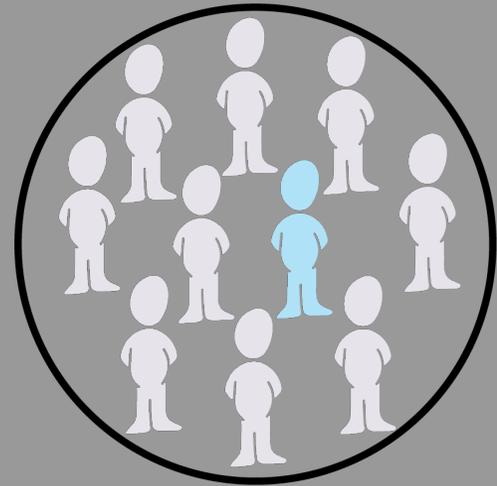
Have sensory sensitivities that can lead to overwhelm and meltdown

# Levels of Inclusion

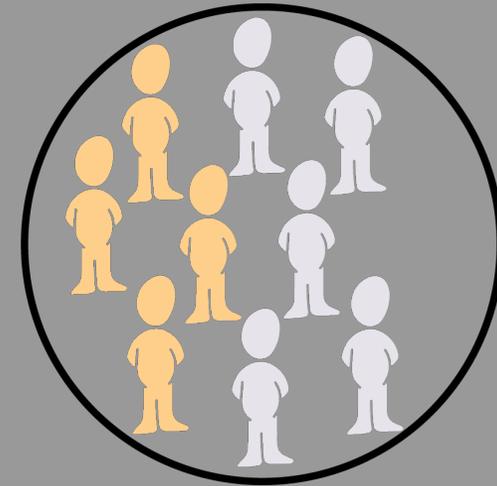
**Exclusion**



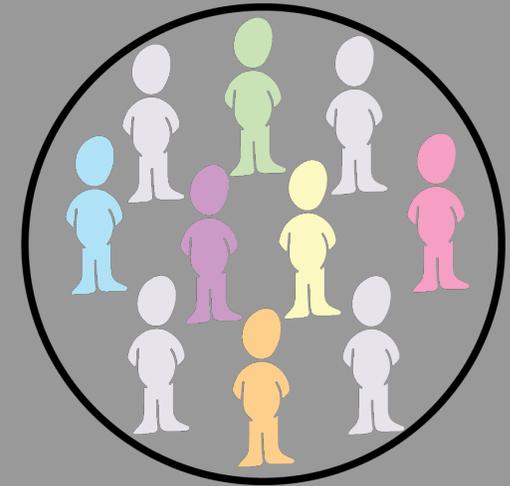
**Compliance:  
individual inclusion**



**Deliberate:  
Inclusion in teams**



**Systemic:  
inclusion for all**



# Do Adjustments Work?



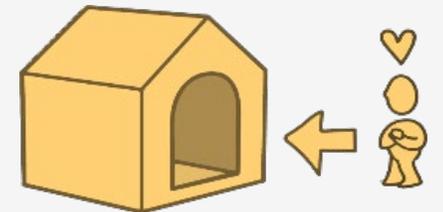
**47%** improvement  
in productivity (manager rated)



**75%** self-rated  
improvement in performance

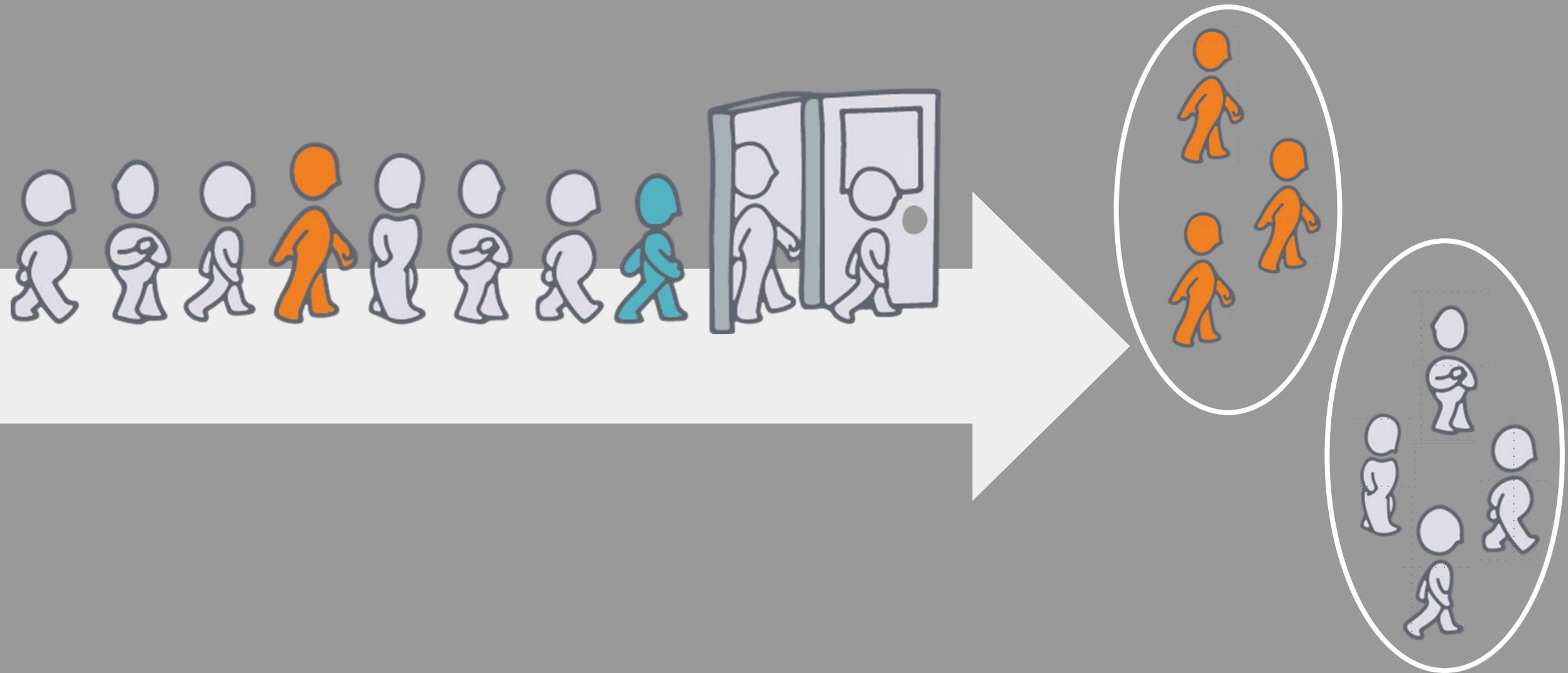


**25%** promotion rate



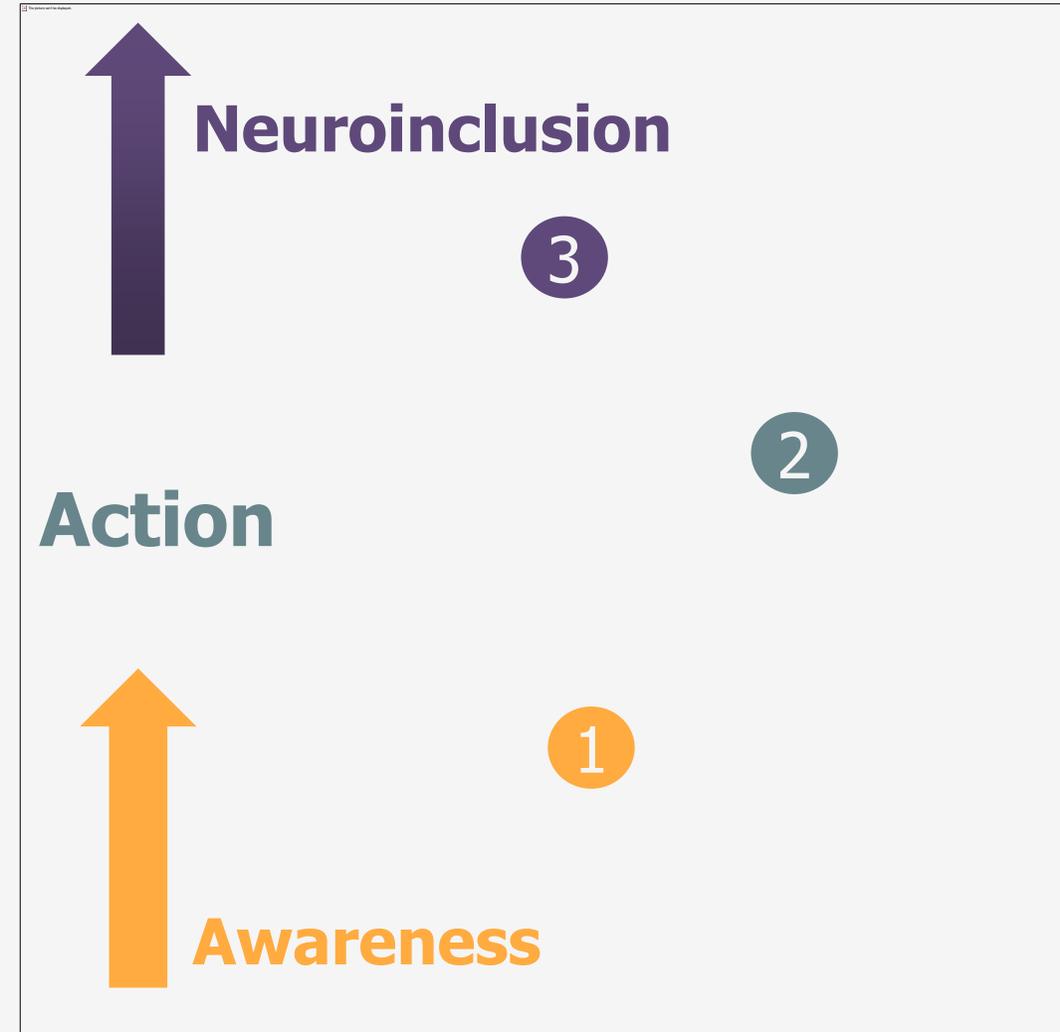
**95%** job retention rate

# Deliberate Inclusion?



# How the market currently works - B2B

- Universal design to prevent difficulty and enable all (company performance impact, but few companies are here)
- Reasonable adjustments, value, progression for individuals (individual performance impact, some companies are here)
- Peer groups, champions, talks (no discernible impact, most companies are still here)



# The Current ND Cost Model is Inefficient **Genius** WITHIN

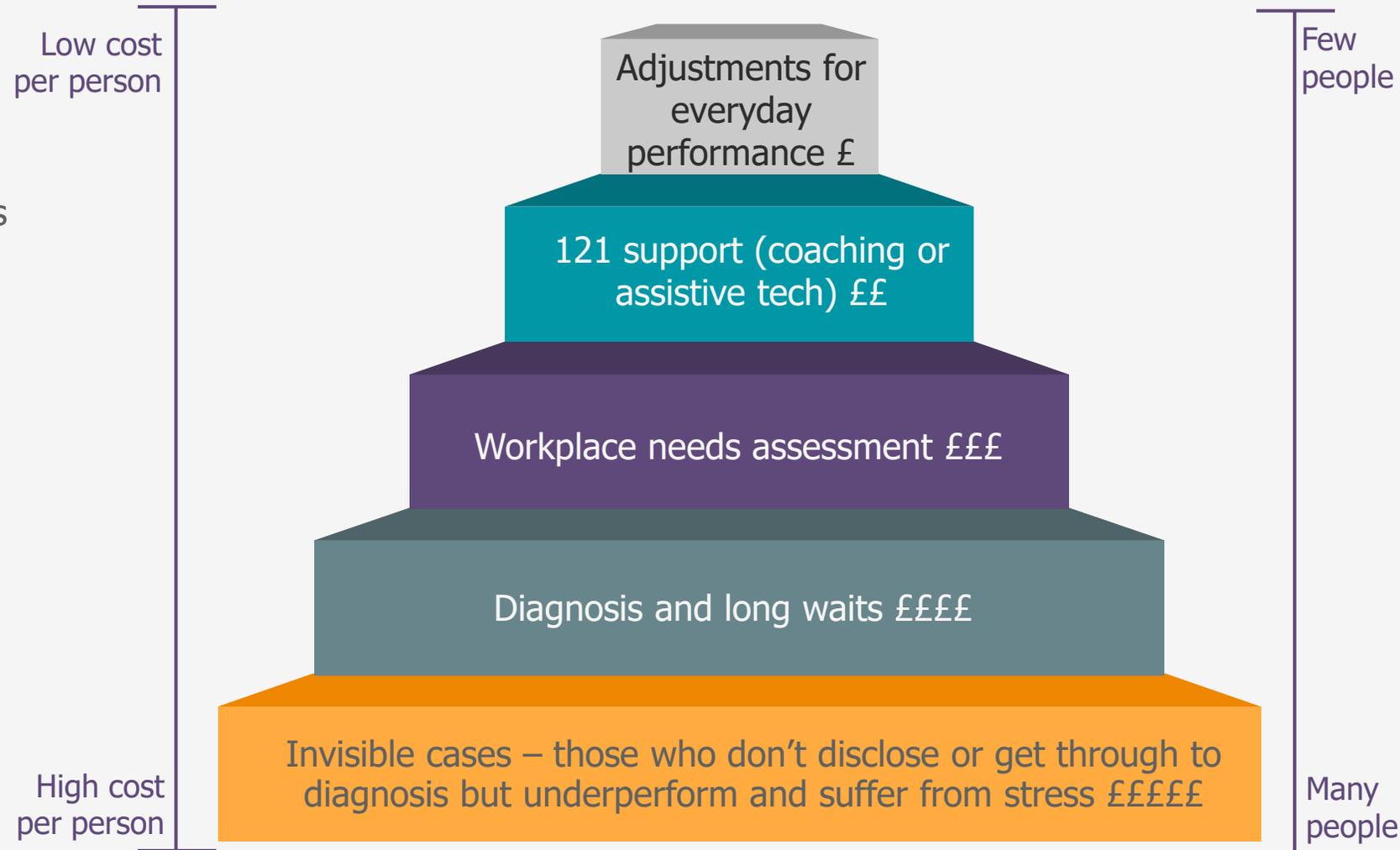
## A gatekeeping approach.

Everyone starts at the bottom. Direct funding comes only when individuals are suffering enough to cause a problem – hidden in huge costs of unmet need such as staff turnover, low productivity, stress absence.

Signposted to 121 services where costs are initially high, decrease the further you go, but practical value increases.

The eventual strategies and adjustments required might be free or cheap, but they still have to go through 2 x assessments to get there.

This pyramid is the same in across all settings, not just business, including health care, prisons and education.



# Flip the neurodiversity cost model

## We propose a triage approach.

Everyone starts at the top via an online tool.  
Low cost access for all

All employees regardless of individual performance or disability can find immediate practical value.

Bespoke output for each business to predict needs of staff team that can be acquired at scale.

For those with a need for individual adjustments, an escalating 121 service model, only those with the highest needs require the highest costs.



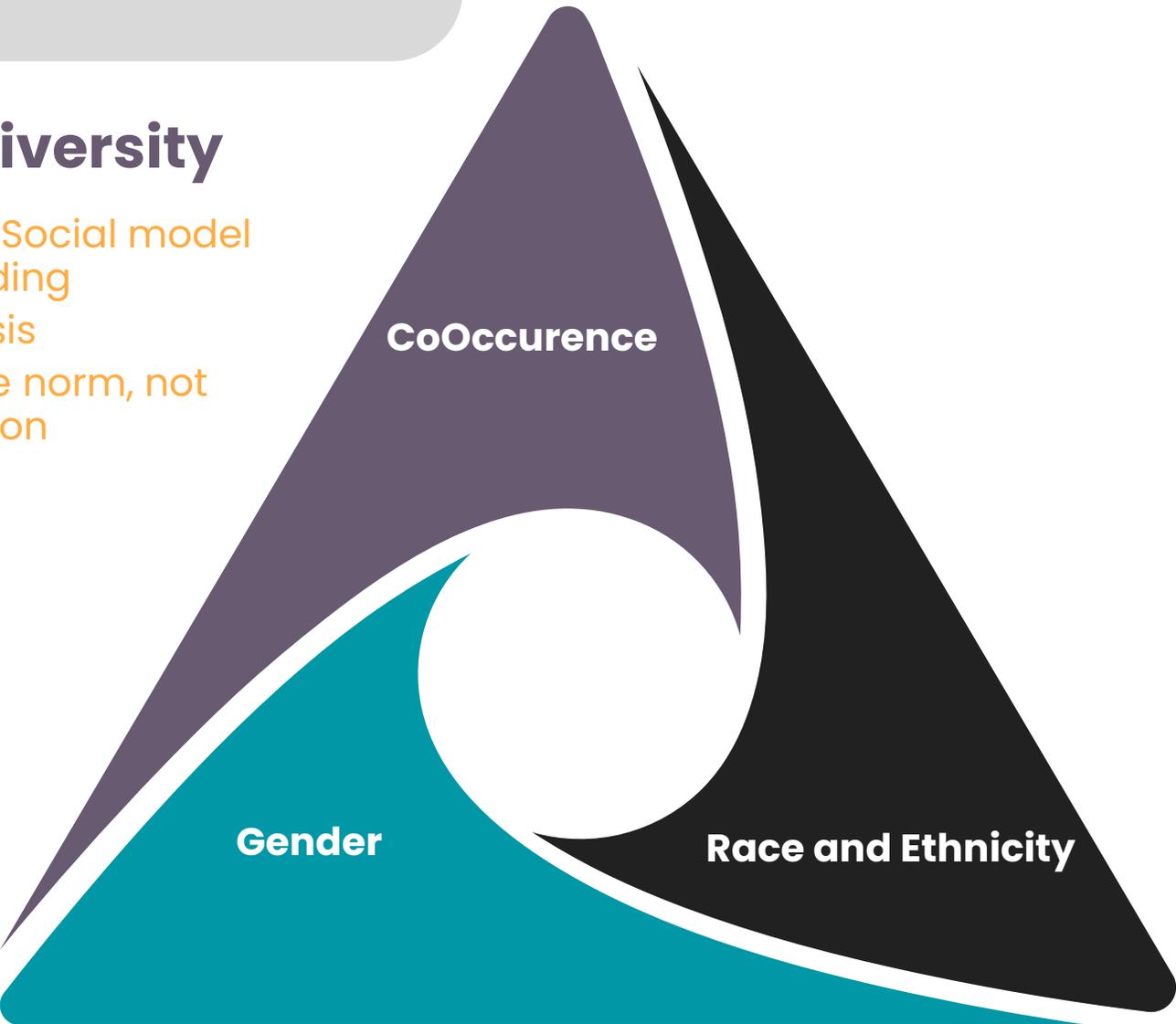
# Intersectionality

## Neurodiversity

Medical vs Social model understanding  
Misdiagnosis  
Overlap the norm, not the exception

## Gender

Females misdiagnosed with anxiety, depression, personality and eating disorders  
High proportion of trans artists



## Race & ethnicity

BIPOC more likely to be diagnosed with conduct and personality disorders or schizophrenia



\*attributed to Judy Singer

Source: Compiled from attendees at the Celebrating Neurodiversity Conference 2019

“  
**Inclusion** is a  
moral, social &  
economic imperative.  
We all lose  
when **diverse**  
**human potential** is  
squandered  
”



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