Reasonable Adjustments in the Workplace

A practical session for HR caseworkers across MOD and DBS

Delivered by Matt Gupwell
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Today's focus

- Why the law matters, without this being a law session
- Reasonable adjustments and disability in a military and civilian workforce
- What co-occurring conditions actually mean in practice
- EEES: spotting need before it becomes a crisis
- Which Means What: having better conversations
- When adjustments work, and when they don't

Matt Gupwell

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- 17 years working in neurodiversity, since his sons were diagnosed
- Neurodiversity consultant, trainer, keynote speaker and author
- ADHD (combined type, severely impairing), autism (PDA profile) and dyslexia
- Worked with public sector, defence, housing, NHS and police organisations
- Developer of the EEES™ framework and Which Means What™ (WMW) tool

Matt's approach:

"I always talk to what it means to you, not what the condition is. The same situation lands completely differently for different people. Until we understand that, we can't help."

Scan to save Matt's details

Today's Agenda

1

Scene Setting

Starting with reflection, then the legal landscape, without this being a law lecture

2

The Full Picture

Physical, mental health and neurodivergent conditions in a forces and civilian workforce

3

Case Law in Practice

What goes wrong, late-stage disclosure, and the civilian/service communication divide

4

EEES™ Framework

Spotting what's beneath the surface before it escalates

5

Which Means What™

Having better, more structured adjustment conversations

6

Practical Application

Real scenarios, real questions, no redacted names needed

Before the quiz, a moment of reflection

Nine short prompts about your own experience, then eight quick true or false statements, based on what you currently believe.

There are no trick questions. This is about noticing where your starting assumptions sit, and revisiting them later.

We'll come back to these at the end of the morning.

Notice This?

The next few pages ask you to think of moments from your own life or from people you know. There is no need to share these with anyone unless you want to.

Just notice what comes up for you, and what you assumed about the person (or yourself) at the time.

Keep these in mind. We will come back to them later in the session.

Four Moments

Think of moments from your own life or people you know. Keep these open. We'll come back to them later.

Moment 1	Think of someone you know who is always late, for everything, personal or professional. No matter how many reminders, no matter how much you try to help, they are just always late. How does that feel? Do you find yourself wondering if they just don't care, or aren't really trying?
Moment 2	Think of a time you received some big news, in capital letters, between finishing work one day and starting again the next. An illness, an injury, an emergency. You had to process it, make sense of it, and still show up the next day. Did that make the job harder, holding it together while still processing it in the background?
Moment 3	Think of a time you went somewhere for the first time, and within minutes of arriving, you just felt off. Like something didn't fit right, the sounds, the layout, the number of people, or it just didn't meet your expectations. Could you feel that affecting your ability to manage yourself, manage others, or just enjoy being there?

There is no need to share these. Just notice what comes up, and hold that thought for now.

The Last Moment, and Communication

One more moment about yourself, then we turn to communication, something every caseworker navigates daily.

Moment 4	Think of a time you were really, really upset or angry. Did you notice how, at that point, one of your senses felt more heightened, or you became less aware of others? What does that tell you, reflecting on it now?
Moment 5	Think of a time where, despite your best efforts, the message you tried to communicate fell flat. What happened? What did you do differently afterwards, if anything?
Moment 6	Think of a time you unintentionally misunderstood the message someone was trying to get across to you. What happened? Where do you think the gap was?

There is no need to share these. Just notice what comes up, and hold that thought for now.

Communication, Continued

Three more moments. We'll return to all nine moments and the quiz together later in the session.

Moment 7	Think of a time where your own knowledge of a topic was greater than someone you were communicating with. What barriers or challenges did that create, for either of you?
Moment 8	Think of a time where someone speaking to you had a delivery style or demeanour that you weren't comfortable with, or that made communication harder. What was it about that style that affected you?
Moment 9	Think of a time where the result of something you expected went the opposite way, despite your best efforts. How did that feel, and what did you take from it?

That's all nine. Hold onto what came up. We'll connect these to a framework shortly.

1

True or false

An employer must only consider reasonable adjustments once an employee has a formal medical diagnosis.

True

False

2

True or false

Reasonable adjustments are intended to remove disadvantage, not to give someone an unfair advantage.

True

False

3

True or false

Employers are required to agree to any adjustment requested by an employee if it relates to their disability.

True

False

4

True or false

Cost alone is enough to justify refusing a reasonable adjustment.

True

False

5

True or false

A workplace policy or standard process can still be discriminatory if it puts a disabled person at a substantial disadvantage.

True

False

6

True or false

The duty to make reasonable adjustments is ongoing and should be reviewed if circumstances change.

True

False

7

True or false

Reasonable adjustments only apply to employees, not job applicants or former employees.

True

False

8

True or false

If an employer offers a different adjustment than the one requested, this can still meet their legal duty.

True

False

Section 1

Scene Setting

The legal landscape, without making this a law lecture

You know the Act. This is about what happens in practice when it goes wrong, and why it doesn't have to.

The State of Neurodiversity at Work

UK evidence 2024–2026

35%

of managers lack confidence discussing reasonable adjustments for neurodivergent employees

VinciWorks, 2026 | n = 495 HR, L&D and compliance professionals

95%

rise in neurodiversity discrimination tribunal claims over five years — 517 cases in 2024/25

Irwin Mitchell analysis of HMCTS data, 2026

1 in 3

neurodivergent workers in the energy sector have faced discrimination — with widespread masking

Prospect survey, May 2026 | n = ~300 energy sector workers

The data is consistent: tribunal claims are rising, manager confidence is low, and neurodivergent people are still masking, not disclosing, and facing discrimination. This is a culture and capability problem — not a knowledge one.

Workforce Reality

15–20%

of the UK working-age population are estimated to be neurodivergent

Birkbeck / Acas, 2025

1 in 3

autistic people are in gainful employment — employment outcomes remain the worst of any disability group

ONS Labour Force Survey, 2022

Only 6.5%

of organisations said managers were 'very confident' in neurodiversity conversations

VinciWorks, 2026

The Training Gap

Have delivered any neurodiversity training

39%

VinciWorks, 2026

Of those, have embedded it as ongoing training

21%

VinciWorks, 2026

Biggest reported barriers to neurodiversity support:

31%	Lack of staff awareness
22%	Low manager confidence
16%	Time and budget constraints

VinciWorks, 2026

Legal & Policy Context

£

£8,500

average cost of defending a single neurodiversity tribunal claim in legal fees alone — before any settlement or award

Irwin Mitchell, 2026

19%

Sharp 19% increase

in tribunal claims in 2024/25 alone. Autism and ADHD were the most commonly cited conditions in those claims

Irwin Mitchell / HMCTS data, 2026

75%

75% of experts

said a formal diagnosis is not necessary before making reasonable adjustments — adjustments should follow need, not paperwork

Birkbeck / Acas, 2025

What Are Reasonable Adjustments?

The Legal Duty

Under the Equality Act 2010, employers must make reasonable adjustments where a provision, criterion or practice (PCP), physical feature or absence of auxiliary aid puts a disabled person at substantial disadvantage.

The duty is to remove the disadvantage, not treat everyone the same.

What Is Disability?

- A physical or mental impairment with a substantial and long-term adverse effect on normal day-to-day activities
- Substantial means more than minor or trivial
- Long-term means lasting or likely to last 12 months or more
- Day-to-day activities include memory, concentration, speech, mobility and perception of danger

The Four-Part Test (s.6)

Physical or mental impairment?

Do they have a physical or mental impairment?

Adverse effect?

Does it adversely affect normal day-to-day activities?

Substantial?

Is the effect more than minor or trivial?

Long-term?

Lasting or likely to last 12 months or more?

Important: Cancer, HIV and MS are covered from diagnosis regardless of current effect. Past conditions are also covered.

The Three Duties Under the Equality Act

In most situations, more than one duty applies simultaneously. The question is always: what does this specific person need, in this specific context, to be on a level footing?

1 PCPs, Provisions, Criteria and Practices (s.20(3))

Any rule, policy, requirement or practice, written or unwritten, that is applied to employees. If it puts a disabled person at substantial disadvantage, it must be adjusted.

Examples:

Fixed hours · Attendance trigger policy · Office-only requirement · Verbal-only performance reviews · Attendance-based parking allocation

2 Physical Features (s.20(5))

A physical feature of the workplace that creates a barrier must be removed, altered or worked around.

Examples:

Steps or inaccessible entrances · Open-plan with no quiet space · Fixed workstation layouts · Lighting that cannot be adjusted

3 Auxiliary Aids and Services (s.20(4))

Where a disabled person is disadvantaged by the absence of an aid or service, the employer must provide it or ensure it is available.

Examples:

Screen readers or assistive software · Written instructions or meeting summaries · BSL interpreters · Specialist seating · Access to Work-funded support

What Does 'Reasonable' Mean?

There is no fixed definition. Tribunals assess whether the employer took the adjustment seriously and considered it properly, not just whether they said no.

Effective

Does it actually remove the disadvantage?

An adjustment that doesn't address the core barrier is not reasonable, even if it seems helpful.

Proportionate

Is the cost and disruption justified?

Consider your organisation's size and resources, practicality of implementation, and operational impact.

Fair

Does it significantly disadvantage others?

An adjustment should not create unreasonable burdens on colleagues or fundamentally alter the nature of the role.

The key tribunal question: Did you genuinely consider the adjustment and document your reasoning, or did you dismiss it without proper thought?

The Full Spectrum: Not Just Neurodivergence

Reasonable adjustment obligations cover all qualifying disabilities. Across a hybrid civilian and military workforce, physical conditions are just as central as mental health or neurodivergence.

Neurodivergent	Mental Health	Physical	Acquired / Other
ADHD	Anxiety disorders	Musculoskeletal / MSK	Brain injury
Autism / ASC	Depression	Chronic pain conditions	Long COVID
Dyslexia	PTSD	Autoimmune conditions	Stroke
Dyspraxia / DCD	Bipolar disorder	Cancer (from diagnosis)	Conditions in remission
Dyscalculia	OCD	Progressive conditions	Past conditions
Tourette Syndrome	Stress (when clinical)	Sensory impairments	Conditions expected to recur

Key point for your workforce: Musculoskeletal injuries that significantly affect daily activities for 12+ months are qualifying disabilities. You can't see a bad back in the same way you can't see anxiety. The conversation approach is the same.

Why It's Never Just One Thing

Conditions rarely present in isolation. What we see on the surface is almost never the full picture, and that has implications for how we support people.

Common Co-occurring Patterns

- ADHD + anxiety is one of the most common combinations in adults
- Autism and ADHD together (AuDHD) affects up to 50% of autistic people
- MSK pain + depression: chronic pain is strongly correlated with low mood
- PTSD + anxiety: trauma conditions almost always co-present
- Dyslexia + dyspraxia often co-occur, compounding processing difficulties
- Long COVID: fatigue, brain fog, anxiety and joint pain frequently together

What This Means in Practice

When someone comes to you with one condition, you are almost certainly looking at more than one set of needs. The EEES framework is built for this. It works across all conditions simultaneously, without requiring you to know which condition is producing which symptom.

"We never get presented with this. It's always this, this and this, and you don't know which is a symptom or a cause until you investigate further."

The implication for adjustment conversations: ask about experience, not diagnosis. The WMW framework does this by design.

Section 2

Case Law in Practice

What goes wrong, and what every case has in common

The following cases are from 2026 ET decisions. They range from neurodivergence to physical conditions, mental health to MSK.
In every case, the failure was the same: no framework, no conversation, no adjustment.

ADHD · Anxiety · Disciplinary Process

Madden v Metropolitan Police (2305065/2024)

What happened

A police officer with 22 years' unblemished service and ADHD, where medication was temporarily ineffective, made inappropriate comments to colleagues. The disciplinary panel escalated from misconduct to gross misconduct. Key documents, including a psychotherapist's report, were never placed before the panel. A 9-month delay caused severe mental health deterioration.

Outcome: Unfair dismissal and s.15 discrimination both succeeded.

EEES lens: Executive Function (impulsivity as ADHD EF failure, not character); Emotional Regulation (Rejection Sensitivity Dysphoria amplified social cue misreading); Environment (unmedicated ADHD in informal banter culture created conditions for miscommunication).

What this teaches us

Consider disability before initiating disciplinary. It is a legal requirement

Psychiatric and therapeutic evidence must actually reach the decision-maker

An IO's lower recommendation cannot be casually overridden without justification

Explicit written instruction can function as a reasonable adjustment for ADHD

22 years' clean service + medication response = dismissal very hard to justify proportionately

WMW could have helped: translate unwritten social rules into explicit written guidance for this employee before conduct became a formal complaint.

Madden v Commissioner of Police of the Metropolis

Result · Training Principle

The result

Unfair dismissal SUCCEEDED on both procedural and substantive grounds. Section 15 SUCCEEDED: ADHD caused difficulty reading social cues; the comments arose in consequence of disability; dismissal was disproportionate given 22 years' clean service, medication improvement, and the absence of actual distress to two of three complainants.

The specific RA claim and indirect discrimination were dismissed. Remedy pending.

Case reference

Case 2305065/2024

Disability type

ADHD · Anxiety · Emotional Dysregulation · Rejection Sensitivity Dysphoria · Disciplinary Process

Training Principle

Never initiate or escalate disciplinary action without first considering whether disability is engaged. Evidence must reach decision-makers. Long service combined with documented disability context makes dismissal extremely difficult to justify.

Madden Checklist

What to Look For in Case Notes

The Madden checklist

In Madden, a solicitor's letter and a psychotherapist's report on the ADHD link were never placed before the disciplinary panel, and the panel's written rationale did not mention disability at all, despite the employer's own SOP requiring it. That single gap turned an otherwise defensible process into an unfair dismissal.

The principle: a case can otherwise be procedurally sound and still fail entirely on this one gap.

Four questions to ask of any case file

Has medical or psychiatric evidence relating to a known or disclosed condition actually reached the decision-maker, or has it stalled somewhere in the process?

Does the written decision rationale mention disability at all, where the organisation's own policy requires it to?

Was the escalation threshold (for example misconduct to gross misconduct) reconsidered in light of the disability context, or applied as a default?

Is there a record that the "arising in consequence" question was actually asked, even if the answer was no?

If escalation proceeds anyway, does the written rationale show all of the above was considered, not just that a policy was applied?

This is the practical translation of the Grosset test: stop, check, ask, document, then decide.

Ferraro v DWP: All Three Duties in One Case

What happened

A DWP employee with a fistula, requiring immediate and frequent toilet access and postural management, requested hybrid working and a height-adjustable desk. DWP refused on operational and cost grounds. The tribunal found both adjustments reasonable and the refusals unjustified.

Outcome: RA claim succeeded on both adjustments.

All three s.20 duties arose simultaneously:
PCP: office attendance requirement
Auxiliary Aid: height-adjustable desk
Physical Feature: fixed desk and chair

EEES lens: Environment (workspace, location) directly determined capacity to work at all.

What this teaches us

Hybrid working as a RA is now well-established. Generic operational objections without evidence will fail

A height-adjustable desk costs very little and the failure to provide it is indefensible

Post-pandemic, the bar for refusing hybrid working has risen significantly

Physical conditions trigger all three duty types. Don't treat them as simpler than neurodivergent or mental health needs

Environment adjustments are often the easiest and cheapest, when the employer chooses to act

Relevant to your workforce: MSK conditions affecting toilet access, posture or mobility will engage the same duty types. The condition looks different. The legal framework is identical.

Ferraro v Department for Work and Pensions

What Went Wrong · What the Respondent Did Wrong

What went wrong

DWP cited operational requirements and cost. Neither justification was supported by evidence.

The employer applied a preference for office attendance rather than the correct legal test.

No individual assessment of the claimant's specific needs was made.

What the respondent did wrong

- Refused hybrid working on general operational preference without evidencing specific impact
- Failed to recognise that post-pandemic, objections to hybrid working carry a significantly higher evidential burden
- Refused a height-adjustable desk at trivial cost without proportionate justification
- Failed to recognise that all three s.20 duty types were engaged simultaneously
- Applied the wrong test: "do we prefer office attendance?" rather than "is it reasonable to adjust?"

City of York Council v Grosset (2018)

What happened

A secondary school teacher with cystic fibrosis was dismissed for gross misconduct after showing a film containing sexual content to pupils. He argued the stress of managing his condition, alongside a school restructure and the loss of a managerial role, had impaired his judgement. The school was aware of his condition. The conduct was not disputed.

Outcome: Disability discrimination (s.15) succeeded. The dismissal was not proportionate.

The Court of Appeal confirmed: an employer does not need to know the link between the disability and the conduct at the time. The question is whether the conduct arose in consequence of the disability, not whether anyone named that link. The school knew about the cystic fibrosis. They did not consider whether the impaired judgement arose from it.

EEES lens: Emotional Regulation (chronic condition management depletes regulatory capacity; stress compounds this); Executive Function (impaired judgement under sustained pressure is a documented consequence of illness burden, not a character failing).

What this teaches us

The employer does not need to know the link between disability and conduct. They need to consider whether it exists

Knowledge of the condition is enough to trigger the duty to consider the arising in consequence question

Dismissal can be disproportionate even where the conduct itself is not in dispute

This principle applies to every condition type: physical, progressive, mental health, neurodivergent

Grosset is the anchor case for every late-stage disclosure caseworkers will encounter

WMW could have helped: asking what was making the role harder in the period before the incident would have surfaced the condition burden before conduct became a formal matter.

City of York Council v Grosset

Court of Appeal 2018

What Went Wrong · The Arising in Consequence Principle

What went wrong

The school dismissed the teacher for gross misconduct without considering whether the conduct had arisen in consequence of his cystic fibrosis.

The condition was known. The stress burden of managing it compounded by a restructure and role loss was not considered as a contributing factor.

The tribunal and Court of Appeal found the dismissal was disproportionate.

What the respondent did wrong

- Failed to ask whether the conduct arose in consequence of the disability before deciding to dismiss
- Treated the conduct as a standalone act of misconduct rather than examining the disability context
- Did not consider whether a less severe outcome (a final warning, supported return, agreed boundaries) was proportionate
- Knew about the cystic fibrosis but did not document any consideration of its link to the conduct
- Applied the conduct framework in isolation, the correct test requires disability to be considered before the decision is made

City of York Council v Grosset (2018)

The Arising in Consequence Test · All Condition Types

The question often asked

"Did the employer know there was a link between the disability and the conduct at the time?" This is the wrong test, and it leads caseworkers to discount late disclosures.

The right test

"Did the conduct arise in consequence of the disability regardless of whether anyone had named that link at the time?"

This is the test from Grosset. The Court of Appeal found employers do not need to know the link in order to be liable for discrimination.

If you knew or reasonably ought to have known about the disability, and something then went wrong, you cannot simply assume the two are unrelated.

Practical translation for case notes

You have to consider whether disability and conduct are related, and you have to document that you considered it, not just record a conclusion.

This applies even where no formal diagnosis exists, if the employer had constructive knowledge of the difficulties, including from informal disclosure or visible struggle.

Grosset is not a standalone case. It is the anchor principle for every late-stage disclosure a caseworker will encounter.

The question is not whether disability is mentioned in the file. The question is whether it was genuinely considered before the decision was made.

Drewniaczyk & de Vere: The Time-Bar Irony

What happened

Drewniaczyk v Police Service of Scotland: ADHD and dyslexia, both established. A substantively strong claim about a documentation-heavy, procedurally intensive policing environment dismissed entirely as time-barred, no extension granted.

de Vere v Tennent Caledonian: ADHD diagnosed after employment ended. Retrospective claims for pre-diagnosis difficulties were also dismissed as time-barred.

Outcome: both claims dismissed, not on the merits, but on time limits.

The irony: ADHD itself (through difficulty initiating action, poor sense of urgency and time blindness) can directly cause the delay in bringing a claim. The condition the claim is about can be the reason the claim arrives late.

What this teaches us

This does not change the legal time limit. It remains three months less one day

It does change how a caseworker should read a late approach: not as a red flag for opportunism, but as a pattern consistent with the condition itself

Post-employment diagnosis does not revive a claim for pre-diagnosis difficulties; de Vere shows this clearly

Employees with ADHD or dyslexia should be encouraged to seek advice immediately after any adverse employment event

A late approach is often the disability talking, not a weak case

WMW could have helped: a structured early conversation about timing and support reduces the chance a genuine claim is lost to a procedural deadline.

Williams v Royal Mail: A 45minute adjustment request, An Unnecessary Tribunal

What happened

An autistic postal worker required a 06:45 start time rather than the contractual 06:00, due to the impact of autism on routine, sleep regulation and transitions. Royal Mail refused, citing operational requirements, but provided no specific evidence that 06:45 would cause genuine disruption.

Outcome: RA claim succeeded. Royal Mail could not evidence that 06:45 would affect operations.

EEES lens: Environment (routine consistency, predictable start times, structured transitions are structural needs for autism, not preferences). Executive Function (time management and cognitive load of transitions).

What this teaches us

Operational objections must be evidenced. Assertion is not enough

Start and finish times are among the most common and well-recognised adjustments for autism

A 45-minute variation for one employee on a shift is not inherently unreasonable

The obligation is not to agree every request. It is to genuinely investigate feasibility

Adjustments to routine and predictability are structural needs, not lifestyle choices

WMW could have helped: when does the difficulty with transitions actually start? Where does it affect output? How does a predictable start time change the day? Those answers build the adjustment.

Williams v Royal Mail Group Ltd

Case 2412913/2023

What Went Wrong · What the Respondent Did Wrong

What went wrong

Royal Mail's refusal was based on asserted operational requirements.

No specific evidence was provided that allowing a 06:45 start for one employee on a shift would cause any genuine operational disruption.

The employer's position was a statement of preference, not a justified necessity.

What the respondent did wrong

- Refused the adjustment without evidencing actual operational impact
- Treated a structural disability need (routine consistency) as a personal lifestyle preference
- Applied the wrong test: "do we prefer a 06:00 start?" rather than "is it reasonable to adjust?"
- Failed to recognise that a 45-minute variation for one worker is not inherently unreasonable
- Did not investigate whether the variation would cause genuine disruption, merely asserted it would

Depression + Anxiety + Physical · PCP

Ziga v Anglian Windows: The Four-Day Week

What happened

An employee with co-occurring depression, anxiety and a joint condition requested a four-day working week. His employer refused. The tribunal found that the four-day week would have removed or substantially reduced the disadvantage caused by the five-day attendance PCP, and the employer had not evidenced a compelling operational reason.

Outcome: RA claim succeeded.

EEES lens: Emotional Regulation (depression and anxiety worsened by cumulative fatigue); Executive Function (both conditions impair sustained attention late in the week); Environment (working week structure either supports or undermines mental health).

What this teaches us

Reduced hours and compressed weeks are among the most effective adjustments for energy-limiting conditions

Employers must evidence actual operational impact. Preference for full attendance is not enough

The comparison is with the disadvantage caused by the PCP, not colleagues' working patterns

Three co-occurring conditions (depression, anxiety, joint pain) can all be addressed by a single structural adjustment

Test: is the adjustment reasonable? Not: do we prefer full attendance?

For your caseworkers: when a colleague in a shift-pattern or operational role is 'always tired' or 'pulling a muscle every few weeks', the question is not 'are they malingering?' It is 'what does that mean to them?'

Ziga v Anglian Windows Ltd

Case 3301401/2021 and others

What Went Wrong · What the Respondent Did Wrong

What went wrong

The employer refused on the basis that operational needs required five days of attendance.

That objection was not backed by specific evidence. Preference for full attendance is not a legal justification: the test is whether the adjustment is reasonable.

What the respondent did wrong

- Refused a reduced-hours adjustment without evidencing actual operational impact
- Applied the wrong test: "we need everyone five days" is an assertion, not a justification
- Failed to recognise that a single structural adjustment could address three co-occurring conditions simultaneously
- Did not assess whether output targets could be met on four days
- Did not document any genuine individual consideration of the adjustment request

Understanding the Tribunal Risk

Compensation is uncapped in disability discrimination claims. These are not hypothetical figures.

£4.58M

Wright-Turner v Hammersmith & Fulham 2023

£2.57M

Barrow v Kellogg Brown and Root

£470K+

Borg-Neal v Lloyds Banking Group 2023

Most Common Tribunal Failures

- No adjustment made despite clear need
- Adjustment withdrawn without review
- Waiting for diagnosis before acting
- Informal disclosures not taken seriously
- No documentation of consideration
- Assuming disability and conduct are unrelated

An Employment Tribunal case costs far more than the award, in management time, HR resource, legal fees and reputation. The cases above were all avoidable.

ADHD · PTSD · Dismissal on First Day of Sick Leave

Wright-Turner v Hammersmith and Fulham: £4.58M

What happened

A senior council employee with ADHD and PTSD was dismissed on the first day of her sick leave, following a disciplinary process in which disability evidence was not properly considered. No less severe alternative was explored. The council failed to make any reasonable adjustments during the process.

Outcome: Unfair dismissal and disability discrimination both succeeded. Award £4.58M, one of the largest ET awards on record.

EEES lens: Emotional Regulation (PTSD and ADHD compound emotional dysregulation; standard disciplinary pressure is not neutral for either condition); Executive Function (ADHD impairs processing of complex procedural demands under stress); Environment (the process itself was the barrier).

What this teaches us

Dismissal on the first day of sick leave is extremely high risk, especially where disability is known

A disciplinary process must account for disability before it escalates, not after

Failure to consider less severe alternatives (demotion, supported return, documented agreement) is a standalone RA failure

Uncapped awards mean the financial exposure is proportionate to seniority and projected loss of earnings

The scale of the award reflects cumulative failure, not a single procedural error

WMW could have helped: a structured conversation before the process began would have surfaced the ADHD and PTSD context before it became a legal claim.

Wright-Turner v London Borough of Hammersmith and Fulham

Award: £4.58M

What Went Wrong · Award

What went wrong

The council dismissed a senior employee on the first day of her sick leave. The disciplinary process had not accounted for ADHD or PTSD.

No adjustments were made to the process. No less severe outcome was considered.

The written rationale did not show the "arising in consequence" question had been asked.

What the respondent did wrong

- Dismissed on the first day of sick leave, timing alone signalled a failure of process
- Did not adapt the disciplinary process to account for known disability
- Failed to consider whether conduct arose in consequence of ADHD or PTSD before escalating
- Did not explore less severe alternatives before reaching the decision to dismiss
- Produced no written rationale showing disability had been genuinely considered

Cancer · 36 Years Service · Behaviour Changed by Medication

Barrow v Kellogg Brown and Root: £2.57M

What happened

An employee with 36 years of unblemished service was diagnosed with cancer. Chemotherapy medication caused significant personality and behavioural changes. The employer treated the changed behaviour as a conduct matter without considering whether it arose from the disability or its treatment. He was dismissed.

Outcome: Disability discrimination succeeded. Award £2.57M, reflecting 36 years of service and projected future earnings.

EEES lens: Emotional Regulation (chemotherapy-induced personality changes are a direct medication side effect, not a conduct choice); Environment (a 36-year employer relationship creates reasonable expectation of adjusted process); Executive Function (cancer treatment impairs cognitive processing and impulse regulation).

What this teaches us

Medication side effects are part of the disability. Behaviour caused by treatment is not separate from the condition

Long service creates a higher bar for dismissal and a stronger expectation of adjustment

The arising in consequence test applies equally to physical conditions and their treatment

Cancer is a qualifying disability from diagnosis. The duty to adjust begins immediately

Conduct arising from treatment side effects must be distinguished from conduct arising from character

WMW could have helped: asking what the behaviour meant to the person and when it started would have surfaced the medication link before a conduct process began.

Barrow v Kellogg Brown and Root (UK) Ltd

Award: £2.57M

What Went Wrong · Award

What went wrong

The employer treated chemotherapy-induced behavioural changes as a conduct matter.

No consideration was given to whether the behaviour arose in consequence of the cancer or its treatment. 3

6 years of unblemished service was not weighed in the proportionality assessment. T

he disability was known the link to conduct was not explored.

What the respondent did wrong

- Treated disability-caused behaviour as a conduct issue without exploring the medication link
- Did not apply the arising in consequence test before initiating the process
- Failed to account for 36 years of service in the proportionality assessment
- Did not consider whether the behaviour would resolve once treatment changed
- Ignored the known disability context when assessing whether dismissal was proportionate

Dyslexia · Zero-Tolerance Policy · Conduct in Training

Borg-Neal v Lloyds Banking Group: £470K+

What happened

An employee with dyslexia used a racial slur during a diversity training session when attempting to paraphrase a word being discussed. His employer applied a zero-tolerance policy and dismissed him. The tribunal found that the dyslexia contributed to word-retrieval difficulties and that a blanket policy cannot be applied without regard to disability context.

Outcome: Disability discrimination succeeded. Award £470K+. Zero-tolerance must be contextualised by disability.

EEES lens: Executive Function (dyslexia impairs word retrieval and processing speed especially under cognitive load in a training setting); Environment (diversity training creates a high-stakes, low-safety environment for someone with language processing difficulties).

What this teaches us

Zero-tolerance policies must be applied with disability context. Blanket application is not a defence

The setting in which conduct occurs matters: a training discussion is not the same as a targeted remark

Word-retrieval difficulties in dyslexia are a known and documented cognitive feature

Intention and disability context must be weighed before a conduct decision is made

The arising in consequence question applies to language as much as to behaviour

WMW could have helped: understanding how language processing works for this person in high-stakes settings would have changed the entire framing of the incident.

Borg-Neal v Lloyds Banking Group plc

Case 2202667/2022 | Award: £470K+

What Went Wrong · Award

What went wrong

Lloyds applied a zero-tolerance policy without any consideration of whether the dyslexia contributed to the conduct.

The context a diversity training session in which the word was being discussed was not weighed.

No analysis was made of whether the word-retrieval error arose in consequence of the disability.

The policy was applied as a rule, not as a test.

What the respondent did wrong

- Applied a zero-tolerance policy without contextualising it against known disability
- Did not consider whether the conduct arose in consequence of dyslexia
- Failed to distinguish between a targeted remark and a processing error in a training context
- Did not weigh the setting and intent before reaching a conduct decision
- Treated policy compliance as equivalent to a proportionality assessment, it is not

Late-Stage Disclosure: Why It Happens

When neurodivergence is raised partway through a grievance, disciplinary or appeal, the first question is not "why now?" It is whether the disability duty was already engaged.

Late or undiagnosed neurodivergence is common

Many adults over 40 have spent decades building coping strategies before a diagnosis names what they were coping with.

A late disclosure is often the first time a name has existed for a long-standing pattern, not a new development.

Masking is compounded in forces personnel

A 2023 UK peer-reviewed study found neurodivergent veterans often avoid requesting adjustments for fear of being seen as troublesome or unable to cope.

Military training and culture make this masking more sustainable and therefore more invisible for longer.

Masking has a cost, even when it works

Masking does not mean the need was not there. It means the need was being met by the person's own effort, often at real cost.

A change in role, pressure or circumstance can mean the coping strategy stops working, often years after the difficulty began.

Caseworker takeaway: when neurodivergence surfaces "out of nowhere" partway through a process, the most likely explanation is years of effective masking reaching its limit, not a tactical late disclosure.

Caseworker Decision Aid: Late-Stage Disclosure

When a disability or health condition is raised partway through a grievance, disciplinary or appeal, whether neurodivergent, physical, mental health or MSK, the first question is not 'why now?' It is whether the disability duty was already engaged, could reasonably have been known.

1

Has something relevant been disclosed?

A formal diagnosis is not required for the duty to be engaged, only knowledge or constructive knowledge of difficulties consistent with a condition.

2

Pause, and check it has reached the decision-maker

Has this information actually reached the person making the decision? Document that it has, or that it hasn't, and why.

3

Ask and document: arising in consequence?

Could the conduct have arisen in consequence of this condition? Record the answer either way, with reasoning, not just a conclusion.

4

Consider proportionality and alternatives

Is the proposed outcome proportionate given that answer, the person's history, and any less severe alternative: explicit guidance, a supported conversation, a documented behavioural agreement?

5

If escalation proceeds, show your working

The written rationale must show all of the above was considered, not just that a policy was applied.

Civilian and Service Communication: A Different Default

Caseworkers move between two communication cultures every day. Neither is wrong, but assuming one is the baseline causes real friction.

Service communication norms

Direct, succinct, removes ambiguity. Clear chains of command and rapid decisions. Instruction is explicit and expected to be followed without negotiation. Stoicism and "get on with it" are valued. Feedback tends to be blunt, immediate, task-focused.

What the evidence says

A UK systematic review of military-to-civilian transition found veterans experienced civilian communication as slower, less direct and less respectful of hierarchy.

This was a significant factor in employment difficulties veterans report being told directness reads as "blunt" or "almost mean" despite no intention to cause offence.

Neither communication style is wrong. They are different defaults, shaped by very different institutional cultures.

Civilian workplace norms

Diplomatic, collaborative, often indirect. More stakeholders and slower, consensus-based decisions. Instruction is often framed as a suggestion rather than an order.

Acknowledging struggle or asking for help is encouraged. Feedback is softened, contextualised and relationship-aware which can itself be a barrier for someone used to explicit instruction.

For DBS caseworkers, recognising which default someone is operating from is itself a skill and a form of reasonable adjustment in how a conversation is conducted.

Neither culture is the "correct" one. The skill is recognising which one you are in, and which one the person in front of you is operating from.

What This Means for ND People In or From Service

Two compounding effects, not two separate problems, for neurodivergent serving personnel and veterans.

Service structure can be a genuine fit

For many autistic and ADHD personnel, explicit instructions and low ambiguity remove exactly the barriers civilian workplaces tend to create.

Leaving that environment can mean losing a support structure that was never named or recognised as one.

Masking is doubly reinforced

Service culture rewards stoicism. A 2023 UK study found this combination means ND personnel and veterans are less likely to disclose than ND civilians.

This can also reflect genuine strength, but the cost is that real need stays invisible for longer.

What this means in practice

Don't read "coping fine" as "no need". A request that sounds blunt or comes "out of nowhere" may be the first time the person has felt able to make it at all.

Loss of structure (transition, redeployment, change of team) is a known trigger point for previously-masked needs to surface.

Two compounding effects, not two separate problems: a genuine structural fit, masked twice over by both ND traits and service culture.

What This Means for Those Supporting Them

For caseworkers, managers and HR staff supporting serving or ex-serving ND personnel, the cultural divide runs both ways.

1. Translate, don't soften, in one direction

A direct request or blunt phrasing from an ND service member is not hostility toward a civilian process. It is likely the only communication mode that feels honest and unambiguous to them. Don't read tone as the message.

2. Translate, don't assume, in the other direction

Civilian-style feedback ("it might be worth considering...") can be genuinely invisible as an instruction to someone used to explicit orders. This is a code mismatch, not a comprehension problem. State what you need plainly and in writing.

3. Be the bridge, explicitly

Naming the cultural difference out loud, "I know service environments are more direct than this process probably feels", builds trust. It signals you understand the context, which is itself a form of psychological safety.

4. Watch for the transition point

If someone has recently left service or changed role, that transition is a high-risk window for previously-masked needs to surface, often expressed in directness that civilian colleagues may misread as a complaint rather than a disclosure.

What Every Case Has in Common

Across physical conditions, neurodivergence, mental health and MSK, the same failures appear again and again.

1

Waiting for a diagnosis/proof

The legal duty is triggered by knowledge of the disability, not by a formal diagnosis. If presenting behaviour maps to need, the clock has started.

2

Asserting without evidencing

Operational objections must be evidenced. 'We need everyone in the office' is not a justification. It is an assertion. Tribunals are not impressed by either.

3

No documentation

The key question at tribunal: did you genuinely consider the adjustment? Without a record, you cannot prove you did. A decision with no audit trail looks like no decision was made.

4

Withdrawing adjustments without review

The duty is ongoing. When circumstances change, adjustments must be reviewed. Withdrawing without a structured review is a standalone RA failure.

5

Treating conduct and disability as separate

In Madden, and in many conduct cases, the behaviour that triggered disciplinary action arose directly from the disability. Employers must consider this before escalating.

6

Not taking informal disclosure seriously

The duty to consider adjustments is triggered by what the employer knew or should have known, not by a formal HR request.

Discussion: PCPs in Your Organisation

Think about the written policies and unwritten expectations in your organisation.

Question 1	What PCPs exist in your organisation that you have never examined for potential disadvantage? Think about both written policies and unwritten expectations 'always being visible', 'responding within the hour', shift-pattern start times with no flexibility.
Question 2	Are there processes that work fine for most of your civilian or service workforce but would structurally disadvantage someone with anxiety, PTSD, chronic pain or a neurodivergent condition? Name one.
Question 3	If a tribunal asked you to justify one of those PCPs tomorrow, what would you say? Could you explain why it is necessary and proportionate?

Bring real examples. Names stay in the room. The goal is to identify risk before it becomes a claim, not to catch anyone out.

Section 3

The EEES™ Framework

Spotting what's beneath the surface, before it becomes a crisis

Developed by Matt Gupwell, ThinkNeurodiversity Ltd

Why Spotting Conditions Doesn't Help

What we often do

- Look for a label
- Ask what condition this is
- Assume effort or attitude is the issue
- Only act once something is formally disclosed
- Wait for OH or a GP letter before doing anything

What that misses

- Context what is happening in their life and work right now
- Pressure what load are they carrying that is not visible
- Load cumulative strain across multiple conditions or stressors
- The person's capacity in that specific moment
- The interaction between conditions (co-occurrence)

Waiting for a diagnosis before acting is legally risky and practically unnecessary. Understanding a person's experience allows support without waiting for a label.

Supporting People with EEES™

Four universal human lenses. Not diagnostic categories, these are things everyone experiences, to different degrees. They become visible as strain signals when someone is struggling and doesn't have the words or courage to ask for help.

E: Executive Function	E: Emotional Regulation	E: Environment	S: Sensory Processing
Planning, prioritising, initiating, sequencing, working memory. The cognitive architecture of getting things done.	The ability to manage emotional responses in real time, particularly under pressure or uncertainty.	The physical and social conditions in which work takes place: layout, noise, predictability, social demands.	How the individual processes sensory input: light, sound, touch, smell, movement, introspection, proprioception.
Under strain: missed tasks, difficulty starting, appearing disorganised despite effort, forgetting conversations, losing things.	*Under strain: disproportionate responses, emotional flatness, difficulty recovering from setbacks, perceived 'overreaction' to feedback.*	*Under strain: avoidance, reduced performance in specific settings, inconsistent output, disruptive behaviour, disengaged appearance.*	*Under strain: fatigue, overwhelm, difficulty concentrating, physical discomfort affecting focus, heightened sensitivity to environment.*

How to use it: if you notice one or more of these and they relate to changes in performance, communication or what appears to be attitude, it is time for a supportive conversation using Which Means What.

EEES™ in Detail

E: Environment

Definition

The physical and social conditions in which work takes place: layout, noise, predictability, social demands.

Signs of strain

Avoidance · Reduced performance in specific settings · Inconsistent output · Disruptive behaviour · Disengaged appearance

What this looks like in your organisation

For your caseworkers and case-holders this looks like: choosing which tasks or cases to handle first, different output levels depending on which site or team they are working with, seeming disengaged in particular meetings or settings.

Case law illustration

Ferraro (DWP refused hybrid working despite environment being the whole adjustment need) · Williams (routine consistency as structural environmental need for autism)

Remember:

These are not diagnostic signals. They are human performance signals. Everyone experiences all four areas, neurodivergent, disabled and non-disabled alike. The difference is degree, frequency and the capacity to self-regulate or recover.

If you are noticing this in a team member, it is time for a conversation, not a performance review.

EEES™ in Detail

E: Executive Function

Definition

Planning, prioritising, initiating, sequencing, working memory. The cognitive architecture of getting things done.

Signs of strain

Missed tasks · Difficulty starting · Appearing disorganised despite effort · Lost tools · Forgotten conversations · Late to appointments

What this looks like in your organisation

For a casework team this often looks like: cases not logged properly, deadlines missed despite clear effort, difficulty moving between cases on a high-volume day, forgetting what was agreed at the morning briefing. Before anyone considers performance management, consider EEES.

Case law illustration

Madden (ADHD EF failure, impulsivity in social communication, resulted in dismissal that could have been avoided) · Drewniaczyk (ADHD + dyslexia compound EF failure in documentation-heavy policing environment)

Remember:

These are not diagnostic signals. They are human performance signals. Everyone experiences all four areas, neurodivergent, disabled and non-disabled alike. The difference is degree, frequency and the capacity to self-regulate or recover.

If you are noticing this in a team member, it is time for a conversation, not a performance review.

EEES in Detail

E: Emotional Regulation

Definition

The ability to manage emotional responses in real time, particularly under pressure or uncertainty.

Signs of strain

Disproportionate responses · Emotional flatness · Difficulty recovering from setbacks · Perceived 'overreaction' · Difficulty with feedback

What this looks like in your organisation

For your workforce this looks like: a normally even-tempered colleague who responds sharply to reasonable feedback, or someone who appears disengaged after what seems like a minor event. It rarely means the person is 'difficult'. It usually means something else is going on.

Case law illustration

McRobbie (PTSD meant standard management interactions constituted harassment; management style is an emotional regulation trigger) · Twigg (SLE + anxiety: stress is a physical disease trigger, not just emotional distress)

Remember:

These are not diagnostic signals. They are human performance signals. Everyone experiences all four areas, neurodivergent, disabled and non-disabled alike. The difference is degree, frequency and the capacity to self-regulate or recover.

If you are noticing this in a team member, it is time for a conversation, not a performance

S: Sensory Processing

Definition

How the individual processes sensory input: light, sound, touch, smell, movement, introspection and proprioception.

Signs of strain

Fatigue · Overwhelm · Difficulty concentrating · Physical discomfort affecting focus · Complaints about environment that seem out of proportion

What this looks like in your organisation

For a mixed civilian and service workforce: colleagues who can't work in open-plan despite seeming capable elsewhere; personnel who are distressed by certain site or barracks environments. Sensory processing is the first thing you usually notice. It's often the last thing you think to act on.

Case law illustration

Ferraro (physical environment directly determined capacity to work, toilet access and desk height are sensory-environment needs) · Chaves (pre-diagnosis neurodivergent presentation, sensory and EF challenges visible but not labelled)

Remember:

These are not diagnostic signals. They are human performance signals. Everyone experiences all four areas, neurodivergent, disabled and non-disabled alike. The difference is degree, frequency and the capacity to self-regulate or recover.

If you are noticing this in a team member, it is time for a conversation, not a performance review.

When EEES Strain Goes Unaddressed

Long-term struggle with one or more EEES areas leads to a recognisable pathway. The earlier it is interrupted, the easier it is for everyone.

This often looks like anxiety, stress or shutdown, which means it is misread as a mental health crisis that arrived from nowhere. It rarely did.

Intervening early with EEES

A supportive conversation before it escalates. A low-cost adjustment that removes the barrier. The employee stays, stays well, stays productive.

Cost: low. Impact: high. Risk: near zero.

Waiting until crisis point

Long-term sick absence. Recruitment and replacement (average £9,000). OH referrals. Potential tribunal. Reputational cost. Loss of a capable, experienced employee.

Cost: very high. Impact: negative. Risk: significant.

Section 4

Which Means What™

Having better, more structured adjustment conversations

A person-first, non-judgemental way of discussing support and adjustments. It does not start with the problem. It starts with the person.

The Which Means What™ Approach

WMW is NOT about:

- ✕ "Can we fix this?"
- ✕ Making the person feel like a problem to be solved
- ✕ Needing to know the diagnosis before helping
- ✕ Waiting for OH or a formal request
- ✕ Treating everyone with the same condition the same way

WMW IS about:

- ✓ Understanding the other person's experience, not their diagnosis
- ✓ Gathering context that diagnosis cannot give you
- ✓ Creating psychological safety to disclose without fear
- ✓ Giving managers a framework that removes fear of saying the wrong thing
- ✓ Starting a conversation that leads to specific, actionable support

The traditional adjustment conversation starts with the employer needing to understand the diagnosis. WMW starts with the employer wanting to understand the experience. That shift changes everything.

Which Means What™: The Five Questions

Instead of asking "Are you finding this difficult because of your ___?" we ask:

What	What specifically is harder about this? What is the actual impact on your work, your day, your experience?
When	When does it happen? Is it all the time, or in specific situations, at particular times of day, in certain meetings?
Who	Who is affected, or who is around when it happens? Does it happen with everyone, or in certain relationships or team dynamics?
Where	Where does it happen? Is this about a specific physical space, a remote or hybrid setup, a particular environment or site?
How	How does it affect you? What does it stop you from doing, or make significantly harder? What have you already tried?

What About People Who Aren't Being Honest?

A legitimate concern, and one that WMW is specifically designed to address.

The concern

Some people will attempt to use a condition or self-reported difficulty to avoid work or performance conversations. This is a conduct issue, not a disability issue. The question is how to identify it without being discriminatory to people with genuine needs.

The WMW answer

Ask: "What does that mean to you?"

Someone with a genuine condition can tell you exactly what it means. Where it affects them. When it starts. What triggers it. What they have tried.

Someone parroting something they have been told to say cannot answer those questions with the specificity that a real experience produces.

This is not combative

Asking "what does that mean to you?" is not challenging or suspicious. It is helpful. It is the only way to understand the person's experience well enough to support them properly.

If they cannot answer (if the response is vague, coached or inconsistent) the conversation shifts naturally into performance management territory. Without you having to accuse anyone of anything.

WMW does not require good faith to work. It simply reveals whether it exists. Genuine experience produces specific, consistent, personal detail. Invented experience does not.

Conduct and capability remain entirely available tools. WMW just ensures you are using them because of behaviour, not because of disability.

WMW in Practice: Noise Sensitivity Exercise

Scenario: A colleague tells you they are struggling with noise in the office. Work through the five questions.

What	
When	
Who	
Where	
How	

Possible adjustments, once you understand the answers:

Noise cancelling headphones	Noise reducing ear buds (Loop earplugs)	Acoustic panels or furniture
Moving workstation or working area	Avoiding certain areas at certain times	More frequent breaks or gaps between tasks

Discussion: Your Real Scenarios

Think of a colleague, team member or case you are currently aware of. It does not need to be a diagnosed condition. You do not need to know what is going on. That is the point.

What	*What specifically is harder? What is the actual impact?*
When	*When does it happen? Consistently or in specific situations?*
Who	*Who is affected or around when it happens?*
Where	*Where does it happen, which sites, teams or settings?*
How	*How does it affect them? What have they already tried?*

Redact what you need to. The aim is: what would you ask first? What might the answers reveal? What adjustments would you then consider?

Implementing Adjustments: The Practical Steps

1

Initial conversation

Meet privately to discuss needs and concerns. Use WMW. Do not start with diagnosis. Do not start with 'what do you want?'. Start with 'what is making this harder?'

2

Identify barriers

Use EEES as a lens. Which of the four areas is under strain? Often it will be more than one. That is normal. Note what you find.

3

Trial adjustments

Implement for 4 to 6 weeks with clear documentation. Document what is being trialled, why, and what 'success' looks like. This is your legal record.

4

Review and adjust

Conduct a mid-trial and final review. Did the adjustment work? Has the presenting need changed? Adjust accordingly. The duty is ongoing.

Ask · Trial · Review · Record, the four steps that make your process both effective and legally defensible.

Support Channels: What's Available

Access to Work

Initiated by: Employee

Job capability and support tools

Funding for tech, coaching, support workers, travel, workplace needs assessments. Up to £66,000+ per person.

Employee-initiated but employer-supported. A key tool for neurodivergent and disabled employees.

Occupational Health

Initiated by: Employer

Health impact and fitness for work

Clinical assessment and recommendations. Crucial for physical conditions, MSK, mental health and complex co-occurring presentations.

Referral is not a disciplinary step. Frame it as support, not investigation.

Workplace Needs Assessment

Initiated by: Either party

Practical barriers to doing the job

Tailored workplace adjustment recommendations. Particularly useful where the employee is unable to articulate their own needs.

Often faster and more practical than OH alone for adjustment decisions.

Revisiting the True or False

Go back to your answers from the start. Here are the correct responses. Has anything changed in how you'd answer now?

1. False	The duty is triggered by knowledge of disability not a formal diagnosis
2. True	Adjustments level the playing field. They are not preferential treatment
3. False	The duty is to consider and implement what is reasonable not to agree every request
4. False	Cost is a factor in reasonableness, but it alone is not a complete justification
5. True	PCPs applied equally can still be discriminatory if they create substantial disadvantage
6. True	The duty to adjust is anticipatory, ongoing and must be reviewed as circumstances change
7. False	The duty covers job applicants, employees and (in some circumstances) former employees
8. True	An employer can offer a different adjustment as long as it removes the disadvantage

Your Toolkit from Today

Pull together what you have noticed. These pages are yours to carry forward.

One legal principle I will apply differently from now on:

The law I knew, and how it lands differently now I see how tribunals apply it

One PCP in my organisation I need to look at again:

Something that may be creating disadvantage without anyone having named it yet

One conversation I will have differently using WMW:

A situation where I would normally have waited, or not started the conversation at all

One cultural shift I want to influence:

Something we do that makes it harder for people to ask, and how I could change that

You do not need to be a condition expert. You need to care enough to ask the right questions, and now you have the framework to do it.

The Data Makes the Case

35%

of managers lack confidence discussing reasonable adjustments for neurodivergent employees VinciWorks, 2026 (n=495)

95%

rise in neurodiversity discrimination tribunal claims over five years, with 517 cases recorded in 2024/25 Irwin Mitchell analysis of HMCTS data, 2026

1 in 3

neurodivergent workers in the energy sector have faced discrimination at work, with widespread masking and barriers to disclosure Prospect survey, May 2026 (n=~300)

The data is consistent. Tribunal claims are rising. Manager confidence is low. Neurodivergent people are still masking, still not disclosing, still facing discrimination. That is not a knowledge problem. It is a culture and capability one.

What you can do in your role

- Normalise asking, in one-to-ones, in how you respond when someone does ask
- Stop waiting for the formal request. If you notice something, name it (gently)
- Use EEES language. It avoids labels and opens doors
- Treat disclosure as the start of a conversation, not a problem to escalate

What makes it harder (even with good intent)

- Requiring proof before doing anything
- Treating the disclosure as an HR issue rather than a management conversation
- Being visibly uncomfortable when someone raises a concern
- Adjustments that take months and require multiple sign-offs

Thank You

You do not need to be a condition expert.
You need to care enough to ask the right questions.

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