

Neuroinclusive Community Building a Strengths-based Workforce

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Summary

A lived experience led *Neurodiversity in the Workplace Community of Practice (CoP)* was established to build neuroinclusive capability & reshape practices, policies & culture. The Community of Practice evolved from a single facility education initiative into a system-wide enabler supporting leaders, educators & staff with lived experience of neurodivergence, including carers & allies.

Aim

The purpose & intent of the *Neurodiversity in the Workplace CoP* is to develop a safe, inclusive & collaborative community of Metro North Health employees with a shared interest in creating a more neuroinclusive, dynamic & strength-focused workplace to optimise productivity & leverage the full potential of every employee. Implementation of a scalable CoP aims to raise awareness of the lived experience, inform policy, build neuroinclusive culture & capability, & improve staff experience & performance.

Outcomes

Reach & demand:

Approximately 420 interdisciplinary leaders, educators & clinicians have attended workshops, with demand exceeding capacity.

Spread & reputation:

Requests received from services beyond Metro North Health & Queensland Health, with interdisciplinary interest in joining the education faculty.

Innovation:

Co-designed a *Neurodiversity Strengths & Inclusivity Model* guiding recruitment, education, role design & workplace/work role accommodations.

Background

Neurodivergent people remain underrepresented in the workforce^{1, 2, 3}, with disproportionately high unemployment compared with the general population^{1, 2, 3}. Neurodiversity, grounded in the Social Model of Disability, reframes neurological differences as natural human variation & emphasises fit, capability, & environmental design rather than remediation^{5, 6, 7}.

In 2024, Nursing & Midwifery Education at the Royal Brisbane & Women's Hospital (RBWH) initiated work to better support neurodivergent students & staff, leading to the development of education resources & the evolution of an interprofessional CoP across Metro North Health.



Discussion & Key Learnings

Enablers & context

Success hinged on:

- 1) a psychologically safe, lived experience-centred environment
- 2) visible alignment with DEI priorities
- 3) an interprofessional CoP structure that fosters knowledge translation across professional & facility boundaries - **truly a workforce without walls.**

Lessons learned

Persistent Medical Model framing can entrench deficit narratives; recasting to a Social Model & strengths-based approach is essential to unlocking capability & belonging. Demand has outpaced capacity, indicating the need for scalable delivery modes & distributed facilitation. Early engagement with leaders/managers is critical; the CoP provides a vehicle to translate learning into everyday practice.

Limitations

Formal outcomes beyond reach & engagement require longitudinal evaluation & standardised data capture across services.

Methods

Design & approach

- A lived experience informed, strengths-based approach underpinned by the Social Model of Disability⁸ & Community of Practice paradigm¹⁰.

Key activities

- Targeted literature review & external benchmarking.
- Co-design & delivery of Neurodiversity in the Workplace workshops, education offerings, advocacy, & identification of key neuroinclusive workforce management support.
- Iterative refinement based on consumer feedback & learned insights.
- Transition to an interprofessional CoP to embed a neuroinclusive culture through enhancing workforce capability, problem-solving & resource sharing.

Measurement & governance

- Engagement, participation & documented practice changes were tracked as indicators of system readiness & cultural shift, aligned with Metro North Health diversity, equity & inclusion action plan priorities & legislative disability inclusion obligations.

Transferability & Next Steps

The CoP model & *Neurodiversity Strengths & Inclusivity* framework are adaptable across clinical & corporate settings, metropolitan & rural contexts offering a low-cost, high-reach pathway to scale. Next steps include scaling participation & faculty; developing leader & manager toolkits; formalising evaluation; & partnering with additional Hospital & Health Services to enable statewide spread.

References

1. Australian Catholic University (2024). Neglecting neurodiverse a waste of talent. ACU News. Retrieved from: <https://www.acu.edu.au/about-acu/news/2024/march/neglecting-neurodiverse-a-waste-of-talent>
2. Australian Public Service Commission (2024). *Neurodiversity: APS profile*. Retrieved from: <https://www.apsc.gov.au/initiatives-and-programs/workforce-information/research-analysis-and-publications/state-service-report-2023-24/aps-profile/neurodiversity>
3. Agestrong Health Group (2025). *The Hidden Crisis for Neurodiverse Australians*. Retrieved from: <https://agestrong.com.au/our-insights/the-hidden-crisis-for-neurodiverse-australians/>
4. JobAccess (2023). *Understanding workplace attitudes toward disability*. Australian Government. Retrieved from: <https://jobaccess.gov.au/sites/default/files/documents/2024-11/5386-understanding-workplace.pdf>
5. Rollnik-Sadowska, E. & Grabińska, V. (2024). Managing Neurodiversity in Workplaces: A Review & Future Research Agenda for Sustainable Human Resource Management. *Sustainability*, 16(15): 6594. Retrieved from: <https://www.mdpi.com/2071-1050/16/15/6594>
6. Granger, C., Hameed, Z. & Kelly R. (2023). Neurodivergence & the healthcare workforce: a hidden facet within equality, diversity & inclusion? *BMJ Leader*, 7:1-7. Retrieved from: https://bmjleader.bmj.com/content/7/Suppl_2/1.7
7. Austin, R.D. & Pisano, G.P. (2017). Neurodiversity is a Competitive Advantage: Why you should embrace it in your workforce. *Harvard Business Review*, May-June 2017. Retrieved from: <https://hbr.org/2017/05/neurodiversity-as-a-competitive-advantage>
8. Doyle, N. (2020). *Neurodiversity at work: A biopsychosocial model & the impact on working adults*. *British Medical Bulletin*, 135(1), 108-125. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7732033/>
9. McDowall, A., Doyle, N. & Kiseleva, M. (2024). *Use of Evidence & Neurodiversity at Work: A stakeholder perspective on the use of evidence about neurodiversity at work*. Retrieved from: <https://orca.cardiff.ac.uk/id/eprint/170648/1/final-WEB-12-june-MARKET-VOLUME-5-2024%20%281%29.pdf>
10. Manning, A. (2025). *Creating, Building and Nurturing a Community of Practice: A Strategic Guide*. Australian Public Service (APS) Academy Retrieved from: <https://www.apscademy.gov.au/news/creating-building-and-nurturing-community-practice-strategic-guide>



Culture & risk:

Improved psychological safety, engagement, & belonging reported anecdotally, with alignment to disability legislation & diversity, equity & inclusion goals.

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