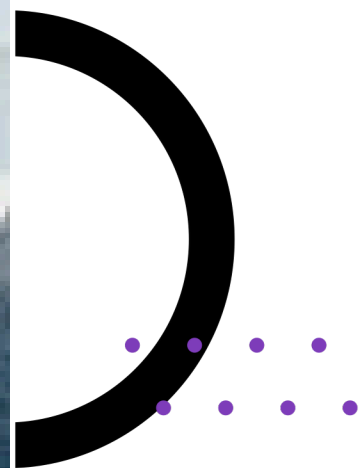




Neurodiversity in the Workplace Toolkit

A guide to creating neuroinclusive environments





About the Neurodiversity Toolkit

These materials are based on research from our partners (including Professor Amanda Kirby and Do-IT Solutions).

Being Neurodivergent is a different experience for everyone; some things may apply to you and / or your colleagues and others may not. Importantly, these materials are not intended for use in diagnosing others or for making assumptions about whether someone is Neurodivergent.

This toolkit aims to help you to increase your understanding of how to be more neuroinclusive in your workplace with tips and tools to assist, and links to further reading if you wish to do so.

For training or further support on topics relating to neurodiversity, please get in touch via services@housingdiversitynetwork.co.uk

WHY BE NEUROINCLUSIVE?

- Address the 'war for talent' with neurodiverse talent pools
- Foster innovation
- Reduce employee turnover and retain talent
- Benefit from strengths of different neurodivergent traits
- Good for reputation
- Good for Corporate Social Responsibility (CSR)
- Compliance



TOOLKIT CONTENTS

This toolkit is designed to guide you through key aspects of neurodiversity in the workplace and how to create a more inclusive environment.

Across eight sections, it explores essential topics - from understanding neurodiversity in professional settings to practical strategies for fostering inclusivity.

1.0

Understanding Neurodiversity in the Workplace

2.0

Creating Inclusive Work Environments

3.0

Effective Communication Strategies

4.0

Being an ally in the workplace

5.0

Inclusive Recruitment and the Employee Lifecycle

6.0

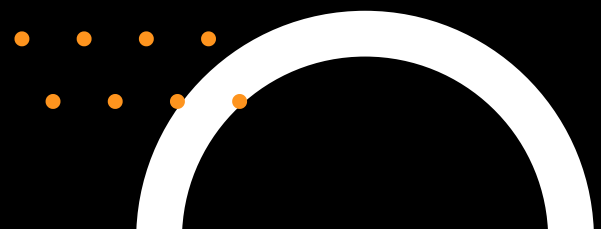
Professional Development and Career Growth

7.0

Legal Framework and Policies

8.0

Support and Resources Directory



1.0

UNDERSTANDING NEURODIVERSITY IN THE WORKPLACE

In this first section, we will explore neurodiversity in the workplace, beginning with definitions of key terms.

We will then examine what neurodiversity is, the language used to describe it, and the traits commonly associated with it.

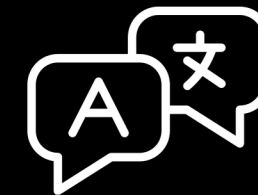
1.1 Definitions



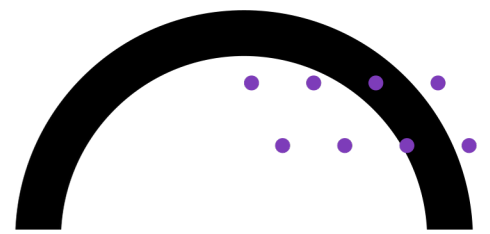
1.2 Understanding neurodivergence



1.3 Language



1.4 Neurodivergent traits



1.1 Definitions



Here are some key terms that we will use in this toolkit.

Please note that this is just one way of talking about neurodiversity and there are many other preferences that we may not have covered. Language also changes over time and new terms arise constantly, e.g., neurospicy, neurodifferences.

Neurodiversity

Neurodiversity refers to the natural diversity of human minds. It is a biological fact that we our brains are all different. It is the different ways we think, move, act, process and communicate.

Just like we are diverse in our ethnicity, gender, sexuality, etc. Neurodiversity acknowledges the spectrum of cognitive functioning.

Neurodiverse

Neurodiverse is a term to describe a group of individuals who represent the spectrum of neurodiversity, which includes neurotypical and neurodivergent individuals. Remember, an individual cannot be neurodiverse.

Individuals who aren't 'neurotypical' would be considered to be neurodivergent. This is a social construct and determined by the group and cultures and interpretation can vary globally.

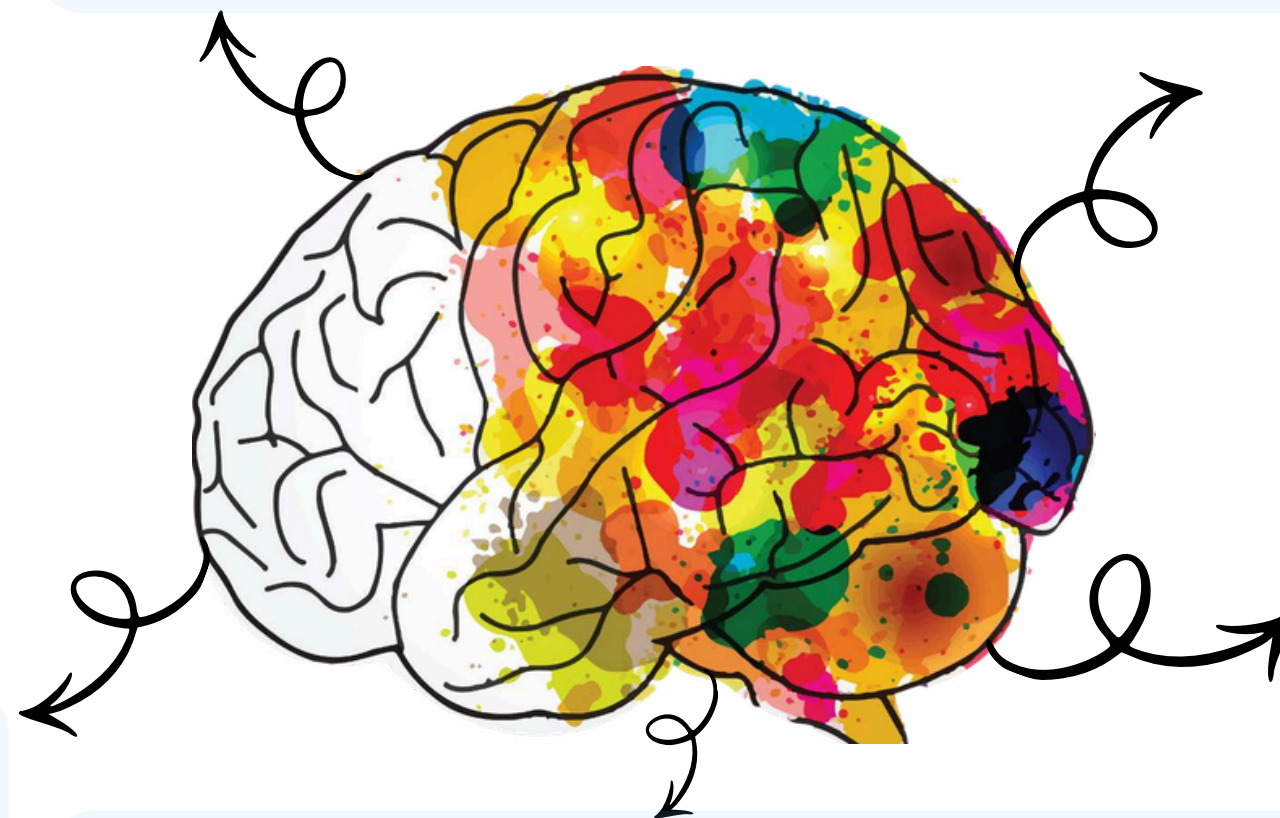
Neurominority

A neurominority is a population of neurodivergent people who share a similar characteristics and traits.

Neurotypical

Neurotypical refers to having a mind or functioning that falls within the society standards of what is deemed "typical", "common" or "normal".

Neurotypical is the opposite of neurodivergent, someone who diverges, and it is not a negative word, but a neutral word.



Neurodivergent / Neurodistinct

Neurodivergent / Neurodistinct are umbrella terms for individuals who have a mind or brain that diverges from what is typical. It can be acquired or genetic.

Neurodivergence just means having a mind that functions differently to what is considered the norm, including learning, processing, interpreting, feeling etc. (Kassiane Asasumasu). Some people consider neurodivergence as a disability, whilst others do not.



➤ [Myth of the normal brain](#)

➤ [Judy Singer blog post](#)

➤ [Neurodiversity & semantic bleaching](#)

➤ [Neuroqueer & other terms](#)



How many people are neurodivergent?

15-20%

This is the figure often quoted, but it will vary depending on the population being sampled, e.g., in justice settings it may be as high as 50% but many people will be undiagnosed.



1.2 Understanding neurodivergence



You can be **born** with a brain that thinks and processes differently, but anyone can also **acquire** neurodivergent traits, for example, as a result of a head injury or stroke.

Diagnoses may include*:

Autism Spectrum Disorder/Condition (ASD/ASC) - Affects communication and social inter-relatedness.

Attention Deficit Hyperactivity Disorder (ADHD) - Affects attention, impulsivity, focus and planning.

Dyslexia - Impacts literacy (reading, writing and spelling).

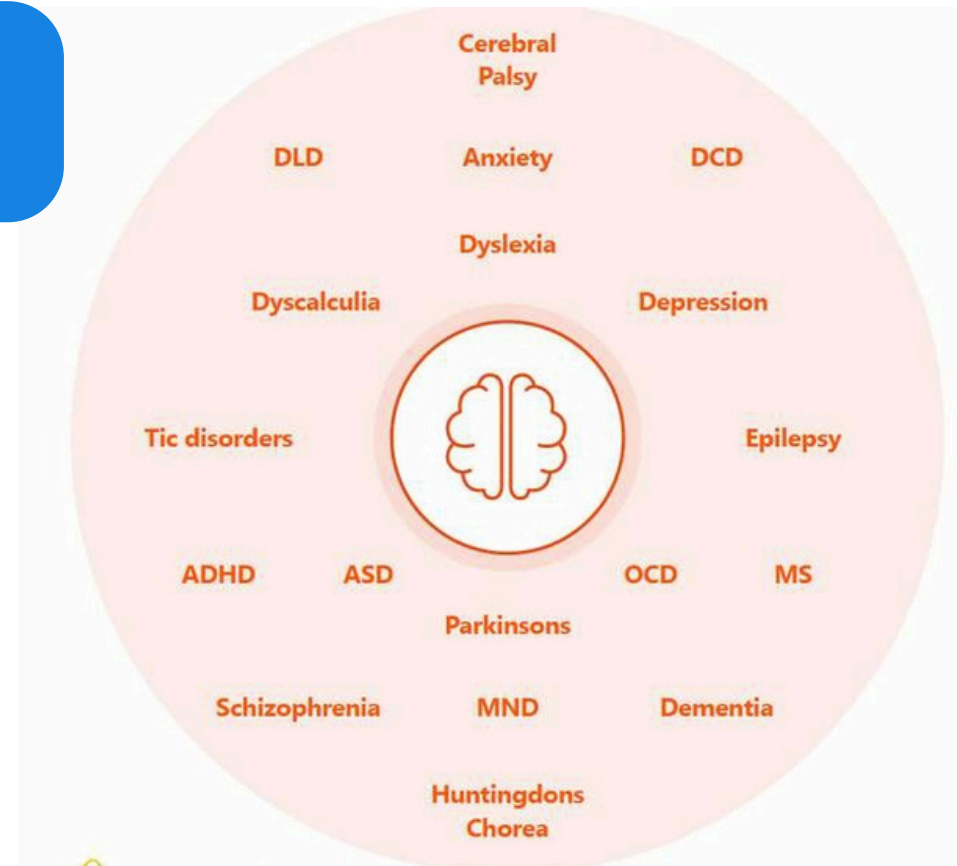
Dyscalculia - Impacts mathematical and quantifying ability.

Developmental Co-ordination Disorder (DCD; Dyspraxia) - Impacts motor (movement skills), coordination and balance.

Developmental Language Disorder (DLD) - Impacts communication and understanding.

Tic Disorders (including Tourette's)

*These may be more commonly recognised traits / conditions, but this is not an exhaustive list.



Did you know?

Most neurodivergent traits / conditions often overlap or co-occur.

However, some people may have only been diagnosed or be aware of one condition.

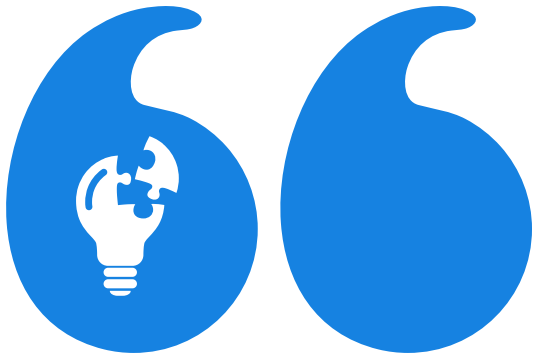
'Spiky Profiles'

One way of understanding neurodivergence is through the idea of a 'spiky profile'.

Someone with a spiky profile has some great strengths, but also finds some things much harder than other people.

If neurotypical people have relatively 'flat' profiles because the difference between their areas of strength and development are smaller, neurodivergent people may have 'spiky' profiles because the differences between their areas of strength and development may be more pronounced.





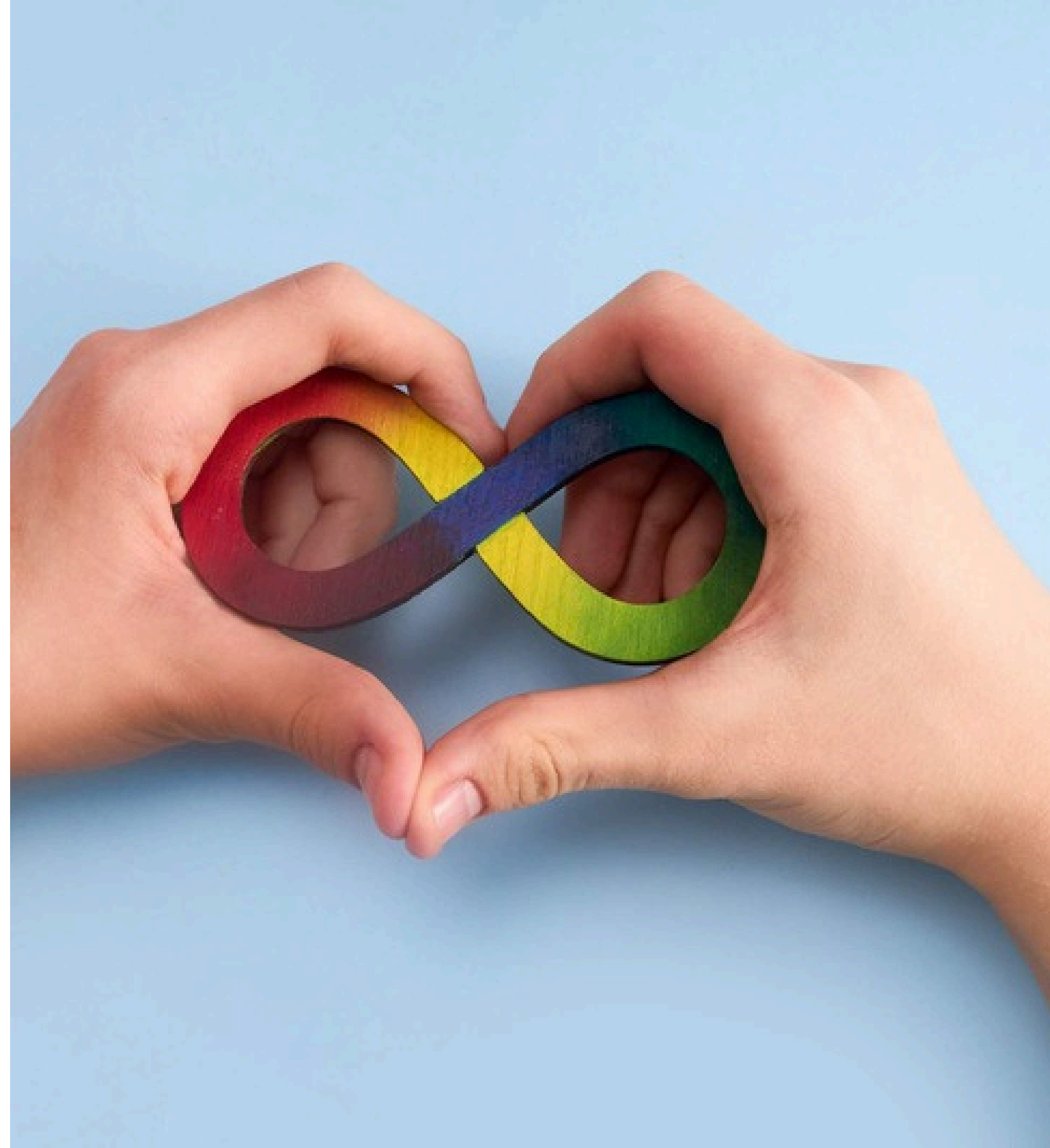
“I am different, not less.”

Temple Grandin

**“Neurodiversity may be every bit as
crucial for the human race as
biodiversity is for life in general.**

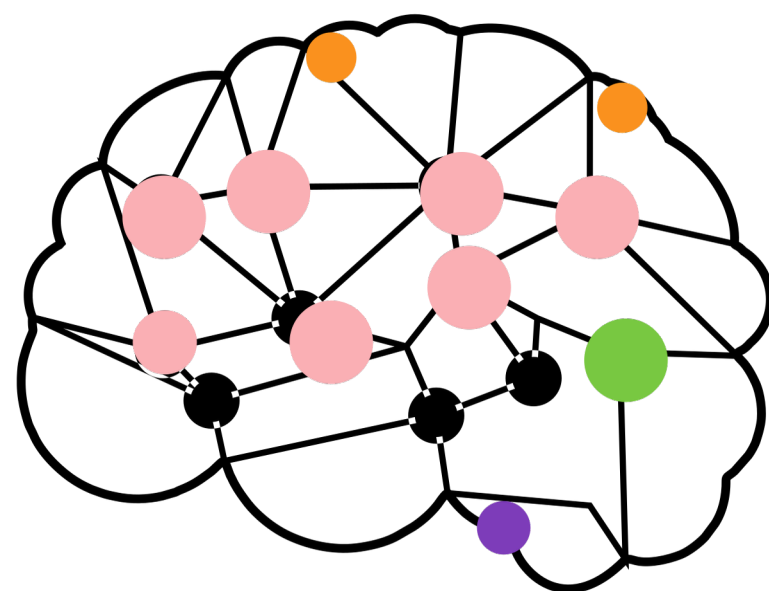
**Who can say what form of wiring will
prove best at any given moment?”**

Harvey Blume, 1998

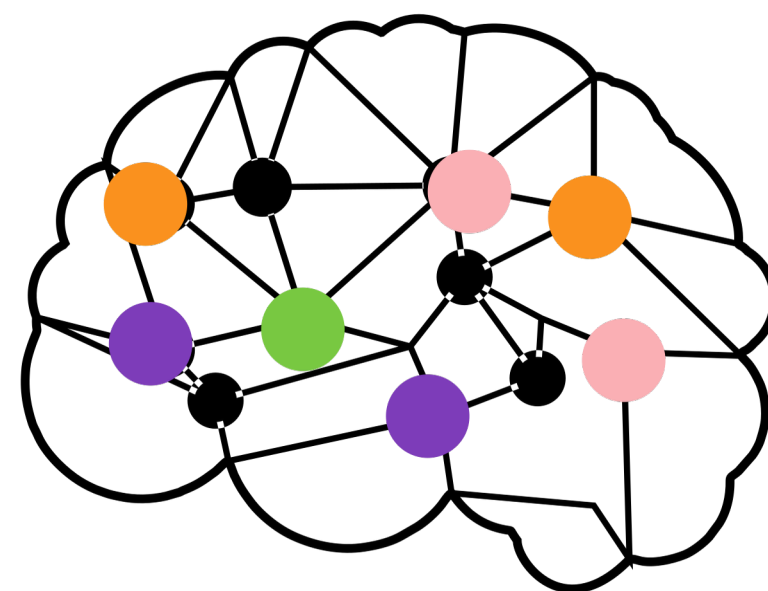




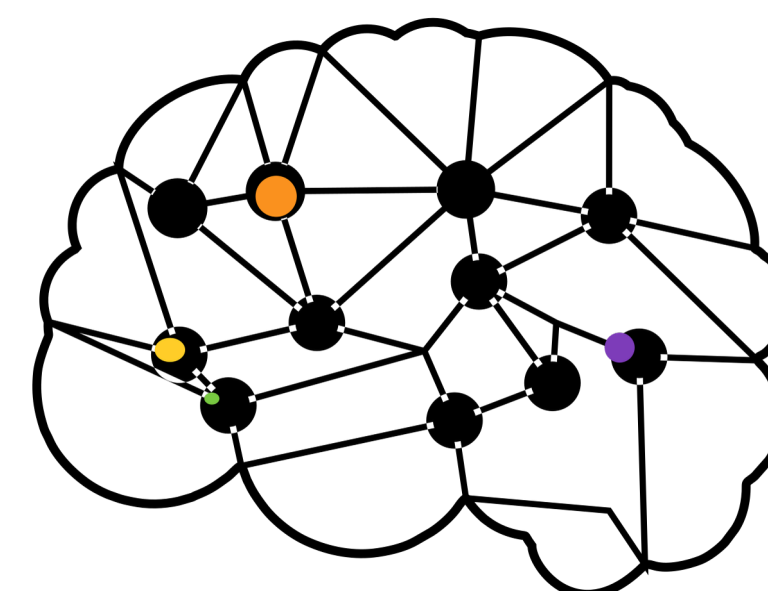
Embracing Neurodiversity



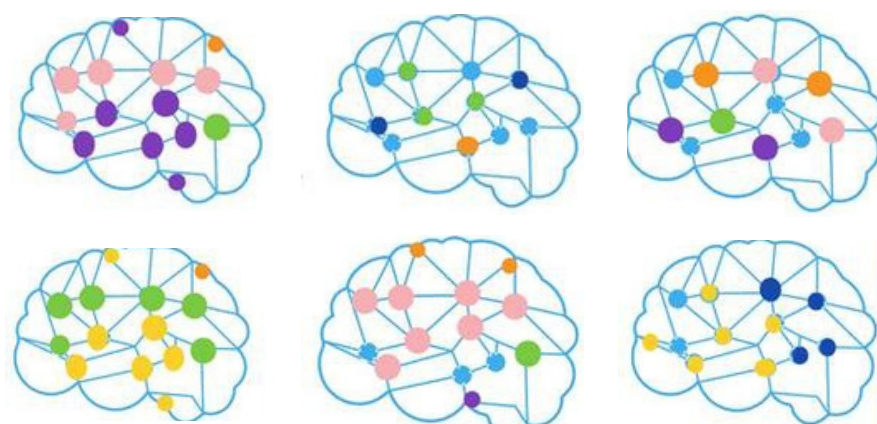
Brain A (neurodivergent) - with a specific condition, e.g., ADHD or Dyslexia. Traits fall into one group



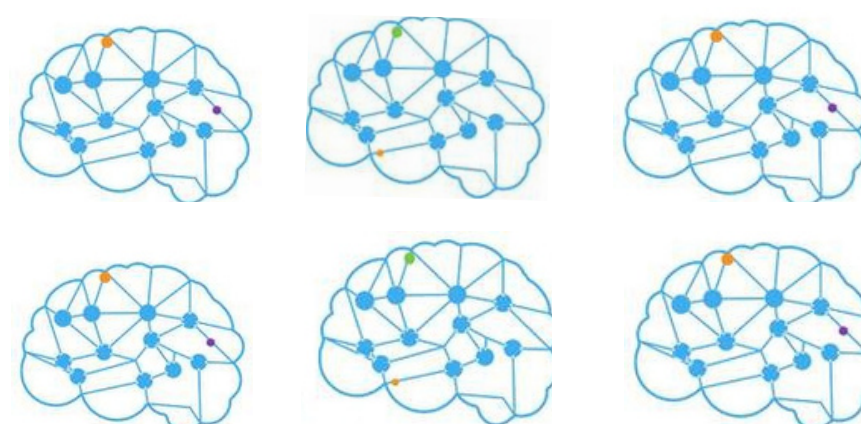
Brain B (neurodivergent) - some people may not have a specific diagnosis and have a very spiky profile.



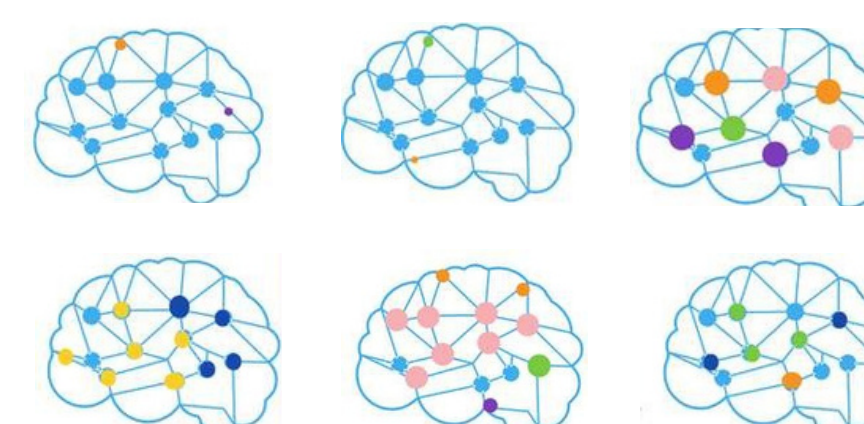
Brain C (neurotypical) - can communicate, act, process, move in a way typically expected in the social and cultural context



Neurodivergent brains:
All different



Neurotypical brains:
Different, but fitting into social 'norms'



Neurodiverse:
All brains - all different!

1.3 Language



There are different ways of addressing neurodivergent individuals. It is important to use the right language when talking about neurodiversity, but it is personal.

PERSON-FIRST

‘a person with autism’
or ‘a person with dyslexia’



IDENTITY-FIRST

‘an autistic person’
or ‘a dyslexic person’



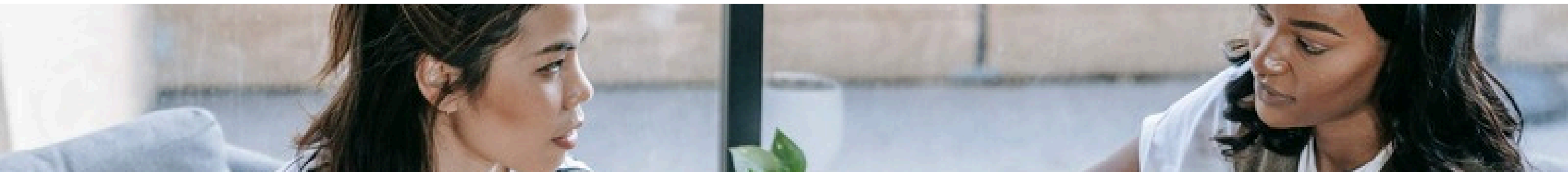
Be led by the person; ask them what they prefer.



Don’t correct someone if they are talking about themselves.



Remember: language is personal and the way we represent and describe ourselves may change over time.



1.4 Neurodivergent traits



Overview of some neurodivergent traits and conditions

- Dyslexia
- ADHD
- Autism Spectrum Conditions
- Dyspraxia / Developmental Co-ordination Disorder (DCD)
- Dyscalculia
- Developmental Language Disorder (DLD)



Dyslexia

An overview



Dyslexia (also called Developmental Dyslexia) is a developmental condition that specifically affects literacy - reading; writing and spelling; understanding content.

Dyslexia often overlaps with other conditions such as Dyscalculia and Attention Deficit Hyperactivity Disorder (ADHD).

Each person may have their specific literacy related challenges.

- ✓ Creativity
- ✓ Novel thinking
- ✓ Enthusiasm
- ✓ Resilience



STRENGTHS

- ✗ Difficulty reading quickly
- ✗ Taking longer to read and process information
- ✗ Making spelling errors or missing out words
- ✗ Difficulty structuring writing, e.g., for reports
- ✗ Organisation and memory



CHALLENGES



Please note, this list is not exhaustive and each person will have their own specific profile of strengths and challenges.

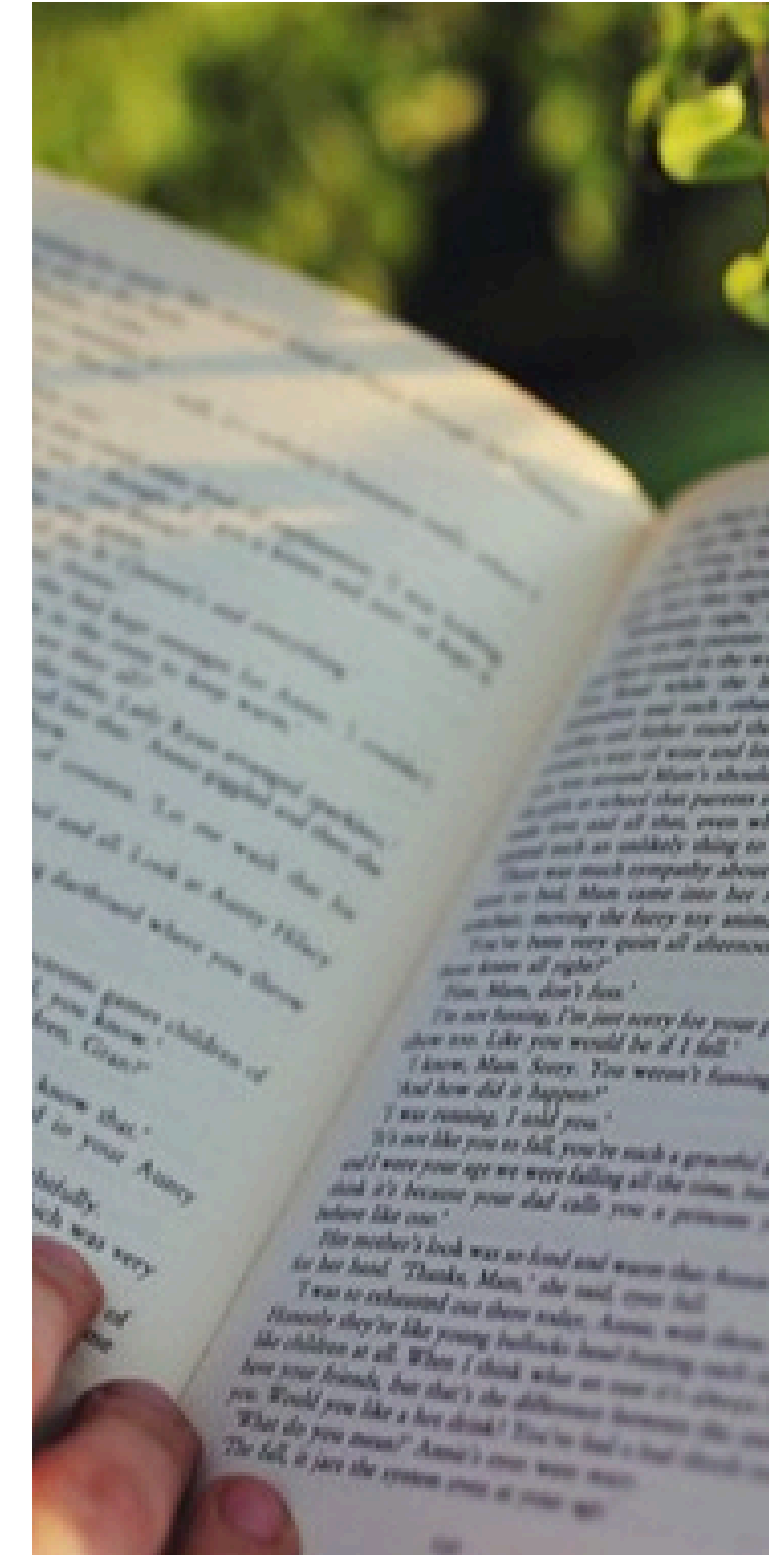


LEARN MORE



> British Dyslexia Association

> International Dyslexia Association



ADHD

An overview



ADHD is a neurodevelopmental condition that affects attention, impulsivity, and activity levels. It is classified into three types: predominantly hyperactive, predominantly inattentive, and combined (hyperactive and inattentive traits).

People with ADHD are often able to focus intensely on areas of high interest but may struggle to shift attention or complete tasks that are less engaging. Difficulties with planning, time management, and time estimation can lead to procrastination and increased anxiety. Many females have historically been overlooked or misdiagnosed, often receiving diagnoses of anxiety or depression instead.

- ✓ Creativity
- ✓ Drive
- ✓ Ability to hyperfocus
- ✓ Project oriented
- ✓ Problem solving



STRENGTHS

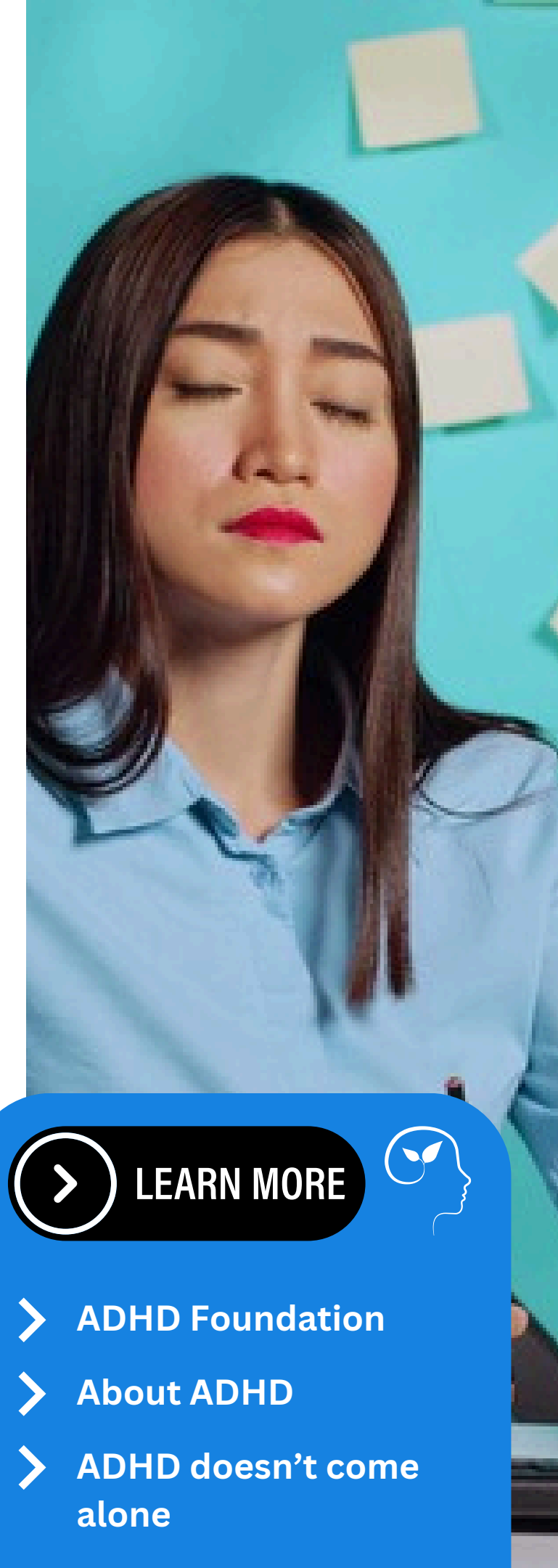
- ✗ Speaking / acting impulsively, can lead to interrupting
- ✗ Being restless and needing to fidget
- ✗ Easily distracted by others
- ✗ Lack concentration for repetitive tasks
- ✗ Organisation and time management
- ✗ Working to exhaustion leading to burn-out



CHALLENGES



Please note, this list is not exhaustive and each person will have their own specific profile of strengths and challenges.



LEARN MORE



- > ADHD Foundation
- > About ADHD
- > ADHD doesn't come alone

Autism Spectrum Conditions

An overview

Autism Spectrum Condition or Disorder is a developmental condition that affects communication and social inter-relatedness.

ASC often overlaps with other conditions such as Attention Deficit Hyperactivity Disorder (ADHD), DCD, Dyslexia and Dyscalculia.



- ✓ Analytical skills
- ✓ Specific interests
- ✓ Persistence
- ✓ Logical thinking
- ✓ Ability to hyperfocus

STRENGTHS



- ✗ Recognising social norms/rules or other emotions
- ✗ Sensory sensitivity to sounds, smell, light etc.
- ✗ Coping with changes to routine without warning
- ✗ Discomfort with unfamiliar situations/ people
- ✗ Difficulty remaining calm when feeling irritated
- ✗ Taking things that people say literally

CHALLENGES



Please note, this list is not exhaustive and each person will have their own specific profile of strengths and challenges.



LEARN MORE



> National Autistic Society



Dyspraxia / Developmental Co-ordination Disorder (DCD)



An Overview

DCD is a developmental condition that affects motor (movement) skills, co-ordination and balance. DCD often overlaps with other conditions such as ADHD, DLD, Dyslexia and Autism Spectrum Conditions.

✓ Empathy

✓ Visual thinking

✓ Persistence

✓ Sensitivity



STRENGTHS

✗ Learning new skills requiring co-ordination

✗ Fine motor skills, e.g., handwriting

✗ Navigating unfamiliar settings

✗ Balance tasks

✗ Learning to drive a car

✗ Packing or folding items

✗ Organisation skills

✗ Learning sequences of tasks



CHALLENGES



Please note, this list is not exhaustive and each person will have their own specific profile of strengths and challenges.



LEARN MORE



> ISRA-DCD

> Movement Matters UK



Dyscalculia

An Overview



Dyscalculia (also called Developmental Dyscalculia) is a developmental condition that can impact on gaining a range of mathematical abilities.

Innumeracy due to absent or inadequate education is not the same as Dyscalculia, even though it may result in similar difficulties. Dyscalculia occurs despite sufficient education and time to practice skills.

Dyscalculia often overlaps with other conditions such as Attention Deficit Hyperactivity Disorder (ADHD), DCD and Dyslexia.

- ✓ Empathy
- ✓ Creativity
- ✓ Visual thinking



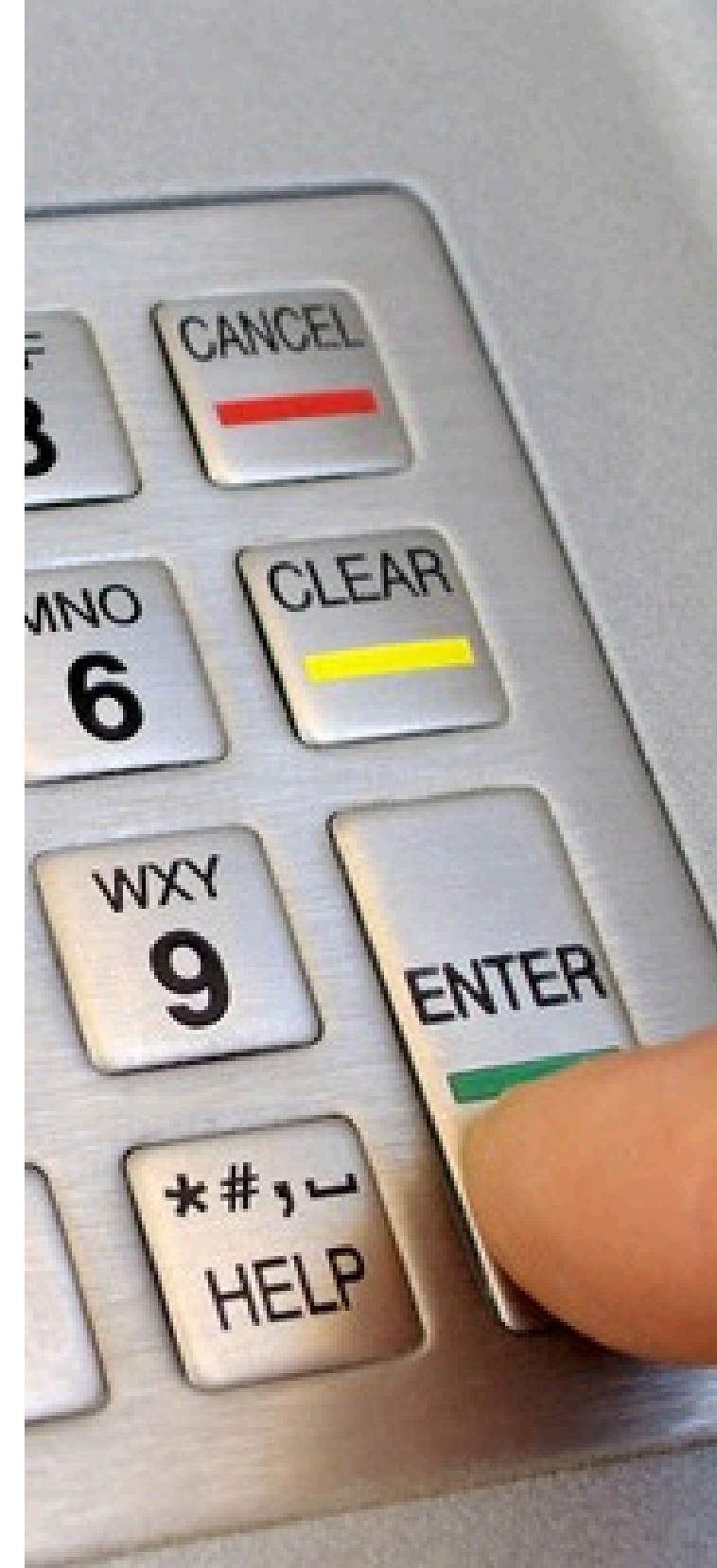
STRENGTHS

- ✗ Feeling anxious when doing maths tasks
- ✗ Confusion with maths symbols (+-x etc.)
- ✗ Difficulties telling the time and managing time
- ✗ Difficulties accurately recording numbers
- ✗ Inability to estimate distance
- ✗ May forget passwords, pin-codes etc.



CHALLENGES

i Please note, this list is not exhaustive and each person will have their own specific profile of strengths and challenges.



> LEARN MORE



- > Dyscalculia Network**
- > Professor Steve Chinn**

Developmental Language Disorder (DLD)



An Overview

Developmental Language Disorder (DLD) is a developmental condition that affects the understanding of and/or production of spoken language. Some individuals may have a diagnosis of Specific Language Impairment (SLI), an older name for this condition or SCLN (Specific Communication and Language Needs).

About 7.5% of people are thought to have DLD. It is much more common in some specific groups of people. DLD often overlaps with ASC, DCD and Dyslexia.

- ✓ Empathy
- ✓ Creativity
- ✓ Persistence
- ✓ Sensitivity



STRENGTHS

- ✗ Following a series of instructions
- ✗ Needing information repeated
- ✗ Anxiety in unfamiliar settings
- ✗ Taking longer to respond to questions
- ✗ Recognising social nuances of a setting
- ✗ Word finding difficulties e.g., may substitute words or use word fillers
- ✗ Focusing on what someone is saying, particularly if there is background noise
- ✗ May not understand jokes



CHALLENGES



Please note, this list is not exhaustive and each person will have their own specific profile of strengths and challenges.



> More about DLD



2.0

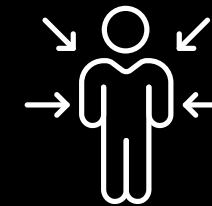
CREATING INCLUSIVE WORK ENVIRONMENTS

This section looks at how to support neurodivergent people in workplace settings: getting the environment right; identifying needs; and making adjustments and appropriate accommodations.

2.1 Workplace settings



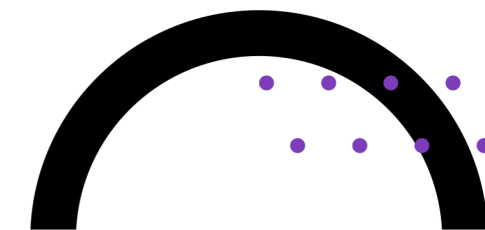
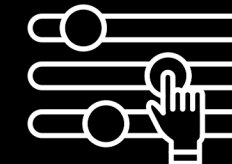
2.2 Person-centered approach



2.3 Identifying needs



2.4 Reasonable adjustments

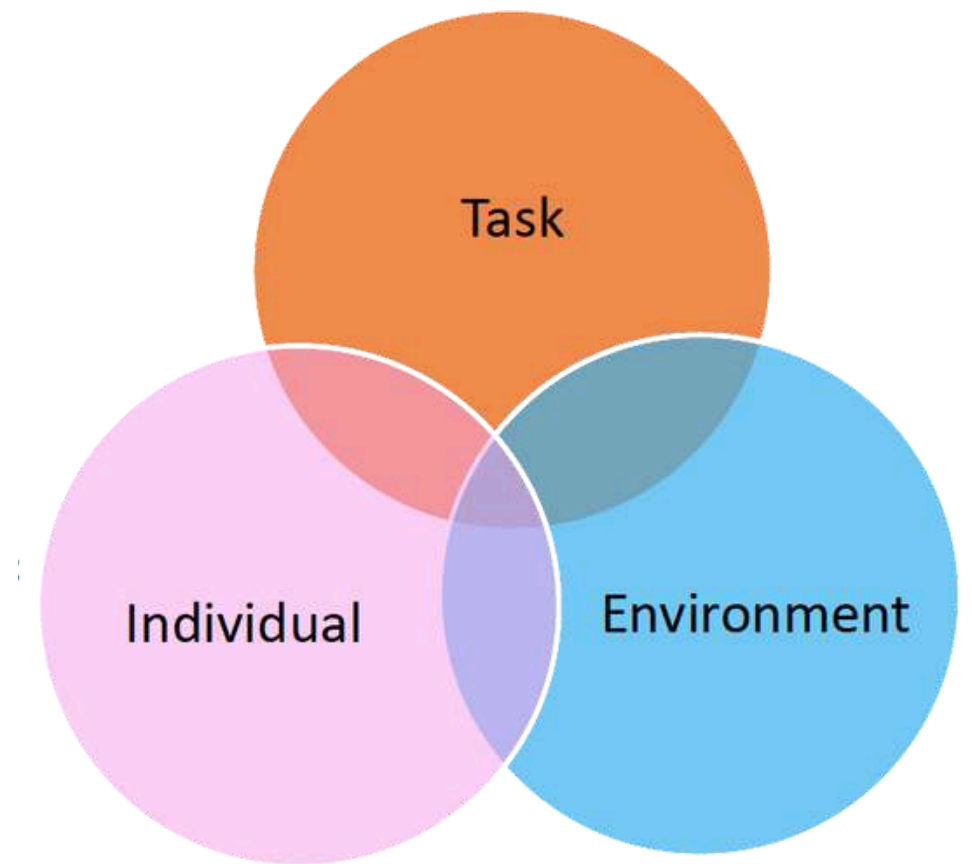


2.1 Work settings & environments



Different work settings can create different challenges for individuals and the environment you are in (type of job demand), skills required, and task complexity may change the support required, such as:

- **Noises** in an office such as voices, music playing – this can be much harder to hear in a one-to-one setting; can be distracting.
- **Hot desking** - some people need to have a fixed space to work from and get stressed having different work settings.
- **Smells, light, sound, touch, close contact** - some people have specific sensory issues.
- **Chair position** such as ‘passing traffic’, sitting in an unstable sitting position, lighting.
- **Travelling to a new place / home / office** with different people, different work setting.
- **Parking** - anxiety not finding a parking space.
- **Facing others** - eye-to-eye contact.
- **Phone calls** – remembering information; following oral instructions, someone speaking too fast; not clearly, background noise, dual tasking such as listening and writing down information accurately.
- **Face-to-face meetings** – other person’s pace of conversation, content of the conversation.
- **Carrying out something with health and safety implications** – reading the wrong label / carrying things out the wrong order.
- **Taking notes in a meeting** - being able to listen at the same time, accurately and legibly.
- **Learning a new skill requiring coordination** – following a series of steps in the correct order.



> When hot desking makes you go cold

2.2 Taking a person-centred approach



Taking a ‘person-centred’ approach is an outlook or philosophy that - as you might have guessed - puts the person at the centre of all plans, discussions and interventions. This is in contrast to a traditional ‘medical model’, where the focus is on a disease or health condition.

A person-centred approach is often seen as a **bio-psychosocial** one, taking into account all aspects of a person:

- their body (bio-)
- their mind (psycho-)
- their environment (social)

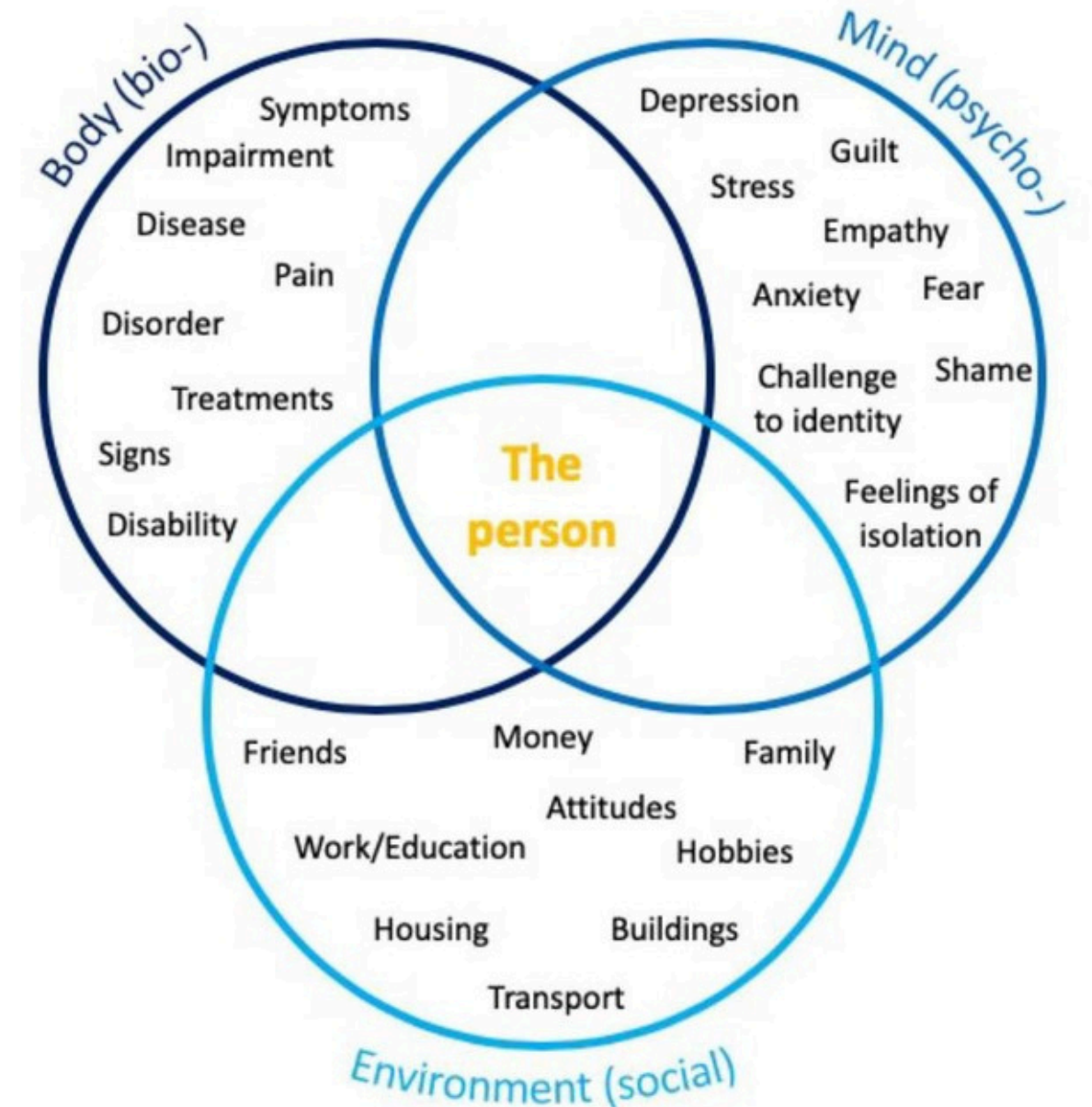
...and the ways these interact. It considers how best to support the individual.

Psychologist Bronfrenbrenner described this as an **ecological** approach.

The bio- psychosocial model considers that ‘health’ and ‘wellbeing’ depend not only on the biology of a person, but on the whole person (body and mind) and their social environment (e.g., family, friends, socioeconomic background).

To ensure good health and wellbeing, we need to look at the whole person and their environment. It aligns to International Classification of Disability and Health approaches (ICF-WHO).

For example, one person may have had challenges undertaking some maths tasks in school. They may therefore think themselves as ‘stupid’ and have a lowered self esteem and confidence. As an adult, this may affect the way they approach work and their social life. To improve the health and wellbeing of this person, their underlying weaker maths skills and maths anxiety need to be considered. Simply medicating for anxiety or depression would not necessarily be effective.



> WHO -ICF

> About Urie
Bronfrenbrenner



Diagnosis as an adult: what changes and feelings may be experienced after receiving a diagnosis?

For some, receiving a diagnosis of one or more neurodivergent conditions in adulthood can be life-changing. Diagnosis can come later in life, even in one's 60s or 70s. While this may bring a sense of relief or validation, it can also be accompanied by the weight of a lifetime spent masking, navigating challenges, and trying to fit into a society that often feels misaligned with one's true self.

Self-advocacy:

A diagnosis can empower individuals to become self-advocates, often leading them to take on roles as Champions or leaders of Employee Resource Groups in the workplace. Self-advocacy skills may also be valuable in personal relationships.

Understanding:

A diagnosis can offer a deeper understanding of oneself, providing insight into strengths, challenges, and unique perspectives. This can lead to greater self-awareness and self-acceptance, aiding both personal and professional experiences.

Validation and relief:

Many people can feel a sense of validation and relief after receiving a diagnosis. The diagnosis can help explain long-standing challenges and difficulties they have experienced throughout their life. It can be reassuring to know that the struggles we have had are not due to personal shortcomings, but rather a neurological difference that society has not understood very well.

Education and learning:

After a diagnosis, individuals may choose to further educate themselves about their condition, staying informed on research and support options. Open discussions with family, friends, and colleagues can foster understanding and create a more supportive environment. Feelings of anger about past experiences may arise, but patience is key, as loved ones may also need time to adjust and may even experience guilt for past actions.

Adjustment and coping:

After receiving a diagnosis, individuals may have a better understanding of adjustments both at work and at home that may be helpful.

It may be an opportunity to learn new coping strategies. Seeking support from professionals / support groups can be beneficial in navigating this journey.

Emotional rollercoaster:

The diagnostic process can be challenging, and receiving a diagnosis often brings a mix of relief, uncertainty, and emotional turmoil.

Coming to terms with a new label can take time, and reframing one's identity while making sense of this new understanding can be a complex journey.

Individuals may experience grief for the past or wonder how life might have been different with earlier understanding.

Diagnosis

2.3 Identifying & responding to support needs



There may be times when an employee does not openly disclose a diagnosis, request support, or ask for adjustments, yet appears to be facing challenges at work.

This could be due to various reasons, such as not feeling ready to share personal information, a lack of confidence in seeking help, or potential misinterpretations of their situation.

It's important to initiate a conversation as soon as possible. While this may seem challenging, a well-prepared discussion can be beneficial for everyone involved.

Avoid making assumptions or attempting to diagnose them; instead, focus on understanding their needs and identifying ways to better support them in the workplace.

Please note: you may observe none or several of these signs. Neurodivergent traits will be different for each individual, even if two people have the same diagnosis.

- Erratic or unpredictable behavior
- Emotional responses, e.g., aggression, irritability
- Being abrupt and perceived as rude
- Taking things very literally
- Being withdrawn from colleagues
- Not participating in conversations
- Displaying loss of confidence
- Frequently taking time off sick

BEHAVIOUR AT WORK



- Not completing tasks on time.
- Being fixated on procedures and processes.
- Being persistently late or forgetting meetings.
- Mistakes in work, e.g., spelling, numerical.
- Inability to concentrate.
- Overloading others with too much information.
- Complaints of not coping with workload.
- Complaints of lack of management support.
- Being fixated with a certain way of doing things.

WORK RELATED TASKS

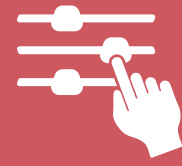


- Complaints of difficulty sleeping.
- Being tired a lot of the time.
- Getting frequent illnesses.
- Reduced reaction times.

PHYSICAL SIGNS



2.4 Making reasonable adjustments



When requesting an adjustment in a workplace, a medical diagnosis is not usually needed. There can be financial barriers or medical biases which may lead to people being undiagnosed or misdiagnosed. In these cases, self-diagnosis may be valid to justify an adjustment.

More organisations are framing the conversation around considering productivity tools rather than making adjustments. This approach removes the need for someone to disclose or share they have a specific condition for them to gain specific support.

Consider: If it helps someone be more effective in their role, does it matter if they need speech-to-text software because they have dyslexia or because they can't type very quickly?

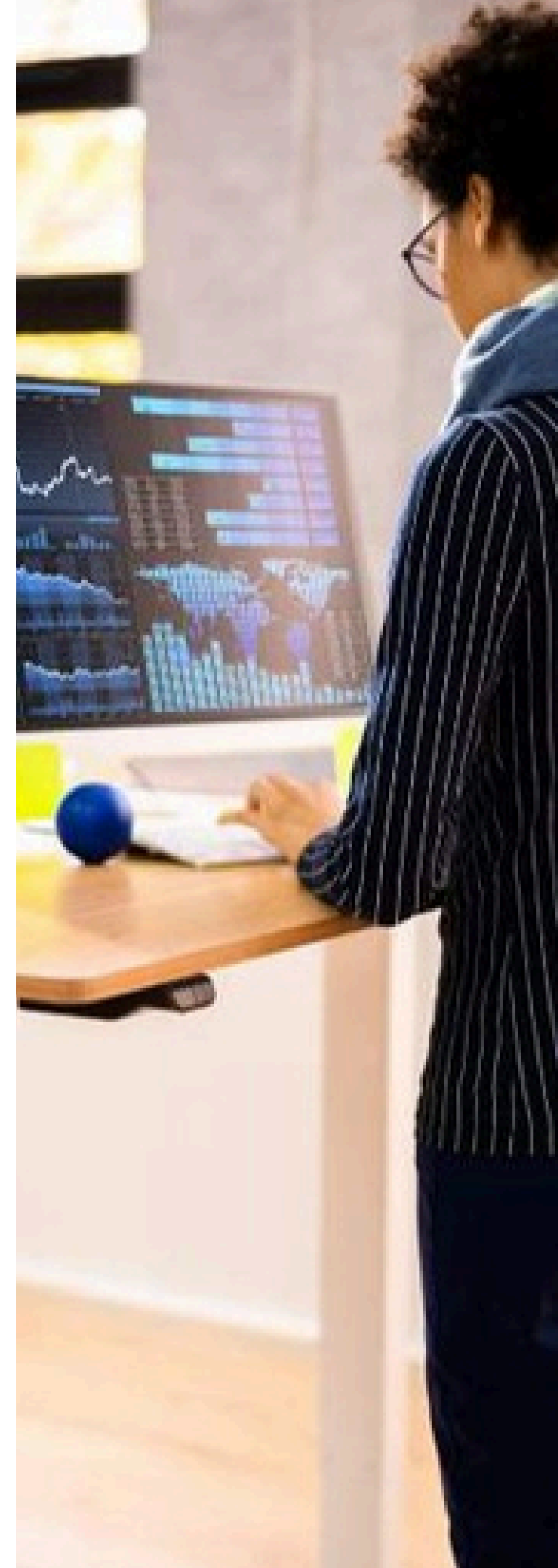


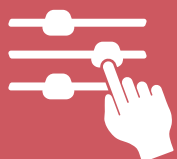
Neuroinclusion is the action we choose to enable the benefits of neurodiversity.

- Take a positive attitude towards adjustments and let people know that they can talk to you about their needs.
- Be prepared for accommodation requests.
- Get familiar with your organisation's accommodations policy by speaking with your HR team.

City and Guilds Neurodiversity Index 2025

- It remains a challenge for many waiting to get adjustments to maximise their potential.
- 14% of people were waiting between 3 months and more than a year; with another 13% still waiting even longer than that.
- This delay can result in lost confidence leading to a lowered competence as a consequence.
- Nearly one in three people were not satisfied with the current support they are receiving.



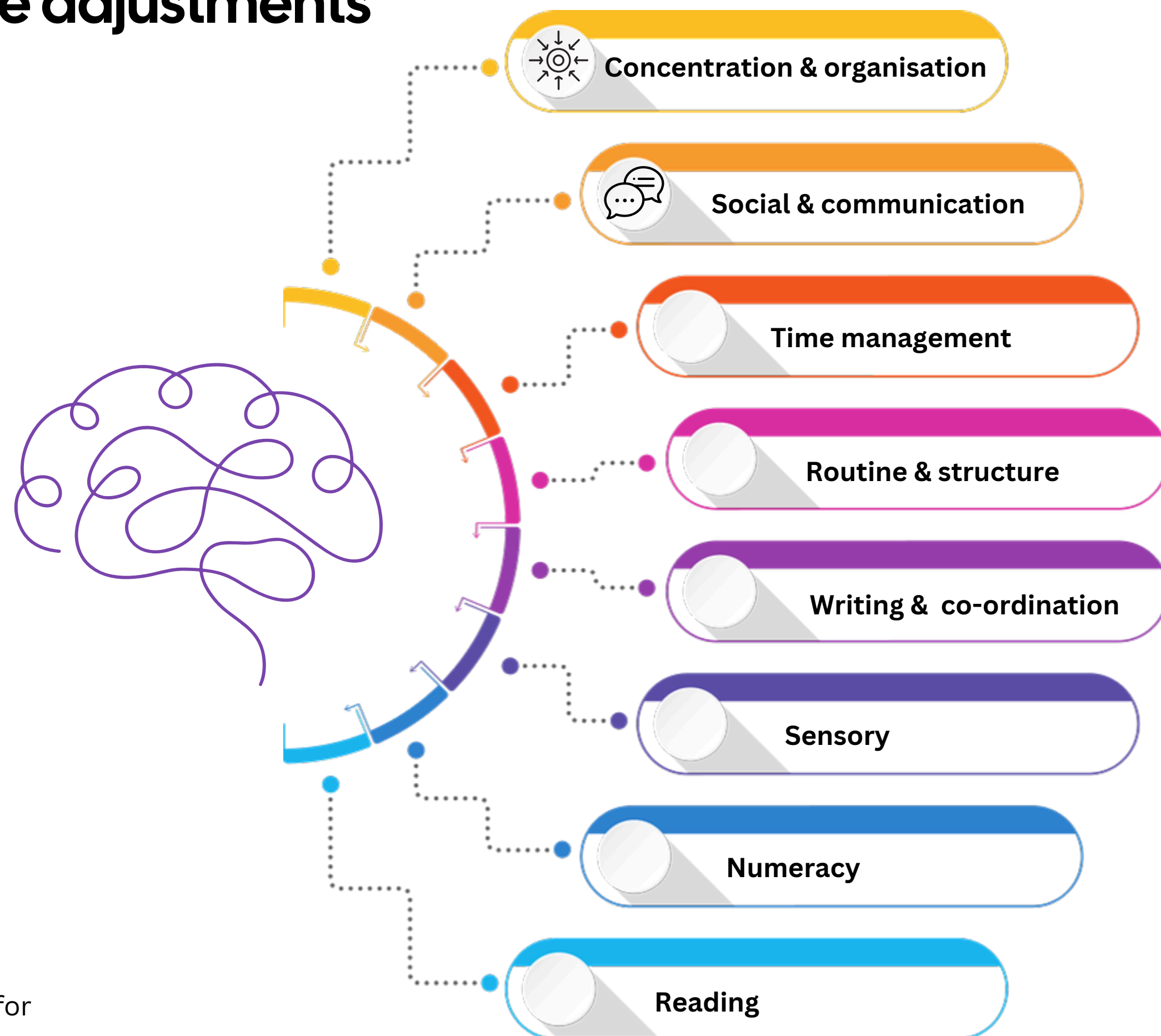


Suggestions for workplace adjustments

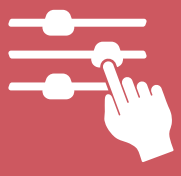
Two individuals with the same diagnosis may have very different challenges and how much these influence their feelings and actions also depends on the level of impact on them.

Most people with a neurodivergent diagnosis have other traits as well, e.g., a person with ADHD may also have Dyslexia and symptoms may overlap.

When discussing support or accommodations, it can be more helpful to talk about how symptoms affect processes, like communication or time management - rather than whether an individual has a diagnosis.



On the next few pages we have outlined some suggestions for making adjustments. Use the buttons to the right to navigate.



Concentration & organisation

Some simple adjustments

It can be difficult for some people (such as those who have ADHD, DCD or Dyslexia) to maintain concentration on some things, or in certain circumstances.

For example, they may find themselves more easily distracted when it is noisy or when they are participating in long meetings.

Some people can also find it more difficult to organise their work and manage their time in conventional ways.

Keep in mind:

Individual needs vary – individuals may require different adjustments, even with the same diagnosis. There is no one-size-fits-all solution.

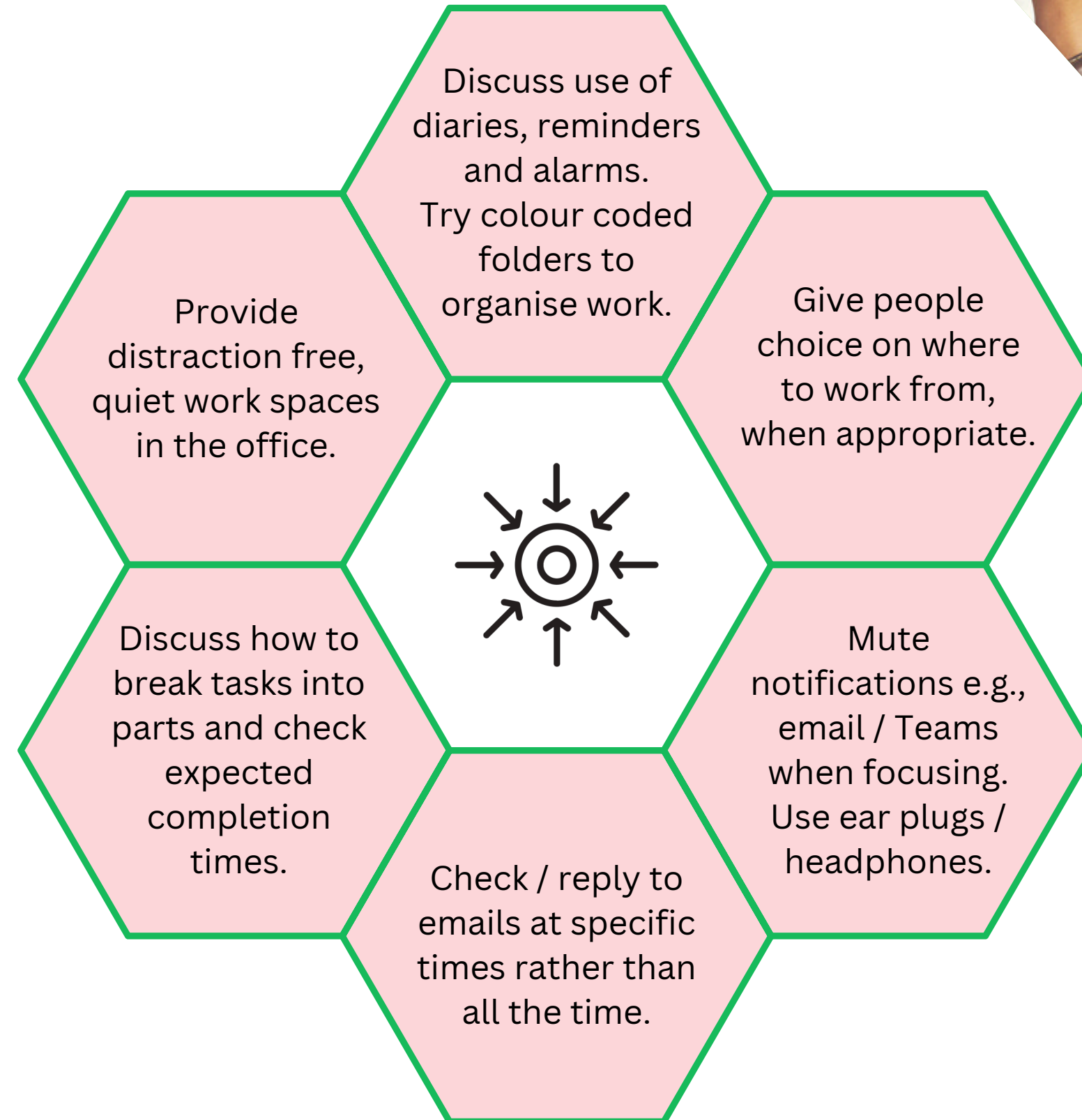
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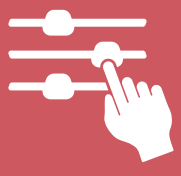
Review regularly – regularly review adjustments to ensure their effectiveness and determine if additional support is needed.

[> LEARN MORE](#)



[> Habit stacking](#)





Social & communication

Some simple adjustments

Workplace communication expectations can create barriers for some individuals. For example:

- **Verbal participation** – Requiring verbal input in meetings may exclude those who struggle with processing speech or expressing thoughts aloud.
- **Figurative language** – Metaphors and idioms (e.g., ‘go the extra mile’) can be confusing.
- **Speech clarity** – Some may have unclear speech and feel anxious about repeating themselves.
- **Unwritten social rules** – Workplace norms, like starting conversations with small talk, are often implicit. Those unaware of them may be perceived as rude.

Keep in mind:

Individual needs vary – individuals may require different adjustments, even with the same diagnosis. There is no one-size-fits-all solution.

Avoid a prescriptive approach – adjustments should not be imposed. Where possible, ask the individual what they need and provide support.

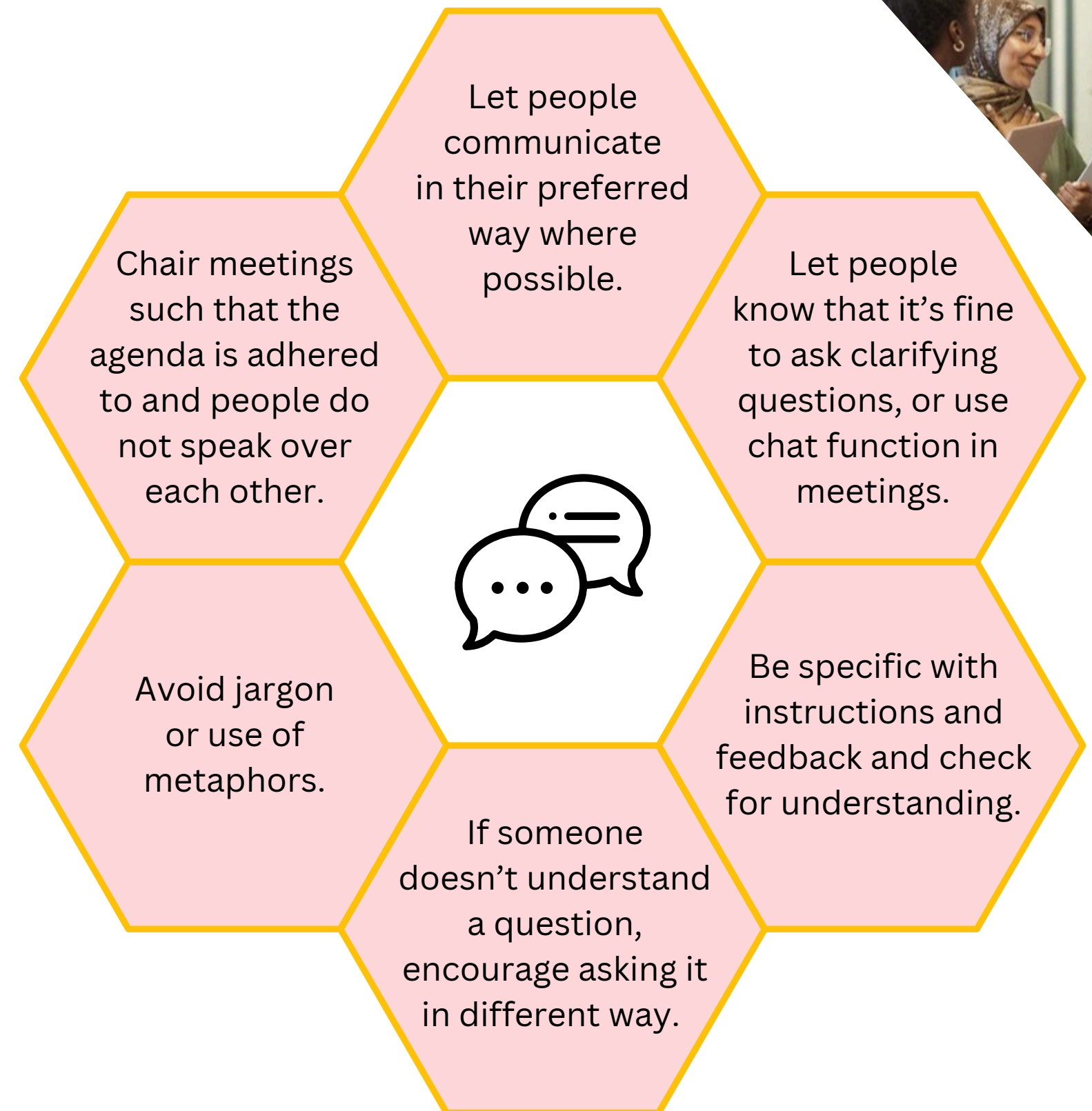
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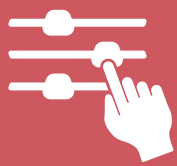
 **LEARN MORE**



> **More about DLD**

> **More about Autism**





Time management

Some simple adjustments

It can be difficult for some people (such as those who have ADHD, DCD or Dyslexia) to maintain concentration on some things, or in certain circumstances.

For example, they may find themselves more easily distracted when it is noisy or when they are participating in long meetings.

Some people can also find it more difficult to organise their work and manage their time in conventional ways.

Keep in mind:

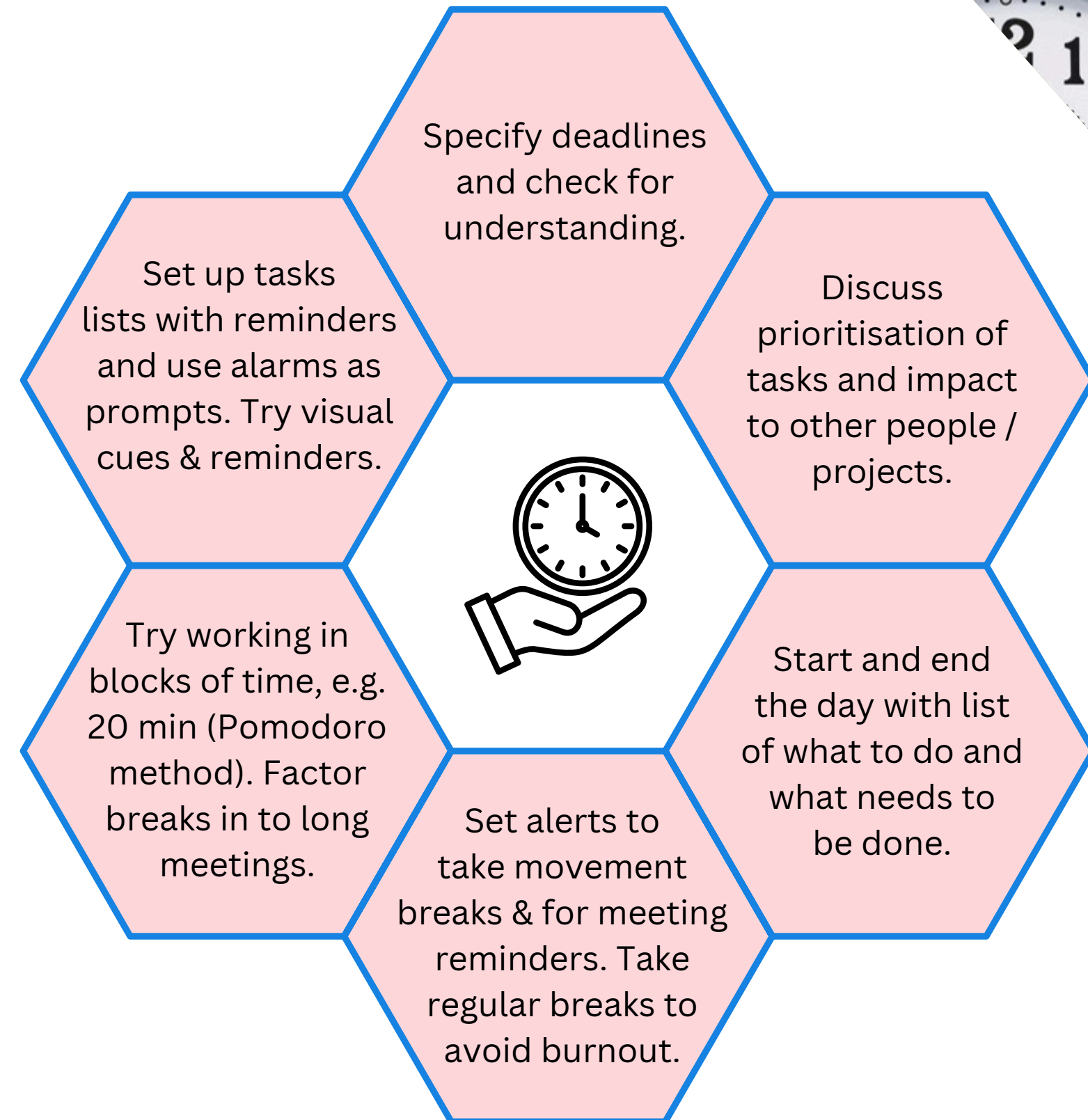
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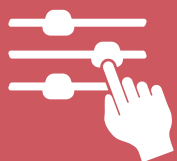
Avoid a prescriptive approach – adjustments should not be imposed. Where possible, ask the individual what they need and provide support.

Review regularly – regularly review adjustments to ensure their effectiveness and determine if additional support is needed.



> **Be a realistic time manager**





Routine and structure

Some simple adjustments

Some people may have set routines they rely on and will struggle to work in any other way. You may think they are being inflexible, but what you may perceive as minor changes can be very distressing for them.

For others, inflexible processes and tight deadlines may be challenging. They might feel anxious or unable to work with a deadline looming.

Rigid working hours can be a barrier to people with specific challenges that may have a fluctuating impact at different times.

Keep in mind:

Individual needs vary – individuals may require different adjustments, even with the same diagnosis. There is no one-size-fits-all solution.

Avoid a prescriptive approach – adjustments should not be imposed. Where possible, ask the individual what they need and provide support.

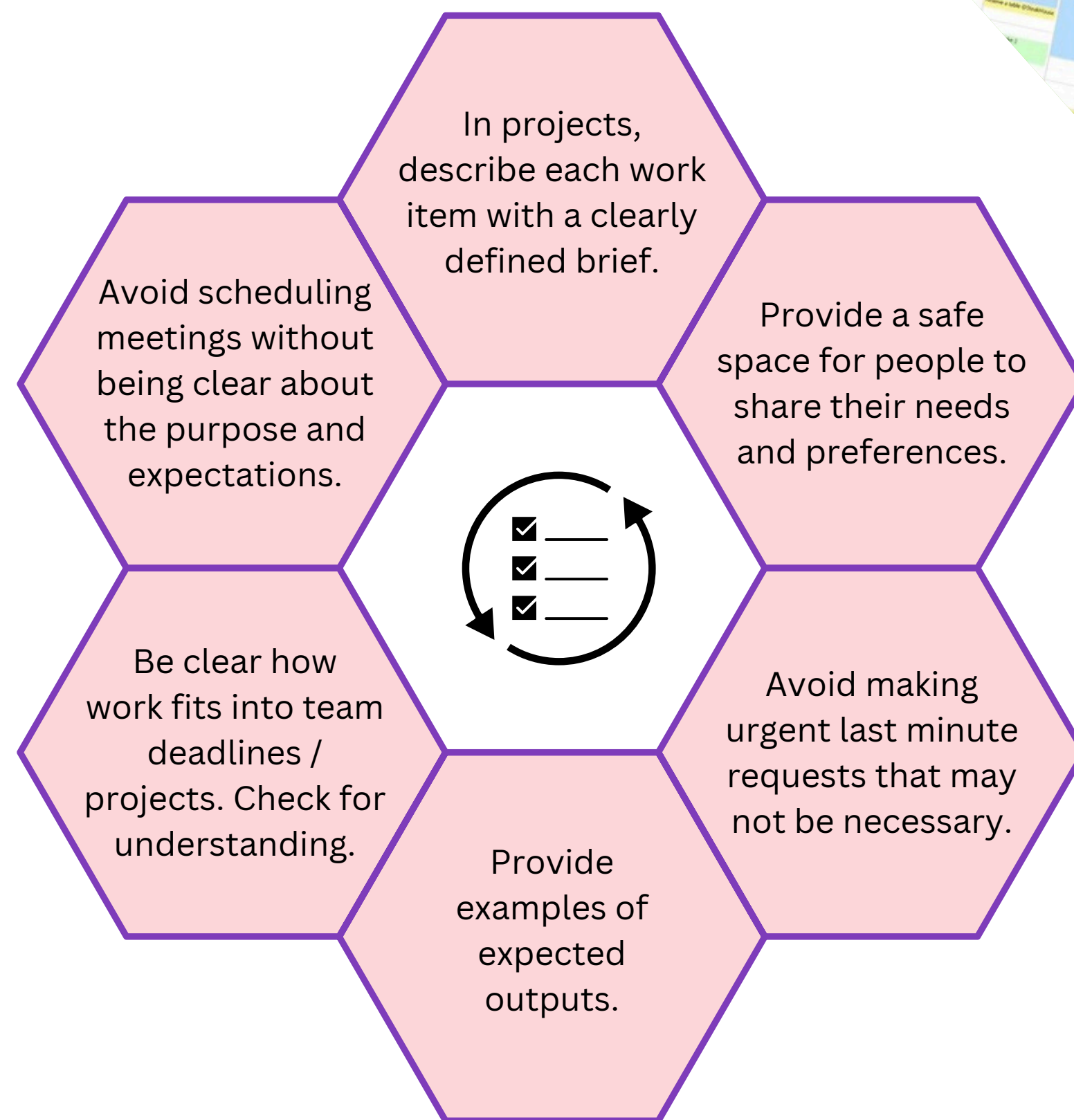
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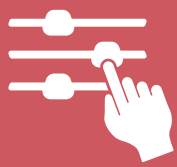


LEARN MORE



> Executive functioning tips





Writing & coordination

Some simple adjustments

Some people can find recording information including handwriting more of a challenge – for example, those with dyslexia and DCD traits.

Some people find creating content also harder to do.

Keep in mind:

Individual needs vary – individuals may require different adjustments, even with the same diagnosis. There is no one-size-fits-all solution.

Avoid a prescriptive approach – adjustments should not be imposed. Where possible, ask the individual what they need and provide support.

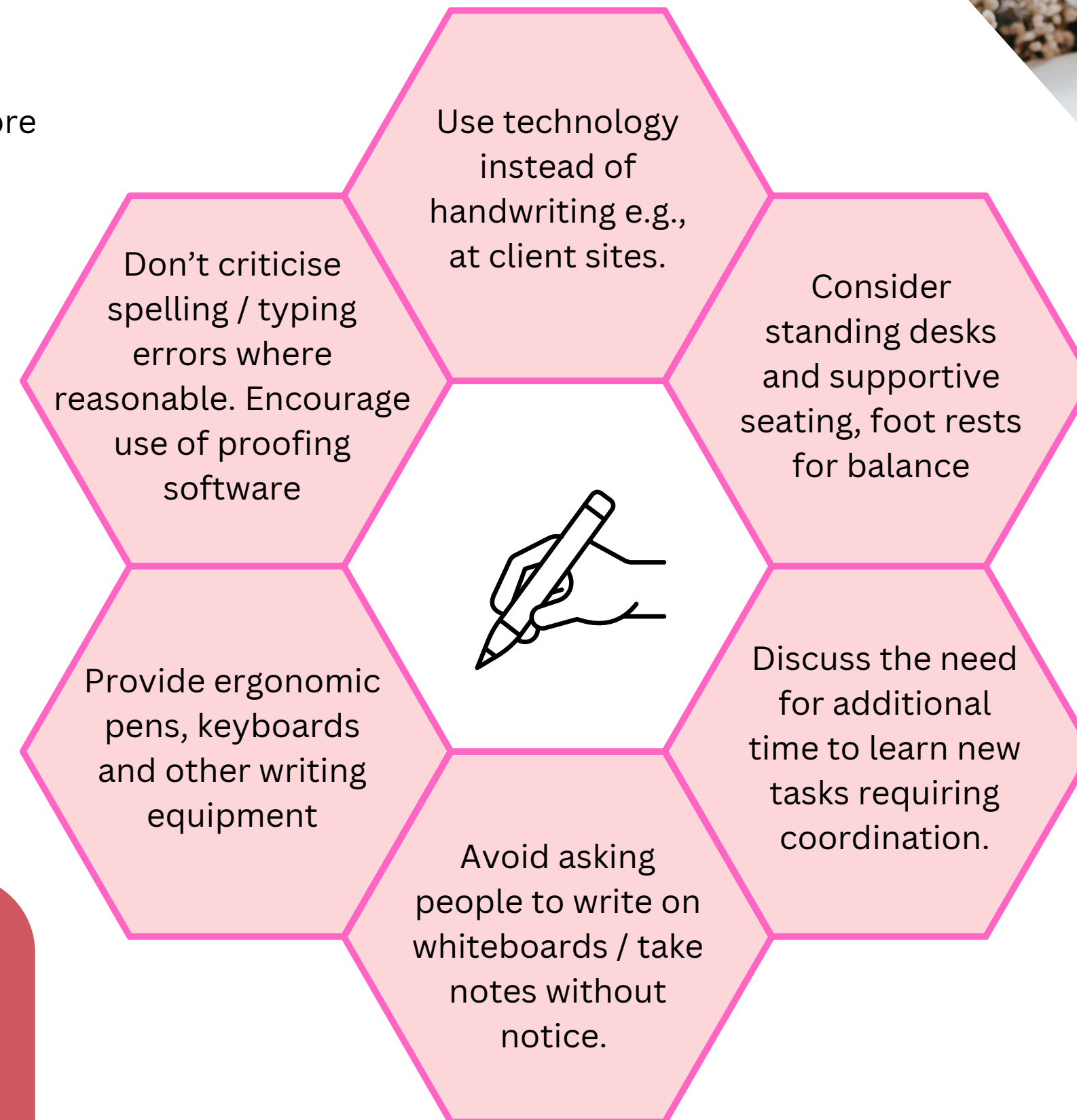
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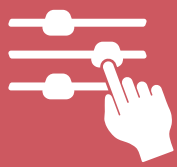
 **LEARN MORE**



 **2025 ReciteMe Accessibility Report**

 **Movementmatters**





Sensory preferences

Some simple adjustments

Some people can find too much sensory information overwhelming. e.g. light, sounds, touch. This is sometimes called ‘hypersensitivity’.

Stimuli can include lighting, background noise from people/computers/technology, patterned carpets and walls, strong smells, different textures.

Some people can also be ‘hyposensitive’, which means they are less sensitive to sensory stimuli and it may mean that they are unable to hear or distinguish certain sounds such as speech - or they may even need loud music to help them focus.

Acknowledge that everyone will have different sensory sensitivities; they are the expert on their needs.

Keep in mind:

Individual needs vary – individuals may require different adjustments, even with the same diagnosis. There is no one-size-fits-all solution.

Avoid a prescriptive approach – adjustments should not be imposed. Where possible, ask the individual what they need and provide support.

Review regularly – regularly review adjustments to ensure their effectiveness and determine if additional support is needed.



LEARN MORE



- > Guidelines for neurodiversity in spaces & places (BSI)
- > Universal Design Principles

Provide the choice to leave situations without judgement e.g., meetings.

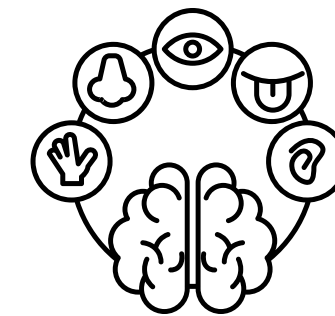
Noise cancelling headphones can help avoid distractions or sensory overwhelm

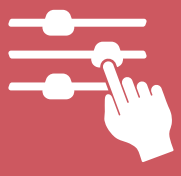
Provide a choice of desk locations. Accommodate remote working where possible

Be aware some people can find it easier to listen with cameras off in virtual meetings.

Advocate for quiet work spaces with minimal technology and simple design.

Discuss with teams about aftershave and perfume wear, and eating foods near others.





Numeracy

Some simple adjustments

Some people can find doing routine tasks requiring estimation, calculation, using money harder than others. This is associated with people with Dyscalculia, but may be also associated with people who also have Dyslexia and DCD for example.

Some people can become very anxious when presented with maths tasks.

Keep in mind:

Individual needs vary – individuals may require different adjustments, even with the same diagnosis. There is no one-size-fits-all solution.

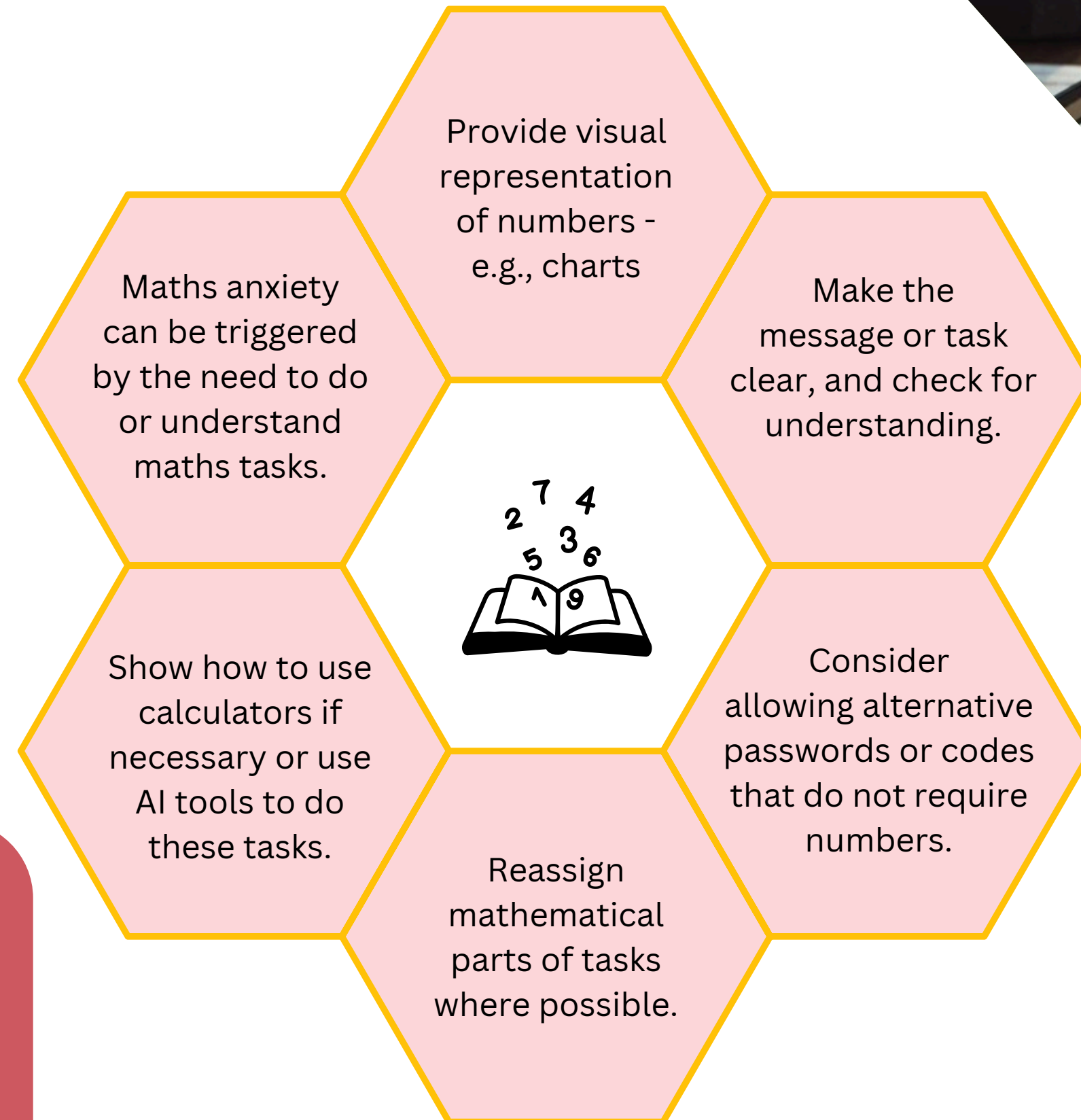
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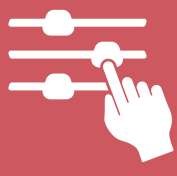
Review regularly – regularly review adjustments to ensure their effectiveness and determine if additional support is needed.



> **More about Dyscalculia**
- BDA Dyscalculia network

> **Steve Chinn - expert advice**





Reading

Some simple adjustments

Some people can find reading more difficult, for example, those who have dyslexia.

This can also be accompanied by difficulties with verbal memory or ability to understand mathematical concepts.

Keep in mind:

Individual needs vary – individuals may require different adjustments, even with the same diagnosis. There is no one-size-fits-all solution.

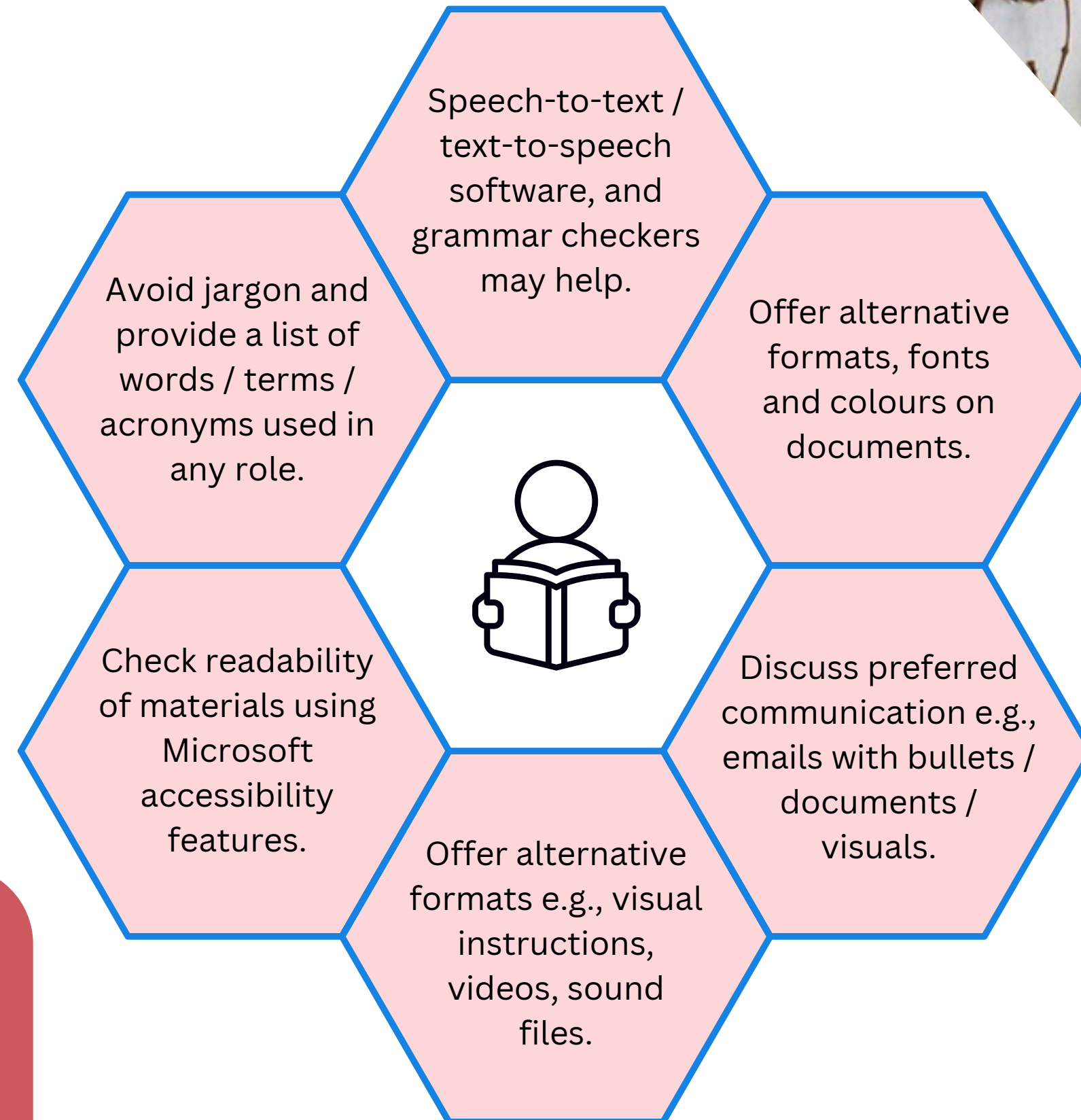
Avoid a prescriptive approach – adjustments should not be imposed. Where possible, ask the individual what they need and provide support.

Review regularly – regularly review adjustments to ensure their effectiveness and determine if additional support is needed.

 **LEARN MORE**



- **More reading support**
- **Accessible tools for Neurodiversity (Microsoft)**



3.0

EFFECTIVE COMMUNICATION STRATEGIES

In this third section, we will explore different ways to encourage effective communication and participation in a range of settings - including one-to-one and groups.

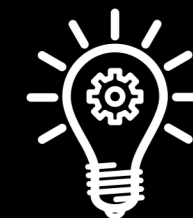
3.1 Creating better conversations



3.2 Neuroinclusive training & meetings



3.3 Communication strategies



3.4 Creating accessible content



3.1 Creating Better Conversations



What is disclosure?

Disclosure refers to informing an employer about a disability, neurodivergent trait, diagnosis, or related challenge.

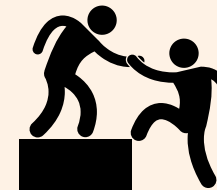
Not everyone feels comfortable sharing this information, and it's important to respect and value their choice.



Be respectful and empathetic

Acknowledge what has been shared - e.g., "thank you for trusting me with that".

Avoid patronising language, e.g., "I'm so sorry to hear that", as many people embrace their neurodivergent identity.



Offer support

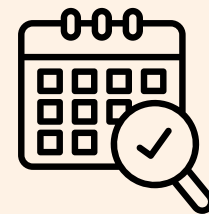
Ask if there's anything you can do to help, without making assumptions or attempting to diagnose based on past experiences. Be mindful that some people may hesitate to seek support for fear of appearing less competent.



Creating a safe environment

People will only share their support needs if they feel safe. They are more likely to do so if they believe it won't affect their work relationships, career progression, or how their abilities are perceived.

Your response matters; if you are neurodivergent yourself, sharing your own experiences can help create a more supportive environment.



Regular check-ins

Respect confidentiality and involve HR as needed to discuss support and accommodations.

Schedule a follow-up promptly and maintain regular check-ins to ensure ongoing support.

Short, frequent check-ins help clarify needs, track progress, and adjust support as required.



LEARN MORE



> Better conversations

> Checking your communication style



**“The single
biggest problem
in communication
is the illusion that it
has taken place.”**

- George Bernard Shaw

3.2 Creating neuroinclusive training & meetings



Before the meeting

- ✓ **Clear meeting details:**
Send an agenda at least 24 hours in advance, including the purpose, length, attendees, and location details (e.g., room, directions, building accessibility).
- ✓ **Hybrid and accessibility options:**
Offer hybrid attendance for those unable to attend in person, with clear instructions on the platform (e.g., Teams, Zoom).
- ✓ **Engagement and participation:**
Provide multiple ways to engage, such as Q&A sessions, chat, or polls.
- ✓ **Environment considerations:**
Be mindful of sensory sensitivities by discouraging strong perfumes or foods. Consider dietary needs if providing refreshments.
- ✓ **Expectations and dress code:**
Communicate specific expectations (e.g., dress code, items attendees should or should not bring).

During the meeting

- ✓ **Clear structure:**
Introduce participants, describe themselves for visual accessibility, and outline meeting aims and rules (e.g., turn-taking, breaks, and engagement).
- ✓ **Flexible participation:**
Offer multiple ways to engage (e.g., Q&A, chat) and seek consent before assigning tasks like writing on a whiteboard.
- ✓ **Physical & sensory needs:**
Allow movement and schedule regular breaks for comfort and focus.
- ✓ **Inclusive communication:**
Avoid jargon, allow processing time, and accommodate speech or language needs. Use features like closed captioning for accessibility.
- ✓ **Summary & follow-up:**
Recap key points, outcomes, and next steps, and provide accessible notes (e.g., recordings, captions, or summaries).



i Every person will need different adjustments depending on the person's strengths and challenges / the tasks they are doing / the environment they work in.



After the meeting

- ✓ **Meeting summary**
Provide clear and concise meeting notes, summaries, or recordings in accessible formats (e.g., Word documents, audio files, or closed captions).
- ✓ **Next steps**
Clearly outline decisions made, agreed actions, responsible individuals, and deadlines to ensure everyone knows what's expected.
- ✓ **Invite feedback**
Create an open channel for feedback on the meeting process, encouraging suggestions for improvement, particularly from neurodivergent attendees.
- ✓ **Support follow-through**
Offer support for any tasks or actions agreed upon during the meeting, such as clarifying instructions or providing accommodations for completion.
- ✓ **Maintain engagement**
Keep communication open by checking in on progress and providing updates.

i Every person will need different adjustments depending on the person's strengths and challenges / the tasks they are doing / the environment they work in.



> **Neuroinclusive board meetings**

3.3 Communication Strategies



Miscommunication

This can happen when we have not provided information about what is happening, when it's happening, and what is expected of the other person. It can lead to frustration and misunderstanding by all parties. We can end up assuming understanding rather than checking for it.

Check your biases and assumptions

You may see the other person...

- Looking bored and think they are disinterested.
- Appearing to avoid some tasks, or taking ages to get started.
- Doing tasks but not always in the right order.
- Starting something but not finishing it.
- Being fidgety when spoken to and perhaps you considering them to be nervous.
- Saying yes to a do a task and then giving up before it's completed.
- Being 'rude' and direct.
- Interrupting and cutting across others when having a conversation.
- Appearing to be disorganised and sometimes losing items. Turning the camera off in meetings and perhaps being considered as 'unfriendly'.
- Doing something other than has been asked for.

These may be due to lack of understanding, confusion, or the person may not have the confidence to seek clarification.

What can you do?

If you are a manager and the outputs from the other person are not what you expect, wind back and see what happened - it usually is **not** because the other person intended for the outcomes not to be good!

- ✓ Check for understanding.
- ✓ Reframe what has been said to see if it is correct from the other person's perspective.
- ✓ Avoid using jargon or explain terms - don't assume the other person knows what they mean.
- ✓ Slow down your pace of speaking to the other person.
- ✓ Avoid giving multi-part questions.
- ✓ Check the other person's preferred means of communicating tasks and actions.



> Better conversations

> Neurodivergent biases

3.4 Creating Accessible Content



Sometimes the documents we produce and the presentations we make can be less accessible for all and can lead to some capable people being excluded as a consequence. Checking for accessibility means everyone can access information more easily.

10 tips for preparing accessible content

- 1 Check any slide deck with the built in accessibility checker, and run the checker as you other create documents, etc.
- 2 Include only necessary and content-driven images, and add alt-text as you work.
- 3 Use captioning when you record videos and edit for accuracy.
- 4 Supply handouts before meetings or training so people have time to process the information and meaningfully contribute.
- 5 Use a sans serif font of at least 18 points in presentations, and left-align text.
- 6 Think about sufficient high colour contrast and avoid using underlining or italics when emphasising a piece of text.
- 7 Use accessible language - avoid jargon where possible and use short sentences.
- 8 Use headings, subheadings and lists to break up large pages of text..
- 9 Use accessible hyperlinks, make sure the link text is descriptive of where the link will take the user, and ensure the link opens in a new tab.
- 10 Gain feedback from others to check your content is accessible.



accessibility



➤ **Gov.UK accessible
communications
resources**

4.0

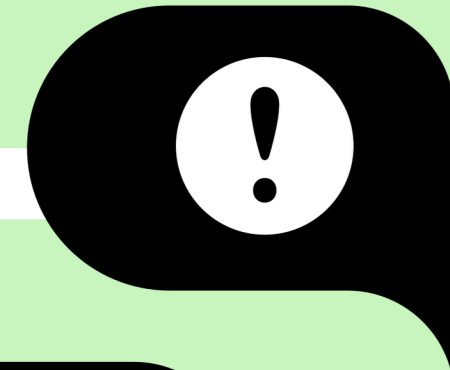
BEING AN ALLY IN THE WORKPLACE

In this fourth section we will explore what it means to be a neurodiversity ally in the workplace, why it's important, and practical steps you can take.

4.1 Being an ally in the workplace



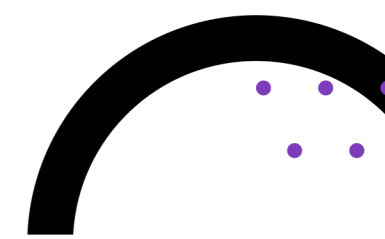
4.2 Why allyship matters



4.3 Ten ways to be an ally



4.4 Creating safe spaces



4.1 Being an ally in the workplace



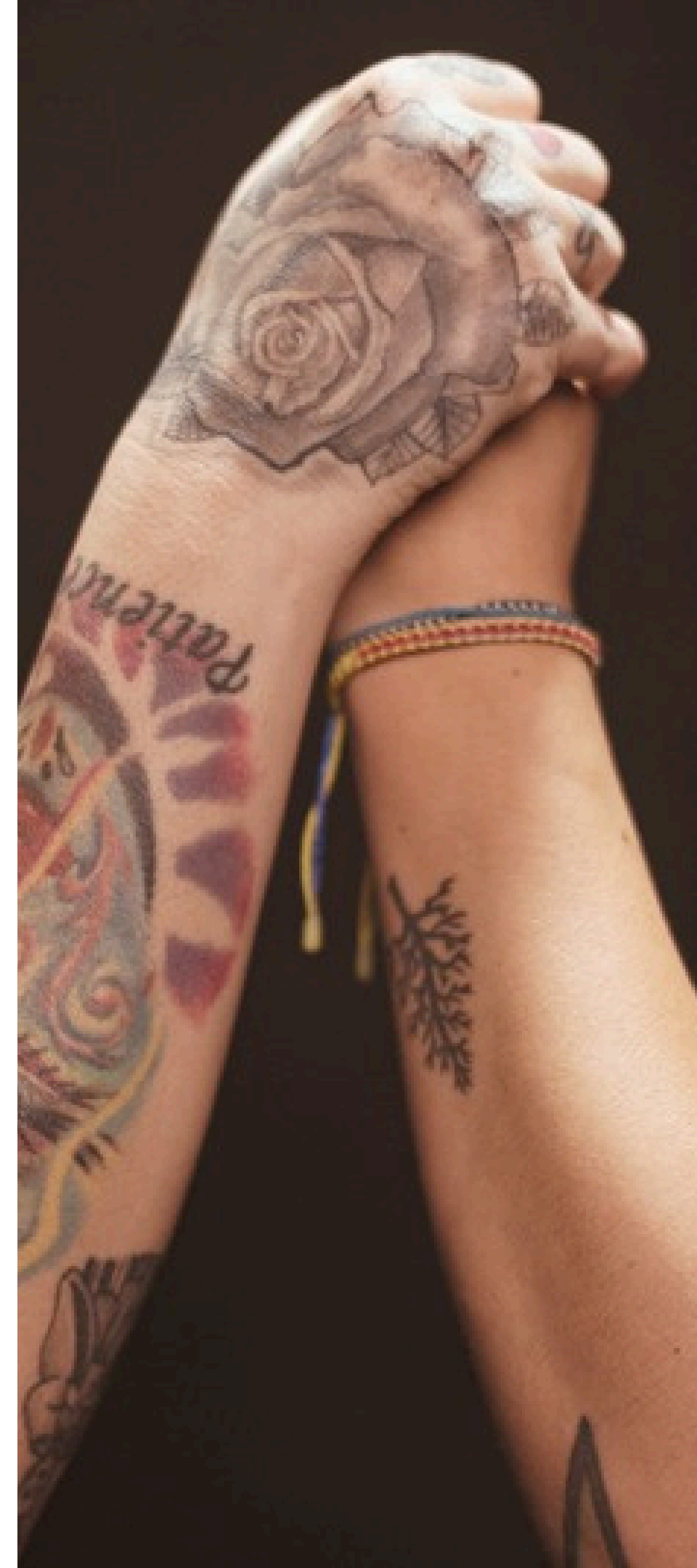
Allyship is when a person of privilege, or who is not a member of a marginalised / minoritised group works in partnership with the group to remove barriers that challenge the group's rights, providing equal access and opportunity for all to thrive.

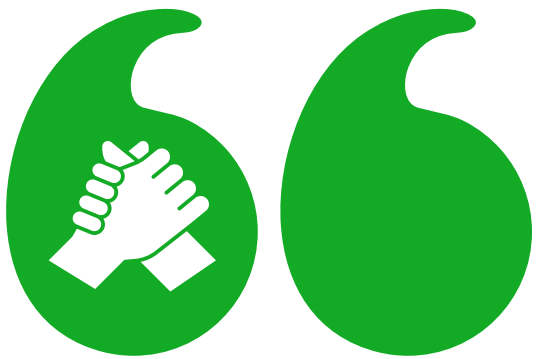
We are talking about those who define themselves as neurodivergent or have been diagnosed with one or more neurodivergent or cognitive traits such as ADHD, Autism Spectrum Conditions, Dyslexia, Dyscalculia, Developmental Coordination Disorder (DCD)(also known as Dyspraxia), Developmental Language Disorder(DLD) and Tic Disorders (including Tourette syndrome).

Allyship is essential to creating an inclusive environment for neurodivergent people. It involves actively supporting & advocating for marginalised groups to which one does not belong.

Conversations about terms such as neurodiversity, neurodivergent, neurominorities and other terms that may be new concepts can feel daunting, with fears of saying the wrong thing or offending someone. This often leads to silence. Instead, act by learning more and becoming an ally.

For neurodivergent employees, allyship can help them feel welcome, accepted, and reduce the need to mask their true personalities.





“The world needs all types of minds.”

– Temple Grandin

“An individual has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity.”

–Martin Luther King, Jr.

“A diverse mix of voices leads to better discussions, decisions, and outcomes for everyone.”

– Sundar Pichai, CEO, Google



4.2 Why allyship matters



Leverage your privilege

As an ally, we can amplify voices and serve as a mentor or advocate for those who may lack confidence or face systemic barriers



Create inclusive cultures

Supporting and including marginalised groups fosters engagement, productivity, and a sense of belonging for everyone.



Drive change

Allyship helps challenge the imbalance in processes, privileges, and places, creating more equitable environments.



4.3 Ten ways to be an ally



1

Listen

Choose appropriate times and spaces for meaningful conversations. Take the lead from the other person.

Check for understanding - be prepared to confirm what you are interpreting is correct or not.

Focus on the skills and abilities of neurodivergent colleagues rather than holding them to neurotypical behaviours and standards.

2

Get involved

Join Employee Resource Groups (ERGs) as an ally, if the groups allow this - to support neurodivergent colleagues, even if you aren't neurodivergent yourself.

Be curious and make sure any questions you ask are respectful .

3

Educate yourself

Pick up on the language used by individuals to describe their identities. Each person may use different language.

You may hear about person-centred versus identity first language but the reality is each person will describe themselves in a way that feels comfortable to them.

It is not your role to correct them. If unsure, ask with humility and a genuine desire to understand.





4

Speak up

Amplify neurodivergent voices (with consent), but avoid speaking on their behalf.

Respect their choice on when and how to share personal information, ensuring they have the opportunity to express themselves when ready and in a comfortable way.

5

Intervene

Address bullying or inappropriate comments promptly. Advocate for equitable power dynamics in meetings and group settings.

Encourage opportunities for everyone to engage in a way that feels comfortable for them. Some people need time for reflection before responding.

6

Learn

We are all learning all the time. Unlearn and relearn if you have to. Challenge what you have done and take a step forward and do things differently.

7

Accept discomfort

Growth comes from being curious and challenging yourself to do better.





8

Show up

Be present during challenging times. Recognise microaggressions and potential triggers, as many neurodivergent people may have experienced being undermined or overlooked.

Understand that heightened sensitivity to comments, known as rejection sensitivity dysphoria, may be present.

9

Stay engaged

Build genuine connections by showing curiosity and compassion. Learning is continuous and knowledge about neurodiversity is constantly changing.

10

Support organisations

Promote and share information about local and national support groups or charities who work in the neurodiversity space.



4.4 Creating safe spaces to share



- **Choose the right moment & method**

Avoid bringing up sensitive topics when someone is busy or distracted. Arrange a time when you won't be interrupted.

- **Respect boundaries**

Don't pressure anyone to share more than they're comfortable with. What you want to know may not be what they're ready to disclose.

- **Select an appropriate channel**

Depending on the topic, a face-to-face chat, video call, or email may be most suitable.

- **Don't force anything**

Don't force someone into a position of sharing information they are not ready to discuss or want you to know.

- **Stay focused**

Give the person your full attention and avoid distractions like emails or phones. This might be the first time they've shared information about their neurodivergence.

- **Keep it job-related**

If you're a manager, focus on their role and tasks rather than personal details.

- **Allow time for reflection**

The conversation may be emotional, so follow up if needed.

- **Be respectful and open**

Ask thoughtful, open-ended questions and give them space to share at their own pace.





- **Identify support needs**

Ask what's working well and what could be improved. Discuss realistic timelines for next steps.

- **Encourage self-awareness**

Some may know what support they need from past experience, while others may require time to figure it out, especially in a new role. Needs may change with tasks, management, or organisational shifts.

- **Know your organisation's resources**

Understand internal processes, support contacts, ERG / Affinity groups, and available training or software. Being an ally means staying informed, knowledgeable and interested.

- **Be honest**

If you've misunderstood someone in the past, acknowledge it. Active listening and empathy build trust and lasting relationships.

- **Recognise your limits**

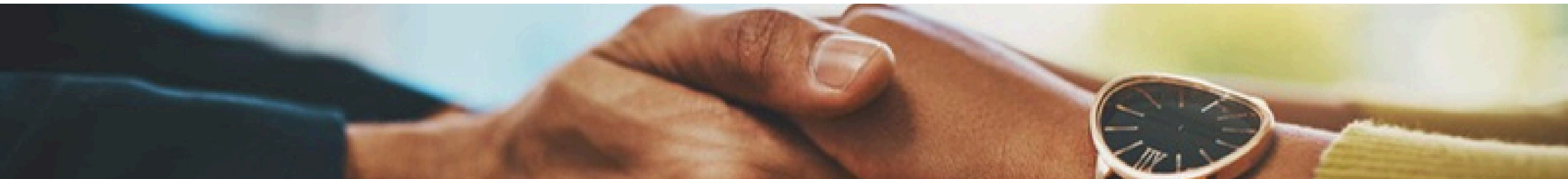
If someone shares information suggesting risk to themselves or others, you have a duty of care to escalate appropriately.

- **Respect confidentiality**

If someone discloses something in confidence, clarify who (if anyone) they want informed and how they'd prefer it to be shared.

- **Acknowledge disclosure challenges**

Some may regret sharing too much. If they express this, be understanding and respectful of their feelings.

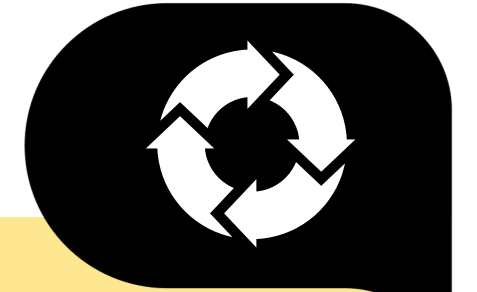


5.0

INCLUSIVE RECRUITMENT AND LIFECYCLE OF EMPLOYEE

In this section we explore the employee lifecycle and how this can be adapted to be more neuro-inclusive. Starting with hiring, then onboarding, before moving to having performance management conversations.

5.1 The employee lifecycle



5.2 Hiring



5.3 Onboarding



5.4 Performance management



5.1 Employee lifecycle



5.2 Neuroinclusive Hiring



Specialist Recruitment Agencies

There are a range of employers and recruiters who specialise in hiring talented individuals who may need extra provisions or alternative working arrangements due to a learning difficulty or disability.

Evenbreak - work with several high-profile employers to ensure that disabled jobseekers can find roles that they may not be able to through other channels.
www.evenbreak.co.uk

Autism.org - can help those with an Autism Spectrum Condition build social and practical skills, and provides links to regional organisations which offer employment services. www.autism.org.uk

Disability Jobsite - provides barrier-free recruitment assisting people with disabilities into paid work.
www.disabilityjobsite.co.uk

Auticon - hire Autistic individuals into Autism-positive work environments.
www.auticon.co.uk/careers

Disabled workers charity - provides an electronic job board which exclusively posts jobs for individuals with disabilities.
www.disabledworkers.org.uk/careers

The Ability People - a consultancy aimed at sourcing talent who have overcome extraordinary challenges to achieve success.
www.theabilitypeople.com

Resources for Autism - a charity with an online job board seeking talent who have first-hand experience of autism.
www.resourcesforautism.org.uk/recuitment/jobs

Outsource - consultancy aiming to diversify the tech sector and increase the amount of neurodiverse individuals in employment.
www.outsource-uk.co.uk

Disability Confident Scheme for employers

This is a government initiative designed to encourage employers to recruit and retain disabled people and those with long-term health conditions. It is voluntary and has been developed by employers and disabled people's representatives.

Being '**Disability Confident**' means that the employer has committed to recruiting and retaining disabled people and people with health conditions for their skills and talent as individuals.

Here are a list of UK employers that are currently signed up to the scheme:

> Disability Confident Employers



Neuroinclusive recruitment processes

Accessible and inclusive job descriptions are crucial for attracting diverse pools of candidates and for promoting a fair hiring process.

Outline the selection process

Clearly outline the steps involved in the selection process, including any assessments, interviews, or tests. This transparency helps candidates know what to expect and promotes fair and inclusive hiring processes.

Use a structured format

Organise the job description using clear headings and bullet points to improve readability. This helps candidates navigate the document, especially those using screen readers or assistive technologies.

Consider alternative formats

Provide options for candidates to access the job description in alternative formats, such as a plain text version or a PDF with accessible features.

Ten tips for crafting neuroinclusive job descriptions

- 1 Use clear and concise language**
Avoid jargon, acronyms, or overly technical terms. Clearly articulate the job requirements, responsibilities, and qualifications using straightforward and inclusive language.
- 2 Focus on essential job functions**
Clearly identify the essential job functions and qualifications required to perform the role effectively. Avoid including non-essential or discriminatory criteria that may inadvertently exclude certain individuals.
- 3 Use inclusive language**
Ensure job descriptions use inclusive language that avoids bias based on gender, race, age, or other protected characteristics. Use gender-neutral terms, such as they/them, instead of gender-specific pronouns. Avoid words or phrases that may discourage underrepresented groups from applying.
- 4 Emphasise diversity and inclusion**
Highlight your organisation's commitment to EDI within the job description. Communicate that candidates from all backgrounds and identities are encouraged to apply, and that diverse perspectives are valued.
- 5 Provide accessibility information:** Include information on how your organisation is committed to providing reasonable accommodations for applicants and employees with disabilities. Encourage candidates to request any necessary accommodations during the application process.



6

Outline the selection process

Clearly outline the steps involved in the selection process, including any assessments, interviews, or tests. This transparency helps candidates understand what to expect and promotes a fair and inclusive hiring process.

7

Use a structured format

Organise the job description using clear headings and bullet points to improve readability. This helps candidates navigate the document easily, especially those using screen readers or assistive technologies.

8

Consider alternative formats

Provide options for candidates to access the job description in alternative formats, such as a plain text version or a PDF with accessible features. This ensures individuals with different accessibility needs can access the information effectively.

9

Seek input and review

Engage a diverse group of individuals, including employees from different backgrounds, abilities, and experiences, to review the job description for inclusivity and accessibility. Incorporate their feedback to enhance the language and remove any unintentional barriers.

10

Regularly review and update

Job descriptions should be periodically reviewed and updated to ensure they align with evolving diversity and inclusion practices, as well as legal requirements.





Ten tips to prepare for neuroinclusive interviewing

- 1 Provide questions for the applicant before the interview.
- 2 Don't judge applications/CVs if there are spelling errors unless the person is applying as a proof-reader!
- 3 Give information about all processes beforehand and be specific if any tasks will need to be done so the person can ask for adjustments.
- 4 Slow your pace of speech to match the interviewee.
- 5 Be aware that pauses don't necessarily mean a lack of knowledge but may be a sign someone needs additional processing time. Let the interviewee know they can bring in notes.
- 6 Consider Access to Work may be required for some people.
- 7 Avoid jargon or metaphors that may be misinterpreted.
- 8 Provide the names of panel members.
- 9 Avoid assessing skills that are not crucial for the job e.g. a presentation may assess communication skills not needed for the job. Avoid hypothetical questions/situations.
- 10 Consider the sensory environment where the interview takes place, e.g., noise, lighting, smells.



5.3 Neuroinclusive Onboarding



Ten tips for neuroinclusive onboarding

- 1 Provide clear information**
Share an onboarding schedule, expectations, and key contacts in advance using plain language and various formats, e.g., written, visual.
- 2 Check communication preferences**
Ask about preferred communication styles and accommodate where possible. Explain common organisational terms and acronyms.
- 3 Offer sensory-friendly environments**
Ensure onboarding spaces are quiet, well-lit, and free from overwhelming stimuli. Provide remote or hybrid options if needed.
- 4 Allow flexible pacing**
Spread onboarding over several days or weeks to prevent information overload and allow time for questions.
- 5 Appoint a buddy or mentor**
Pair new hires with a colleague to guide them through workplace culture and unwritten social norms.
- 6 Use inclusive technology**
Ensure digital tools are accessible, including screen readers captioning, and adjustable text sizes.
- 7 Provide structure and predictability**
Offer clear guidance on company policies, job expectations, and social norms, with a checklist of tasks and resources.
- 8 Offer timely accommodations**
Proactively provide information on requesting adjustments, such as flexible hours or assistive tools, and normalise these discussions.
- 9 Be mindful of social interactions**
Explain workplace culture, meeting etiquette, and social events while respecting individual preferences. Arrange regular check-ins.
- 10 Gather and act on feedback**
Check in regularly to identify challenges, provide support, and make necessary adjustments.

Neurodivergent people may face various challenges during the onboarding process in a new workplace.

Understanding what the rules (written and unwritten) are may be harder to ascertain for some people.

Not everyone knows what adjustments they need if they are in a novel work setting. Be anticipatory in your approach, rather than reactive and waiting for someone to seek adjustments.

Onboarding

5.4 Performance Management



Ten tips for performance management conversations

- 1 Plan Ahead**
Discuss any specific communication needs and provide an agenda in advance to help employees prepare and reduce anxiety.
- 2 Create a Supportive Environment**
Consider factors like noise, distractions, or lighting that may affect information processing.
- 3 Give Clear Feedback**
Use direct language, avoiding subtleties or implied meanings.
- 4 Define Expectations**
Set clear, objective performance metrics relevant to the employee's role.
- 5 Be Specific**
Focus on tasks and outcomes rather than vague attributes.
- 6 Balance Feedback**
Highlight strengths before addressing performance challenges or training needs.
- 7 Encourage Understanding**
Ask employees to summarise their understanding to clarify key points and prevent misunderstandings.
- 8 Document Key Points**
Record agreed goals and actions for later review.
- 9 Reinforce with a Follow-Up**
Send a written summary to confirm key messages and next steps.
- 10 Maintain Ongoing Support**
Continue to check in and offer guidance as needed.

Performance reviews can be particularly stressful for neurodivergent employees, especially if they are uncertain about what to expect.

Anxiety can impair their ability to engage fully in the conversation or to accurately convey their thoughts and concerns.

By providing the reasons for the meeting and the expectations this can reduce anxiety.

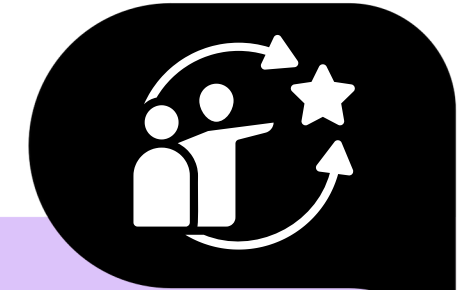
Allow additional time for processing information and check their understanding of what has been discussed.

6.0

PROFESSIONAL DEVELOPMENT AND CAREER GROWTH

In this section we look at professional development and career growth - exploring neuroinclusive mentoring, coaching, advising and sponsorship.

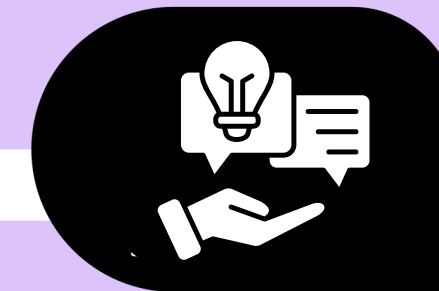
6.1 Mentoring



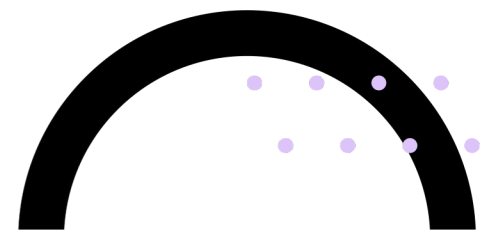
6.2 Coaching



6.3 Advising



6.4 Sponsorship



6.1 Mentoring



✓ Getting the relationship right

The dynamics between mentor and mentee can be navigated with mutual understanding, clear communication, and adjustments in expectations.

Effective mentorship requires flexibility, active listening, and a willingness to adapt communication styles to ensure mutual growth.

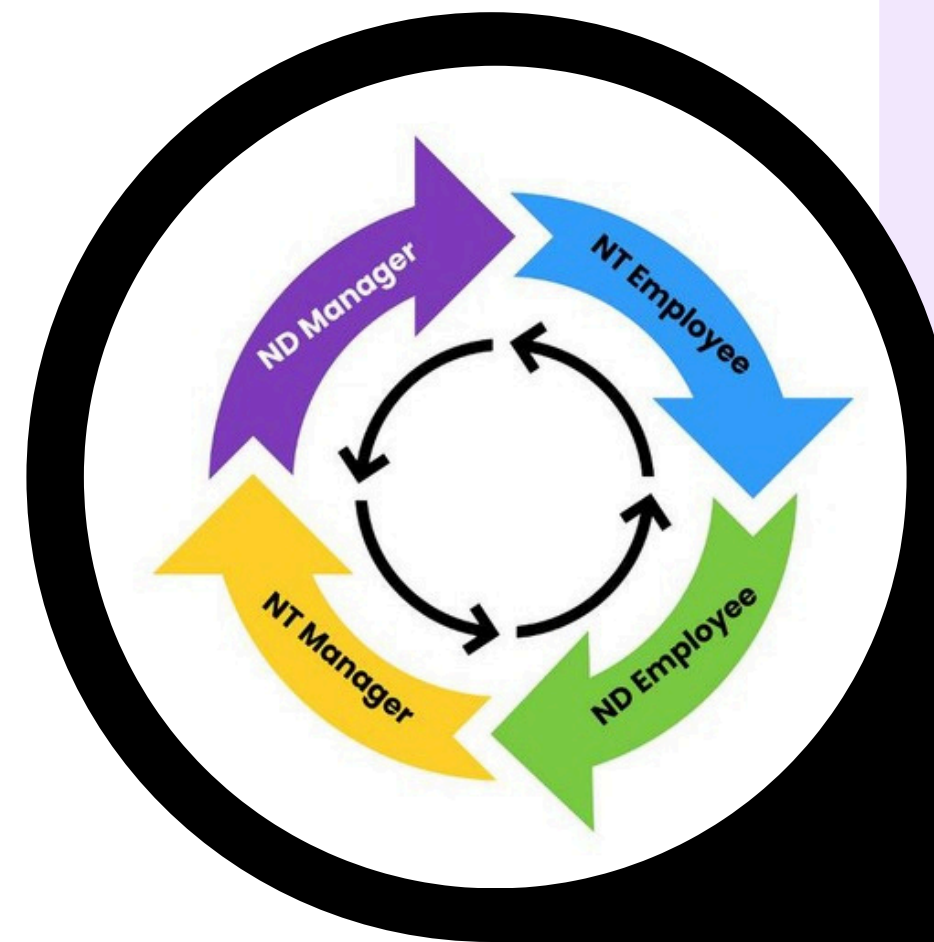
Remember -

We can have different approaches and styles which can clash if they are not mutually considered. For example:

- **Directness vs. subtleties:** Neurodivergent individuals often prefer direct communication, while neurotypical individuals may rely on indirect cues, leading to potential misunderstandings.
- **Social cues and emotional expression:** Differences in how emotions or social cues are interpreted can create challenges in understanding and relating to each other.
- **Processing speed and feedback style:** Mentoring relationships may struggle if one person requires more time to process or prefers detailed feedback, while the other operates faster or provides minimal guidance.

Mentoring relationships can be flexible and vary in form and function.

Mentors are typically more senior than mentees in status and influence, but some mentors may be peers or even junior to the mentee.



Mentors can assist with:

- **Career development**
Building skills, knowledge, and career opportunities.
- **Networking**
Connecting mentees with valuable contacts
- **Goal setting**
Helping set and achieve goals.
- **Emotional support**
Providing encouragement and trust.
- **Life skills**
Developing social and communication skills.
- **Academic growth**
Supporting learning and education.
- **Job applications**
Offering practical help with applications.



> Understanding the complexities of neurodiverse mentoring

6.2 Coaching



Neurodiversity coaching is typically focused on achieving specific, meaningful goals, whether related to career, education, relationships, or personal growth.

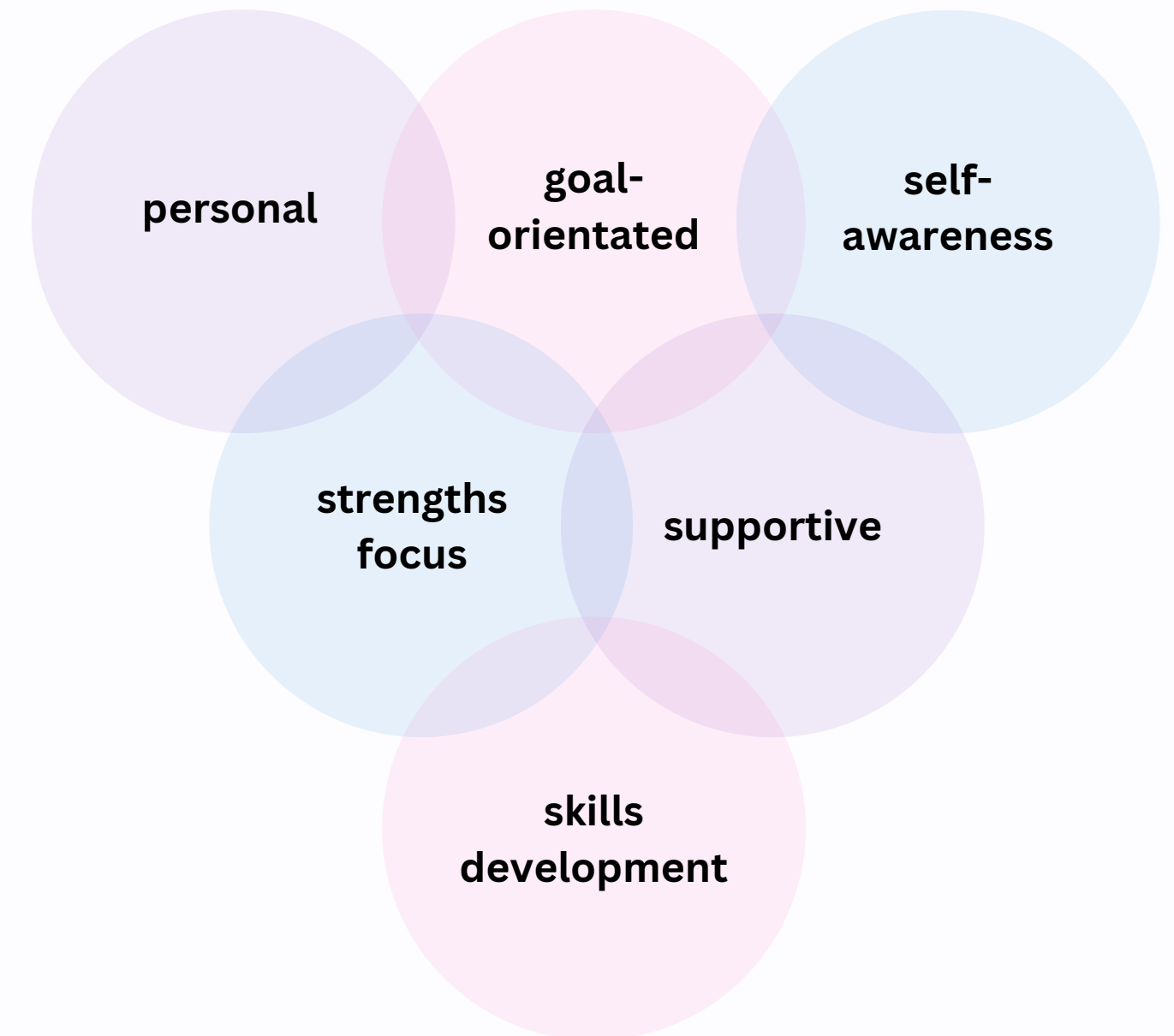
A coach provides encouragement, accountability, and understanding, fostering a safe space for individuals to explore their potential without fear of judgment.

Neurodiversity coaching, including ADHD-related support, is a personalised approach designed to help neurodivergent individuals, such as those with ADHD, ASC, dyslexia, dyspraxia, or other neurodevelopmental conditions, achieve their personal and professional goals while overcoming specific challenges.

Traditional support methods may not always be effective for neurodivergent individuals. This type of coaching offers tailored strategies and tools that align with their unique ways of thinking and functioning, enabling them to manage difficulties and succeed.

Whether tackling issues like procrastination or improving workplace communication, neurodiversity coaching helps build confidence, independence, and overall success.

Key features of neuroinclusive coaching:



> **Neurodiversity and coaching**

6.3 Advising



Getting Started:

- Check the experience and expertise of external providers.
- Consider what is the reason for external support and whether e.g. a diagnosis is a workplace need or can adjustments be put in place in a timely manner.
- At the same time, strengthen your internal support networks such as creating Neurodiversity Champions as a first step in signposting within the organisation.
- Make sure managers understand what adjustments are required and check implementation.
- Consider one-to-one assistance for selected individuals and assistance with manager feedback.
- Some people may need time to learn how to put adjustments in place or learn specific skills e.g., using IT tools.

There may be different routes in your organisation for guidance internally e.g. HR/EDI, having a network of neurodiversity champions or accessing external expertise, e.g., employee assistance programme; occupational psychology; occupational health; workplace needs assessment; diagnostic services.



> Creating Neurodiversity Champions

6.4 Sponsorship



Sponsorship is vital for advancing the careers of neurodivergent employees, offering more than traditional mentorship by actively advocating for their growth.

Sponsors leverage their influence to connect neurodivergent talent with key opportunities, such as high-profile projects or leadership roles, helping to break down systemic barriers.

By recognising unique strengths and addressing challenges like unconscious bias, sponsors play a crucial role in fostering inclusion and equity.

Organisations benefit from diverse leadership perspectives, while neurodivergent employees gain visibility and confidence.

Sponsorship is a powerful tool for building a workplace culture where neurodivergent individuals can thrive and achieve their full potential.



> **Neurodiversity at Work (book)**



Getting Started:

Educate sponsors on neuroinclusion:

Provide training to help sponsors understand neurodivergent traits, strengths, and challenges, fostering informed advocacy.

Create structured sponsorship programmes:

Establish transparent processes to match neurodivergent employees with sponsors, ensuring equity and reducing bias.

Encourage strength-based advocacy:

Help sponsors identify and highlight the unique abilities of neurodivergent employees when promoting them for opportunities.

Foster open communication:

Encourage regular, honest dialogue between sponsors and neurodivergent employees to align on goals and support needs.

Track outcomes and feedback:

Monitor career progression and gather input to ensure the programme drives meaningful change and reduces barriers.



7.0

LEGAL FRAMEWORK AND POLICIES

In this section, we explore legal frameworks and link to these for further reading, and discuss policy documents that could be used in workplaces.

7.1 An overview



7.2 Employment legislation



7.3 Neurodiversity policy



7.4 Developing policies



7.1 An overview



Promoting neuroinclusive practices in the UK requires aligning with key legal and policy frameworks to support equity in education, employment, and society.

Understanding neurodivergence as a spectrum of experiences and providing individualised support are central to fostering inclusion.

By combining legal compliance, inclusive policies, and a commitment to understanding, organisations and institutions can create environments where neurodivergent individuals thrive, and support equity in education, employment and society.

The **Equality Act 2010** ensures protection against discrimination, requiring reasonable adjustments for neurodivergent individuals.

Workplace inclusion is bolstered by the Access to Work Scheme, which provides funding for assistive tools, coaching, and adjustments, alongside employer responsibilities under the **Health and Safety at Work Act 1974**.

> LEARN MORE



- > ACAS
- > Access to Work scheme
- > Autism Act 2009
- > Care Act 2014: fact sheets
- > Equality Act 2010
- > Employment Rights Bill Unpacked
- > European Accessibility Act 2025
- > Health and Safety Act 1974
- > Human Rights (United Nations)
- > Right to Choose (NHS)
- > SEND Code of Practice 2014
- > Website Accessibility (UK)

7.2 Employment Legislation



Key points relating to employment legislation:

1

Equality Act 2010

Neurodivergent individuals may be considered disabled under the Equality Act 2010, even without a formal diagnosis.

It is unlawful to treat someone less favorably due to their disability unless it is a proportionate means of achieving a legitimate aim.

2

Reasonable adjustments

Employers are required to make reasonable adjustments for neurodivergent employees.

This includes discussing potential adjustments with the employee and possibly referring them for an occupational health assessment.

3

Harassment and discrimination

Disability-related harassment, including offensive remarks about neurodivergence, is unlawful. Employers must ensure a safe and inclusive environment for all employees.

Employment Law
that you need



4

Misconduct and neurodivergence

In cases of misconduct linked to neurodivergence, it is important to understand how the condition or medication affects the individual.

Employers should consider reasonable adjustments and other sanctions before resorting to dismissal.

5

Training and awareness

Providing training on neurodiversity for managers can help create a supportive environment and reduce the risk of harassment claims.

6

Tribunal claims

There has been an increase in employment tribunal claims related to neurodiversity.

Employers should be aware of the potential for litigation if neurodivergence is not considered in HR processes.

7

Concurrent mental health conditions

Neurodivergence is often accompanied by mental health conditions such as anxiety and depression, which may also qualify as disabilities.



8 Legal duty

Employers have a legal duty to make adjustments for neurodivergent employees and to avoid discrimination, harassment, and victimisation.

9 Neurodiversity screening

Neurodiversity screening using tools like Workplace Do-IT Profiler are a positive way to support neurodivergent employees an understand their specific support needs effectively and to create a record of actions and monitor progress.

10 Business imperative

Neurodiversity is increasingly seen as both a competitive advantage and a business imperative, similar to gender diversity.



7.3 Neurodiversity Policy



A "neurodiversity workplace policy document" is a company policy outlining their commitment to creating an inclusive environment for employees with neurodivergent conditions like autism, ADHD, dyslexia, and others, by providing reasonable accommodations, promoting awareness and understanding, and fostering an open culture where individuals can disclose their needs without fear of discrimination.

To draft a neuroinclusive workplace policy, align it with the Equality Act 2010, which protects neurodivergent individuals under disability discrimination laws. Recognise neurodivergence as including ADHD, ASC, Dyslexia, and DCD.



7.4 Developing Policies



Ten elements to consider when developing a policy:

1 Purpose and commitment

Clear statement of the organisation's dedication to creating a neuroinclusive environment; alignment with the Equality Act 2010 and other legal requirements.

3 Recruitment practices

Accessible job descriptions with clear, concise language.

6 Training and awareness

Regular training for managers and employees on neurodiversity awareness and inclusion; focus on reducing stigma and unconscious bias.

9 Monitoring and accountability

Defined responsibilities for managers and teams; regularly review and update the policy based on feedback and data (e.g., employee surveys); measure of success; goals for improving retention, engagement, and satisfaction of neurodivergent employees; reporting progress to stakeholders.

2 Definition of neurodiversity

Include terms being used, with an emphasis on the value of diverse cognitive strengths and perspectives.

4 Inclusive application and interview processes

Commitment to alternative interview formats, questions in advance, longer test times etc.

7 Communication and interaction

Guidelines for clear and supportive communication styles; encouragement of diverse ways of working and contributing.

5 Reasonable adjustments

Commitment to providing workplace accommodations like flexible hours, assistive technology, or quiet spaces; individualised support based on employee needs.

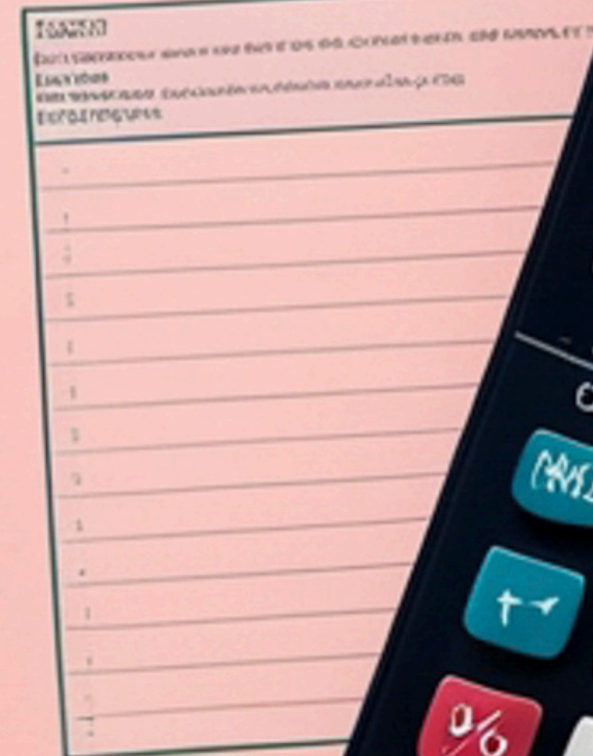
8 Support and resources

Access to mental health / neurodiversity support, Employee Assistance Programmes (EAPs) and mentoring schemes.

10 Confidentiality and disclosure

Respect for employees' privacy and autonomy in choosing whether to disclose their neurodivergent traits.

POLICY



8.0

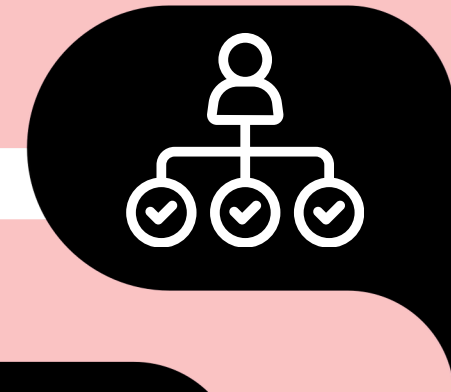
SUPPORT AND RESOURCES DIRECTORY

This final section includes support links and resources, beginning with a glossary of terms, followed by the Neurodiversity Co-occurrence Map, and concluding with a directory of all links featured throughout the toolkit.

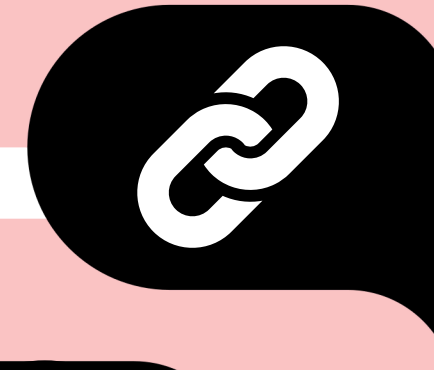
8.1 Glossary



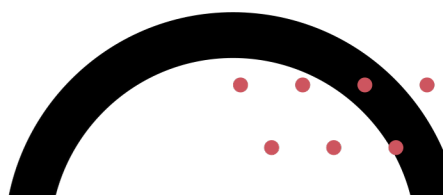
8.2 Neurodiversity co-occurrence map



8.3 Link directory vol.1



8.4 Link directory vol.2



8.1 Glossary



REMEMBER!

Terms for conditions may not exist or carry different connotations in various languages, complicating advocacy diagnosis, support and understanding.

Cultural differences in how symptoms or behaviours are interpreted can impact diagnosis and support in different countries.

Disability: Some cultures view disability as a medical condition, while others emphasise social or spiritual perspectives. For example, in collectivist societies, disability may be seen as a family issue rather than an individual one.

Neurodiversity: Some countries like the UK are increasingly adopting the neurodiversity paradigm, learning to celebrate cognitive differences. In contrast, other regions and countries may still pathologise some conditions and there may more of a narrower medical model operating.

Stigma: Many countries still stigmatise disabilities, leading to under diagnosis or misdiagnosis. This is often linked to cultural beliefs (e.g., karma, ancestral punishment).

Gender stereotypes: In some countries there may remain some beliefs that many neurodivergent traits are dominantly seen in boys and men.



LEARN MORE



Full Do-IT glossary





Quick-reference acronyms

ABI	Acquired Brain Injury
ADD	Attention Deficit Disorder
ADHD	Attention Deficit / Hyperactivity Disorder
APD	Auditory Processing Disorder
ASD/C	Autism Spectrum Disorder / Condition
DCD	Developmental Coordination Disorder
DLD	Developmental Language Disorder
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDS	Ehlers-Danlos Syndrome
ICD	International Statistical Classification of Diseases and Related Health Problems
NDD	Neurodevelopmental Disorders
OCD	Obsessive-Compulsive Disorder

Glossary

Acquired Brain Injury (ABI)	Any injury to the brain. This includes Traumatic Brain Injuries but can also include stroke, encephalitis, brain cancer, hypoxia, poisoning, substance abuse and other brain injuries.
Accommodations	Workplace accommodations are changes made to the workplace to help employees with disabilities perform their jobs. This may be changing the way you work, where you work, specific tools, training or adaptations to support you.
Asperger’s Syndrome (AS)	An outdated diagnostic term used to describe what is known today as ASD/C level 1. It was once a part of a group of conditions sharing symptoms related to difficulty with social skills and restricted repetitive behaviors. AS was removed from DSM-5 categorisation in 2013 and has also been removed from ICD-11.

Attention Deficit / Hyperactivity Disorder (ADHD)	A condition characterised by inattention and/or hyperactivity and impulsivity. Symptoms must have been present prior to age 12 years. There are three subtypes of ADHD: predominantly inattentive, predominantly hyperactive-impulsive and combined.
Attention Deficit Disorder (ADD)	An outdated term for ADHD. ADD was introduced in DSM-III in 1980 but was changed to ADHD in the revised version (DSM-III-R) in 1987.
Auditory discrimination	The ability to hear differences and similarities inphonemes or words, e.g. that “cat” and “cot” sound similar but are distinct.
Auditory Processing Disorder (APD)	A neurological condition where the brain struggles to interpret spoken sounds and words, even though the ears hear normally. It causes trouble understanding speech in noisy places and following spoken directions. Standard hearing tests usually show normal results
Autism Spectrum Disorder / Condition (ASD/C)	A condition characterised by difficulties withsocial communication and interactions andrestricted, repetitive patterns of behaviour,interests and activities. It is a developmentalcondition, so is present from early childhood. Theterm ASD includes conditions formerly describedas Autism, Asperger’s Syndrome and PDD-NOS.
Bio-psycho-social model	A theory about illness / disability. This theory states that people’s experiences of illness / disability depend on the interaction between their health or disability (bio-), their mental health, emotions and feelings (psycho-) and the physical and social environment they live in (social). Therefore, to help someone with an illness or disability, you need to look at all three of these aspects.
Camouflaging	The conscious or unconscious process where individuals hide their natural traits and perform neurotypical behaviors to blend into social environments. People use these strategies - such as forcing eye contact, scripting conversations, or suppressing stimming - to avoid judgment, bullying, or exclusion, though it often leads to severe exhaustion and burnout. Also referred to as ‘masking’.
Chronic Tic Disorder (CTD)	A condition characterised by motor (movement) or vocal tics that have lasted for more than one year.
Cognitive	Mental processing or thinking.
Comorbidity	When two or more medical conditions that are not related to each other are found in the same person at the same time. This term generally should not be used for neurodivergent conditions as they are often related to each other in some way.



Cognitive	Mental processing or thinking.
Comorbidity	When two or more medical conditions that are not related to each other are found in the same person at the same time. This term generally should not be used for neurodivergent conditions as they are often related to each other in some way.
Co-occurence	Co-occurring conditions describe disorders that very commonly occur together and that may or may not be comorbid. In other words, the jury is still out on whether they should be joined or separate, but at present they can be thought of as interconnected in some way. The best example of a common co-occurring disorder is mixed anxiety and depression. Anxiety and depression are different moods and so could be regarded as distinct, but they occur together more commonly than not.
Developmental Coordination Disorder (DCD)	A condition characterised by difficulties with big (gross) and small (fine) movement and balance. It is a developmental condition, so is present from early childhood. In the UK, this is often called Dyspraxia.
Developmental Language Disorder (DLD)	A condition characterised by difficulties with receptive and / or expressive language. It is a developmental condition, so is present from early childhood. A term used instead of speech, language and communication disorders / difficulties.
Diagnosis	The process of identifying a disease, condition, or injury from its signs and symptoms.
Diagnostic and Statistical Manual of Mental Disorders (DSM)	This book is used by many professionals around the world to diagnose mental health conditions. It is the American Psychiatric Association diagnostic categorisation. The various DSM editions are referred to by number - DSM-5 was published in 2013 and revised in 2022 (DSM-5-TR).
Dyscalculia	A specific learning difficulty that affects a person's ability to understand, learn, and work with numbers and math concepts. These difficulties may extend into telling the time and estimating distances. It is a developmental condition, so is present from early childhood.
Dysgraphia	Difficulties with handwriting.
Dyslexia	A condition characterised by difficulties with reading, writing and spelling. It is a developmental condition, so is present from early childhood.
Dyspraxia	See Developmental Coordination Disorder. Originally came from the ‘brain injury’ literature (apraxia).

Ehlers-Danlos Syndrome 1V	Ehlers-Danlos syndrome type IV (EDS4) is a rare and severe inherited connective tissue disorder that affects the blood vessels. Characterised by fragile arteries and internal organs, can lead to serious complications in the digestive system and uterus.
Empathy	The ability to read and understand other’s emotions, needs, and thoughts
Executive function	A set of cognitive skills that make sure things get done. They are used in planning, time management, problem solving, emotional regulation and keeping track of what you’re doing.
Executive function deficit	Difficulties with executive function skills. Someone with an executive function deficit may have a hard time planning or starting tasks and seeing them through.
Expressive language	How a person communicates, using facial expression, gestures, body language and aspects of spoken language including vocabulary, word/sentence meaning, grammar rules, etc.
Expressive Language Disorder	A type of Developmental Language Disorder characterised by difficulties with expressive language. It is a developmental condition, so is present from early childhood. It is listed in ICD-10 as Expressive Language Disorder but is included in DSM-5 under Language Disorder.
Equality Act	This is a piece of UK legislation (2010). The Equality Act 2010 protects people from discrimination, harassment, and victimisation. It applies to many areas of life, including employment, schools, and public services.
Hypermobile Ehlers-Danlos Syndrome	A connective tissue disorder that causes joint hyper mobility, pain, and instability. It's the most common type of EDS.
Hyperactivity	Active movements seen more in children with ADHD. In adult this may be seen as drumming fingers, fiddling with jewellery, doodling, or rocking on a chair. May be associated with a ‘busy brain’ in adults with ADHD and ‘internal restlessness’ or impulsivity.
IQ	This stands for Intelligence Quotient. It is a widely used scale for measuring general intelligence.
Impulsive behaviours	In adults (often with ADHD), this may be acting without thinking e.g. a tendency to express thoughts and emotions without any sort of censorship; acting without regard to how such behaviour may affect others, spending money or making key decisions without reflecting on the impact on them.



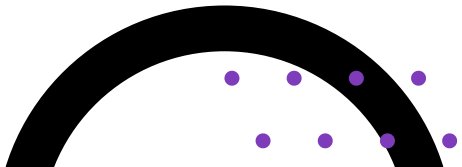
Intellectual Disability (ID)	International term for a group of conditions characterised by significant difficulties with general intellect and everyday functioning. They are developmental conditions and are present from birth. This term includes conditions such as Down’s Syndrome. In the UK, Intellectual Disability is called Learning Disability.
Interoception	The ability to sense andunderstand what's happening inside your body. It'sa system that allows you to be aware of yourphysical and emotional state, and to respond to it.
International Statistical Classification of Diseases & Related Health Problems (ICD)	A medical list that classifies diseases created by the World Health Organisation and used by doctors around the world. ICD editions are referred to by number; the latest version, ICD-11, was published in 2022 (maintenance release issued in early 2026.)
Kinaesthesia	The awareness of the position and movement of the parts of the body by means of sensory organs (proprioceptors) in the muscles and joints.
Learning Difficulty	See Specific Learning Difficulty.
Learning Disability (LD)	See Intellectual Disability (ID).
Medical model	A theory about illness / disability. This theory states that people’s experiences of illness / disability depend predominantly or only on the symptoms of their physical or mental health/ disability. Therefore, to help someone with and illness or disability, you just need to treat their illness / disability, e.g. medicine, physical therapy, etc.
Misophonia	Select sound sensitivity syndrome, or ‘sound-rage’. People who are sensitive to certain sounds sometimes cope by blocking them out. Misophonia, literally "hatred of sound", was proposed in 2000 as a condition in which negative emotions, thoughts, and physical reactions are triggered by specific sounds.
Multisensory	Relating to multiple senses, e.g. hearing, sight and touch.
Neurodevelopmental Disorders (NDD)	This term refers to a cluster of related conditions that affect the brain (neuro-) during development. It includes ADHD, ASD, DCD, DLD, Dyscalculia, Dyslexia, ID and Tic Disorders.
Neuroaffirming	An approach that recognises neurodivergent ways of thinking, communicating, and processing the world as valid and valuable, rather than as problems to be fixed. Neuroaffirming practice focuses on adapting environments, communication styles, and expectations so that neurodivergent people can thrive, rather than expecting them to mask or conform to neurotypical norms.

Neurodisability (ND)	This term refers to any disability that affects the brain (neuro-). It includes NDDs but also other conditions including brain injury, stroke, encephalitis, brain cancer, neurodegenerative conditions such as Alzheimer’s Disease and neurometabolic conditions such as Phenylketonuria.
Neurodivergence	This term refers to brains (neuro-) diverge from the norm. This is a social construct and may vary both depending on context and from culture to culture, e.g. ADHD traits being read as problematic in rigid office cultures but as strengths in fast-moving crisis roles, or dyslexia not being recognised in cultures that are primarily verbal in their communication.
Neurodiversity	The term Neurodiversity moves away from considering these conditions negatively, as ‘disorders’, ‘disabilities’, ‘deficits’ or ‘difficulties’, and instead considers them as a normal part of human variation. It is the different ways we think, act, move, process information and communicate
Neurominority	A neurominority is a person with a neurotype that is not considered typical.
Neurotype	A neurotype is a person's brain type, which is a fundamental part of their identity. It describes how a person's brain learns, communicates, and develops.
Neurotypical	A term used to describe people whose brains process information similarly to each other. In school or workplace settings where you must conform to doing things in a certain way to advance, this may be an advantage.
Non-stimulants	A family of medicines that are sometimes used to treat the symptoms of ADHD. They work by decreasing impulsive behaviour and/or improving attention span.
Obsessive-Compulsive Disorder (OCD)	A condition characterised by the need to repeatedly perform certain routines (compulsions) or the presence of repeated thoughts (obsessions). These cannot be controlled by the person for very long and are severe enough to negatively affect the person’s life.
Phonology	To do with the systems of sounds that make up a language.
Pragmatics	To do with language in use and the contexts in which it is used. This includes things such as taking turns in conversation and implied meaning.
Psychostimulants	A family of medicines that are often used to treat the symptoms of ADHD. They affect dopamine activity in the brain and can help with focusing thoughts and ignoring distractions.

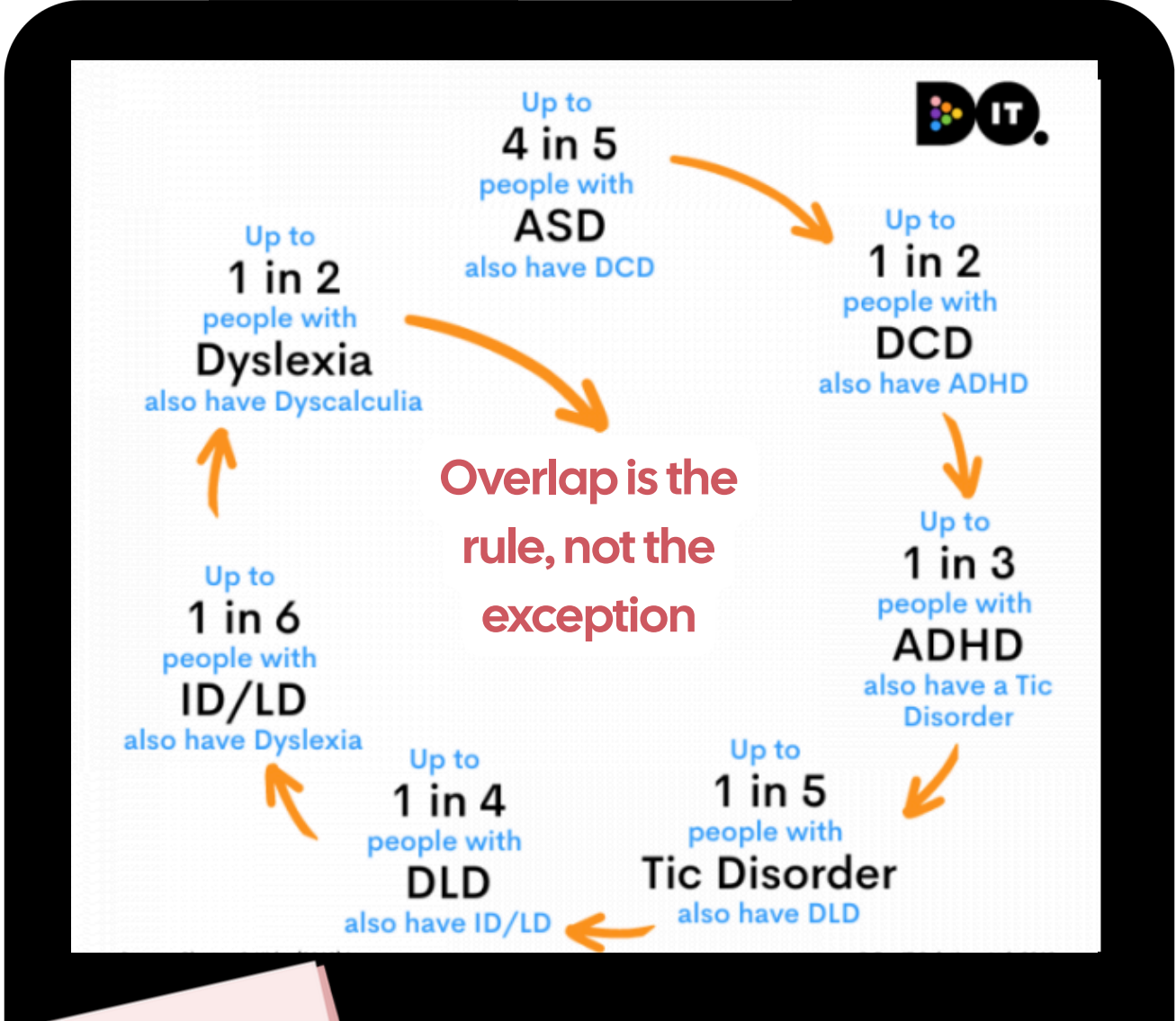


Reasonable adjustments	Reasonable adjustments is a legal term and relates to accommodations or changes to working conditions – for example, equipment, duties or hours of work – to enable people to carry out their job effectively should they have medical or physical needs.
Receptive language	How a person understands other people’s communications, including how they understand facial expressions, gestures, body language and aspects of spoken language (including vocabulary, word / sentence meaning, grammar rules, etc.).
Self-stimulatory behaviour	Making repetitive movements, sounds or words or observing repetitively moving objects, e.g. hand flapping, rocking, head banging or watching spinning objects. Self-stimulatory behaviour is commonly carried out by people with ASD to relieve anxiety and other negative or heightened emotions, happiness, boredom and/or to block out unpredictable or unwanted environmental stimuli. In adults this may be seen as drumming fingers, rocking back and forth on a chair, or repetitive playing or fiddling with objects. See also: Stimming.
Semantics	To do with meaning in language, including words, phrases, signs and symbols.
Sensory	To do with the senses – touch, taste, smell, hearing and / or sight.
Social model	A theory about illness / disability. This theory states that people’s experiences of illness / disability depend predominantly or only on how they interact with their physical and social environment. Therefore, to treat someone with an illness or disability, you need to change their physical or social environment. E.g. someone who uses a wheelchair would no longer be ‘disabled’ if the environment they lived in accommodated their needs by having ramps and lifts instead of stairs.
Specific Learning Disability	This term includes conditions that affect specific aspects of learning rather than general intelligence or overall functioning. It includes Dyscalculia, Dyslexia and Developmental Coordination Disorder (Dyspraxia).
Spectrum	It is important to remember that characteristics of neurodevelopmental conditions like those listed in this glossary have varying impacts and levels of severity in individuals diagnosed. It is also important to remember that, while an individual may display characteristics of a specific condition, they may not in fact have sufficient traits of that condition to meet the diagnostic threshold. However, the impact on them may still affect the individual’s cognition and behaviour.

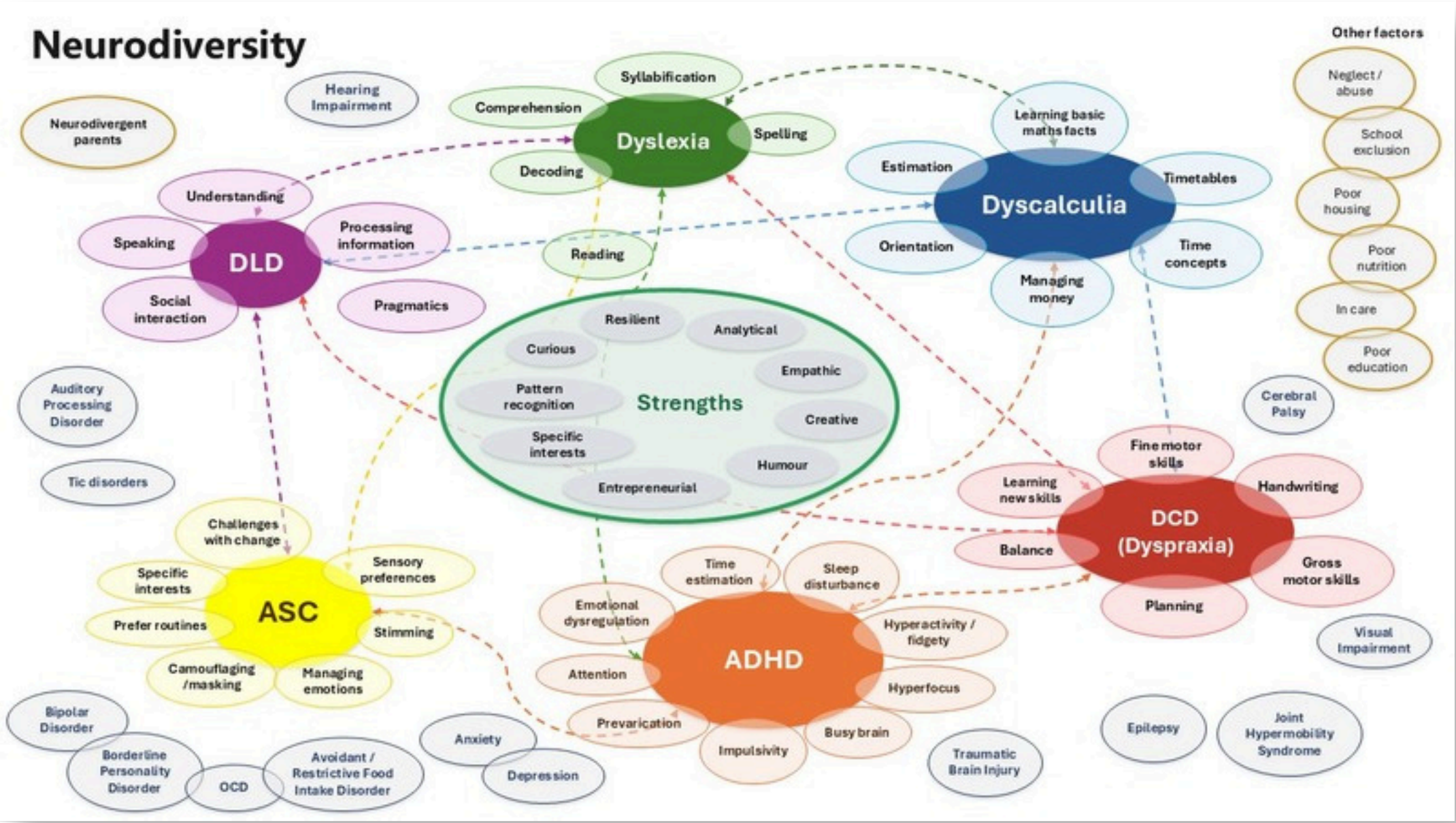
Stimming	See Self-stimulatory behaviour. Self-stimulation or stimming refers to behaviours often used by people with autism to provide stimulation, assist with calming down, add concentration or shut out an overwhelming sound. Examples include rocking back and forth, skipping, vocalising or making repetitive noises, flapping hands or spinning around.
Synaesthesia	When stimulation of one sensory or cognitive pathway results in involuntary (automatic) experiences of a second sensory or cognitive pathway. For example, someone might see numbers and automatically strongly feel that each number is associated with a particular colour, or someone might hear a particular noise - such as a trumpet - and automatically see a green circle.
Tactile	To do with touch.
Tic Disorders	A term which includes Chronic Tic Disorder and Tourette Syndrome
Tics	The production of sudden, repetitive, non-rhythmic involuntary (automatic) movements, sounds and / or words. These include clapping, blinking, head jerking, repeating / echoing words or involuntarily saying taboo words or phrases.
Tourette Syndrome	A condition characterised by motor (movement) and vocal tics that have lasted for more than a year.
Traumatic Brain Injury (TBI)	Any injury to the brain that is the result of physical trauma, e.g. a blow or fall. TBI is classified as mild, moderate or severe based on length of loss of consciousness and / or Glasgow Coma Score immediately after injury.
Working memory	The ‘temporary storage’ part of memory that is used, for example, to store numbers when doing sums in your head or for storing ideas when decision-making.
Working memory deficit	Difficulties with skills and tasks that use working memory. Someone with a working memory deficit may have a hard time with decision-making, following instructions with several steps, doing sums in their head and / or copying text.



8.2 Co-occurrence Map



Source: Cleaton and Kirby (2018) in Journal of Childhood & Developmental Disorders, Vol. 3, Issue 3, P 1-20



[LEARN MORE](#)

[Neurodiversity Co-Occurrence Map](#)

8.3 Link Directory



Here you will find a complete list of all the links that feature in the toolkit.



Myth of the normal brain



ADHD Foundation



More about DLD



Accessible tools for Neurodiversity (Microsoft)



Judy Singer blog post



About ADHD



When hot desking makes you go cold



2025 ReciteMe Accessibility Report



Neurodiversity & bleaching



ADHD doesn't come alone



WHO-ICF



Neurodiversity in spaces and places (BSI)



Neuroqueer & other terms



National Autistic Society



About Urie Bronfrenbrenner



Universal Design Principles



Neurodiversity Cooccurrence Map



ISRA-DCD



Executive functioning tips



Better conversations



Embrace Spiky Profiles



Movement Matters UK



Habit stacking



Checking your communication style



British Dyslexia Association



Dyscalculia Network



Be a realistic time manager



Neurodiversity at Work (book)



International Dyslexia Association



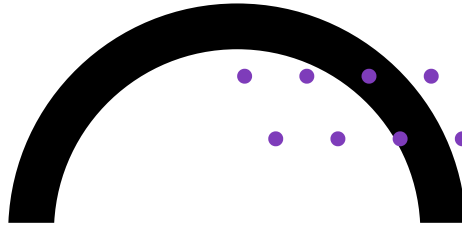
Professor Steve Chinn



More reading support



Neurodivergent biases

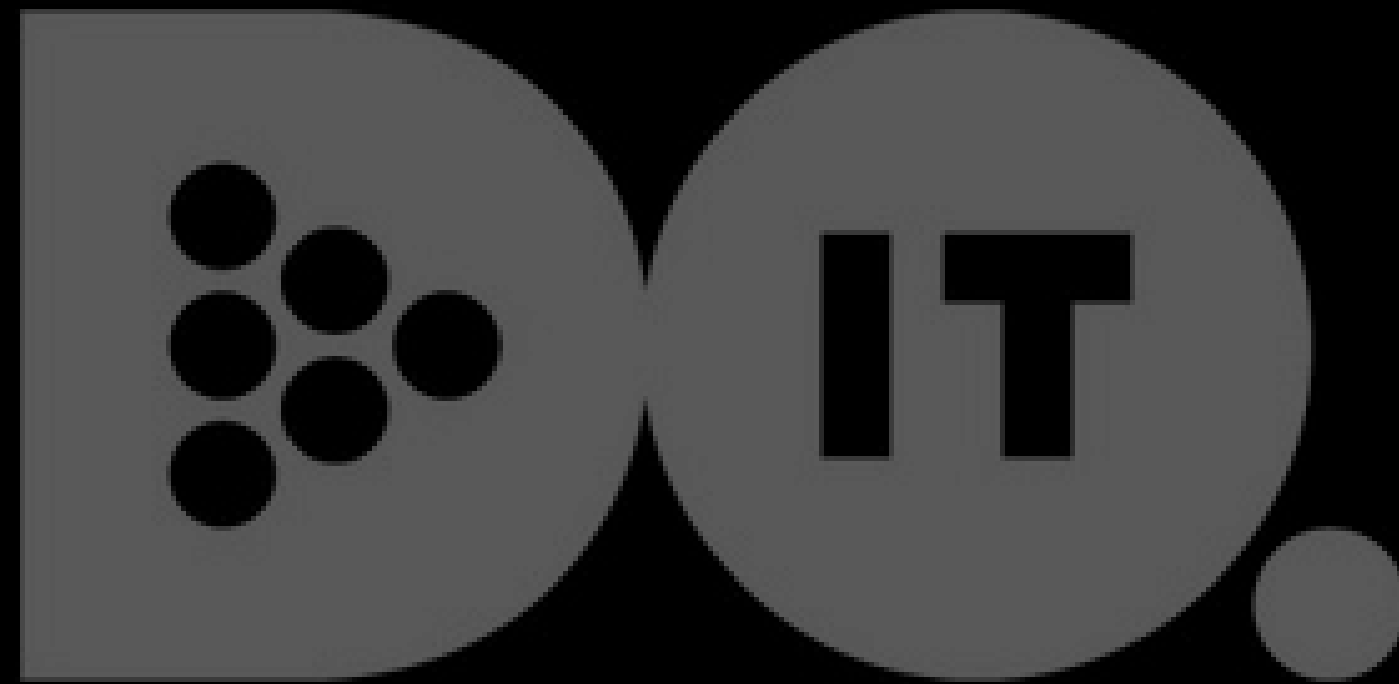


8.4 Link Directory

Here you will find a complete list of all the links that feature in the toolkit.

- Neuroinclusive board meetings
- Resources for Autism
- ACAS
- Health and Safety Act 1974
- Auticon
- Disability Confident Employers
- Access to Work scheme
- Human Rights - United Nations
- Evenbreak
- Neurodiversity & mentoring
- Autism Act 2009
- Right to Choose (NHS)
- Disability Job Site
- Neurodiversity & coaching
- Care Act 2014: fact sheets
- SEND Code of Practice 2014
- Autism.org
- Outsource UK
- Equality Act 2010
- Website Accessibility (UK)
- Disabled Workers
- Gov.UK accessible communications resources
- Employment Rights - Lewis Silken
- CIPD neurodiversity policies
- The Ability People
- Creating Neurodiversity Champions
- European Accessibility Act 2025
- Full Do IT Glossary





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