



Celebrating Different Minds – Neurodiversity in the Workplace

National Executive
Council Statement
to 2026 ADM



Neurodiversity is an umbrella term that refers to the natural differences in the human brain and how it works.

It acknowledges that these differences are not faults to be 'cured' but alternative ways of processing information, thinking, and interacting with the world that should be respected and celebrated.

As at least one-in-five people in the UK are thought to be neurodivergent, we know that this is an issue for significant numbers of Usdaw members. We also know that many neurodivergent members are struggling at work due to a lack of understanding and support.

Ushaw reps are rising to the challenge of organising the workplace so that it works for neurodivergent members. For instance, on last year's Supporting Parents and Carers Spotlight Day, themed Celebrating Different Minds, reps organised campaign activity in over a thousand workplaces across the UK, raising awareness of the rights of both neurodivergent members and the carers of neurodivergent children. This level of activity reflects the fact that raising awareness around neurodiversity is an important issue for Usdaw members.

This National Executive Council Statement forms a part of Usdaw's ongoing commitment to supporting neurodivergent members and the parents and carers of neurodivergent people at work.

General Secretary's Foreword



Over the last 12 months our Union's work to support neurodivergent members in the workplace has accelerated and I am delighted to be able to introduce this National Executive Council Statement on the issue.

With around one-in-five neurodivergent people in the UK, this is an issue affecting tens of thousands of our members. Many more will be parenting children who are neurodivergent with the challenges this brings for them both at home and in the workplace.

I am proud to lead a Union that has a broad agenda and that understands that the issues that matter to our members matter to Usdaw. For those neurodivergent members working with one or more conditions, there are often very real challenges in being able to function and thrive at work.

We know that having the support of your union can make a significant difference in these circumstances and our reps and officials are doing an amazing job representing neurodivergent members.

We need to ensure that our Union understands the issues facing members who are working with autism, ADHD and other neurodivergent conditions. This not only helps our reps and officials to win for members, but also signals to members and potential members that this is an issue we care about and understand.

The Union's work to raise awareness of neurodiversity is not limited to representation in the workplace, as vital as this is, we are also working hard to make a difference in our political and campaigning work on the issue as this statement sets out.

The Labour Government's plans to support people who are neurodivergent into work is welcome given the levels of stigma and barriers to employment they face.

This statement reflects the fact that members with neurodivergent thinking bring enormous strengths not just to their employer but to their union as well and they should be celebrated and valued for this.

A handwritten signature in blue ink that reads "Joanne Thomas". The signature is fluid and cursive, with a large loop at the end. It is positioned above a horizontal line.

Joanne Thomas
General Secretary

Section One – What do we Mean by Neurodiversity?

What is Neurodiversity?

Neurodiversity is an umbrella term that refers to natural differences in the human brain and its functions.

It acknowledges that every brain is unique and that there are a wide range of differences in how people's brains work. These variations are not faults to be 'cured' but simply alternative ways of processing information, thinking, and interacting with the world that should be respected and celebrated and where necessary, supported.

Around one-in-five people in the UK are neurodivergent.

It can be helpful to think of neurodiversity in the same way as we think about physical differences between people. Some people are taller than others, or stronger. Just as we recognise and accept that we are all physically different, the same is true of our brains.

You may know a friend or colleague or family member who is neurodivergent, you may be a parent to neurodivergent children, or you may be neurodivergent yourself.

Neurodiverse Conditions

It is important to realise that whilst neurodivergent people often share similar characteristics (often referred to as traits), everybody with a neurodivergent condition is different. Even people with the same type of neurodivergence will experience it differently. For instance, some neurodivergent people may require little or no support on a day-to-day basis, others may need help from a parent or carer every day.

Like everyone, neurodivergent people have things they are good at as well as things they struggle with.

Six of the most common neurodivergent conditions are listed below together with a brief explanation of characteristic strengths and challenges.

- **Autism**

Autistic people often have strong abilities in pattern recognition, problem-solving, and attention to detail, although they may struggle with certain social cues or sensory issues. Autism is a spectrum, so experiences vary widely.

- **Attention Deficit Hyperactivity Disorder (ADHD)**

ADHD affects focus, impulse control, and energy regulation. While individuals may face challenges, their creativity and quick-thinking abilities can lead to success in fields requiring creative ways of thinking and fast decision making.

- **Dyslexia**

Dyslexia affects the way in which individuals process written language. Many people with dyslexia are particularly good at creative thinking and problem solving, coming up with alternative strategies to overcome reading and writing challenges.

- **Dyscalculia**

Dyscalculia presents as difficulty understanding numbers and mathematical concepts like addition, subtraction, and multiplication. Despite challenges with maths, people with dyscalculia often excel in non-mathematical areas and are particularly good at developing strategies such as employing visual aids or technology to overcome these challenges.

- **Dyspraxia**

Dyspraxia affects coordination, balance and movement, making physical tasks more challenging. However, individuals with dyspraxia often exhibit strong skills and an ability to think outside of the box.

- **Tourette Syndrome (TS)**

TS involves involuntary movements and vocal tics like blinking, whistling or repeating a sound or phrase. Individuals with TS often demonstrate resilience and creativity in adapting to life with tics and learning to navigate social situations.

Co-occurring Conditions

Neurodiverse people often, not always, have more than one type of neurodivergence. For example an autistic person may also be dyspraxic, or a person with ADHD may also be dyslexic. These are described as co-occurring conditions.

Making space for neurodiverse people to be themselves and enabling them to work to their strengths, while being aware of the challenges they may face, is key to creating inclusive and supportive environments.

Section Two – Neurodiversity in the Workplace

A lack of awareness and understanding of neurodiversity is one of the most significant barriers that neurodivergent members come up against at work. This results in neurodivergent members, and the parents and carers of neurodivergent children and adults, being excluded from, and treated less favourably at work.

Recent research by the Chartered Institute of Personnel and Development found that:

One-in-five neurodivergent workers (20%) have experienced harassment or discrimination at work because of their neurodivergence.

Just under a third of neurodivergent workers (31%) had not told their line manager or HR Department about their neurodivergence. Of this group, over a third (37%) said it was because they were worried about people making assumptions based on stereotypes, and one in-three said they feel that stigma gets in the way of them seeking support.

Neurodivergent members are best placed to describe what it is like to be neurodivergent in a neurotypical workplace. One of the many members who contact the Union for support shared their experience in writing:

"I'm writing as a union member and a late-diagnosed autistic adult working in the retail sector. I appreciate your campaign supporting parents of autistic children and autistic adult members. I was diagnosed later in life, by which point I was already working in the fast-paced, noisy retail environment. Before diagnosis, many of us feel like marooned aliens – constantly masking, confused about why we're struggling, always feeling like we're the problem. After diagnosis, we finally understand ourselves, but disclosing our autism often leads to colleagues avoiding eye contact or conversation altogether. It doesn't feel like progress – it feels like further isolation.

The mental health impact is real and well documented. Autistic adults are at much higher risk of experiencing mental health problems, often due to exactly this kind of alienation and misunderstanding in everyday life. It doesn't take much to make a difference. Just 30 seconds of thought can transform an autistic person's experience of work. A simple hello at the start of shift, or a thanks, see you tomorrow at the

end, can go a long way. These small gestures help us feel human and connected. And please - understand that headphones are not a barrier. They're a shield. I wear them to reduce sensory overload, not to shut people out or give others an excuse to shout at me. I believe Usdaw is in a unique position to raise awareness and push for change."

If you are an Usdaw rep, members who think they may be neurodivergent might approach you for signposting and support. It is important for managers to understand that not all neurodivergent members will have a formal diagnosis. Others may choose not to be assessed, and they have a right to that choice. Many people are not diagnosed until later in life, and in many areas of the UK it can take years to be assessed, meaning members may have experienced years of encountering barriers, feeling different, isolated and excluded without knowing why.

Neurodivergent members, whether they have a formal diagnosis or not, are likely to have important rights under the law at work, including the right to have aspects of their workplace environment, job duties or working hours adjusted.



Section Three – A Guide to the Law: Rights at Work

The Equality Act and the Disability Discrimination Act (DDA) (Northern Ireland) give disabled people important rights and protections at work.

You do not have to have a formal diagnosis of a neurodiverse condition, nor do you have to identify as disabled to be covered by the Act(s), but you do have to show that you meet the definition of a disabled person as set out in the Act(s).

The Definition of a Disabled Worker

The definition of a disabled worker, as set out in employment law, is someone who has 'a physical or mental impairment that has lasted, or is likely to last 12 months or more, which has a substantial, adverse impact on your ability to carry out normal day-to-day activities.'

When deciding whether you or a member is covered by the Act(s) it helps to break down the above definition into the following separate parts:

1. Does the member have a physical or a mental impairment?

It is widely acknowledged that neurodiverse conditions such as autism or ADHD are (to use the language of employment law) 'mental impairments'. Neurodiverse members may also have physical impairments that could be related to their neurodiversity or not. In the case of dyspraxia for example, a person may also have a visual impairment or poor muscle tone that causes fatigue. A neurodiverse member is unlikely to 'look disabled' and therefore managers might not be aware that someone has the condition or might be disbelieving. It is rarely obvious by looking at someone that they are disabled. The majority of disabilities are not always visible, including neurodiverse conditions, nor do they need to be in order to be covered by the definition of disability outlined in the Equality Act or the DDA.

2. Does the impairment have a substantial, adverse effect on normal day-to-day activities?

Some members may not feel that their neurodivergence has any real impact on their lives, whilst others will find it has a significant impact. In order to satisfy the legal definition of disability, you have to show that the member's neurodiversity has a negative impact on their day-to-day activities which is more than minor or trivial.

3. Has their condition lasted or is it likely to last for more than a year?

Neurodiverse conditions are lifelong conditions and so the answer to this question will always be yes in the case of a member who is neurodiverse.

4. What would happen if the member stopped taking their medication or other treatment?

Not every neurodiverse member will be taking medication or receiving other treatment. If somebody is, then when deciding whether or not their neurodivergence has a substantial, negative effect on their day-to-day activities they must be assessed as if they were not taking their medication or receiving treatment. In other words, the positive (and negative) effects of medication and/or treatment must be disregarded when assessing whether someone's neurodivergence has a substantial impact on their ability to carry out day-to-day activities.

5. Does the condition affect the member's everyday life?

If you can show that the member's neurodivergence has a substantial effect on how they carry out normal day-to-day activities like cooking, cleaning, dressing, driving, interacting with others at work and/or in social situations, forward planning, reading, writing, remembering etc, then they will be covered. Talk to the member about what symptoms they experience and write these down. Then go through a typical day with them and ask them how their symptoms affect their day-to-day activities.

For example, someone with dyspraxia may find it difficult to undertake day-to-day activities such as tying shoe laces or fastening buttons etc. They may struggle to stand for long periods and become easily tired. They might forget things easily and find it difficult to concentrate. They may find it difficult to communicate with or understand others and become anxious or stressed.

It does not matter if the member is not experiencing these difficulties every day. As long as the difficulties are ones they usually experience and they are likely to reoccur, then they count.

6. Does the person have more than one condition or impairment?

Where a person has more than one condition, for example dyspraxia and dyslexia, or autism and anxiety, the effects of each condition should be added together when deciding the impact those conditions have on the member's life. For example, if a member has only mild anxiety and is on the lower end of the autistic spectrum, then when taken separately those conditions may only have a minor effect on their ability to carry out day-to-day activities. This would mean they would fail to meet the definition of disability. However, this would be the wrong approach. The guidance to the definition is very clear that where a person has more than one condition or impairment they should be added together and not considered separately.

Reasonable Adjustments

If you can show that the member meets these criteria then they would be entitled to the protection of the Equality Act or the DDA in Northern Ireland. Their employer then falls under a duty to make what are called reasonable adjustments to reduce or remove the barriers in the workplace that put the member at a substantial disadvantage.

This means the employer needs to look at the workplace environment, the member's job duties and their working arrangements, including their hours and their own company's policies and procedures to see whether or not they can be reasonably adjusted.

Many factors will be involved in deciding what adjustments need to be made. Neurodiversity affects people differently, and neurodivergent members will often need different adjustments, even if they share the same or similar conditions.

Managers should always seek to discuss the adjustments with the member, otherwise they are unlikely to get them right, and they should take steps to ensure that any agreed adjustments are monitored and reviewed to ensure they remain effective.

Remember a combination of adjustments might be required, not just one, to offset the disadvantage the member might be experiencing at work.

Below are examples of some of the barriers the workplace can create for neurodiverse members.

Someone with dyspraxia may find following several instructions all given at the same time difficult. They may find it difficult to understand verbal explanations. A reasonable adjustment might be to give instructions one at a time and to show them what is being asked of them rather than simply telling them.

It might be a reasonable adjustment to give members with dyspraxia more time to perform a task than a non-disabled member and adjust performance targets and policies accordingly. Members with dyspraxia might also find it more tiring to stand for long periods. Providing a chair behind the checkout may also be an example of a reasonable adjustment. Members with dyspraxia may struggle with handwriting. A reasonable adjustment might be to allow them to use a keyboard instead.

An autistic member may perform better when they have a structured working day and a clear routine. Members with autism may find changes to working hours or working days difficult, if not impossible, to cope with. An example of a reasonable adjustment might be to give a member with autism set hours of work and/or set days of work that are not subject to change.

If change is unavoidable it would be reasonable for employers to plan any change well in advance, with regular reminders of when it will happen and exactly what it will mean.

An autistic member may, on occasion, behave in ways that others regard as 'strange', eg pacing or talking to themselves, yet do their job well. Some of this behaviour may be unintentionally directed towards fellow colleagues.

Adjustments might include providing awareness training to fellow workers (ensure the member's consent is obtained first) to improve understanding. If the behaviour needs to be challenged, an instruction may need to be repeated on several occasions if the action is repeated, as it may take more time for the member to learn that the behaviour is inappropriate. Adjusting the investigatory and disciplinary procedure to take account of this may be a reasonable adjustment.

Remember the Equality Act and DDA make it clear that in order to ensure disabled members are not put at a disadvantage, and to ensure they are given the same opportunities as non-disabled colleagues, it may be appropriate (and necessary in order to comply with the duty to make reasonable adjustments) to treat disabled members more favourably than non-disabled workers.



Section Four – The Social Model

The social model of disability is a way of viewing the world, developed by disabled people.

Members who are neurodiverse may not necessarily think of themselves as disabled, but neurodivergent members face additional barriers that can get in the way of their full and equal participation in work, and wider society. In this way, it can be helpful to think about neurodiversity as a disability because of the failure of society and the world of work to adapt to their needs. It is this failure which disables people.

This is the essence of the social model. It is the idea that people are disabled by barriers in society, not by their impairment or condition. Barriers can be physical, like buildings not having accessible toilets, or they can be caused by people's attitudes to difference, like assuming disabled people cannot do certain things.

The social model helps us recognise barriers that make life harder for disabled people. Removing these barriers creates equality and offers disabled people more independence, choice and control.

Under the social model, people don't have a disability. They have an impairment or condition and it is society that disables them.

The social model of disability says society is responsible for removing these barriers. It is not on the disabled person to find ways around or remove barriers created by society.

Instead, it is everyone's responsibility to remove barriers and to create an inclusive culture where attitudes are no longer barriers.

Changing Attitudes Towards Disabled People

Negative attitudes based on prejudice or stereotype can stop disabled people from having equal opportunities. This is sometimes referred to as disablism.

Examples of negative attitudes towards people who are neurodiverse include assuming that they cannot:

- Have emotions.
- Express empathy.
- Make friends.
- Understand humour.

Medical Model of Disability

The medical model of disability says people are disabled by their impairments or conditions.

The medical model looks at what is 'wrong' with the person, not what the person needs. It creates low expectations and leads to people losing independence, choice and control in their lives. For many Usdaw members who are neurodivergent, the medical model approach would mean being treated with pity or feeling patronised.

Here are some Usdaw examples of the social model in action:

- A member with autism who works in a retail food store struggles with constant changes to their hours of work. They want to have a stable shift pattern because predictability reduces their anxiety, eases sensory overload, and provides a sense of control. The social model recognises that it is the demand for unlimited flexibility by the employer that is the problem and not the member's autism. The member's full-time official spoke to the employer who agreed to provide the member with a stable shift pattern, which for this member meant the difference between being able to stay in work or having to give up their job.
- A member with ADHD working as a picker is struggling with managing and organising their time and with focusing on and finishing tasks. This means orders are sometimes unfinished or include the wrong items. The social model would see that picking targets might need to be reduced, that the member could benefit from working alongside a buddy, have access to clear written guidance or benefit from a one-to-one training session. In other words the member is not the problem, it is the requirement to work in the same way as colleagues who do not have ADHD that is the issue.

Section Five – Campaigning in the Workplace

Usdaw reps are doing an amazing job raising awareness of neurodiversity in the workplace.

There are a number of ways in which this is happening.

Very often this is about helping a neurodiverse member get the workplace adjustments they need so they can stay in or get back to work. Every win like this for a member shows that we understand the challenges members who are neurodiverse face and that we have something to offer, and this can help to build a strong union in the workplace.

Usdaw workplace campaigns such as Celebrating Different Minds and Not All Disability is Visible are a positive way for reps to signal to members and potential members that we are not just there for when things go wrong at work. Our 'Celebrating Different Minds' Campaign was launched on Parents and Carers Spotlight Day 2025 and gave reps a range of resources they used to highlight the issue of neurodiversity in their workplace.

Celebrating Different Minds is Usdaw's first neurodiversity specific campaign and is helping to raise awareness of the support available to members who are themselves neurodivergent and/or who are supporting neurodivergent children and adults. This includes signposting members to specialist organisations for advice on the support they are entitled to outside of the workplace.

Workplace campaigns such as this support reps to increase membership and activism by reaching out to colleagues who are not currently members, and members who do not currently participate in union activity. In this way, they help to build member participation and union power with the aim of changing how managers respond to the needs of neurodiverse workers.

A rep who ran the 'Celebrating Different Minds' Campaign in their store said:

"Our manager seems to be only interested in the needs of the business and so when we have neurodiverse colleagues who might be struggling, they do not seem to want to know. The day helped members see that we are in their corner and standing up for them. We might not always get what we want but we are saying "look, we are serious about this issue."

Workplace campaigning can influence the approach managers take to supporting neurodiverse colleagues. By organising positive, vibrant workplace campaigns, reps are putting the onus on the employer to do the right thing.

Reps may sometimes choose to combine different campaigns that sit well together. So for instance the Union's mental health 'It's Good to Talk' Campaign works well alongside Celebrating Different Minds, as does Usdaw's 'Not All Disability is Visible' Campaign.

We know that neurodivergent conditions such as autism and ADHD are not mental health conditions. But just like everyone, neurodivergent people can sometimes face mental health difficulties and struggle with their emotional wellbeing.

Being neurodivergent in a neurotypical world can lead to challenges that may increase the risk of stress, anxiety or depression, and studies suggest that neurodivergent people are more likely to experience mental health issues than neurotypical people.

Our mental health campaign runs throughout the year. Additionally, every year Usdaw supports World Mental Health Day on 10 October by organising a co-ordinated Day of Action on Mental Health.

Our focus on mental health at work helps to tackle the ongoing stigma that still surrounds this issue.

It lets members know that where work might be impacting on their mental health, or where their mental health might be affecting them at work, for example impacting on their attendance or performance, then we can help.

It also enables reps to signpost members to independent, support organisations where their mental health is affecting their life outside of work.



You can find out more about all of these campaigns at:
www.usdaw.org.uk/equalities

Section Six – Organising the Workplace so that it Works for Neurodivergent Members

Stereotypes, negative assumptions, and stigma combine to prevent neurodivergent workers from talking about their neurodivergence in the workplace. Members often fear they will be labelled and that others will see them as less capable or committed than before.

Whilst no one has to tell their employer or their Union rep about their neurodivergence, talking about it is the first step to getting the support and adjustments a member needs at work.

Rather than waiting for neurodivergent members to come forward to ask for help to overcome the barriers the workplace puts in their way, Usdaw reps who want to do more can take positive steps to remove those barriers in the first place by making the workplace more inclusive.

Below are some of the ways in which Usdaw reps can make a difference and help create a workplace that works for neurodivergent members:

- **Organise a 'Not All Disability is Visible' or an 'It's Good to Talk' Campaign.**

Order a 'Not All Disability is Visible' Campaign box including leaflets covering neurodiversity and autism, a poster, pens and lanyards. The campaign is a very visual reminder to members who might be struggling at work because of a disability that is not visible to talk to Usdaw.



You can order 'Not All Disability is Visible' Campaign materials by visiting www.usdaw.org.uk/NADVorder – or by calling **0161 224 2804**.



You can order Usdaw's mental health 'It's Good to Talk' Campaign materials by visiting www.usdaw.org.uk/MHorder – or by calling **0161 224 2804**.

You could set up a campaign stand in the staff area or on the shop floor. You will need to agree the location with your manager. If you come up against any problems, get in touch with your Area Organiser.

Try and agree a time when there will be plenty of your colleagues around for you to talk to about the campaign.

If you are working in a larger store, you might want to approach other reps or members to ask for help to staff the campaign stand at key times during the day and night.

- **Theme Your Noticeboard**

If you are not able to commit time to running a campaign stand, or you work in a small store but still want to get the message across to members in your workplace, you can use the union noticeboard in your workplace to display campaign materials.

This is a great way to run a visible campaign if you are not able to commit the time. If you think this may be the best option for you, visit www.usdaw.org.uk/NADVorder or www.usdaw.org.uk/MHorder or call **0161 224 2804** and request a Hidden Disability noticeboard pack or an It's Good to Talk noticeboard pack and we will send you a pack of materials for you to display and share with members.

- **Organise a Discussion or a Learning Event**

Speak to your Area Organiser, Equalities Forum Co-ordinator or Regional Training Officer about the possibility of organising a get-together, educational session or federation school on the issue of supporting neurodiverse members at work. Or why not raise the issue at your branch meeting and suggest inviting a speaker from an autistic or neurodiverse people's organisation.

Contact the Union's Equalities Section at Usdaw Head Office by email at equalitymatters@usdaw.org.uk or by calling **0161 224 2804** for more information.

- **Offer Members Workplace Guidance and Support**

Support neurodiverse members, and parents and carers of neurodiverse children and family members, by helping them get the reasonable adjustments at work they need. Should you experience problems or need more advice, contact your Area Organiser or the Union's Equalities Section at Usdaw Head Office by email at equalitymatters@usdaw.org.uk or by calling **0161 224 2804**.

Section Seven – Summary

Growing awareness of neurodiversity is obviously a good thing and trade unions are playing a vital role in helping to promote conversations about this and other health conditions at work.

This is the first step to creating workplaces where all workers feel accepted and supported. There is much work to be done to achieve this end.

Studies show that access to reasonable adjustments for people with neurodivergent conditions is often difficult, highly variable and with the onus being on the worker to identify and advocate for the adjustments that they need.

The National Autistic Society have said that the biggest barriers facing autistic workers and job applicants are lack of understanding, negative stereotypes and the failure of employers to adapt to the needs of autistic people.

Barriers also include vague job descriptions, ambiguous interview questions and too much emphasis on social skills rather than job skills.

Their research shows that around one-third of autistic employees felt unable to discuss their adjustment needs at all, and of those who did request adjustments, over a quarter were refused and more than one-in-ten found the adjustment was poorly implemented.

Labour's commitment to supporting more people with neurodivergent conditions into decent work is therefore hugely important. Their plans include employment support programmes and improving awareness of the Access to Work Scheme and the support it can provide.

Where people are already in the workplace, the Government will promote better guidance for employers and work with specialist charities to produce practical workplace guides. These are welcome first steps to supporting more neurodivergent workers to have a positive experience of work.

But unions will continue to be crucial in advocating for workplaces that are positive about the needs of disabled workers and in helping workers feel safe to disclose they are neurodivergent.

Usdaw will ensure that the voice of members who are neurodivergent will be at the centre of our work on this issue. We will continue to support reps to win for members and to press employers and the Government to deliver a better deal for all disabled workers. If we make the world of work better for neurodivergent workers, we make it better for everyone.



Myths and Facts

With so many myths surrounding neurodiversity, it is not surprising that many neurodiverse people describe feeling misunderstood and misrepresented.

Neurodivergent people see and experience the world differently to neurotypical people. It is important that we all understand more about autism and other neurodiverse conditions, both what they are and what they are not.

Myth: Neurodiversity is an illness.

Fact: Neurodiversity is not an illness or disease and cannot be cured.

Neurodiverse conditions are actually neurological differences – MRI (magnetic resonance imaging) scans show distinctions in the ways that neurodivergent and neurotypical brains receive and process information. Being neurodiverse is part of who a person is, like their eye colour, and not something that can be changed or grown out of.

If you are autistic, for instance, you are autistic for life. Often people feel that being neurodiverse is a fundamental aspect of their identity.

Increased acceptance and understanding of neurodiversity are what is needed, not a 'cure'.

Myth: Neurodiversity is a mental health problem.

Fact: Neurodiversity is not a mental illness or mental health problem, although neurodiverse people can be particularly vulnerable to developing problems with their mental health.

For example, anxiety is more common amongst neurodiverse people. Nine out of ten people with an autism spectrum condition will experience one clinically significant episode of anxiety, compared to one-in-four of the general population. Clinically significant in this context means that their anxiety is serious enough to require diagnosis and treatment by a doctor.

It is thought that a combination of factors including stigma, discrimination and living in a world designed by and for neurotypical people might explain why neurodiverse people are at greater risk of developing a problem with their mental health.

Myth: Most adults grow out of their neurodiversity.

Fact: It is important to understand that neurodiversity is about how our brains are wired. Neurodivergent people are neurodivergent for life, so neurodivergent children become neurodivergent adults.

Signs of neurodiversity are often identified in children at school, but increased awareness of neurodiverse conditions means more adults are receiving a diagnosis later in life.

These signs can present differently in adults and children as adults have usually spent more of their life trying to 'fit in' by suppressing or trying to hide their usual behaviour.

Myth: Everyone is a bit neurodiverse.

Fact: This is a common misconception. Some people may have neurodivergent characteristics eg being hyper-focused or needing strong routines, but that does not make them neurodivergent.

Neurodiversity is about how the brain works. It is about how you think and communicate; how you process information and differences in sensory experiences. Neurodivergent and neurotypical people share many of the same characteristics, but neurotypical people see and experience the world in a fundamentally different way.

Myth: Neurodiversity is one of those trendy conditions that everyone seems to have these days.

Fact: This is an inaccurate but an increasingly commonly held view which undermines the very real experience of people with autism and other neurodiverse conditions. The Labour Government's independent review into the long delays neurodivergent people are experiencing to access support and treatment is welcome. However, any suggestion that the increase in demand is due to an overdiagnosis is problematic. This opinion not only pre-empts the outcome of the review and oversimplifies the complexity of the issue, it lends weight to the misconception that neurodiversity is not real.

Myth: Autistic people are unable to empathise with others.

Fact: This myth is both hurtful and misleading. In reality, most autistic people do feel empathy deeply, though they may express it in ways that neurotypical people do not immediately recognise, such as offering practical advice rather than expressing emotion or not expressing emotion through facial expression.

Where to go for Further Support

Usdaw

The guides below provide more detailed information about workplace rights and reasonable adjustments for neurodiverse members, as well as workplace rights for parents and carers of neurodivergent children and family members.



See Usdaw leaflets
*Autism - An Advice
Guide for Usdaw Reps*
www.usdaw.org.uk/459



*Understanding
Neurodiversity - An Advice
Guide for Usdaw Members*
www.usdaw.org.uk/464

NHS UK

The NHS website provides comprehensive advice about symptoms of neurodiverse conditions, diagnosis pathways and available support and treatments.

web: www.nhs.uk

National Autistic Society (NAS)

NAS is a charity supporting autistic people and their families, including advice on supporting an autistic child or family member and an online community to share experiences.

web: www.autism.org.uk

email: nas@nas.org.uk

Autism Central

Autism Central is an NHS commissioned programme connecting parents and carers of autistic children and young people with local support.

web: www.autismcentral.org.uk

ADHD UK

ADHD UK is a charity that provides information and support for childhood and adult ADHD including online support groups and Facebook groups for parents of children with ADHD.

web: www.adhduk.co.uk

British Dyslexia Association

The British Dyslexia Association supports and provides resources for children and adults with dyslexia and dyscalculia as well as help and advice for parents supporting a dyslexic child or young person.

helpline: **0333 405 4567**

web: www.bdadyslexia.org.uk

Tourettes Action

Tourettes Action is a UK charity supporting individuals with tourette syndrome and their families, including online support groups.

web: www.tourettes-action.org.uk

Useful Definitions

ADHD

Attention deficit hyperactivity disorder (ADHD). Difficulty with concentrating for a long time, sitting still, controlling impulses and thinking through decisions before acting on them.

Autism Spectrum Conditions

A group of related neurological developmental conditions, including autism. These can range from very significant to very mild differences in thinking, perceiving and communicating.

Cognition

The mental actions or processes of learning, thinking, reasoning, experiencing and sensing.

Co-occurring Conditions

This refers to the fact that some neurodiverse people may also have other conditions such as ADHD, dyscalculia, dyslexia or dyspraxia. As these conditions are not on the autism spectrum they are often referred to as co-occurring conditions.

Dyslexia

A condition which can affect a person's ability to process and remember information they read, see and hear.

Dyspraxia

A condition which affects a person's motor skills or muscular control.

Equality Act 2010/DDA (Northern Ireland)

The legislation which prohibits discrimination against people with certain protected characteristics. This includes neurodiverse conditions.

Hypersensitivity

Increased sensitivity to certain things is common for autistic people in particular. They may be uncomfortable with, for example, loud noises, strong smells, bright or flickering lights.

Masking

Masking is the act of suppressing or concealing neurodivergent traits in schools and the workplace in order to appear neurotypical.

As stigma and disability discrimination is still widespread, it is common for a neurodivergent person to hide or change their behaviours in public settings to try to fit in. Masking can be exhausting and lead to anxiety and overwhelm.

Neuro

When added to other words, 'neuro' refers to the physical brain, for example in words like neurodiversity and neurotypical.

Neurodiversity

Recognising that there is a wide range of difference in how people's brains work. The neurodiversity movement advocates for better understanding and inclusion of people with conditions like ADHD, autism spectrum conditions, dyslexia, dyspraxia and mental health conditions.

Neurotypical

Sometimes used, especially by people within the neurodiversity movement, to refer to people who are not neurodivergent.

Non-verbal Communication

Without using words, for example posture, gesture and facial expression. Sometimes people who do not speak aloud are referred to as non-verbal, though if they communicate with language in other ways (eg by typing or using sign language) the correct term is non-speaking.

Obsessive Compulsive Disorder (OCD)

A mental health condition which causes intense anxiety and strong compulsions to complete certain repetitive actions such as handwashing or checking that doors are locked.

Pathological Demand Avoidance Disorder

A diagnosis which is considered part of the autism spectrum. It refers to having a fear of the demands of day-to-day living as well as the more usual traits of the autism spectrum.

Rejection Sensitive Dysphoria

Rejection sensitive dysphoria (RSD) is an intense emotional response to perceived rejection or criticism, often linked to ADHD, causing significant emotional pain and dysregulation.

Savant

At one time, people with autism spectrum conditions were often believed to have near-superhuman talents in areas such as mental arithmetic, spatial logic or the ability to draw complex plans or play sophisticated music after a single exposure.

Self-stimulatory Behaviours

Behaviours which people with an autism spectrum condition may use, to help with sensory processing, stay calm in stressful situations or express their mood. Common examples involve flapping hands, rocking gently in a seat or twirling their hair.

Sensory Processing

The way we perceive the world around us. People with autism spectrum conditions often have different sensory processing to others.

Spectrum

A scale with two extreme points. It is not limited to specific values but can vary infinitely between the two extreme points.

Stimming

A common name for various types of self-stimulatory behaviours.

Verbal Communication

Speaking and understanding the spoken word. Some people with autism spectrum conditions have difficulty with verbal communication, especially when they are stressed. They may prefer to communicate in other ways, such as by typing or writing things.

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