

# Support for those working with or managing neurodivergent colleagues

## About this guidance

This guidance uses identity-first language throughout (e.g., *autistic* instead of *person with autism*). This decision has been made in line with the current dominant preference of neurodivergent individuals within the wider literature (e.g. Walker, 2021; Keating et al, 2023). Where this guidance refers to SLTs it also refers to SLTAs, SLT students and SLT apprentices unless the context relates to qualified SLTs only.

Neurodivergent is a broad term, which encompasses (but is not limited to) some of the below diagnoses ([Learn more about neurodivergence types](#); Doyle, 2020).

- Autism
- ADHD
- Specific learning impairments (e.g., dyslexia, dyspraxia, dyscalculia, or dysgraphia)
- Tourette Syndrome
- Intellectual (or learning) disability
- Down Syndrome
- Williams Syndrome
- Sensory Processing Disorder
- Developmental Language Disorder
- Foetal Alcohol Spectrum Disorder (FASD)
- Mental health conditions (e.g. bipolar disorder, schizophrenia, PTSD)
- Acquired neurodivergence (including conditions resulting from stroke and brain injury)
- Obsessive Compulsive Disorder (OCD)
- Symptomatic hypermobility (e.g. Ehler Danlos Syndrome, Hypermobility Spectrum Disorder)

A full list of terminology used throughout this guidance can be found in [the Neurodivergence glossary](#)

We appreciate and acknowledge that the recommendations set out in this guidance may not be accessible or appropriate for all workplaces or settings. We ask that adjustments are considered on an individual basis, and we hope this promotes open conversations and discussions on how we can make the workforce more accessible and inclusive.

This guidance does not provide legal advice, but links to relevant pieces of legislation are included for completeness. What is reasonable depends on each situation and considerations might take into account health and safety, whether it reduces disadvantage, affordability and practicality. See gov.uk for the **definition of what is 'reasonable'**.

These guidelines are co-produced by members of UK Neurodivergent Speech & Language Therapy Professionals Peer Support Group (**NDSLTK**) and members of the RCSLT Disability Working Group, which included speech and language therapists (SLTs), speech and language therapy assistants (SLTAs), newly qualified practitioners (NQPs) and SLT students, representing a diverse range of neurodivergent **neurominorities**, including ADHD, Autism, Dyslexic, Dyspraxic (DCD), acquired brain injury (ABI), mental health conditions, with support and guidance from RCSLT.

**RCSLT's strategic vision** contains specific commitments to promoting greater equality, diversity and inclusion. It aspires to a more diverse student population and workforce, including those with a disability. This guidance explores how those commitments can be embraced by the whole profession to support neurodivergent SLTs.

**Please note:**

This resource does not contain clinical guidance for SLTs on working with service users who are neurodivergent. This resource does not cover SLT pre-registration students whilst at university, though it can be applied to their experiences whilst on placement.

For relevant information on these topics, please see our guidance on:

- **RCSLT guidance for disabled students at university**
- **Guidance for Practice Educators**
- **RCSLT guidance on supporting disabled SLTs in the workplace**
- **Clinical guidance on Autism**

## Introduction

This section contains guidance for those working with and/or managing neurodivergent SLTs. The advice aims to support self-reflection around **ableism**, as well as providing practical ideas to support the development of inclusive workplaces. Research shows that promoting a climate of inclusion is consistently associated with positive outcomes, including increased job satisfaction, staff retention, and commitment to the profession and the organisation (Mor Barak et al, 2016).

**Work towards becoming Neuroaffirming Practitioners and Services** will take time and resources. Managers can also refer to the [\*\*RCSLT Continual Professional Development modules on Leadership\*\*](#) (member login required) and [\*\*managing change\*\*](#) (member login required) to help guide service transformation. Speech and Language Therapists may not always be managed by another SLT, therefore, we encourage sharing resources or useful information with their manager.

Underpinning all of this work is the [\*\*core values\*\*](#) of the [\*\*RCSLT and its five year strategic vision\*\*](#), which runs parallel to more recent reports such as "[\*\*Toward a more diverse RCSLT Board\*\*](#)", and the new revisions to the [\*\*HCPC Standards of Proficiency\*\*](#) which focus on "active implementation". In particular, the need to **be proactive in promoting equality, diversity and inclusion**, and for all professionals to be supported to safeguard their own mental health and wellbeing.

## Intersectionality and unconscious bias

All SLTs have a variety of both individual strengths and areas of challenge, and bring valuable experience and perspectives into their teams and services. The term “intersectionality” describes how race and gender intersect with each other to create unique dynamics and effects (Krenshaw, 1989). **Managers will need to consider Neurodivergent Colleagues’ intersecting identities.** This will produce the compounding effects and impacts for each colleague.

**The Social GRACES model** by John Burnham (2013) is a useful tool to help colleagues to reflect on their own personal attributes and experiences which influence their personal and social identity. This supports reflection on **power differences and privileges** between individuals, and highlights areas of **unconscious bias**.

[Watch this short video about the importance of considering Social GRACES.](#)

This tool also supports developing a more diverse workforce within local teams and services. You can find out more about [RCSLT’s work on anti-racism on the website.](#)

The [Equality Act \(2010\)](#) which applies to England, Scotland, and Wales, protects individuals against discrimination at work. Discrimination means treating individuals “less favourably” than someone else based on protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

Discrimination can still occur, even if actions and behaviours were not intended e.g. arising from unconscious bias.

Discrimination may include:

- excluding individuals from opportunities or benefits, including social interactions
- making it harder for individuals to fulfil their role or job
- causing individuals to experience emotional distress
- causing individuals to experience financial loss.

Colleagues residing in Northern Ireland will need to refer to the different pieces of legislation such as the Sex Discrimination Order (1976), Disability Discrimination Act (1995), Race Relations Order (1997), fair Employment and Treatment Order (1998), Employment Equality (Sexual Orientation) Regulations (2006) and Employment (Age) Regulations (2006).

Discrimination, in all its forms, is often the result of unconscious bias arising from stereotyping and assumptions about a person’s identity. There is a particular danger in SLTs relying on knowledge gained during their professional training or work-based neurodiversity training that may have reinforced outdated stereotypes or which ignores the value of neurodivergent lived experiences and

more recent changes towards embracing neurodivergent-affirming practices.

This includes accepting difference, rather than seeing neurodivergence as disordered with deficits that need to be fixed to make others feel more comfortable or to fit in with social norms.

There are many resources available to support changes towards growth and curiosity. We recommend the following as a starting point:

- **The Neurodiversity & Anti-Ableism Reflection Tool** (Murphy, 2022)
- Kerry Murphy's **"Neurodiversity Growth Zone"**.

## Disclosures and/or suspected neurodivergence

Neurodivergent individuals may or may not be aware of their own neurodivergence, and may or may not be formally diagnosed. This means that there may be cases where those working with an individual observe differences which may cause them to suspect neurodivergence, prior to the individual developing insight into this area themselves. In these situations, it is important to accept the observed differences and think of ways to support the individual, with or without underlying neurodivergence.

Those with awareness of their own neurodivergence may also choose not to formally disclose for many reasons, including **fear of discrimination** or **stigmatisation** by colleagues. Many colleagues have masked for years, and the decision to disclose and / or unmask is a significant and personal decision. It is not the responsibility of a manager or colleague to raise the possibility of neurodivergence with a colleague, and this may be considered inappropriate or unethical by some individuals. As such, if these conversations do occur, it is important to approach them sensitively.

### Resources are available in our guidance for helping individuals.

Neurodivergent colleagues may be considering, undergoing or processing their diagnosis assessment outcome. It is important to consider the challenging impact of this on personal and professional lives, which can lead to feelings of anxiety and contribute negatively to stress levels. Managers should work with neurodivergent colleagues to co-produce an action plan for these events, and review these during regular supervision and line management meetings.

When neurodivergent employees decide to disclose to make requests for support or adjustments, it is crucial that managers respond appropriately using the following advice:

- Understand that individuals may be anxious about disclosing their needs and challenges, so respond in a way which is **positive and supportive**.
- **Take all concerns and disclosures seriously**, without expressing doubt or surprise, or making assumptions about what that means for the individual.
- **Value the lived experience** of employees and treat them with respect.
- **Learn about and accept alternative learning, communication, and working styles**.
- Focus on building **trusting relationships**.
- Regularly catch up with employees to monitor their **wellbeing**.
- Respect and use the language the person uses to describe their own **identity**. Many self-identify with identity first language (e.g. 'Autistic'); others prefer person-first language.
- Remind colleagues of their **right to choose** when, how and whether or not to disclose their disability.
- Consider adopting a **collaborative** and **solution focused approach**, with the goal of making the workplace more **accessible** for the individual.

- Signpost to **neurodivergent peer support** such as local disability networks or [NDSLTK](#).

## Recognising Neurodivergent Strengths alongside Needs

It is widely recognised that many neurodivergent individuals have difficulty identifying their own needs (Embracing Complexity, 2024), which is thought to be attributed to internalised ableism as a result of internalising stigma and beliefs that their profile is one of *deficit* rather than valued *difference* (Botha & Frost, 2020). It is important for employers / managers to create an environment of **emotional and psychological safety**, especially given the high prevalence of previous traumatic workplace experiences of neurodivergent employees (Bewley and George, 2016). **Noticing differences without judgement** and recognising strengths may be a good starting place for building trusting, trauma-informed relationships.

"Being ND has helped me build rapport... it has gotten them through the door because they feel safe... that they will be listened to and understood."

"I see the big picture and details all at once meaning I can see routes in, pitfalls, solutions quicker than most... I can spin multiple metaphorical plates all in my head like virtual pathways."

"I often see different perspectives or potential solutions that don't occur to others!"

**Ensure conversations are balanced between strengths and needs.** A problem-solving approach is essential when addressing differences that impact on working practices. Focusing on **difficulties** is associated with poor mental health outcomes, marginalisation and stigma, whereas developing a **strengths-based neurodivergent identity** is associated with job satisfaction, positive self-esteem and well-being (e.g. Cooper et al, 2021; Taylor et al, 2023).

Many people find it helpful to create a detailed breakdown of the practical aspects of their job role and to consider whether these are areas of strength or sources of anxiety or stress. Some employers have stress risk assessments for this purpose. **Health Adjustment Passports** provide a structured framework for considering and documenting ND and disability-related needs.

It is estimated that 1 in 7 people in the UK are neurodivergent (ACAS, 2019). A **table from McDowall, Doyle and Kiseleva highlights the self-reported strengths associated with neurodivergence, collated from a large sample in a UK based study (McDowall, Doyle & Kiseleva, 2023)**.

See **Developing a neuro-affirmative approach to supporting neurodivergent colleagues** in for more information

## Considering adjustments

There will need to be creativity and responsiveness to accommodations. Be aware that not one size fits all, and these accommodations are subject to review. See [\*\*Examples of neuro-affirmative adaptations and reasonable adjustments\*\*](#) in the sister guidance 'Support for Neurodivergent SLTs for more suggestions. Remember, not all adjustments are complex or costly.

The definition of reasonable adjustments is set out in law and is subject to the case law that has developed since the various laws were passed. The adjustments described in this guidance are intended to provide information, ideas and practical suggestions about how you might support neurodivergent SLTs and to form a basis for joint discussions and joint understanding about how managers can support them.

Starting a new post can be a difficult or stressful time. If an individual has disclosed neurodivergence, managers should aim to have reasonable adjustments in place prior to them starting their role. Managers should also consult with the individual where possible to ensure adjustments implemented match their needs and preferences. The provision of support at this early stage may prevent later difficulties from occurring as a result of lack of adjustment or support.

Many adjustments can be quickly implemented by considering working practices or readily available accessibility aids, while others may take longer to put in place. Funding for adjustments such as neurodiversity coaching, equipment, job aide or mental health support might be provided directly by the employer or via funding, such as [\*\*Access to Work\*\*](#). Very few people have access to Personal Independence Payments (PIP, which has replaced Disability Living Allowance).

Should Employers decline the request for reasonable adjustments, and the Employee wishes to contest this decision, refer the Employee to the organisation specific process and protocols to proceed. Employees may also wish to attempt early conciliation through [\*\*ACAS\*\*](#). Should the Employee decide to contest the Employers decision, they can commence formal proceedings in the Employment Tribunal. They should also speak to their [\*\*Union representative\*\*](#). Many organisations provide **bullying and harassment teams** and/or **Equality, Diversity, Inclusion and Belonging Teams**.

**A “formal” diagnosis should not be a barrier for reasonable adjustment requests**, however employees may be asked to undergo an assessment as part of the tribunal, to determine if the Employee is considered disabled for the purposes of the [\*\*Equality Act 2010\*\*](#).

## Adjustments to support ND colleagues

Support for Neurodivergent colleagues will by necessity vary depending on the individual, their needs and how they work best. It includes allowing space to process and react to stimuli and supporting actions they might be taking to ensure reduce mental overload and distractions, maximise focus and meet objectives. We have provided examples of steps individuals can take to support themselves in our sister guidance. The examples of adjustments below are tailored to help you think about ways you can support and create a supportive environment for colleagues and people you work with in different scenarios. These lists are not exhaustive.

For further adjustments, particularly ones that can be made as an individual, see our [\*\*guidance on support for neurodivergent SLTs\*\*](#).

### Examples of Reasonable Adjustments during the recruitment process

#### Before an interview

- Providing as much notice as possible of when, where and how long the interview will be.
- Providing directions to the room and how many interviewers / who they will be.
- Offer a visit prior to the interview/assessment.
- Ask if there is a preference for a phone or video/online interview rather than face-face.
- If possible, provide an agenda, topics or questions in advance to all candidates. 24 hours is ideal, because a shorter interval (e.g., an hour before) still disadvantages a candidate who has difficulty processing information when anxious.
- Provide an overview of the interview format and whether any tasks will be required.
- Provide written confirmation of adjustments.
- It may be useful for some candidates to have a discussion with a member of the team prior to the interview to help them fully prepare, so provide a clear contact.

#### Room considerations

- Use a quiet room with minimal distractions. Consider changing the room or rescheduling if the environment is inappropriate.
- Consider where candidates are sitting – sitting opposite one another can be daunting, consider changing seating to an angle or offer candidates a choice of where they sit.
- For virtual interviews, interviewers should use a quiet space with noise cancelling headphones to improve sound quality.

## During the interview

- Provide questions in written format in a large print, one at a time, to support memory/focus.
- Allow extra time for interviews to reduce pressure and allow time to formulate thoughts.
- Ensure questions are direct and specific.
- Allow candidates to bring notes to refer to.
- Offer and allow rest and/or movement breaks.
- Ask the candidate to talk about a real case rather than a hypothetical one.
- Provide access to/promote the use of accessibility equipment, as well as extra time if asked to do a written task.

## Supporting your colleagues on a day to day basis

- Some neurodivergent people have needs which impact executive functioning and learning of new skills. Many neurodivergent people have '**spiky profiles**', including needs that impact on aspects of learning and executive functioning.
- Consider referral to Access to Work for full assessment and **funding for software or equipment**. Access to Work is able to make up-to-date recommendations based on need, with recommendations and support, eg: someone to proof-read/help with calculations; consider peer supervision/admin support.
- Understand that challenges are not a reflection of knowledge, skills or intelligence.
- Understand that a neurodivergent person may interrupt as a means to help them avoid forgetting thoughts/ideas: this is not meant to be rude or ignorant.
- **Movement** may aid focus/creativity during meetings/training e.g. using **fidget tools**, not sitting still for prolonged periods. Plan movement breaks after sitting for long periods and use outdoor or **breakout spaces**.
- Recognise how fluctuations in demands can exacerbate areas of need, such as sensory sensitivities and executive functioning (including emotional regulation).
- Use **preferred communication styles** (e.g. using non- speaking way of communication such as writing which may support memory/processing) to follow up agreed tasks.
- Consider how colleagues approach each other: approach from the front, and be mindful of touch and sudden sounds, visuals or movement. Consider contacting colleagues using emails or i-messenger to **arrange a time to meet**.
- Use strategies to adapt training and learning to suit the individual e.g. 1-to-1 **training** allowing the employee to learn new systems at their own pace.

- Support management of schedules e.g. allowing extra time for more challenging tasks.
- Break tasks into smaller manageable **chunks/detailed steps**. Primarily focus on accuracy, before considering speed on tasks.
- Acting as an informal **work buddy** based on the principle of body doubling can help people
- Understand that your colleague might need to **reduce office distractions** (including noise/odours/interruptions) to help them focus. For example: creating quiet spaces to work in or using active noise cancelling headphones/earbuds; listening to low level music/brown noise/white noise (whilst being mindful of colleagues sharing the space); working from home or using 'do not disturb' settings on emails/ virtual working platforms (e.g., MS Teams).
- **ND Staff pathways:** Work proactively to maintain the well-being of neurodivergent staff; offer ND coaching, specialist assessment, advocacy/mentoring **as standard for ND staff**.
- While SLTs are expected to have a high-proficiency of English Language, to be a profession which is representative of the communities that we serve, different communication styles should be accepted. Communication abilities are known to fluctuate across different times, settings, social situations, and levels of fatigue, arousal, or distress. Neurodivergent individuals may be highly effective communicators, particularly with other neurodivergent individuals (Milton, 2017).

SLTs should aim to enable and encourage effective communication using the means which are most accessible to the individual at the time, which may include written language and/or AAC. The use of alternative (non-speaking) means of communication may also foster empathy with AAC users, encourage lived-experience expertise, and promote modelling of AAC. Where there are legitimate concerns around English language proficiency, this should be raised sensitively with access to the appropriate support systems and standards of proficiency.

## Adjustments to the work environment and equipment

- Use **Clutter-free workspace** policies (required by many infection control policies).
- Consider the use of adapted office equipment, e.g. height adjustable desks, seating balls, filters for screens, or specialist equipment like pen grips and an ergonomic mouse. Many workplaces complete display screen equipment assessments for all staff as part of health and safety policies.
- Use alternative technologies, ie: the use of a **Smart Pen** to convert handwritten notes or audio recording to text/transcript, using **text to speech software** to read back and check your written work.
- Create dedicated storage areas and use **shelf labelling** to ensure equipment is returned to the same place and can be found easily.

- Consider the **sensory impact** of the workplace and consider the whole team during any office redesigns. Hot-desking, for instance can be difficult due to different set-ups between desks and may lead to increased stress levels.
- **Smells** within the workplace ( e.g. people eating at their desks, open kitchens near work-spaces, cleaning products used) **Noise levels** (ticking clocks, noisy air conditioning units or how busy the setting is, see information on Misphonia) and **lighting** can all impact on performance.

Adjustments to common sensory issues such as these can include: looking at positioning of desks away from high traffic areas; positioning of desks in relation to windows; providing desk lamps to the whole office, if recommended; replacing noisy keyboards with soft touch versions; sound dampening / sound proofing between workspaces and bookable quiet spaces; reducing **background noise** by closing doors during appointments and using separate break out rooms for smaller group discussions.

We recognise that some of these suggestions may not be practical or possible in all cases, e.g. being unable to influence the choice of cleaning products used by third party cleaning contractors.

## Adjustments to the workday and processes

- Consider **hybrid/agile working** to allow time/space for sensory/social regulation. If quiet space in busy settings (such as wards) is not available, could a person work from home or another base for non-client-facing aspects of the role e.g. clinical notes?
- **Consider the sensory/cognitive impact of hybrid meetings.** Where possible, video meetings should be the whole team on individual video calls rather than half the team on video and half the team present in person. This is likely to benefit everyone, with greatest impact on ND person. Individual managers and teams may wish to engage in sensitive discussions around their preferences for meetings.
- Ensure **clear expectations and processes** for all aspects of job role. This includes allowing additional time to process changes in processes or environments with **clear timescales** and references to the implications of these changes. Consider whether additional **mentoring** or learning time is needed during periods of change.
- Provide **timescales/deadlines** for tasks.
- **Set clear agendas** for meetings and include access to reading materials in advance to give time for preparation. Include the purpose of meeting/topics and what is expected.
- Provide access to **summaries and key points** rather than full reports where possible.

- **Create templates**, 'how to' / procedural guides as well as examples, and sentence starters, to support report writing. These may be useful for individuals at all stages of their professional career, from NQPs to established clinicians. Use any recommendations around the ideal size/spacing/amount of text used within correspondence and presentations to aid understanding.
- Where possible, use recording of online meetings with live captions/transcription enabled to help aid memory
- In meetings, consider whether the ND person is best placed to take meeting minutes if it means they have reduced capacity to partake in discussions fully due to cognitive/sensory demands.
- **Hold regular check-ins** for project work or **peer caseload supervision**, with a **clear process** of support for any issues between sessions. Some staff may benefit from more frequent check-ins, whilst others may prefer to work more independently. Use supervision and informal check-ins to give additional time to talk through thoughts and ideas.
- Consider whether job plans are realistic. A workplace stress assessment may identify areas of stress across teams.
- If working in a domiciliary/community setting, keep the geographical area that the individual covers to a defined area, or, in a hospital, group wards covered or type of work completed in blocks, where possible.

## Creating an inclusive Work culture

- Ensure there is honest reflection on **judgements** or **assumptions** resulting from unconscious bias, stigma and outdated stereotypes about neurodiversity and mental health, including atypical expressions of emotion. Learn more about burnout and masking, which are the main contributors to mental health needs in neurodivergent employees.
- Facilitate training designed and/or delivered by neurodivergent staff to ensure ongoing **curiosity, reflection, and awareness of neurodivergence** throughout the team.
- Consider further support or training in supporting neurodivergent staff, e.g. trauma- informed resilience frameworks, Mental Health First Aid, supervision training that includes understanding and respecting **neurodivergent communication differences**
- Support the use of Workplace Mentors or **neurodiversity coaches** to help problem-solve. This might include exploring ways of working or learning styles that are strengths for the person. It can be helpful to explore this as a team building exercise, where acceptance is the aim.
- Identify **communication styles**, which may include the ability to understand non-literal or non-verbal language (body language, facial expressions), direct use of language, or a

preference for text based communication. If an individual is comfortable, they may consider sharing their communication style with service users, parents, carers etc ahead of appointments.

- Encouraging whole teams to create their own **one page communication profiles** to share with colleagues **removes stigma** and encourages empathy towards both colleagues and service users. Before implementing, consider whether individuals would feel comfortable with this information being shared with the wider team and if it is an appropriate exercise
- Take time to learn about experiences of individuals who are '**semi-speaking**'. **Accept that within some situations, some individuals may prefer or need to use written communication and/or AAC. This should be treated with respect and curiosity and not necessarily judged as a measure of competence.** Utilising non-speaking communication means may also promote empathy, modelling, and lived-experience expertise.
- Minimise expectations to engage in small talk (including in emails) or social events (recognise some may want to engage in small talk but are not sure how to do this).
- Continually strive to **identify and remove barriers to communication** between staff.
- Reduce the amount of language used during times of stress.
- **Support normalisation and awareness of laptop accessibility tools**, (considering only 1 in 4 people feel safe to disclose their ND at work).
- When arranging staff socials; be aware that some colleagues may prefer to bring their own 'safe foods'. Be sure to respect this as the same as any other dietary requirement.
- Consider **adjustments to uniform** that still meet infection control requirements.
- **ND Staff pathways:** Work proactively to maintain the well-being of neurodivergent staff; offer ND coaching, specialist assessment, advocacy/mentoring **as standard for ND staff.**

## Wellbeing support for neurodivergent colleagues

- Put a **Wellness Plan** in place.
- Use **Access to Work** funding for mental health support.
- Additional supervision / mentoring / coaching, peer caseload supervision, health and **well-being supervision**; provided by one or more people, or outsourced e.g. ND coach.
- Supportive, **non-judgemental** relationships are essential for 'brave' conversations.
- Psychological therapies, counselling; individuals may prefer to have a practitioner with professional or lived experience of neurodiversity.
- Consider local wellbeing provisions, e.g. access to disability networks or **neurodiversity peer support groups** (in work time), Employee Assistance Programmes, etc. Individuals may need to self-refer to these, or referrals may be supported by managers or occupational health

services.

- **Psychological safety** is essential in supporting well-being; noticing and not judging.
- Consider triggers for anxiety (e.g. interpersonal, sensory, changes, certain tasks) and whether these can be minimised or avoided.

## Adjustments to prevent and support people experiencing Burnout

- Start with an honest consideration of contributors to burnout (e.g. sensory, social, interpersonal, environmental factors); consider **ND workplace assessment** via [\*\*Access to Work\*\*](#).
- Support may be needed to put a plan in place to manage **work-life balance** if an individual is regularly overworking when in hyperfocus, e.g. through flexible working, time in lieu or check-ins / end of day buddy.
- Some individuals may need support to consider practical options for reducing fatigue that work for both the individual and the service e.g. scheduled breaks, agreed timeout options (e.g. mute/turn off video, moving away from task or screen, going for a walk, making a drink – any activity that aids emotional, sensory or physical ‘reset’). Balancing **social and sensory demands** throughout the day/week will help to reduce chronic overwhelm without rest and recovery time e.g. break up face to face appointments with admin time between, working from home several days a week.
- **Supervision** and **delegation** of an overwhelming task and/or caseload, such as support with non-clinical admin tasks can help.
- For meetings, consider if attendance is necessary, with the possibility of reading minutes afterwards or utilising alternative ways to contribute to group decisions.
- Consider your **disability policy** and if it has flexibility around absence trigger points.

## Identifying and targeting knowledge and policy gaps

Managers can become **champions** and **advocate for change** by strengthening the service and team, which may include auditing the strengths and areas of development within a service. Teams may find it useful to reflect on the ways in which they foster **inclusive environments**, and reflect on the leadership and managerial skills which are required to support neurodivergent colleagues effectively.

By developing a culture of openness and **psychological safety**, managers can begin to address the gaps in their own and the wider team's knowledge and skills. The **Neurodiversity Growth Model** (Murphy, 2024) is a useful tool to create a team baseline and identify areas of growth.

It may be useful to look at developing **team-wide reflective practice**, if this is not already in place. Neurotypical colleagues should be encouraged to learn more about neurodivergence, and to listen to the lived experiences of neurodivergent colleagues with **curiosity and acceptance**. Neurodivergent colleagues should also be encouraged to provide feedback on their experiences within the service, without fear of repercussions for reporting issues. The **360 Degree Feedback Tool – Leadership Academy** is a feedback tool on performance, strengths and skills, which includes a self-review component.

Team Reflection: How inclusive is your team?

- How is the expertise of your neurodivergent colleagues sought and used?
- Who leads on designing / auditing inclusive practices within your team?
- How would you rate your level of understanding around some of the challenges your neurodivergent colleagues face at work?
- How confident do you feel in challenging views and unconscious bias within your team to improve inclusivity? Have you created a psychologically safe space?

## Developing psychologically safe environments

Leaders are often best placed to begin to address discrimination, unconscious bias, and areas of bad practice, as well as leading on creating psychologically safe spaces. Many neurodivergent people have reported traumatic experiences at work (Bewley and George, 2016), which can create or exacerbate feelings of incompetence, insecurity, or isolation. Managers should assume competence, taking a trauma informed approach, which acknowledges that neurodivergent colleagues may have experienced historical trauma, thus may need time to build trusting relationships with managers and services again.

Allyship	
Neurotypical and/or non-disabled individuals can develop and demonstrate allyship:	
Learn	Reflect
<ul style="list-style-type: none"> <li>Build <b>psychological safety</b> to learn together.</li> <li>Challenge assumptions about disability and neurodivergence by updating outdated medical research and stereotypes.</li> <li>Learn more about neurodiversity / <b>ableism</b></li> </ul>	<ul style="list-style-type: none"> <li>Take responsibility for reflecting on your own <b>unconscious bias</b>.</li> <li>Reframe the narratives about neurodivergence – it's not enough to read about without making changes.</li> </ul>
Include	Advocate
<ul style="list-style-type: none"> <li>Champion &amp; include ND voices.</li> <li>Focus on true <b>co-production</b>.</li> <li>Value lived-experience.</li> <li>Promote accessibility and inclusion both in and outside of the workplace</li> </ul>	<ul style="list-style-type: none"> <li>Challenge microaggressions, prejudice, and discrimination if you see it.</li> <li>Build allyship and advocacy.</li> <li>Use ND-affirming and trauma-informed language – difference, not deficit.</li> </ul>

## Having 'brave' conversations

Difficult conversations may need to occur when managers have concerns regarding the well-being, performance, or management of an individual. These conversations can be stressful for all members involved. **It can be helpful to reframe these as 'brave' conversations, with a view to focusing on solutions.** RCSLT resources on **difficult conversations** are available. While they are focussed on service users, the principles can equally be applied in relation to the workforce.

## Supporting Neurodivergent Colleagues to excel and progress

Neurodivergent individuals may require additional support around job interviews, including those required for promotion or progression. More information on adjustments to interviews can be viewed in the adjustments examples of this guidance. It may be useful to look at RCSLT guidance around supporting preceptorship and development for **newly qualified practitioners** (requires RCSLT login to access), **return to practice**, and the **professional development framework**.

### Support for colleagues during transitions

Neurodivergent individuals may require additional support at times of transition or change (e.g., role changes, phased returns, service restructures, organisational shifts, parenthood, perimenopause /menopause, retirement). Managers should work with Neurodivergent Colleagues to co-produce an action plan for these life events, and review these during supervision.

## Working environments

Neurodivergent colleagues may work across different clinical groups and environments. Every service will have different expectations, demands, and organisational or cultural practices. Consequently, adjustments and support may vary between different settings and services.

### Settings

#### Educational settings:

- Different settings may have different rooms available for sessions, including classrooms, corridors, clinic rooms, or offices, with differing sensory stimuli (e.g., noisy students, strong odours, or visual clutter).
- Education settings can be unpredictable, including changes to timetables, especially at times of year where students may be on trips or activities (e.g. before holiday breaks).
- Caseloads may be varied and unpredictable, making preparation more difficult.
- Back to back sessions, without breaks between appointments.
- Some school settings may expect practitioners to take limited breaks or to take breaks at specific times.

#### Community:

- Travelling between settings can impact sensory needs, as well as cause fatigue.
- Planning travel may require executive functioning resources.
- New settings may induce anxiety – it can be beneficial to look these up in advance.
- Caseloads may be varied and unpredictable, making preparation more difficult.
- Individual homes or community settings may have sensory aspects some people may find difficult.
- Time management between visits can be unpredictable, some individuals may benefit from additional support and understanding around this.

#### Hospital settings:

- Sensory considerations (e.g., bright, loud and echoey corridors, uniforms may be uncomfortable for those with tactile differences).
- Busy wards; many people moving around the wards at one time.
- The workload and environment can be difficult to predict at times.
- Shift-work may be difficult due to impacts on consistency of routines.

**Office setting:**

- Social expectation may be difficult to manage (e.g., small talk, handshakes, hugs, team socials).
- “On the spot” verbal discussions and/or in-person meetings. This can be difficult due to lack of preparation time.
- Task demands, such as attention shifts for multi-tasking.
- Sensory considerations (e.g., lighting, temperature, noise levels).
- Shared or “hot desk” offices may also lack a quiet place to work.
- Working across multiple systems may be demanding on executive function (e.g., instant messaging, emails, calendars/information storage, programming AAC devices).

## Developing a neuro-affirmative approach to supporting neurodivergent colleagues

We want to stress the importance of not falling into **unconscious bias** and **stereotypes** of how we think a diagnosis *should* present in an individual. These kind of beliefs are often underpinned by outdated research and inaccurate media coverage (Bewley and George, 2016). Supporting your neurodivergent colleagues begins with **curiosity, reflection and a willingness to challenge what we know**, and in doing so, we can respectfully and accurately balance identifying their needs with a recognition and value of their strengths (Taylor et al, 2023; Rosvist et al, 2023).

Although mental health difficulties affect up to two thirds of neurodivergent people (e.g. Accardo et al, 2022; Lai et al, 2019, Hedley et al, 2018), this can be mitigated with good support and access to neurodivergent peer support (Botha, 2021).

### Executive functioning

Differences in executive functioning are seen across neurodivergence (e.g. Mareva and Holmes, 2023; McGrath and Stoodley, 2019); however, skills can fluctuate from week-to-week, day-to-day, hour-to-hour depending on the task at hand, and/or due to internal and external influences; therefore, the type and amount of support required is highly individual. Below are some common strengths and challenges reported by neurodivergent employees (e.g. [\*\*McDowall, Doyle & Kiseleva, 2023\*\*](#)). More information is also available within the relevant literature in the bibliography.

For examples of neuro-affirmative adaptations go to [\*\*Adjustments for Executive functioning\*\*](#)

### Attentional Control

Ability to control focus of attention and tune in to or filter out distractions

### Common strengths

- Ability to maintain deep focus (hyper- focus), completing task to high standard
- Ability to 'scatter' focus on multiple stimuli, processing information that others might miss; enables unique, highly instinctive, observational skills.
- An ability to work well under pressure.

- May thrive with tasks that others find tedious, such as collating information for audit, data analysis or repetitive tasks.

### Common challenges

- Maintaining focus or attention for trivial tasks such as admin can require more effort.
- Filtering out distractions may be more challenging, impacting on ability to focus on tasks.

### Perspectives/thinking

Cognitive ability to switch between concepts or adapt to thinking in different ways

### Common strengths

- An ability to see things from different perspectives, bringing new insights.
- Highly creative, innovative problem-solving skills, e.g., identifying more efficient systems and processes.
- Noticing patterns when integrating information from multiple sources.
- Increased flexibility to follow the client's lead and adapt quickly within a session.
- Thrives with clear instructions and deadlines.

### Common challenges

- May need longer to switch between tasks, e.g. when interrupted by a call.
- May need longer / more information to adapt to changes or before making decisions, which can feel overwhelming.
- May follow processes or rules precisely.
- Needing longer or alternative learning styles to learn new information/concepts.
- Bigger tasks / projects may need breaking down into smaller chunks.

### Memory

#### Common strengths

- Detailed record keeping or notes to compensate for working memory.
- Exceptional long-term detailed memory in contrast due to 'spiky profile'.
- Working memory may be stronger in other mediums, e.g. written words.

#### Common challenges

- Needing to draw or write things down immediately to aid memory recall, e.g. on the phone, when waiting to speak in a team meeting.
- May need quieter environments due to distractions.

## Time management

### Common strengths

- Compensatory strategies that mask difficulties, such as always being early.
- Good time keeping when structured e.g. keeping projects on task / to deadlines.
- Ability to take time to check and perfect work to maintain a high standard.

### Common challenges

- Needs to employ strategies to be able to track time scales or deadlines, including start/finish times e.g. appointment length.
- May need routines to track time e.g. when to eat.

## Organisation, planning, prioritising

### Common strengths

- Skilled at multitasking.
- Logical, highly effective methods for organising projects, events or work.
- Ability to develop a detailed plan for a task or project, including timescales.
- Plans may include a mental or written map/plan of how to execute tasks.
- Excellent compensatory skills e.g. using lists, mind maps, checklists or planning / chunking tasks.

### Common challenges

- May need admin support or systems to organise equipment/projects/timescales.
- May need use of templates to structure reports, case notes, info gathering etc.
- Competence should not be questioned if needing to use these long-term.
- May need more structured information or flexibility with deadlines, estimating time for tasks or unwritten rules, such as clothing or social expectations.

## Sensory Differences

Sensory differences are seen across neurodivergence. However, sensitivities are highly individual and can fluctuate from week-to-week, day-to-day, hour-to-hour depending on the task and internal / external influences.

For examples of neuro-affirmative adaptations go to [Adjustments for Sensory differences](#) in Support for Neurodivergent SLTs

## Interoception

Self-awareness of internal state (physical or emotional) and ability to adapt in response. Alexithymia, a difficulty recognising or labelling internal emotions, is experienced by up to 50% of autistic people (Kinnaird, Stewart & Tchanturia, 2019), although current thought suggests experience and expression is *different* rather than disordered (bottom up versus top down).

## Common strengths

- May be more 'in tune' with clients who have similar differences.
- Own perspective and differences in expression of emotions may increase ability to recognise more subtle behavioural expressions of emotion in others, due to observational skills and attention to detail.

## Common challenges

- Others misinterpreting communication of internal emotions when expressing these atypically.
- Colleagues may need training to recognise, accept and not challenge communication differences.
- Challenges recognising early warning signs when stressed, asking for help or thinking to use self-care strategies.

## Proprioception

This refers to awareness of where the body is and how different parts of the body may be moving. Some people are hyper or hypo sensitive to certain body awareness stimuli.

## Common strengths

- Ability to move the whole body to focus on an activity, giving more focused attention to the task.

### Common challenges

- Challenges with identifying proximity, navigating rooms and obstructions, may bump into others and furniture.

## Auditory

The auditory system filters sounds which are needed or not needed, depending on the task demands. Some people are hyper or hypo sensitive to certain sound stimuli.

### Common strengths

- Ability to hear noises that most people filter out.
- May be able to identify the source of a client's distress quickly.

### Common challenges

- May need a quiet space to enable focus on work and reduce distractions.
- Challenges filtering out background conversations with a tendency to 'hijack' other people's conversations.

## Visual

Visual cues allow us to identify objects and people in our environment. Some people can be hyper or hypo sensitive to certain visual stimuli.

### Common strengths

- Ability to see patterns quickly.
- Ability to plan and organise large amounts of information or processes visually.

### Common challenges

- Filtering out visual information may be challenging and lead to overstimulation or impact on focus and attention.

- Images appear fragmented or distorted (e.g. objects, lights). May affect sleep quality, which impacts on wellbeing and productivity.

## Tactile

This refers to how different types of touch are noticed and understood. People can be hyper or hypo sensitive to certain tactile stimuli.

### Common strengths

- May have a higher or lower pain threshold, and require heavy objects or pressure (such as holding others tightly or having a weighted item on them) to regulate.

### Common challenges

- May experience touch as painful.
- May feel uncomfortable sensations on different parts of the body, e.g. heavy shoes, protective gloves, clothing seams, wooden/cushioned chairs.

## Gustatory (Taste)

This refers to the taste and flavour system (e.g. salty, sweet, bitter, sour and umami). Some people can be hyper or hypo sensitive to certain taste stimuli.

### Common strengths

- Ability to enjoy a multitude of strong textures and sensations.

### Common challenges

- Strong flavours or tastes may be overpowering (this is linked with smell).
- Certain textures cause discomfort and can cause anxiety with social pressure to participate, such as shared lunches.

## Olfactory (smell)

This refers to the sense of smell, which is also closely connected with taste. Some people can be hyper or hypo sensitive to certain smell stimuli.

### Common strengths

- Ability to identify smells which may not be noticeable e.g. overheating wires.
- May quickly identify olfactory causes of distress in clients, thus validating their experiences.

### Common challenges

- Some smells can be too intense which may affect access to public bathrooms, staff rooms or tolerating strong perfumes, shampoos or odours.

### Vestibular (balance)

This refers to spatial awareness, balance and motion. Some people can be hyper or hypo sensitive to certain vestibular stimuli.

### Common strengths

- Ability to sense balance and maintain an upright posture, understand the speed and pace to navigate surroundings in a safe manner.

### Common challenges

- Movements where control, speed and ability to stop is needed may be more challenging, e.g. navigating quickly through busy work spaces / corridors.

### Resources for exploring sensory differences

[Alexithymia Questionnaire \(AQ-G2\)](#) Embrace Autism

[Sensory Needs Tool](#) SEMH.co.uk

[Sensory differences: a guide for all](#) autism.org.uk

[Sensory Checklist for Adults](#) The OT Toolbox

### Acquiring and demonstrating knowledge: Literacy/numeracy skills

**Hyperlexia**: ability to read beyond age but may co-occur with differences or atypical development in processing meanings or summarising texts.

**Dyslexia**: each person may be affected in different ways but associated with gestalt ways of learning, different learning needs for interpreting speech sounds, spelling, reading, sequencing.

**Dyscalculia**: challenges working with number, mathematical concepts or sequences.

**Irlen's syndrome**: visual processing differences.

Other specific reading differences – Around 50% of people with ADHD are estimated to have co-occurring reading needs or dyslexia.

For examples of neuro-affirmative adaptations go to **Adjustments for Acquiring and Demonstrating Knowledge**

### Common strengths

- May explain thoughts and ideas verbally and/or through use of diagrams.
- Ability to visualise a task or process.
- Ability to read large amounts quickly.
- Verbal ability often greatly compensates for written difficulties. Writing skills are not a true measure of knowledge, skill or intelligence.
- Compensatory strategies that mitigate difficulties, e.g. smart technology.

### Common challenges

- Takes longer to read/retain information; may be physically tiring. Letters/number may 'jump' around a page or challenges tracking page lines. Often co-occurs with auditory processing differences.
- Writing numbers / spelling out a name may be worse during phone calls.
- Writing / typing at certain times of the day may be challenging, e.g. if tired.
- Taking minutes whilst participating in meetings may be challenging and lead to reduced participation.
- Sequencing, ordering or calculations may be challenging and impact on time management, deadlines, calculating annual leave or CPD hours, for example.

**Further information** about how to get a tested from the **British Dyslexia Association**

### **Do I Have Dyslexia? LDRFA**

### Dyspraxia Initial Screening Checklist (twinkl.co.uk)

## Emotional regulation, mental health and well-being

Although mental health affects up to two thirds of neurodivergent people (Accardo et al, 2022; Lai et al, 2019, Hedley et al, 2018), this can be mitigated with good support and access to ND peer support (Botha, 2021). Autistic people experience significantly higher levels of chronic psychological distress (Botha & Frost, 2020). Neurodivergence alarmingly co-occurs with MH conditions, such as PTSD, eating disorders, anxiety, major depression and suicidal feelings and is highest in autistic/ADHD populations (Meisinger & Freuer, 2023; Newell et al, 2023).

For examples of neuro-affirmative adaptations go to **Adjustments for Mental Health, Wellbeing & Emotional Regulation**

## Common strengths

- Intuitive, insightful and empathetic.
- An ability to build a trusting rapport with service users; often very quickly.
- Increased confidence in addressing sensitive topics with clients.
- An intrinsic sense of integrity and honesty within all contexts.
- Highly effective ability to recognise and support neurodivergent clients.
- Ability to help others identify and remove barriers to ensure the well-being of all staff.
- An ability to 'bounce-back' quickly from difficult experiences when provided with the right support.

## Common challenges

- Managing timing and intensity of own emotional responses e.g. may be sensitive to perceived criticism.
- May need additional support or adjustments to manage these at work, especially those who 'mask'.
- May need support with signposting or referral to services (including neurodevelopmental diagnostic services) or psychological support.
- Be aware of people using annual leave to manage Neurodivergent Burnout, also known as 'Autistic Burnout'.
- **Rejection Sensitivity Dysphoria (RSD)**.

## Additional resources

Warning: these tools are to help identify your own needs, they do not provide diagnosis, and do not replace holistic assessment with an appropriately trained health professional. Contact your GP, therapist or local First Response team if you are concerned about your mental health.

### Burnout

Blog: [Insights of Neurodivergent Burnout from a Clinician](#)

[The Neurodivergent Guide to Understanding Burnout](#)

[Burnout Symptom Checklist](#)

Learn about lived experiences of mental health from neurodivergent health professionals:

Mental health poetry blog by an SLT: [Glitched & Scripted](#)

Mental Health blog by a mental health nurse: [Authentically Emily](#)

Doctors in Distress: [The Bipolar Doc](#)

### Mental Health self-identification questionnaires

[The Camouflaging Autistic Traits Questionnaire \(CAT-Q\)](#) is a self-report measure of social camouflaging behaviours in adults. It may be used to identify autistic individuals who do not currently meet diagnostic criteria due to their ability to mask their autistic traits.

[Generalised Anxiety Disorder Assessment \(GAD-7\)](#)

[Patient Health Questionnaire \(PHQ-9\)](#) (Depression Scale)

[Perceived Stress Scale \(PSS\)](#)

### Crisis Helplines

**Samaritans**- Calls are free 116 123 – [jo@samaritans.org](mailto:jo@samaritans.org)

**SHOUT** UK's 24/7 Crisis Text Service for Mental Health Support – TEXT 'SHOUT' 85258

## **Wellness / mental health action plans**

**Employee Wellness Action Plans** MIND

**Wellness Recovery Action Plan (WRAP)** North Staffordshire Combined Healthcare

**Mental health in the workplace** NHS Employers

## **Communication and Language Differences**

Reframing as a communication *difference* rather than *disorder* is of vital importance in accepting neurodivergent experiences. Differences may impact on language or auditory processing, perception of non-verbal or non-literal communication, or inferred messages, which are often subject to unwritten social conventions and workplace cultures. Allies are encouraged to reflect on their own internal unconscious bias in how they make judgements based on a person's communication style and to learn about the **double empathy problem**.

For examples of neuro-affirmative adaptations go to **Adjustments for Communication and Language Differences**

### **Common strengths**

- Directness is helpful in some contexts.
- Language may be detailed, clear and concise e.g. in reports. Interactions free from hidden agendas; honesty/integrity.
- Communication strengths when working with other ND people, who often feel heard, valued and equal partners in a common goal.
- May have exceptional skill in written or visual information.
- Strengths in retaining, recalling and integrating information. Communication and processing differences do not reflect intelligence, knowledge or skill.

### **Common challenges**

- May be frequently misunderstood and marginalised, if colleagues see disorder rather than communication difference.

- May not always be believed when disclosing challenges or pain differences. Learn more about the **Double Empathy Problem**, **Triple Empathy Problem** and physical health needs associated with neurodivergence.
- May need others to be direct as may miss indirect requests and implied meanings.
- Working in groups may be challenging, but may be linked to sensory needs rather than social anxiety.
- May need longer to process spoken or written words, particularly in busy or noisy environments.
- May need alternative forms of communication at times, including all forms of AAC, if **semi-speaking**.

Learn more about communication differences from neurodivergent voices:

**Double Empathy: Why Autistic People Are Often Misunderstood** Frontiers for Young Minds

**The double empathy problem** National Autistic society

**hat.talks** A neurodivergent, semi-speaking Speech & Language Therapist

**Hat Talks: How to support semi-speaking colleagues**

**Blog: Reflection of a neurodivergent, semi-speaking SLT**

**What It's Like Being an SLT With DLD**

My experiences of being an Autistic SLT: **Mini Podcast**

**Selective mutism & autism** Embrace Autism (embrace-autism.com)

**PTSD is making my autistic brain glitch**

Exploring Neurodivergent strengths and needs:

**Health Adjustment Passport** template, **NHS Employers**

**Autism Strengths and Challenges** Embrace Autism

Resources for employers:

**Workplace Needs Assessments for specific Neurodiversities** Exceptional Individuals

**Workplace health needs assessment** (Public Health England). Practical advice for employers on workplace health and a tool for carrying out workplace health needs assessments.

**Guidance and tools for digital accessibility**

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