

Neurodiversity Toolkit



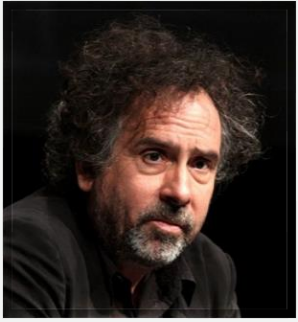
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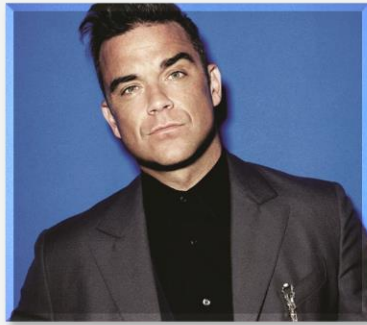
What is neurodiversity?



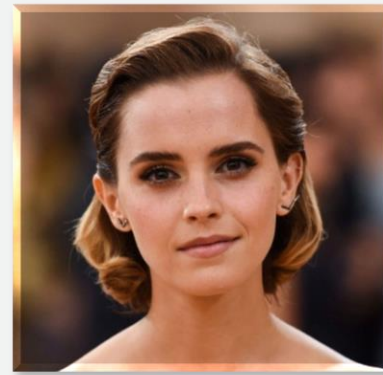
- Neurodiversity refers to the way that our brains work differently from each another. In the same that you may be born right-handed, or have blue eyes, how your brain works and where you sit on the cognitive spectrum is specific to you.
- Most people are neurotypical which means they think and behave in a way that is similar to most people.
- Around 15%-20% of people are neurodivergent which means they behave, think, process and interpret information in ways that are different to most other people. It doesn't make them less intelligent than neurotypical people.
- Traditional working and social practices are often set up with a neurotypical society in mind, which can make it difficult for neurodivergent employees to thrive at work and socially.
- Being neurodiverse should not be considered a hindrance however, there are many successful leaders and celebrities in the world who are neurodivergent and have gone on to have very successful careers.
- Understanding how we can support someone who is neurodiverse, is key to both theirs and our success in the work environment



Tim Burton
Screenwriter and
filmmaker:
Autism



Robbie Williams
Singer:
Dyscalculia

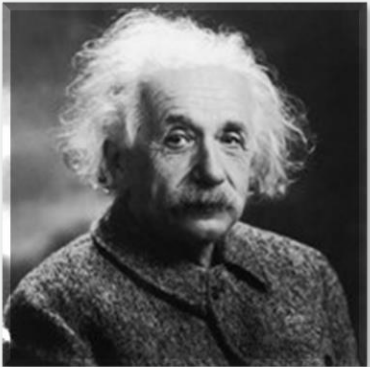


Emma Watson
Actress:
ADHD



Bill Gates
Microsoft:
Dyslexia and ADHD

Famous
Neurodiverse
People



Albert Einstein
Theoretical Physicist
(Genius):
Suspected ADHD,
Dyslexia and Autism



Richard Branson
Virgin:
Dyslexia



Steve Jobs
Apple:
Dyslexia



Greta Thunberg
Environmental
Activist:
Autism

Positives Aspects of neurodivergence

Depending on their diagnosis, some of the positive aspects of people who are neurodivergent are that they are often good at:

- Problem Solving
- Innovation
- Thinking outside the box
- Processing information quickly
- Seeing things from a different perspective
- Attention to detail
- Creativity
- Consistency
- Spotting patterns and trends
- Data analysis
- Taking Risks



Things that neurodiverse people may find difficult....

While there are many things that neurodiverse people excel at, there are also areas of work and life that they may find difficult depending on their diagnosis such as:

- Sensory overload – they can be highly sensitive to bright lights, loud noises, strong smells and certain materials such as clothing which can make them feel uncomfortable
- Executive functioning – this is the ability to plan, prioritise and organise which means it can lead to problems with meeting deadlines
- Social isolation – often neurodiverse people can find it difficult to connect socially with others which can lead to them feeling isolated. In the work context this isolation can negatively impact on their motivation and job satisfaction
- Stigma/ Discrimination/Lack of understanding – these can all create negative attitudes which impact on the person's self esteem
- Difficulty with change – often those who are neurodiverse benefit from structure and consistency, however when change occurs it can trigger anxiety, particularly in the work environment where the change is out of their control
- Hyperfocus – While intense focus on certain tasks is a positive thing, it isn't if it distracts the person away from other tasks that they should be doing
- Misunderstandings – Due to communication issues, mind blindness and face blindness (not being able to understand facial expressions or voice intonation, it can lead to misunderstandings. For example, the person may not understand if you are joking or being serious, and often will not understand sarcasm.

Autism – Section 1 of 4

Autism is a spectrum condition and affects people in different ways. Like all people, autistic people have their own strengths and weaknesses. It is estimated that more than 1 in 100 people are Autistic, and often there is a genetic link. Girls are often diagnosed later than boys because they use a process called “masking” to unintentionally hide it. They often will copy others to understand what societal norms are and use this to fit in.

Below is a list of difficulties autistic people may share:

Social communication

Autistic people have difficulties with interpreting both verbal and non-verbal language like gestures or tone of voice. Some autistic people are unable to speak or have limited speech while other autistic people have very good language skills but struggle to understand sarcasm or tone of voice. Other challenges include:

- taking things literally and not understanding abstract concepts
- needing extra time to process information or answer questions
- repeating what others say to them (this is called echolalia)

Autism – Section 2 of 4

Social interaction

Autistic people often have difficulty 'reading' other people - recognising or understanding others' feelings and intentions - and expressing their own emotions. This can make it very hard to navigate the social world. Autistic people may:

- appear to be insensitive
- seek out time alone when overloaded by other people
- not seek comfort from other people
- appear to behave 'strangely' or in a way thought to be socially inappropriate
- find it hard to form friendships.

Repetitive and restrictive behaviour

With its unwritten rules, the world can seem a very unpredictable and confusing place to autistic people. This is why they often prefer to have routines so that they know what is going to happen. They may want to travel the same way to and from school or work, wear the same clothes or eat exactly the same food for breakfast.

Autistic people may also repeat movements such as hand flapping, rocking or the repetitive use of an object such as twirling a pen or opening and closing a door. Autistic people often engage in these behaviours to help calm themselves when they are stressed or anxious, but many autistic people do it because they find it enjoyable.

Change to routine can also be very distressing for autistic people and make them very anxious. It could be having to adjust to big events like Christmas or changing schools, facing uncertainty at work, or something simpler like a bus detour that can trigger their anxiety.

Autism – Section 3 of 4

Over- or under-sensitivity to light, sound, taste or touch

Autistic people may experience over- or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain. For example, they may find certain background sounds like music in a restaurant, which other people ignore or block out, unbearably loud or distracting. This can cause anxiety or even physical pain. Many autistic people prefer not to hug due to discomfort, which can be misinterpreted as being cold and aloof.

Many autistic people avoid everyday situations because of their sensitivity issues. Schools, workplaces and shopping centres can be particularly overwhelming and cause sensory overload.

Highly focused interests or hobbies

Many autistic people have intense and highly focused interests, often from a fairly young age. These can change over time or be lifelong. Autistic people can become experts in their special interests and often like to share their knowledge. A stereotypical example is trains but that is one of many. Greta Thunberg's intense interest, for example, is protecting the environment.

Like all people, autistic people gain huge amounts of pleasure from pursuing their interests and see them as fundamental to their wellbeing and happiness.

Being highly focused helps many autistic people do well academically and in the workplace but they can also become so engrossed in particular topics or activities that they neglect other aspects of their lives.

Autism – Section 4 of 4

Extreme anxiety

Anxiety is a real difficulty for many autistic adults, particularly in social situations or when facing change. It can affect a person psychologically and physically and impact quality of life for autistic people and their families.

It is very important that autistic people learn to recognise their triggers and find coping mechanisms to help reduce their anxiety. However, many autistic people have difficulty recognising and regulating their emotions. Over one third of autistic people have serious mental health issues and too many autistic people are being failed by mental health services.

Meltdowns and shutdowns

When everything becomes too much for an autistic person, they can go into meltdown or shutdown. These are very intense and exhausting experiences.

A meltdown happens when someone becomes completely overwhelmed by their current situation and temporarily loses behavioural control. This loss of control can be verbal (eg shouting, screaming, crying) or physical (eg kicking, lashing out, biting) or both. Meltdowns in children are often mistaken for temper tantrums and parents and their autistic children often experience hurtful comments and judgmental stares from less understanding members of the public.

A shutdown appears less intense to the outside world but can be equally debilitating. Shutdowns are also a response to being overwhelmed, but may appear more passive - eg an autistic person going quiet or 'switching off'. One autistic woman described having a shutdown as: 'just as frustrating as a meltdown, because of not being able to figure out how to react how I want to, or not being able to react at all; there isn't any 'figuring out' because the mind feels like it is past a state of being able to interpret.'

ADHD – Section 1 of 2

ADHD is a disorder that is defined through analysis of behaviour. People with ADHD show a persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with day-to-day functioning and/or development. While symptoms of ADHD can reduce with age, they can often take on a different form, for example as a child the person could have been disruptive, leaving their seat all the time when requested not to, however as an adult, they may be limited to just feeling an internal sense of restless when needing to sit still for any length of time. Approximately 3.5% of the adult population have ADHD and it is considered that it is likely caused by genetic and environmental factors.

Symptoms of ADHD are defined below:

Inattention

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organising tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Cont...

ADHD – Section 2 of 2

- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.

Hyperactivity and Impulsivity

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often “on the go” acting as if “driven by a motor”.
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g. butts into conversations or game)

Dyslexia – Section 1 of 2

Dyslexia is a specific learning difficulty which primarily affects reading and writing skills. However, it does not only affect these skills. Dyslexia is actually about information processing. Dyslexic people may have difficulty processing and remembering information they see and hear, which can affect learning and the acquisition of literacy skills. Dyslexia can also impact on other areas such as organisational skills. It is important to remember that there are positives to thinking differently. Many dyslexic people show strengths in areas such as reasoning and in visual and creative fields.

Signs of adult dyslexia can include:

- Confuse visually similar words such as cat and cot
- Spell erratically
- Find it hard to scan or skim text
- Read/write slowly
- Need to re-read paragraphs to understand them
- Find it hard to listen and maintain focus
- Cont...

Dyslexia – Section 2 of 2

- Find it hard to concentrate if there are distractions
- Feel sensations of mental overload/switching off
- Have difficulty telling left from right
- Get confused when given several instructions at once
- Have difficulty organising thoughts on paper
- Often forget conversations or important dates
- Have difficulty with personal organisation, time management and prioritising tasks
- Avoid certain types of work or study
- Find some tasks really easy but unexpectedly challenged by others
- Have poor self-esteem, especially if dyslexic difficulties have not been identified in earlier life

Dyspraxia – Section 1 of 3

Dyspraxia (also known as developmental coordination disorder – DCD) is a surprisingly common condition affecting movement and coordination in children and adults. It is a hidden condition which is still poorly understood.

Dyspraxia affects all areas of life, making it difficult for people to carry out activities that others take for granted. Signs of dyspraxia/DCD are present from a young age but may not be recognised until a child starts school – or even later in adulthood.

Around 5% of the population are affected by Dyspraxia and they usually have another coexisting neurodiverse condition too.

Signs of dyspraxia/DCD

Each person's experience of dyspraxia/DCD is different and will be affected by a person's age, the opportunities they have had to learn skills, environmental demands and the support/understanding shown by people around them. There are, however, some common signs of dyspraxia/DCD.

Movement - Difficulty coordinating large and small body movements is the main feature of dyspraxia/DCD. Physical signs of dyspraxia/DCD include the following:

- Movements appear awkward and lack smoothness
- Extra physical and mental effort is required to carry out movements that others manage easily
- Poor spatial awareness means more trips, bumps and bruises.
- Difficulty learning the movements required to carry out new practical tasks.
- Difficulty transferring motor skills to new situations or activities.

Dyspraxia – Section 2 of 3

Organisation and planning

Many people with dyspraxia/DCD have difficulty organising themselves, their equipment and their thoughts. Some also experience problems with attention, memory and time management. Many adults with dyspraxia/DCD say these difficulties present more of a challenge in their daily lives than their underlying movement difficulties.

Speech and language

Some people with dyspraxia/DCD have difficulty keeping up with conversations and there may be long, awkward pauses before they respond to a question or comment.

People with verbal dyspraxia have severe and persistent difficulty coordinating the precise movements required to produce clear speech. It is possible to have verbal dyspraxia on its own or alongside other movement difficulties associated with dyspraxia/DCD.

The presence of many (although not all) of these signs might suggest that an adult has dyspraxia/DCD:

- History of physical awkwardness as a child, but may have developed coping or avoidance strategies as an adult
- Difficulty learning new motor skills or applying skills in a different or busy environment
- Cont....

Dyspraxia – Section 3 of 3

- Difficulty handling tools and equipment such as a tin opener.
- Poor balance, tires easily.
- Can produce lots of writing or neat writing, but not both at the same time.
- Anxious and may avoid social situations where difficulties might be exposed
- Poor organisation and time management skills.
- Misses deadlines, late for appointments.
- Awkward pauses before answering questions
- Underachieves academically and in the workplace.

Dyscalculia – Section 1 of 2

Dyscalculia is a specific and persistent difficulty in understanding numbers which can lead to a diverse range of difficulties with mathematics. It will be unexpected in relation to age, level of education and experience and occurs across all ages and abilities.

Mathematics difficulties are best thought of as a continuum, not a distinct category, and they have many causal factors. Dyscalculia falls at one end of the spectrum and will be distinguishable from other maths issues due to the severity of difficulties with number sense, including subitising, symbolic and non-symbolic magnitude comparison, and ordering. It can occur singly but often co-occurs with other specific learning difficulties, mathematics anxiety and medical conditions.

About 6% of people have dyscalculia. An estimated 25% of people have maths learning difficulties which can be caused either by other neurodiverse conditions such as dyslexia or external issues such as a traumatic learning experience related to maths or school absence etc. 60% of individuals with dyslexia will have difficulties with maths.

Characteristics of people with maths learning difficulties which can also be found in learners with dyscalculia include:-

- Difficulties understanding some maths concepts such as fractions and percentages.
- Difficulties with sequencing and pattern spotting.
- Cont...

Dyscalculia – Section 2 of 2

- Difficulties with short term, working and long-term memory.
- Difficulties remembering how to do a calculation or follow a procedure.
- Difficulties with mathematical language and word problems.
- Difficulties with automatic retrieval of information such as times tables.
- Immature strategies such as finger counting.
- Slow processing and information retrieval.
- Over reliance of rote learning even if they don't understand what they are doing.
- Unable to explain what they are doing.
- Maths anxiety.

Learners with dyscalculia can have some or all of the above but also have difficulties with number sense including comparing the values of numbers.

Dysgraphia – Section 1 of 3

Dysgraphia is a learning disability characterized by writing difficulties, such as impaired handwriting, poor spelling, and problems selecting the correct words to use.

Dysgraphia can affect children or adults. Children with dysgraphia may sometimes have other learning disabilities or disorders. When it occurs in adulthood, it usually follows a trauma, such as a stroke, and doctors may refer to it as agraphia.

Those with dysgraphia often have other learning disabilities or mental health issues. Sometimes, the challenge of living with dysgraphia can lead to anxiety and low self-esteem

The different types of dysgraphia include:

Dyslexia dysgraphia

With this form of dysgraphia, written words that a person has not copied from another source are illegible, particularly as the writing goes on. Copied writing or drawings, on the other hand, may be clear. Spelling is poor even though an individual's fine motor skills are normal. Despite the name, a person with dyslexia dysgraphia does not necessarily have dyslexia.

Motor dysgraphia

This form of dysgraphia happens when a person has poor fine motor skills. Someone with motor dysgraphia may also have poor dexterity. Written work, including copied work and drawings, tend to be poor or illegible. With extreme effort from the student, short writing samples may be somewhat legible. Spelling abilities are usually within the normal range.

Dysgraphia – Section 2 of 3

Spatial dysgraphia

Spatial dysgraphia results from issues with spatial awareness. This may show as difficulty staying within the lines on a piece of paper or using a correct amount of spacing between words. All forms of handwriting and drawings, from individuals with this type of dysgraphia, are usually illegible. Spelling skills are not typically impaired.

Symptoms also depend on the type of dysgraphia a person experiences. Some people may have only impaired handwriting or only impaired spelling, while others will have both:

- poor or illegible handwriting
- incorrect or odd spelling
- incorrect capitalization
- a mix of cursive and print writing styles
- using incorrect words
- omitting words from sentences
- slow writing speed
- Cont...

Dysgraphia – Section 3 of 3

- fatigue after writing short pieces
- inappropriate letter sizing
- inappropriate letter spacing
- difficulty with grammar and sentence structure
- unusual position of the body or hands when writing
- saying words aloud when writing them down
- watching the hands while writing
- tight or unusual pencil grip
- avoiding tasks involving writing or drawing
- difficulty taking notes at school or work

Tourettes – Section 1 of 3

Tourette Syndrome is an inherited, neurological condition, the key features of which are tics; involuntary and uncontrollable sounds and movements. It is a complex condition and a large number of people with the condition will also experience co-occurring features and conditions.

TS is often misunderstood as a condition which makes people swear or say socially inappropriate things. Although it is true that ‘coprolalia’ – the clinical term for involuntary swearing – is a symptom of TS, it only affects a minority of people. 90% of people with TS do not have coprolalia. It is estimated that TS affects one school child in every hundred and more than 300,000 children and adults in the UK live with the condition. As with other neurological conditions, TS is more prevalent in boys.

Tourette Syndrome is on the spectrum of conditions known as Tic Disorders. Other conditions on this spectrum include:

- Transient tic disorder or provisional tic disorder – motor tics usually confined to the face and neck although other body parts may be affected; sometimes vocal tics are also present. Tics only last a few weeks or months.
- Chronic tic disorder – tics tend to persist rather than be transitory and can include blinking, sniffing or neck movements. Tics occur for more than 1 year.
- Tourette Syndrome – multiple motor tics and one or more vocal tics present for at least 12 months although not always concurrently.
- A tic disorder not specified - tics are present, but do not meet the criteria for any specific tic disorder.

Tourettes – Section 2 of 3

The key features of Tourette Syndrome (TS) are tics; both repeated movements and sounds that are involuntary. Most people with TS will experience co-occurring conditions also such as Obsessive Compulsive Disorder (OCD), Attention Deficit Hyperactivity Disorder (ADHD) and anxiety.

Tics usually start in childhood around the age of six to seven years and tic symptoms often fluctuate in severity and frequency. Although the nature of tics is that they come and go, such patterns are also influenced by environmental factors including stress, excitement and relaxation.

Tics can occur in nearly any part of the body and in any muscle; some individuals report of ‘internal tics’ such as deep abdominal muscle tension and ‘stomach tics’

Physical and vocal tics can lead to pain and discomfort for some people. Many individuals experience a physical sensation – a premonitory feeling/urge – that precedes a tic. It has been compared to other physical sensations such as the need to itch or sneeze, or a burning, electrical feeling inside. Suppressing a tic can increase the premonitory urge, and once a tic has been performed the premonitory urge often reduces. For some people multiple attempts of a tic are necessary until it ‘feels right’ and the premonitory urge diminishes.

The term ‘tic attack’ is often used to describe bouts of severe, continuous, non-suppressible and disabling tics which can last from a few minutes to several hours. They often include whole body writhing movements, muscle tensing and shaking. Tic attacks can create a lot of anxiety for the individual experiencing them and their families.

Up to 85 percent of people with TS have more than just tics. Co-occurring symptoms may include obsessive compulsive disorder (OCD), attention deficit hyperactivity disorder (ADHD), anger/rages and anxiety

Tourettes – Section 3 of 3

Motor Tics Symptoms:

Eye blinking

Eye rolling

Grimacing

Shoulder shrugging

Limb and head jerking

Abdominal tensing

Jumping

Twirling

Touching objects and other people

Obscene movements or gestures (copropraxia)

Repeating other people's gestures (echopraxia)

Vocal Tics Symptoms

Whistling

Throat clearing

Sniffing

Coughing

Tongue clicking

Grunting

Animal sounds

Uttering words or phrases out of context

Saying socially unacceptable words (coprolalia)

Repeating a sound, word or phrase (echolalia)

Support – Section 1 of 4

We should ensure that we fully support all of our employees to ensure that they can work in a way that suits them. The best thing to do is have a conversation about them about what they will find useful. Where there is a need for a reasonable adjustment, we should put this in place. If the employee's needs are at a price that would not be covered under reasonable adjustments, then they should apply for an Access to Work grant through the government which will pay for most/all of the equipment that is necessary.

In a survey conducted by Doyle & MacDowell in 2015, it was reported:

Common challenges

- 92%** of neurodiverse people report difficulties with memory or concentration.
- 83%** of neurodiverse people say they need support with organisation.
- 78%** of neurodiverse people experience challenges with time management.
- 67%** of neurodiverse people request support with communication at work.



Support – Section 2 of 4

There are various ways in which we can support our staff:

Communication

You should ensure that you communicate well, particularly for people with autism who experience issues where they are unable to recognise what certain facial expressions mean, or what tone of voice someone is speaking in. You will also need to ensure that you express any requests in a way that they understand what you have asked them to do and ask them to repeat it back or write it down, so that those employees who have difficulty with memory have something visual to read about the task you have asked them to do. Regular 1-2-1's to keep a check on an employee's mental health, as those who are neurodiverse are more likely to suffer with mental health problems

Alternative Technology

There are various pieces of technology that employees may find useful, which an access to work grant can help to fund:

- Speech to Text Software and Text to Speech Software to help with reading and writing issues
- Dictation equipment and Digital recorders so that the employee can listen back to any verbal instructions that they have heard
- Daily planners, or computerised planners or Apps that help with time management
- Coloured Computer Monitor Screen overlays to help employees “see” the information more clearly
- Dual Computer Monitors

Support – Section 3 of 4

Physical Environment

There are also changes you can make to employees physical working life which can help make things less challenging such as:

- Adjustable lighting and Desk Lamps – for those where the light is too bright for them
- Partitions and Room dividers (where practical) – so that they can have their own personal space, which feels more enclosed and comfortable
- Standing desks – for those who find it hard to sit still for lengthy periods of time, particularly for employees with ADHD
- Clear Instructions on how to use office equipment – for those employees who have difficulty remembering how to follow processes
- Working from home is a great option for those with sensory issues, such as those with Autism who need to be able to control their working environment to make it easier to work
- Depending on business needs, allow employees to work flexibly so that they can avoid busy times such as crowded buses which can cause them unnecessary stress.
- Pens/Sticky notes/Whiteboards etc should be available for those who struggle with memory issues, but also those who need visual aids for planning and organising
- Cont...

Support – Section 4 of 4

- Where meeting rooms have availability, use these as “thinking spaces” for quiet contemplation
- Keep noise and distractions to a minimum
- Consider whether their desk is in a place that means they are more likely to be distracted. Corner desks can help with this
- Allow employees to wear noise cancelling headphones to help with sensory issues
- Have a “buddy” system so that when they are overwhelmed, they can talk to their Buddy about this.

Other things we can do

- Ensure that all documents are in an accessible format which is easily read by those using screen readers
 - Font size should be size 16 to enable those who are visually impaired to easily read the screen
 - Font type should be restricted to easily readable font such as Tahoma, Calibri, Helvetica, Arial, Verdana, and Times New Roman
 - No flashing banners or blinking content
 - Ensure that you use the accessibility function within the software to check that the reading order is how you wish it to be heard and that any images or other contents boxes have the “Alt text” box completed. The Accessibility checker in most software will guide you on what you need to do
 - Use a screen reader yourself to ensure that it is in the format you wish it to be.

Recruitment & Onboarding – Section 1 of 6

Sadly only 29% of neurodiverse individuals are in work which is lower than any other disabilities and non-disabled individuals so we should ensure that we are set up to provide this support to any neurodiverse individuals either during recruitment or employment.

Being a neurodiverse friendly workplace does not just start with our existing employees. We have to show this level of commitment from the point of advertising vacancies and all through the recruitment and onboarding process, to ensure that any neurodiverse candidates feel supported from the very beginning. By being visual with this, more employees who are neurodiverse are likely to apply for our roles. So, what can we do as part of the initial advertisement?:

- As part of the Equality, Diversity and Inclusion statement which has been renamed Diversity, Equity and Inclusion I have amended part of the wording to this:
 - *If you have a disability, long-term illness or are neurodiverse, and you feel this prevents you from meeting any of the essential criteria, please contact us to discuss the adjustments we can make for you.*
 - You should ensure that the full Diversity Statement appears on both the Job advert and the Job Description so that candidates can see our commitment at this early stage.
 - The reason for the change from Equality to Equity is because, equality means that each individual or group of people is given the same resources or opportunities. However, equity recognises that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.
 - Cont...

Recruitment & Onboarding – Section 2 of 6

- Our adverts, job descriptions, application form and any other attachments should be in a format that is easily readable by text to speech software
- We should ensure that the vacancy page, and any other attachments have no flashing banners or blinking content as that can cause sensory issues
- When writing the Job description, we should consider whether “good communication skills” are an essential part of the role and remove it if it’s not really necessary. Neurodiverse individuals who struggle with communication may be put off applying but could do the role equally as well as another candidate. The same goes for needing the person to be a “team player” even when the role is more solitary.

Part of the interview invitation process...

- To reduce the stress levels of neurodiverse candidates, when we invite all candidates to interview, we should continue to provide the following information to help neurodiverse individuals know the full interview process:
 - Clear format of the day
 - Who the interviewers are
 - Directions and map to the office
 - Cont...

Recruitment & Onboarding – Section 3 of 6

- Consider if you really need to do a test or presentation with the candidate and if so, what are you looking to achieve by doing this. Does their previous work history show that they can do the type of work you are looking for them to do? Presentations and tests should not just be used as a tick box exercise as they can put off candidates who are neurodiverse but also those who suffer with anxiety disorders, and therefore they withdraw from the process. If a presentation or test isn't needed, then don't do this.
- Full details of any tests (particularly you should tell them if it is an excel test, or an inbox exercise or DBS check. You should ensure you let them know what you are looking to see in these tests. This will allow them to prepare effectively and reduce stress on the day)
- Full details of presentations – you should give more detail about what you are looking to see as an outcome of the presentation. They should also be able to present this in a variety of media, and sitting or standing as suits their anxiety level.
- Additionally, and along the same lines as reducing stress in all candidates but particularly neurodiverse candidates, we should now start to share the interview questions in advance (enclosed with the interview invitation). This means that particularly with neurodiverse candidates, you will get a better-quality answer, as the anxiety of the interview process, can cause them to struggle. Likewise, for those with memory issues, they may struggle to recall answers off the top of their heads, and preparation will help them to provide you with information. I have heard some people say that the interview phase is an indicator of how the candidate manages stress/pressure, however the interview process is not the same type of pressure the candidate would face in post. This does not get the best out of candidates, and you may miss out on someone who is perfect for the role simply because the unnatural and extraordinary pressure of interviews is overwhelming.
- We should continue to check if they need any adjustments as part of the interview process. This can be extra time for tests, bringing their own specialist computer (as long as not on our wifi in case of viruses) or it could be additional support like physical changes to the environment (keep the lights lower, keep noise to a minimum etc)

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You should remember that not everyone is comfortable disclosing if they are neurodiverse or have any other disabilities, and nor is there any requirement for them to tell us. You should treat everyone the same and follow the guidance below, to ensure that you do not inadvertently penalise someone who is neurodiverse and hasn't disclosed it to you.

The interview itself:

- Ensure that any reasonable adjustments have been put in place in accordance with what the candidate has requested
- Ensure that the layout of the room is more relaxing and less formal, including reducing the lighting if it feels too stark
- Do not mark someone down for lack of eye contact, body language or issues with social skills
- Ask the candidate if they would rather do the interview sitting down or standing up. For those with attention disorders, they can be more restless sitting down, whereas standing can help.
- Consider that the candidate may suffer with face blindness and be unable to interpret the look on your face when they answer a question, therefore keep good communication. Often people with autism who struggle with face blindness will assume you are feeling negatively towards their answer, and this can knock them off track and cause an increase in anxiety.
- Cont...

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- Give the candidate a paper copy of the interview questions so that they both read and hear the interview question
- If the candidate has brought prompts to help them with answering questions, encourage them to use them during the interview to help reduce stress and memory recall issues
- When you start the interview, ensure to introduce all the interview panel thoroughly so the candidate feels more relaxed
- Give an idea of how long each question should take to answer and provide a clock in their eyesight so that they can keep to the time set
- Ensure that interview questions only cover 1 point at a time. Split questions out where there are follow on questions. Don't ask them all at the same time as the candidate may have trouble remembering what you have asked of them.

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Onboarding:

A good onboarding process is key to happiness and success in the employee's first 6 months of employment (their probation period). As employees do not have to disclose medical or neurodiverse conditions to you, you should ensure that you do the following for all new employees:

- Ensure that you have completed the Induction and Probation form in advance detailing any objectives you have set for them and explain this thoroughly as part of your induction meeting with them.
- Provide them with a plan for the first couple of weeks so that they have this time mapped out for them, including meetings with other people that are important.
- Ask them what they require so that they can do their role to the best of their ability. Think about adjustments to their working environment, desk, assistive technology etc.
- Ensure you are supportive throughout the 6-month process, and meet regularly with your employee
- Don't assume your employee is comfortable with ice breaker type activities where they have to stand up and announce who they are and answer questions in front of a crowd. This will cause stress in some neurodiverse and other employees
- Understand that when neurodiverse people get anxious they can seem agitated or appear angry. Rather than respond to this in a negative way, take time to diffuse the situation and understand what the problem is, putting support mechanisms in place to avoid this happening again.

Links

The National Autistic Society - <https://www.autism.org.uk/>

ADHD UK https://adhduk.co.uk/?gad_source=1&gclid=EAlaIQobChMIkNKJyMf9ggMVXpZQBh0g7Q0-EAAYBCAAEgIoUfD_BwE

British Dyslexia Association <https://www.bdadyslexia.org.uk/>

Dyspraxia Foundation https://dyspraxiafoundation.org.uk/what_is_dyspraxia/dyspraxia-at-a-glance/

Dyslexia (Dysgraphia) <https://dsf.net.au/learning-difficulties/dysgraphia/what-is-dysgraphia>

Tourettes Action <https://www.tourettes-action.org.uk/>

