CTM 2030
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CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

Neurodiversity in the Workplace

Creating Neuro-Inclusive Teams

Neurodiversity Celebration Week (16 - 20 March 2026)



Neurodiversity Quiz!



1 What does the term "neurodiversity" refer to?

a) The diversity of mental health conditions
b) The idea that neurological differences are a natural variation of the human experience
c) A medical way of treating brain disorders
d) The study of brain diseases

2 Which of the following is not considered a form of neurodivergence?

a) Autism
b) ADHD
c) Dyslexia
d) Diabetes

3 Which of the following is a common misconception of neurodivergent individuals?

a) They can contribute unique perspectives to society
b) They may have difficulties with social communication
c) They can not excel in academic or professional settings
d) They may have different strengths and challenges

4 Which of the following is a strength commonly associated with neurodivergent individuals?

a) A preference for conformity
b) Exceptional attention to detail & pattern recognition
c) The ability to avoid risk at all costs
d) lack of emotional response

5 What does "stimming" refer to ?

a) A type of therapy used to improve social skills
b) Repetitive movements or sounds that help regulate emotions or sensory experiences
c) A method for focusing during tasks
d) A term used to describe social communication

6 According to the British Dyslexia Association What Percentage Of The UK are Neurodivergent?

a) < 5%
b) 5-10%
c) 15-20%
d) 20-30%

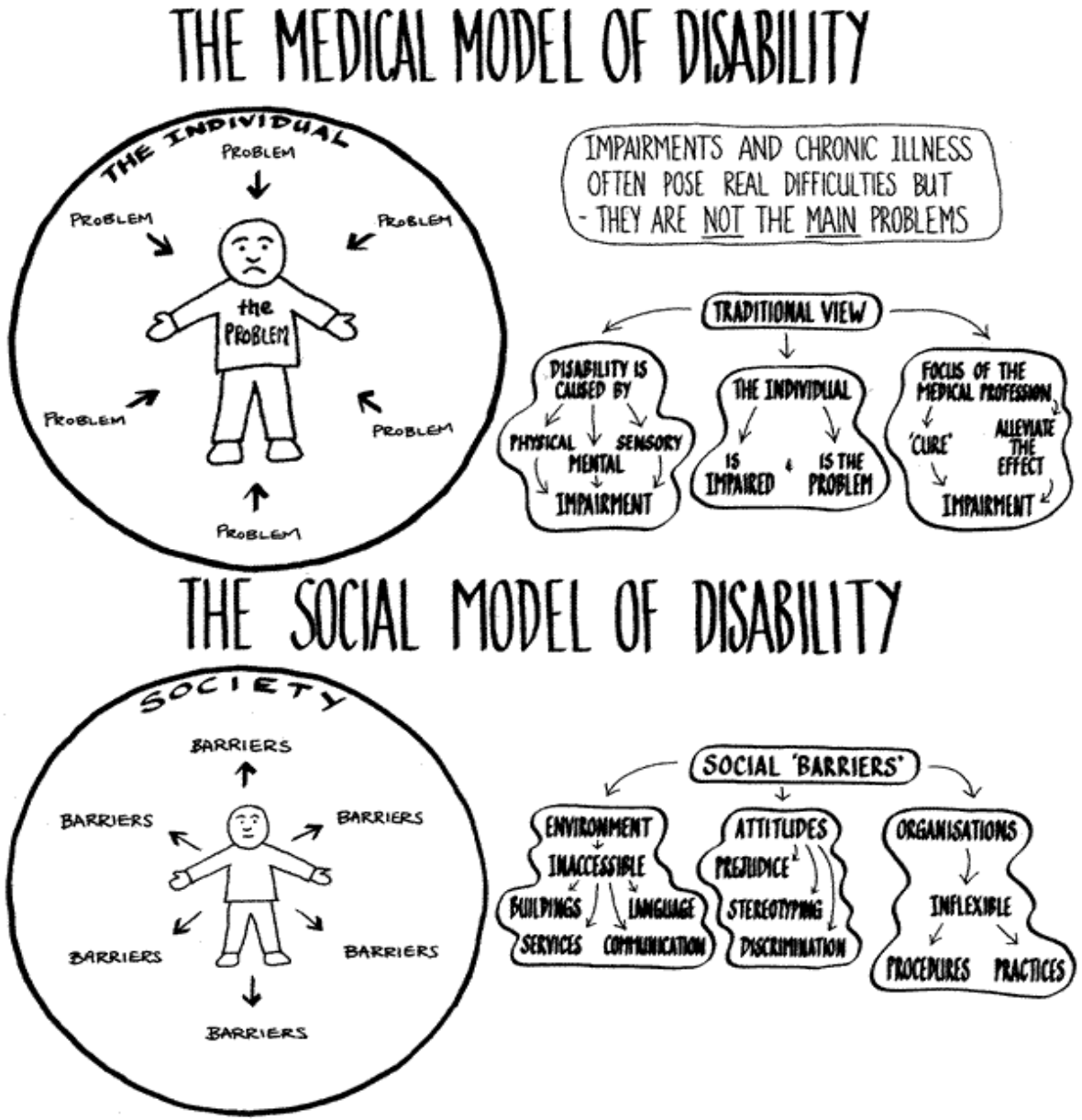
Type your answers to the questions in the chat bar!





Medical vs social model

- The medical model looks at what is wrong with the person, not what the person needs.
- The social model gives equal attention to what people can do and sees neurodiversity as a variation as part of human life.
- The social model describes how people may be impaired by barriers in society and/or the workplace, e.g., by physical barriers or by people's attitudes to their difference.
- The social model recognises these barriers and seeks to remove them to create a more equitable society/workplace.



Definitions of neurodiversity



Neurodiversity (noun)
The diversity or variation of cognitive functioning people

Neurodiverse (adjective)
People are neurodiverse



Neurodivergence (noun)
Cognitive functioning which is not considered ‘typical’

Neurodivergent (adjective)
An individual is neurodivergent



Neurotypical (noun)
Cognitive functioning which is considered ‘typical’

Neurotypical (adjective)
People who are not neurodiverse



Neuroinclusion (noun)
The inclusion of neurodivergent people compared to the neurotypical population

Neuroinclusive (adjective)
Creating an environment / culture that includes and accommodates both neurodivergent & neurotypical people

Some examples of neurodiversity

Anxiety Disorder
Attention Deficit Hyperactivity Disorder (ADHD)
Auditory Processing Disorder
Autism Spectrum Disorder (ASD)
Bipolar Disorder
Complex (CPTSD) / PTSD
Dyscalculia
Dysgraphia
Dyslexia
Dyspraxia
Hyperlexia
Misophonia
Obsessive Compulsive Disorder (OCD)
Sensory Processing Disorder (SPD)
Tourette's Syndrome

Introduction to neurodiversity

1 in 5

- 15-20% of people in the UK are neurodivergent.
- Neurodivergent people interpret, think, process & feel differently to neurotypical people.

Neurodiversity as a condition

Some neurodivergence is considered a health condition

Some neurodivergence can be formally diagnosed

A formal diagnosis can support workplace adjustments & medication

Some people think they may be neurodivergent and are seeking a diagnosis or an answer to the challenges they face

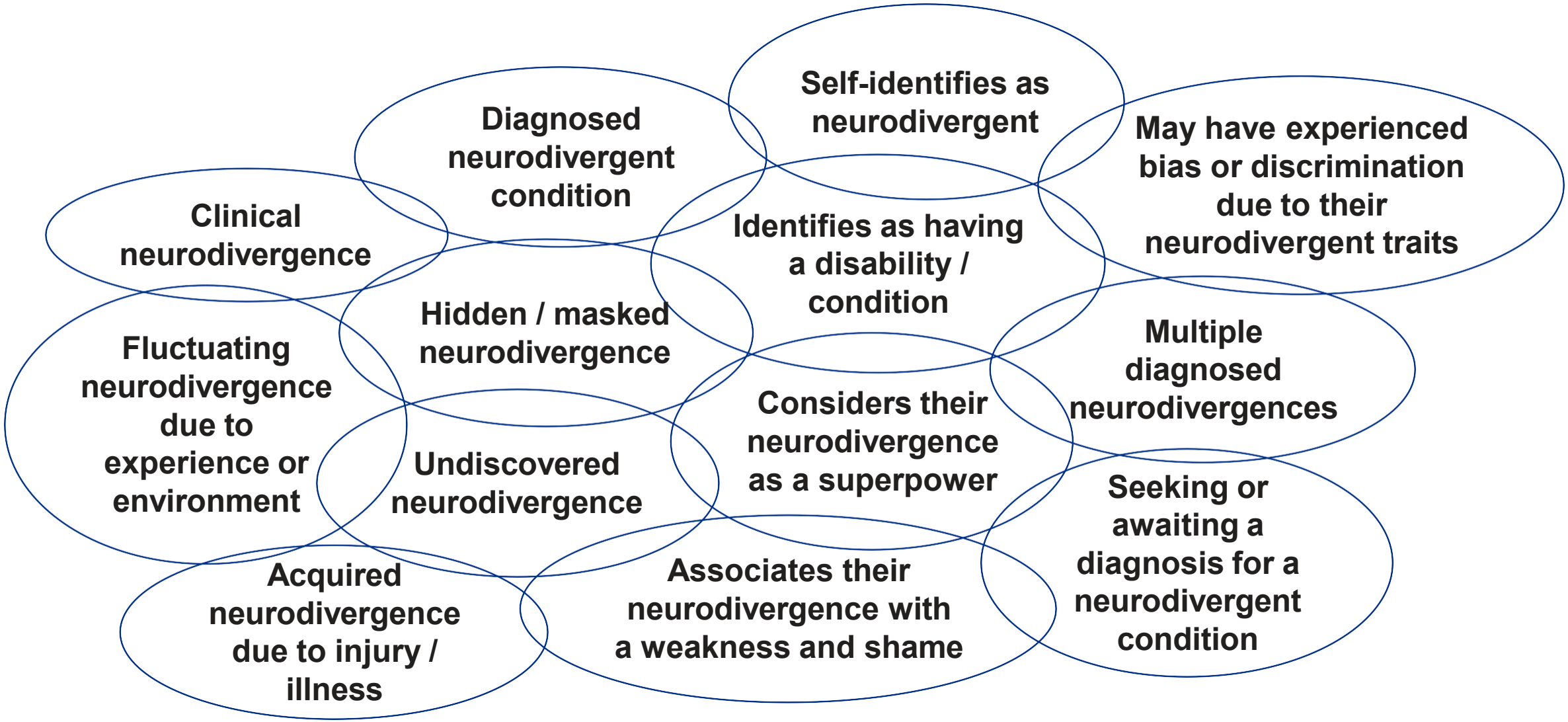
Neurodiversity and society

Some people do not wish to disclose their neurodivergence, due to stigma, shame or fear of discrimination

Some people may show neurodivergent traits but may not identify as neurodivergent or have awareness

We are good at recognising the challenges of neurodiversity, but may not recognise the talents and opportunities

The Complexity



Legal and Social Context

Some neurodivergent people will be protected where their neurodivergence has a substantial and long-term effect on day-to-day activities.

A person is disabled under the Equality Act 2010 if they have:

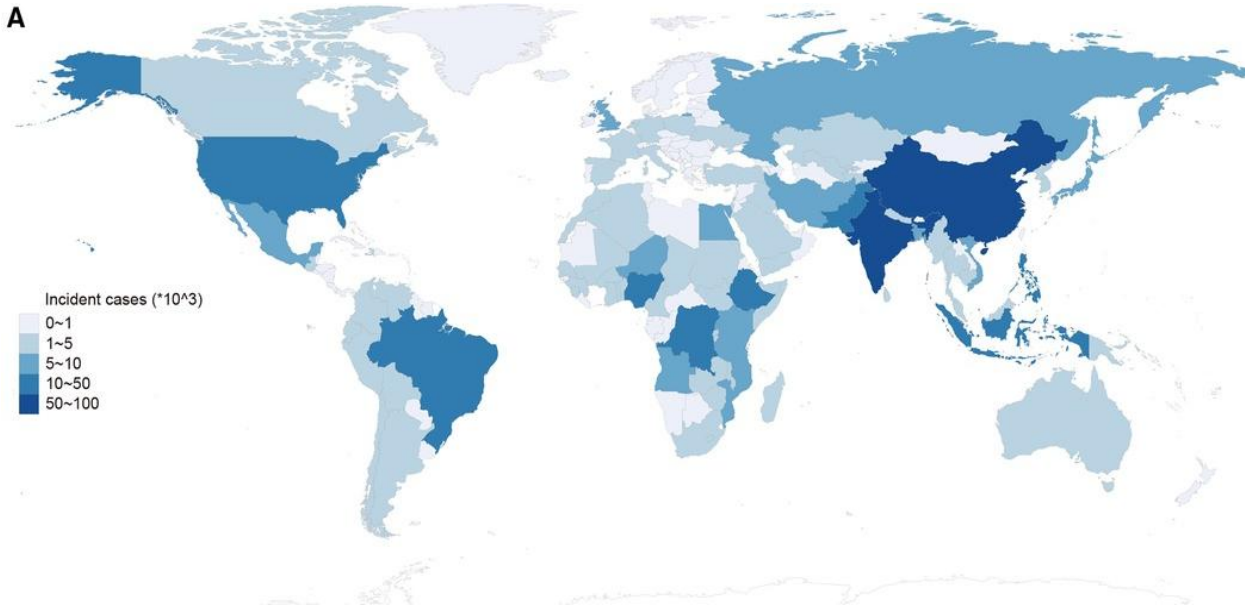
1. A physical or mental impairment, which has a substantial adverse effect, meaning more than minor or trivial,
2. and that effect is long term, meaning it has lasted, or is likely to last, at least 12 months,
3. and it affects normal day to day activities.

GOV.UK and EHRC both use this wording.

Normal day to day activities also include being able to take part fully and effectively in working life.

Legal and Social Context

- Neurodiversity and mental health can fluctuate depending on our life stage and environment.
- Cultural and ethnic differences means levels of understanding and diagnosis of neurodiversity varies considerably around the world- Asian and African countries have far lower rates of diagnosis than their European counterparts.
- Some cultures prize conformity and see disabilities, including neurodiversity, as a weakness. This means people are much less likely to disclose their differences so there are fewer opportunities for diagnosis or support.
- Less economically advanced countries with less access to diagnostic and preventative medicines will have much lower rates of diagnosis and little to no support services available.



Adjustments at work

Examples of Reasonable Adjustments:

- Assistive technology like speech to text software, screen overlays.
- Changes to the physical environment like alternative lighting or a quiet workspace.
- Adapted communication methods such as written instructions or visual aids.
- Flexible working hours, permission to take extended or more frequent breaks.
- Permission to miss social gatherings or team-building exercises.
- Allowing extra time for tasks, communicating changes to job plans clearly with plenty of notice.

Under the Equality Act 2010, an employer must make reasonable adjustments when a policy, practice or criteria puts a neuro-minority individual at a substantial disadvantage compared to someone who is not a neuro-minority

Adjustments at work: dyslexia ++

Reading & Writing

- Using non-cursive fonts, e.g., Arial not *Comic Sans*
- Not using italics in written text
- Provide speech to text equipment
- Provide a filter for the PC/laptop
- Create visual, as well as written materials

Download Open Dyslexic


Why Are Parents Terrified of Dyslexia?

www.dyslexiaimprovements.com
www.dyslexiaimprovements.com

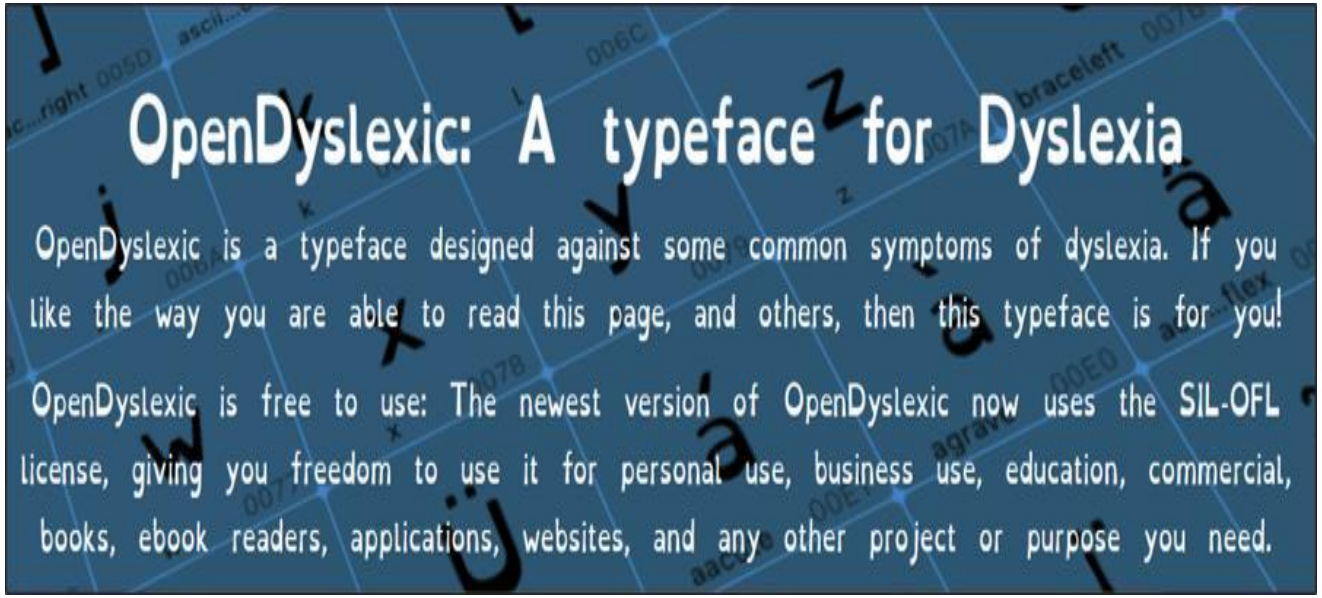
DYslexia Improvements
www.dyslexiaimprovements.com

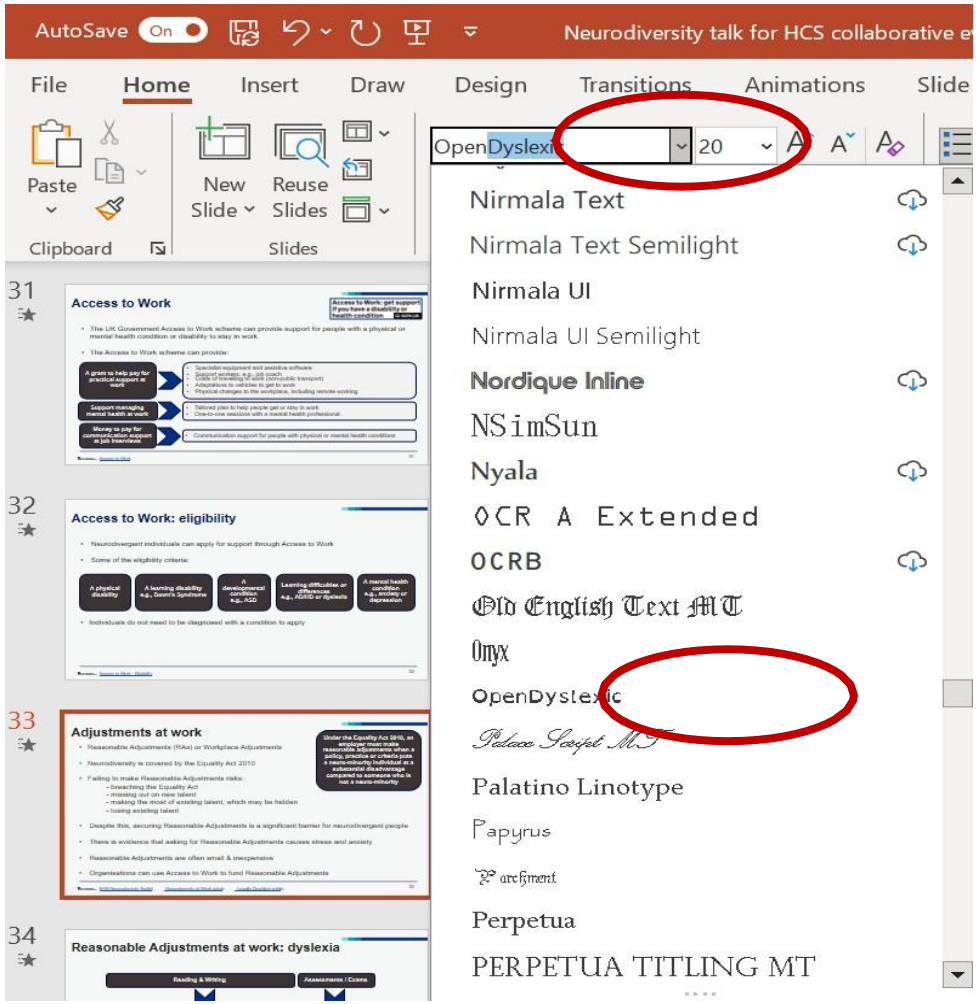
So many parents are fearful of their children being diagnosed as having dyslexia. Sometimes the fear almost borders on irrational or hysterical, but it doesn't need to be this way. There are things in life that we should fear, but dyslexia in children is not one of them. That's because the outlook for a child who has dyslexia is actually very bright if some things are put in place to help – and parent fears about a dyslexic child are often greater than they need to be.

Assessments/ Exams

- Provide questions in written form
- Provide additional time
- Provide a scribe
- Coloured paper/overlay

Example: OpenDyslexic





Adjustments at work: ASD ++

Stability & Environment			Communication & Accessibility
Provide access to a quiet space to work	Provide subtle lighting	Enable temperature control / access to fresh air	Summarise requests & tasks in writing
Provide noise-cancelling headphones	Provide a specific / standing desk	Flexible working, including working from home	Provide interview questions on screen
Provide access to time management course / apps	Provide access to natural light	Fixed working hours (rather than changing shifts)	Provide interview questions beforehand (to all)
Give 'permission' to miss team building / social events	Provide ergonomic equipment	Allow cameras to be off sometimes during meetings	

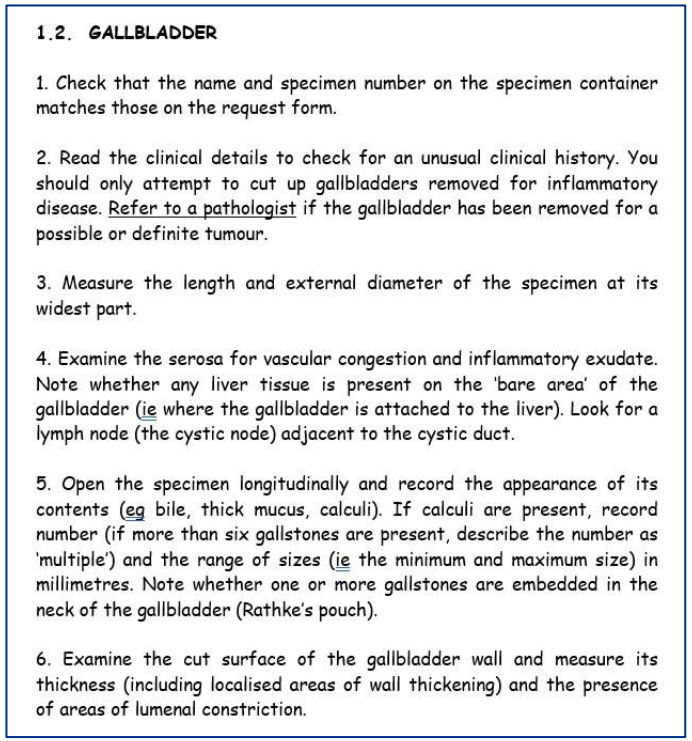
Use clear & direct language / instructions with clear timescales

'can you write the audit report for me, and send to me by 5pm Friday, thanks'

'it would be great if you could do the audit report, thanks'

Example: presenting information

Pay attention to font and use of colour



1.2. GALLBLADDER

1. Check that the name and specimen number on the specimen container matches those on the request form.

2. Read the clinical details to check for an unusual clinical history. You should only attempt to cut up gallbladders removed for inflammatory disease. Refer to a pathologist if the gallbladder has been removed for a possible or definite tumour.

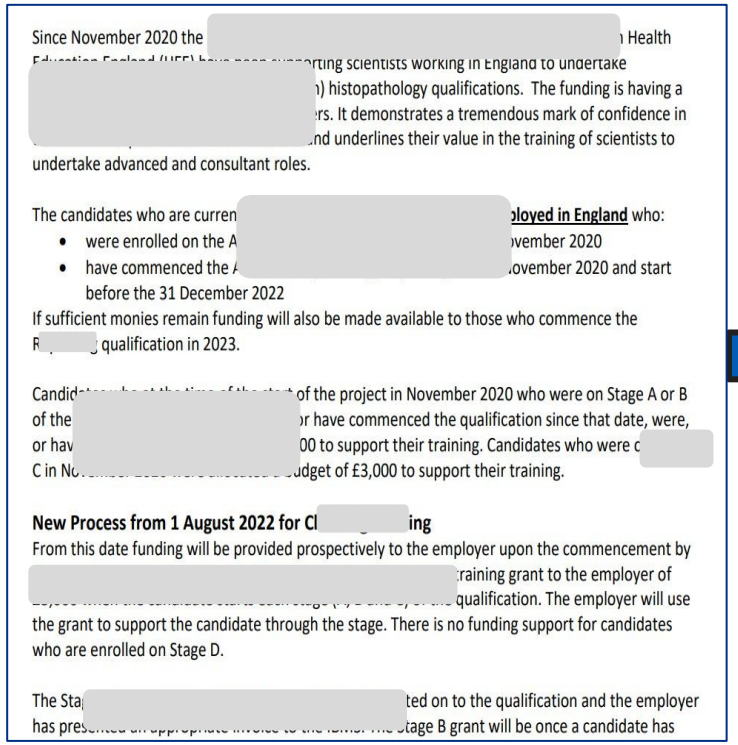
3. Measure the length and external diameter of the specimen at its widest part.

4. Examine the serosa for vascular congestion and inflammatory exudate. Note whether any liver tissue is present on the 'bare area' of the gallbladder (ie where the gallbladder is attached to the liver). Look for a lymph node (the cystic node) adjacent to the cystic duct.

5. Open the specimen longitudinally and record the appearance of its contents (eg bile, thick mucus, calculi). If calculi are present, record number (if more than six gallstones are present, describe the number as 'multiple') and the range of sizes (ie the minimum and maximum size) in millimetres. Note whether one or more gallstones are embedded in the neck of the gallbladder (Rathke's pouch).

6. Examine the cut surface of the gallbladder wall and measure its thickness (including localised areas of wall thickening) and the presence of areas of lumenal constriction.

A protocol written 15 years ago



Since November 2020 the [redacted] Health [redacted] supporting scientists working in England to undertake [redacted]) histopathology qualifications. The funding is having a [redacted]rs. It demonstrates a tremendous mark of confidence in [redacted]nd underlines their value in the training of scientists to undertake advanced and consultant roles.

The candidates who are curren[redacted]**oloyed in England** who:

- were enrolled on the A[redacted]ovember 2020
- have commenced the A[redacted]ovember 2020 and start before the 31 December 2022

If sufficient monies remain funding will also be made available to those who commence the R[redacted] qualification in 2023.

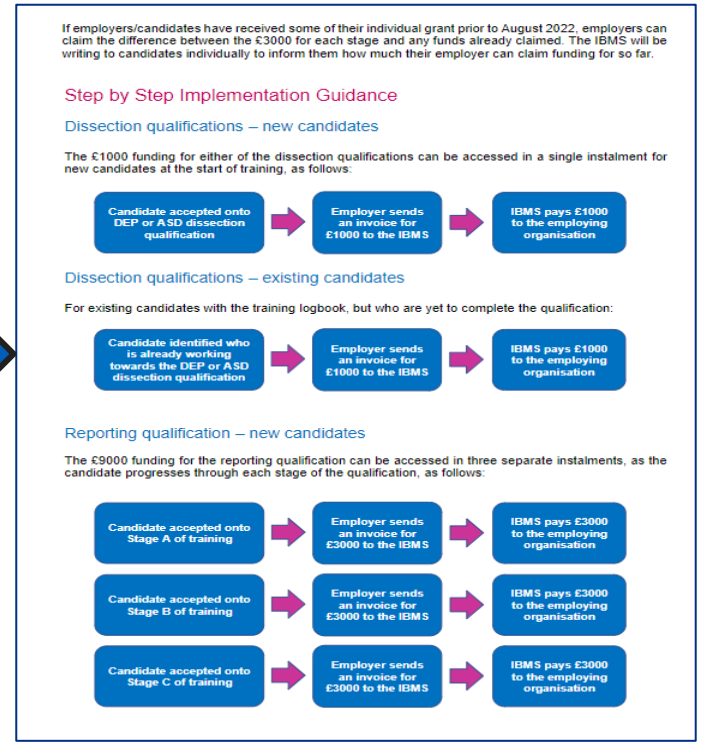
Candid[redacted] of the project in November 2020 who were on Stage A or B of the [redacted] have commenced the qualification since that date, were, or hav[redacted]00 to support their training. Candidates who were c[redacted] C in No[redacted]udget of £3,000 to support their training.

New Process from 1 August 2022 for Cl[redacted]ing

From this date funding will be provided prospectively to the employer upon the commencement by [redacted]raining grant to the employer of [redacted] qualification. The employer will use the grant to support the candidate through the stage. There is no funding support for candidates who are enrolled on Stage D.

The Sta[redacted]ted on to the qualification and the employer has pres[redacted]tage B grant will be once a candidate has

A text-based protocol written in 2022



If employers/candidates have received some of their individual grant prior to August 2022, employers can claim the difference between the £3000 for each stage and any funds already claimed. The IBMS will be writing to candidates individually to inform them how much their employer can claim funding for so far.

Step by Step Implementation Guidance

Dissection qualifications – new candidates

The £1000 funding for either of the dissection qualifications can be accessed in a single instalment for new candidates at the start of training, as follows:

Candidate accepted onto DEP or ASD dissection qualification → Employer sends an invoice for £1000 to the IBMS → IBMS pays £1000 to the employing organisation

Dissection qualifications – existing candidates

For existing candidates with the training logbook, but who are yet to complete the qualification:

Candidate identified who is already working towards the DEP or ASD dissection qualification → Employer sends an invoice for £1000 to the IBMS → IBMS pays £1000 to the employing organisation

Reporting qualification – new candidates

The £9000 funding for the reporting qualification can be accessed in three separate instalments, as the candidate progresses through each stage of the qualification, as follows:

Candidate accepted onto Stage A of training → Employer sends an invoice for £3000 to the IBMS → IBMS pays £3000 to the employing organisation

Candidate accepted onto Stage B of training → Employer sends an invoice for £3000 to the IBMS → IBMS pays £3000 to the employing organisation

Candidate accepted onto Stage C of training → Employer sends an invoice for £3000 to the IBMS → IBMS pays £3000 to the employing organisation

The same protocol produced in a visual style in 2022

Other adjustments at work

Equipment & Technology

- Ensure non-distracting environment for assessor & candidate, including Teams background
- Use off white background and dark grey font in PowerPoint
- Use ear defenders or noise reducing ear plugs to reduce sensory issues
- Provide equipment to support remote working
- Manage notifications and expectations around contacting/responding to e-mail / Teams messages
- Supporting remote working
- Avoid hot desking

Communication & neuroinclusion

- Give regular and sensitive feedback
- Encourage all colleagues to undertake neurodiversity training
- Give a clear reason when requesting a sudden meeting / chat
- Work with all colleagues to co-create a more neuroinclusive workplace
- Provide a buddy / mentor / coach
- Utilise accessibility guidance
- Share learning with all colleagues
- Be proactive about discussing workplace adjustments
- Invite suggestions from all colleagues

- Some of these represent specific adjustments for individual staff

- **Many of these should be offered to all people to move towards a neuroinclusive workplace**

Using coaching skills

Avoid

Interrupting

- Not listening at all

Hijacking

- Making it about you & your own experiences

Use Carefully

Advising

- Going straight to giving advice

Prioritise

Active listening

- Listening behind & between words
- Clarifying & reflecting
-Listening to silences
-Asking questions before making suggestion

Attentive listening

- Listening to what the other person is saying
-Giving the other person time to think

- Discovery through asking questions.
- Using non-judgemental questions.
- Listening to hear and understand.
- Ask the expert!
- Asking one question at a time.
- Co-creation.

Some red flags

- Avoid saying ‘we’re all a little bit….’ – this can invalidate the experience of a neurodivergent person.
- Be cautious about labelling people and generalising about challenges or talents – we are all individuals.
- Don’t push a particular App, practice, pathway etc. – not everything works for everybody.
- Don’t assume that general accessibility guidance works for everybody – ask people what works for them as an individual.
- Avoid ‘misplaced paternalism’ – making assumptions about the ability to cope and then denying people opportunities by trying to be protective.
- Don’t expect neurotypical people to make unreasonable adjustments, as this can draw attention to, isolate and shame the neurodivergent person.

How you can make a difference



- Learn more about neurodiversity – books, podcasts, training.
- Ask people how you can help them.
- Utilise people's strengths – e.g., attention to detail, hyperfocus, empathy, sensitivity.
- Normalise talking about neurodiversity.
- Don't put it in the too 'difficult' pile – be brave.
- Support and respect ways of working and communicating that are different to your own.
- Be mindful of your assumptions, language and words – they can hurt other people.
- Create psychological safety, so people feel safe to talk to you.
- Raise awareness in others.

Summary

- Neurodivergent people bring as much value to work as neurotypical people, and we all have a responsibility to adapt.
- We must support people, so they don't have to advocate for themselves, and we can do this better if we improve our own understanding.
- Small changes can make a big impact to individual people.
- Your individual and collective actions can influence behavioural change within organisations.

Any Questions

Contact EDI Team
Email: CTM_Equality@wales.nhs.uk

Useful Links

JOIN ACCESS Network





Email the SUS Guardians at: CTM.SUS@wales.nhs.uk
Call us (Voicemail service) at: 01443 443796