



Royal College
of Nursing



**NURSING
PRACTICE
ACADEMY**

Neurodiversity Guidance for Employers



NURSING PRACTICE ACADEMY



Acknowledgements

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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact

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1. Introduction

Neurodiversity acknowledges that each person's brain is unique. Our brains work and interpret information differently and we all bring individual experience, strengths, and assets to a situation.

This guidance has been developed by RCN members with lived experience of neurodivergent conditions and neurotypical stakeholders with an interest in neurodiversity. It is intended for the health and care sector but its overarching principles will be helpful in other settings. It should be noted that many health care professionals, including those with line management responsibilities, are neurodivergent.

Further resources to support this publication can also be found at: rcn.org.uk/Get-Help/Member-support-services/Peer-support-services/Neurodiversity-Guidance

2. What is neurodiversity?

Neurodiversity refers to the variations in the way the brain functions; it can manifest in mood, behaviour and other cognitive functions.

For the purpose of this guidance, we are including those with dyslexia, dysgraphia, dyspraxia, dyscalculia, attention deficit hyperactivity disorder (ADHD), developmental language disorder (DLD), Tourette's syndrome and autism as neurodivergent but this is not an exhaustive list. Often those who are neurodivergent have more than one of these conditions.

The term 'specific learning difference' refers to a difference or difficulty that an individual has with a particular aspect of learning. The most common specific learning differences are dyslexia, dyspraxia, ADHD, dyscalculia and DLD.

Following consultation with members, autism is the term used within this guidance to include autistic spectrum condition (ASC) and Asperger's syndrome. We know that there are many terms and labels used by neurodivergent individuals, particularly in relation to autism, however we support the right of individuals to choose their own terms.

At the heart of neurodiversity is the idea that individual differences are not weaknesses, but that society imposes expectations based on a majority neurotypical population. When not met, this can lead to challenges.

By applying a social model approach, we can appreciate that individual differences are not the problem but rather external barriers. By removing these barriers, we build a more inclusive society that values individual strengths and differences.

Neurodiversity is experienced differently by different people and experiences are influenced by other factors such as race, cultural background and gender (this interplay of factors is referred to as intersectionality).

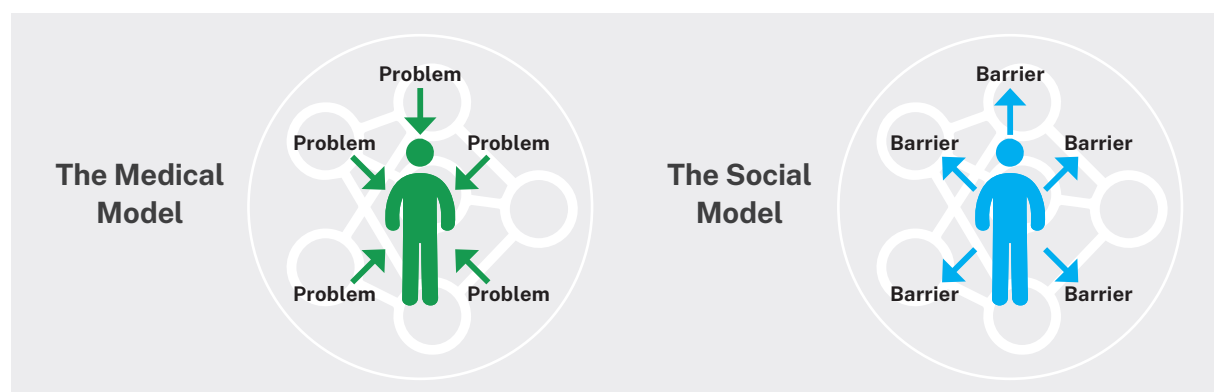
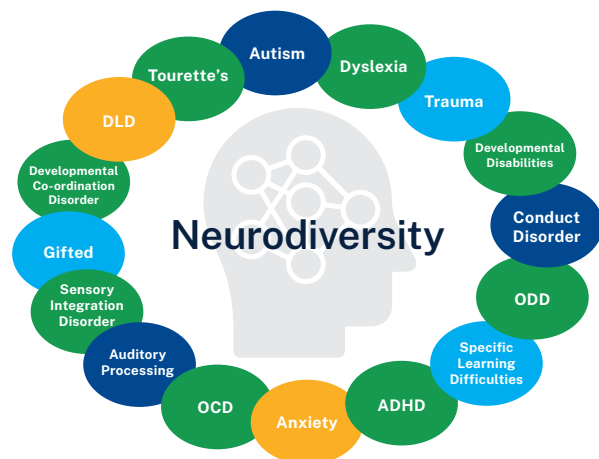


Image credit: taken from: rcn.org.uk/get-help/member-support-services/peer-support-services/health-ability-passport

What is ADHD (Attention Deficit Hyperactivity Disorder)?

ADHD is characterised by persistent patterns of inattention, hyperactivity, and/or impulsivity. It is not linked to intelligence. Around 3-4% of adults in the UK are estimated to have ADHD (NICE, 2025).

Strengths in health care

- Creativity and innovative problem-solving.
- High energy and enthusiasm.
- Ability to hyperfocus on areas of strong interest.
- Resilience and adaptability in busy environments.

Impact in health care settings

- **Time management and organisation:** challenges with shift planning, prioritising tasks, or meeting deadlines.
- **Documentation:** may struggle with sustained focus when completing lengthy forms or reports.
- **Concentration:** difficulties focusing during teaching sessions, meetings, or when reading policies.
- **Impulsivity:** may speak quickly or act before fully considering instructions.

Gender differences in presentation

ADHD presents differently in males and females:

- males are more often diagnosed with hyperactive and impulsive presentations
- females more often present with inattentive symptoms, which can be overlooked
- females may mask difficulties, leading to later diagnosis and greater risk of anxiety and low self-esteem.

What is Autism (Autistic Spectrum Condition, ASC)?

Autism is characterised by differences in social interaction, communication, interests, and sensory processing. Autism is a spectrum, meaning it presents differently in each individual. Around 1–2% of the UK population are autistic (National Autistic Society, 2026).

Strengths in health care

- Creativity, innovation, and adaptability.
- Unique perspectives and holistic thinking.
- Resilience and determination.
- Ability to hyperfocus on specific areas of interest.

Impact in health care settings

- **Communication:** may interpret language literally; may prefer clear, direct instructions.
- **Sensory processing:** may be sensitive to noise, light, or smell in clinical areas.
- **Flexibility:** may find sudden changes in shift patterns or patient care routines difficult.
- **Social interaction:** may find large team interactions or unstructured discussions challenging.

Gender differences in presentation

Autism presents differently in males and females:

- males are often diagnosed earlier due to more visible traits
- females may mask autistic traits, using social strategies to 'fit in', leading to later or missed diagnosis
- women and girls may present with more subtle social communication differences and higher anxiety.

What is AuDHD (Autism and ADHD combined)?

AuDHD describes individuals who are both autistic and have ADHD. Each condition can interact, sometimes compounding challenges in executive function, attention, and sensory processing. Awareness of both is important, as traditional strategies for one may not fully address the other.

Strengths in health care

- Creativity, innovation, and adaptability.
- Unique perspectives and holistic thinking.
- Resilience and determination.
- Ability to hyperfocus on specific areas of interest.

Impact in health care settings

- **Executive function:** difficulties with organisation, planning, and attention may be amplified.
- **Sensory processing:** sensory sensitivities may combine with distractibility.
- **Communication:** may need additional time to process information, especially in noisy environments.
- **Learning:** may find traditional teaching methods difficult; benefit from flexible, multimodal approaches.

Gender differences in presentation

AuDHD is especially under-recognised in females:

- girls and women may mask both autistic and ADHD traits, leading to late or missed diagnosis
- females may present with high anxiety, fatigue, and difficulties with organisation, often hidden from others
- males are more often diagnosed in childhood, but co-occurrence may still be overlooked.

What is Dyslexia?

Dyslexia is a specific learning difficulty (SpLD) that primarily affects the skills involved in accurate and fluent word reading, spelling, and writing. It is a neurological difference that is present from birth and persists throughout life. It is not linked to intelligence. Dyslexia often runs in families and is estimated to affect around 10% of the UK population, with about 4% experiencing it severely (NHS, 2022).

In health care settings, the fast pace and high level of responsibility can make challenges associated with dyslexia more visible. These challenges need to be recognised and supported through reasonable adjustments.

Strengths in health care

Many individuals with dyslexia bring valuable strengths into clinical settings, such as:

- creative problem-solving and innovative thinking
- strong interpersonal skills and empathy
- good verbal communication and teamworking
- resilience and determination in overcoming challenges.

Impact in health care settings

- **Documentation and record-keeping:** may take longer to complete; spelling and organisation may be affected.
- **Drug calculations and numeracy:** sequencing and working memory difficulties can make calculations more challenging.
- **Shift handovers and verbal communication:** retaining and processing verbal instructions quickly may be harder; structured tools like SBAR are helpful.
- **Time management and prioritisation:** organisation can be more difficult in high-pressure environments.
- **Learning on placement:** extra time may be needed for reading policies, preparing assignments, or reflecting on practice.

Gender differences in presentation

Research suggests that dyslexia can present differently in males and females:

- males are diagnosed more often, possibly because their difficulties are more visible in early schooling
- females may mask difficulties by relying on memorisation strategies, which can delay diagnosis
- women and girls may experience greater stress, anxiety, and reduced self-esteem due to later recognition and hidden effort.

In health care, female staff and learners with dyslexia may appear to cope well but may be working much harder to compensate.

What is Developmental Language Disorder (DLD)?

Developmental Language Disorder (DLD) is a common, lifelong neurodevelopmental disorder that affects around 7% of the population (DLD Project, 2022). DLD makes it harder for individuals to understand spoken and written language, learn new vocabulary, remember instructions, and use grammar correctly. This is not linked to intelligence; people with DLD can be highly able in other areas. DLD affects people across their whole life and in all the languages they speak.

Strengths in health care

Despite language processing barriers, nurses with DLD often bring:

- excellent practical, hands-on and visual learning skills
- strong empathy and supportive patient care
- creative approaches to problem-solving, especially non-verbal cues
- high determination and resilience from having developed coping strategies
- attentiveness to detail when time and support are provided.

Impact in health care settings

- **Verbal instructions:** difficulty following rapid or complex instructions, especially in busy or noisy environments (eg, handovers, ward rounds, emergencies).
- **Documentation:** may spend longer reading, writing and double-checking clinical notes, care plans or patient information.
- **Team communication:** hesitancy contributing in meetings, finding or using the right words, or remembering technical terminology.
- **Patient education:** may find it challenging to explain complex procedures or instructions on medication and care.
- **Learning on placement:** may require extra support with lectures, training that relies heavily on spoken or written language, and preparation for assessments or OSCEs.

Gender differences in presentation

- DLD may go unnoticed in women or people who mask their difficulties with strong social skills or compensatory strategies.
- Men may be more likely to be identified in childhood, but both genders may face barriers to diagnosis in adulthood.

What is Dyscalculia?

Dyscalculia is a specific learning difficulty (SpLD) that primarily affects the ability to acquire arithmetical skills. It involves difficulties understanding numbers, learning number facts, and performing accurate and fluent calculations. Dyscalculia is not linked to intelligence; individuals may have average or above-average ability in other areas. The British Dyslexia Association recognises dyscalculia as a lifelong condition, often first identified in education but with implications across work and daily life.

Strengths in health care

Despite these challenges, people with dyscalculia often bring strengths such as:

- strong verbal reasoning and communication skills
- creative and intuitive approaches to problem-solving
- empathy and resilience
- ability to think holistically rather than narrowly focusing on numbers.

Impact in health care settings

- **Drug calculations:** difficulty with arithmetic and sequencing can affect safe calculation of doses and infusion rates.
- **Numerical documentation:** problems with recording and interpreting numerical data (observations, fluid balance charts, weights, blood results).
- **Time management:** difficulties with sequencing and time concepts may make shift planning or prioritising tasks harder.
- **Learning on placement:** additional support may be needed for numeracy-based assessments (medication calculations, exam components).

Gender differences in presentation

The evidence on gender differences in dyscalculia is less clear than for dyslexia, but some trends have been noted:

- boys may be identified more frequently in childhood, while girls' difficulties may be overlooked until adulthood
- females may show more subtle anxiety around maths and numeracy, which can affect confidence in professional assessments
- males are more often referred for overt performance difficulties, whereas females may underperform quietly without drawing attention.

In health care settings, both men and women with dyscalculia may face challenges with calculations, but the emotional impact may differ.

What is Dyspraxia (Developmental Co-ordination Disorder)?

Dyspraxia/DCD is a specific learning difficulty (SpLD) that affects fine and/or gross motor co-ordination. It can also impact organisation, planning, sequencing, and time management. It is not related to intelligence, but it can make everyday tasks and professional skills more challenging. Estimates suggest dyspraxia affects around 5–6% of the UK population, with around 2% severely affected (University Hospitals Birmingham, 2023).

Strengths in health care

Many individuals with dyspraxia bring important strengths, such as:

- determination and resilience
- strong verbal communication and empathy
- innovative problem solving
- holistic thinking and creativity.

Impact in health care settings

- **Practical skills:** difficulties with manual dexterity (eg, cannulation, wound dressing, fine motor tasks) or gross motor coordination (moving equipment, handling patients).
- **Organisation and time management:** challenges sequencing tasks, meeting tight timeframes, or prioritising under pressure.
- **Documentation and IT use:** handwriting may be less fluent; using keyboards, touchscreens, or digital systems may take longer.
- **Learning on placement:** may need extra time to practice practical skills or to prepare for assessments.

Gender differences in presentation

Research suggests that dyspraxia can present differently in males and females (Cleaton et al., 2021):

- **diagnosis rates:** dyspraxia is diagnosed more frequently in males, possibly due to greater visibility of motor difficulties in boys. Girls may be underdiagnosed or misdiagnosed
- **presentation:**
 - males may show more noticeable co-ordination difficulties and difficulties with gross motor tasks
 - females may present with subtler coordination difficulties but greater challenges in organisation, planning, and fatigue.

- **impact:** women and girls may compensate for motor difficulties, leading to stress, anxiety, or exhaustion that is less visible to others. In health care placements, this means female students or staff with dyspraxia may appear ‘organised’ superficially but struggle with hidden effort, while males may be more obviously affected by co-ordination challenges.

What is Tourette’s Syndrome?

Tourette’s Syndrome is defined by the presence of both motor and vocal tics, lasting more than a year. Tics can range from mild to severe and may fluctuate depending on stress, fatigue, or environment. Around 1% of school-age children have Tourette’s, with many continuing into adulthood (Tourette’s Action (2020)).

Strengths in health care

- Resilience and determination.
- Creativity and strong problem-solving skills.
- Empathy and insight into patient experiences.
- Often strong verbal or physical skills despite tics.

Impact in health care settings

- **Communication:** vocal tics may interrupt speech or patient interactions.
- **Practical skills:** motor tics may temporarily interfere with procedures requiring fine control.
- **Fatigue and stress:** tics often worsen with stress, which can affect performance in busy wards.
- **Stigma:** misunderstanding of the condition can lead to discrimination or reduced confidence.

Gender differences in presentation

- Tourette’s is diagnosed more often in males than females.
- Males tend to present earlier with more visible motor and vocal tics.
- Females may present with subtler or less stereotypical tics, leading to underdiagnosis.
- Women with tourette’s may experience higher rates of associated anxiety or obsessive-compulsive behaviours.

3. Hormones

Hormones like oestrogen and progesterone can change how the brain works, so they can strongly affect neurodivergent people, especially around periods and menopause. Oestrogen affects brain chemicals that control mood, memory, learning, attention and sleep. Levels are lowest during a period, highest just before ovulation, and stay high in pregnancy. Around perimenopause, oestrogen goes up and down a lot, then becomes steadily low after menopause.

Oestrogen changes several brain chemicals:

- **dopamine:** linked to reward, motivation, attention, planning and movement
- **serotonin:** helps with mood, anxiety, appetite, pain, sleep and clear thinking
- **glutamate:** supports learning, memory and cognitive function
- **noradrenaline:** linked to alertness, focus, motivation and low mood.

Progesterone affects gamma-aminobutyric acid (GABA) which can calm the brain and reduce anxiety and low mood, but progesterone levels also rise and fall during the cycle, pregnancy and menopause.

Menstrual cycle and neurodivergence

- Monthly changes in oestrogen and progesterone can alter wellbeing, mood, anxiety, sleep, memory and executive function.
- This can increase difficulties linked to ADHD, autism, dyslexia, dyspraxia and dyscalculia.
- Some people find hormone contraception worsens mood, while others feel it helps to stabilise symptoms.

Perimenopause and menopause

- Perimenopause and menopause can make existing ADHD or autistic traits feel more intense or bring new cognitive, social, emotional and sensory challenges.
- There may be more meltdowns, burnout, anxiety, depression and even suicidal thoughts, so professional help is essential.
- An understanding GP can discuss support and treatments such as hormone replacement therapy, if suitable.

Being aware of how hormones affect you can help you plan harder tasks for “better” days and allow more rest and self-care on “harder” days.

4. Masking

Masking is when an individual ‘masks’ or hides behaviours which may be seen as socially unacceptable. Acting in a ‘socially acceptable’ way to fit in and connect with others.

Masking may include:

- suppressing own wishes, views, preferences and needs
- pre-prepared social scripts
- bottling up thoughts and feelings
- hiding discomfort or distress in response to sensory stimuli
- hiding stims, fidget items or special interests
- forcing social interaction, adopting a persona
- pretending to be interested in small talk or a conversation topic
- altering tone of voice, facial expression, or forcing eye contact
- copying and practising other’s responses, mannerisms and attire.



Image credit: @TheBurntoutBrain @AutisticSelfCare

The function of masking

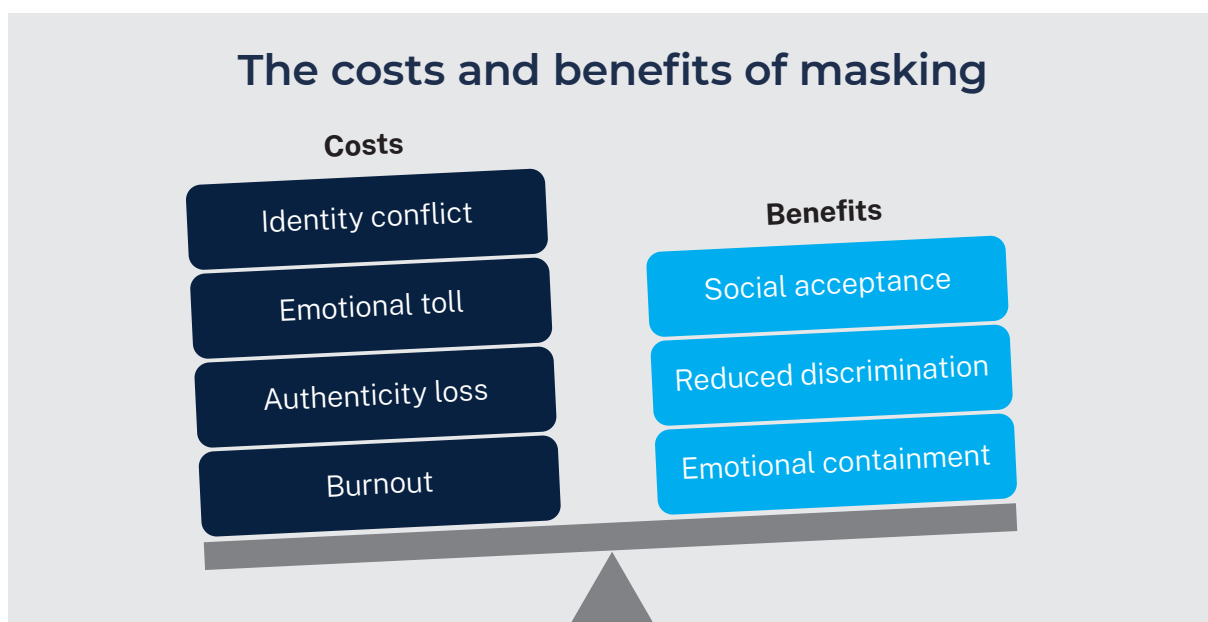
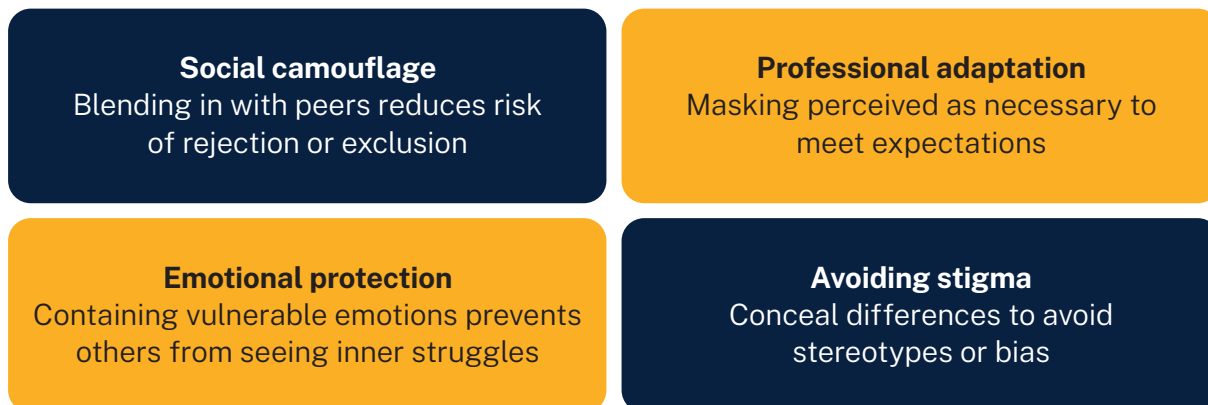
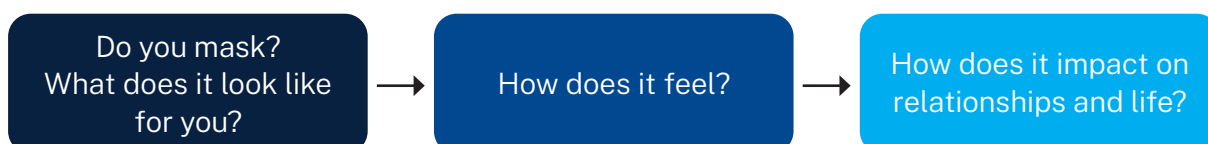


Image credit: Problem Shared

‘Unmasking’ is a personal choice and may be driven by self-exploration and a desire to be accepted for your neurodivergent self. As masking can be an unconscious process, it can be difficult to know when we are masking, so how can we unmask? By:

- becoming aware of when and why you are masking
- identifying which masking behaviours may be unhelpful or harmful to you
- working on emotional regulation
- experimenting with dropping masking behaviour in safe situations with safe people.

Take a moment to reflect:



Disclosing your diagnosis

Educate yourself

Express your feelings
and experiences

Emphasise that it is a
neurological difference

Share your diagnosis
journey

Be open to questions

Acknowledge
perspectives

5. Burnout

Burnout is a state of chronic physical, emotional, and cognitive exhaustion caused by sustained sensory, social, and executive-function demands. This is often worsened by masking and a lack of appropriate support, leading to a marked reduction in everyday functioning and capacity to study or work.

Autistic burnout looks like:

- loss of skills: cognition, executive function, memory, speech/communication, ability to cope, ability to do things you once could do
- increased sensitivity: to sensory stimulus, to sensory overload, to change, to social stimulus
- increased autistic behaviour (eg, stimming, speech difficulties)
- more frequent meltdowns/shutdowns
- chronic exhaustion, stress and anxiety.



Image credit: Problem Shared

Signs of burnout

Emotional

- Response to overwhelm.
- Crying.
- Shouting.
- Physical response to self, or others.
- Increased levels of anxiety/stress.
- External distress response.

Physical

- Headaches.
- Insomnia.
- Back/neck/shoulder pain.
- Digestive issues.
- Recurrent illness.
- Jaw clenching.

Preventing burnout

Energy accounting

Exploring what charges and drains our batteries.
Making time for rest and relaxation

Unmasking

Having time off without the mask

Develop self-compassion

You aren't perfect; it makes you human. It's important for you to spend some time and energy on your happiness

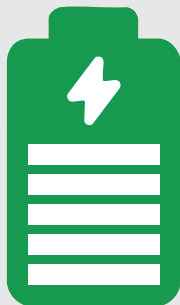
Set boundaries

When are you saying yes when you really want to say no? Communicate your views and needs within relationships

Expectations and accommodation

Allow flexibility in expectations and schedules where possible. Advocate for yourself at work and home

Energy accounting



Things that recharge my energy

Tracking your energy promotes self-awareness, mindfulness and increases self compassion



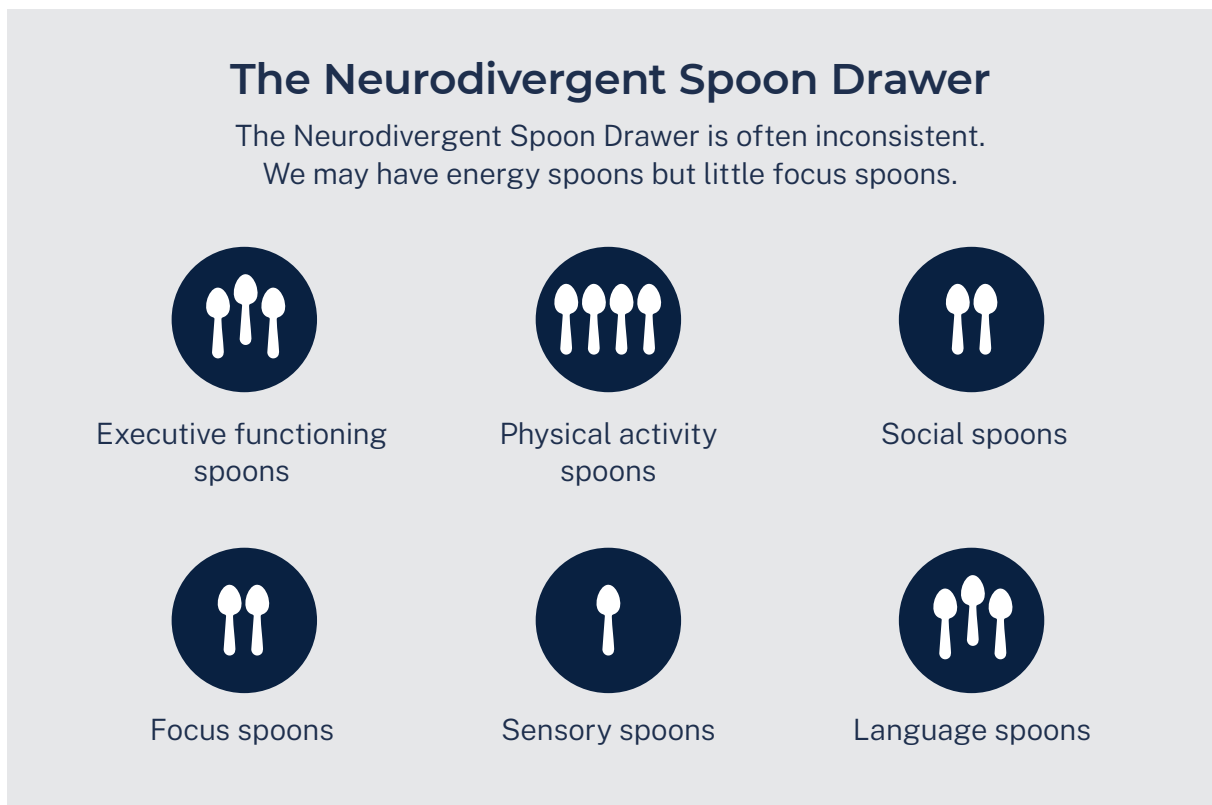
Things that use up my energy

Image credit: Problem Shared

Energy accounting: spoon theory

Imagine that each day, you have a limited number of “spoons” that represent your energy and ability to engage in activities.

For neurodivergent individuals, these “spoons” can represent cognitive resources, emotional regulation, and the capacity to manage sensory input.



Neurodivergent Spoon Theory (neurodivergentinsights.com)

Autistic self-care

- Physical wellbeing.
- Match their communication style.
- Emotional regulation/co-regulation.
- Respect boundaries.
- Special interests.
- Create a sensory soothing environment.

Barriers to self-care

- Too many competing demands.
- Masking.
- Interoception differences.
- Alexithymia.
- Communication & flexibility differences.
- Sensory, emotional meltdown or shut down.

Image credit: Problem Shared

6. Autistic joy

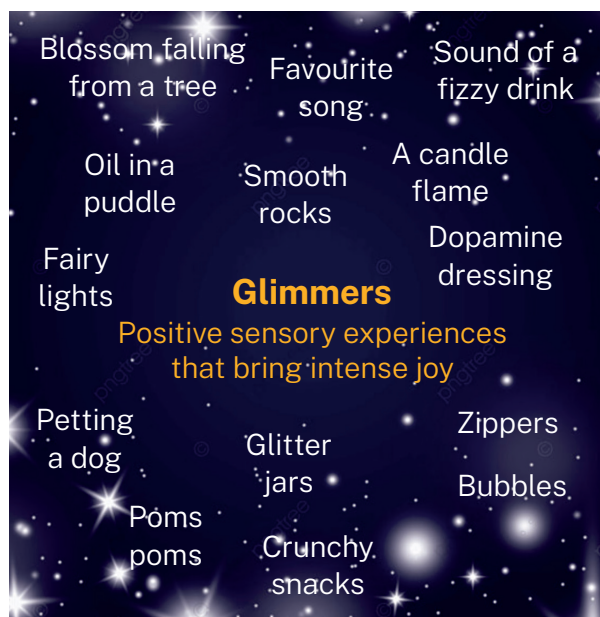


Image credits: Autistic Girls Network, Alnnergrowththerapy

Keep in mind

It's perfectly fine to express joy in your own way, even if it's different from others

You will find your people who cherish and accept your true self

Your autistic joy can bring joy to others as well

You are never being 'too much' for being yourself and expressing joy authentically

Remember to take breaks and rest, even positive emotions can become overwhelming

Some questions to help you reflect on autistic joy

- What is your oldest interest?
- What is your most recent special interest?
- Which of your special interests have changed or grown over time?
- What special interest has shaped your life the most?
- What special interest do you share with someone else?
- What is something positive your special interests have brought into your life?

Unmasking Autism: Discovering the New Faces of Neurodiversity. Devon Price 2022

Image credit: Devon Price

7. Neurodiversity guidance for employers

As an employer, the most important thing you can do to support neurodiverse staff is to ensure line managers are skilled and knowledgeable about inclusion. This includes making sure they are supported to explore creative options to retain staff and have access to training. A diversity-literate HR department will further support this aim.

Key actions

- Ensure that staff with disabilities and/or neurodiversity have equal access to training and professional development.
- Ensure they can progress to management roles.
- Share and celebrate successes in diverse recruitment processes.
- Evaluate and learn from staff experience (both good and bad.)
- Create a network for neurodiverse staff (potentially as part of a broader disability network).
- Establish a mechanism to allow neurodiverse staff to influence policies and processes.
- Consider co-design to enable lived experience to influence change from the beginning.
- Promote your good practice regarding equality and diversity on your website to attract diverse talent.
- Ensure that your website is accessible.

Line manager responsibilities

As a line manager, you are responsible for the health and wellbeing of those you manage when they are at work. This includes ensuring that health and safety and equality legislation is met and escalating when it is not.

A big part of the support for neurodivergent staff will be in agreeing, implementing and maintaining reasonable adjustments. You must also support them should they face discrimination or bullying and should avoid perpetuating differences between neurodivergent staff and their peers.

You should be informed about the ways they can use their lived experience to shape a more inclusive workforce and support them to engage in these processes. Celebrating their potential gifts and talents can help remove barriers and stigma.

As a line manager, ensure that you have the skills needed to support those you manage and seek development, recognising the value of equality and inclusion related learning.

Having supportive conversations with neurodivergent staff

When talking with neurodivergent staff, managers should aim for a supportive, clear and collaborative tone that recognises both strengths and challenges. Start by explicitly thanking the person for sharing information and reassuring them that the purpose of the conversation is to remove barriers, not to lower standards or question their place in the team. Emphasise that any adjustments will be developed through discussion and negotiation, drawing on professional advice (for example from occupational health or disability services) but that decisions must also be workable within the role, service needs and patient or service-user safety. Invite the staff member to describe what they find difficult and what has helped them in the past, and explain that while not every request will be possible, you will always explore options thoroughly and give clear, evidence-based reasons if something cannot be implemented. Make sure they know how information they share will be used, who will be informed, and what the next steps are (such as documenting agreed adjustments and how these will be reviewed), so expectations are managed from the outset.

Some staff will find being asked to come and see you later very stressful, due to previous experiences and considering what it will be about. If you cannot see them immediately, tell them what you would like to speak to them about and give reassurance.

Reasonable adjustments

Reasonable adjustments help neurodivergent individuals fit workplace roles. They are practical and feasible measures that support diverse needs of all staff.

Legal framework

- **England, Wales, Scotland:** Equality Act 2010.
- **Northern Ireland:** Disability Discrimination Act 1995 and Special Educational Needs and Disability (NI) Order 2005.
- **Crown Dependencies:** Discrimination (Jersey) Law 2013; Prevention of Discrimination (Guernsey) Ordinance 2022; Equality Act 2017 (Isle of Man).

In legislation, someone is disabled when they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities—this is a legal, rather than a medical, definition. Many neurodivergent individuals do not identify as disabled. However, they are still protected by this legislation.

Anyone meeting this legal definition is entitled to reasonable adjustments by law. However, consider this as a baseline for determining what support to give staff. Is the request reasonable and will it benefit the staff member at work? Can it be fulfilled, even if the legal definition is not met?

Under the Equality Act 2010, positive effects of treatment are not considered.

For example, someone with ADHD should still be considered as disabled for the purposes of making adjustments, even if they take medication that helps them manage their symptoms.

Making adjustments

When deciding what adjustments are to be made, objectively consider what is reasonable in terms of the role, length of contract, cost of implementation, size and resources of the organisation. A strength-based approach to intervention and support is accepted as best practice.

Adjustments are not always physical and can fall into the following areas:

- **equipment** – such as dictaphone, coloured overlays
- **changes to working patterns** – such as shift patterns, working from home, working nearer home
- **changes to the workplace** – such as automatic doors, altered lighting
- **training** – to educate colleagues and change attitudes, and to help the individual develop coping techniques
- **redeployment** – moving to another more suited role when the employee can't continue in their current role
- **employer policy** – such as disability leave in addition to sick leave (to avoid triggering sickness reviews due to regular disability-related activity such as attending hospital appointments).

We recommend a collaborative approach to establishing reasonable adjustments. The Health Ability Passport guidance is a step-by-step guide to putting adjustments in place.

Occupational health

Occupational health (OH) provides independent, impartial advice to help neurodivergent staff and students work at their best, using a strengths-based approach rather than a deficit model. It focuses on workplace health risks, fitness for work/study, and practical adjustments, not on diagnosis or “curing” neurodivergence.

Neurodivergence itself is not an illness, but neurodivergent people are at higher risk of stress, anxiety and burnout when unsupported, so early, proactive OH input is good practice as well as a legal safeguard.

When managers should refer

Managers and educators should consider referral to OH when:

- there are persistent performance difficulties (for example, missed deadlines, variable performance, “spiky profile” of strengths and challenges)
- an individual self-discloses neurodivergence and asks for support or adjustments
- you identify that reasonable adjustments might help, even without a formal diagnosis
- there are concerns about stress, anxiety, or mental health related to work or study demands
- you are considering capability, fitness to practise, or formal performance management
- there are allegations or signs of bullying, discrimination, or exclusion related to neurodivergence.

Difficulties with memory, concentration, organisation, time management, stress management and communication are common for neurodivergent people and should prompt exploration of support rather than assumptions about attitude or competence.

What occupational health can offer to you and your team

Managers can use occupational health to access:

- initial screening and advice on simple adjustments that can be implemented quickly (for example, remote working, flexible hours, assistive technology, coaching, study skills support)
- workplace needs assessments that map specific performance difficulties to concrete environmental and task-related adjustments, with clear written recommendations for you and the individual
- evidence-based adjustment recommendations such as:
 - assistive technology (dictation, mind mapping, screen readers, dual screens, planners)
 - environmental changes (quiet spaces, lighting adjustments, partitions, noise cancelling headphones, reduced sensory load)
 - working pattern changes (flexible hours, microbreaks, remote or hybrid working, predictable routines)
 - task design (smaller steps, clear written instructions, extra time, materials in advance, recorded meetings, multiple formats)
 - communication adaptations (plain language, follow up emails after verbal meetings, colour coding, clear priorities)

- support options (coaching, mentoring, regular structured check ins, signposting to Access to Work or university disability support).

Occupational health can recommend adjustments without a formal diagnosis where there is evidence of long term, substantial impact on day to day functioning.

Working with occupational health and legal duties

Under the Equality Act 2010 and equivalent Channel Islands and Isle of Man legislation, you have a duty to make reasonable adjustments for disabled people, which includes many neurodivergent staff and students even if they do not identify as disabled or have no formal diagnosis.

Key points for managers:

- a diagnosis is not required for you to act; focus on evidence of long-term, substantial difficulty
- positive effects of treatment (eg, ADHD medication) should not be used to argue that adjustments are unnecessary
- reasonable adjustments are anything that removes barriers so the person has a fair opportunity to do the role or complete their studies
- you may not be liable if you genuinely did not and could not reasonably have known about disability, but once you are aware of ongoing difficulties, you must consider adjustments
- adjustments should be agreed collaboratively, written down, and reviewed regularly; needs may change over time.

Occupational health advice should be considered carefully alongside role requirements, contract length, cost and organisational resources, while keeping a strengths based, person centred approach.

Collaborative, strengths-based practice

Managers, occupational health, HR/university disability services, and the individual each play a distinct role:

- **occupational health:** independent assessment, evidence-based recommendations, referrals, and monitoring of wellbeing
- **managers/educators:** implement and maintain adjustments; ensure health, safety and equality duties are met; address bullying and discrimination; actively value neurodivergent strengths
- **HR/disability teams:** policy guidance, legal compliance, funding routes, and confidentiality

- **individual:** sharing what helps; engaging with appointments; giving consent for information sharing.

Consider team level measures such as awareness training, co coaching for manager and employee together, and clear local protocols for adjustments to normalise support and reduce stigma.

Data protection and consent: what managers need to know

Managers should understand the boundaries of occupational health information sharing:

- occupational health requires informed consent to assess and to share reports with you
- you should receive succinct, work focused summary reports, not full clinical details
- only those who “need to know” should see occupational health information; store it securely and separately from routine HR files where possible
- an individual may choose not to share a diagnosis; occupational health can still issue functional recommendations about adjustments.

Ask your occupational health team for clear, practical advice on what you should and should not record, who may see it, and how often to review adjustments.

Access to work

Access to Work is a scheme in the UK (not the Channel Islands or the Isle of Man) to support you to stay in work. You may be able to get a grant for equipment to help in your job role or support such as a job coach or mental health support.

For further details:

- England, Scotland, Wales: [gov.uk/access-to-work](https://www.gov.uk/access-to-work)
- Northern Ireland: nidirect.gov.uk/articles/access-work-practical-help-work

Recruitment hints and tips

- Make it clear that you welcome applications from neurodiverse candidates and those who may need reasonable adjustments.
- Include information on your public-facing website about equality and inclusion to attract diverse talent.
- Ensure job descriptions are clear, easy to read, and ideally in a word document for text-to-speech conversion.
- Ensure your website meets accessibility requirements and use accessible fonts.
- Send clear information about the interview process well in advance.
- Ask candidates if they require any reasonable adjustments including extra time, assistive technology, or separate room.

- Consider alternatives to traditional interviews such as work-based trials or work-related tasks.
- Allow interviewees sufficient processing time.
- Ask one question at a time with clear wording.
- Provide pen and paper for note taking.
- It is good practice to give out questions in advance, it helps all candidates to give their best answers but is of particular benefit to neurodivergent candidates.
- Remember that stress and anxiety caused by the interview process can make difficulties worse – what you see may not be a true representation of the person's ability.

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RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

Neurodiversity acknowledges that each person's brain is unique. Our brains work and interpret information differently and we all bring individual experience, strengths, and assets to a situation. This guidance has been developed by RCN members with lived experience of neurodivergent conditions and neurotypical stakeholders with an interest in neurodiversity. It details neurodivergent conditions and explains what steps employers can take to support its employees.

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The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publications.feedback@rcn.org.uk

Evaluation

The authors would value any feedback you have about this publication. Please contact publications.feedback@rcn.org.uk clearly stating which publication you are commenting on.



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