



Royal College  
of Nursing



**NURSING  
PRACTICE  
ACADEMY**

# Neurodiversity Guidance for Employees

**NURSING PRACTICE ACADEMY**



# Acknowledgements

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This publication is due for review in May 2028. To provide feedback on its contents or on your experience of using the publication, please email [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)

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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](https://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).

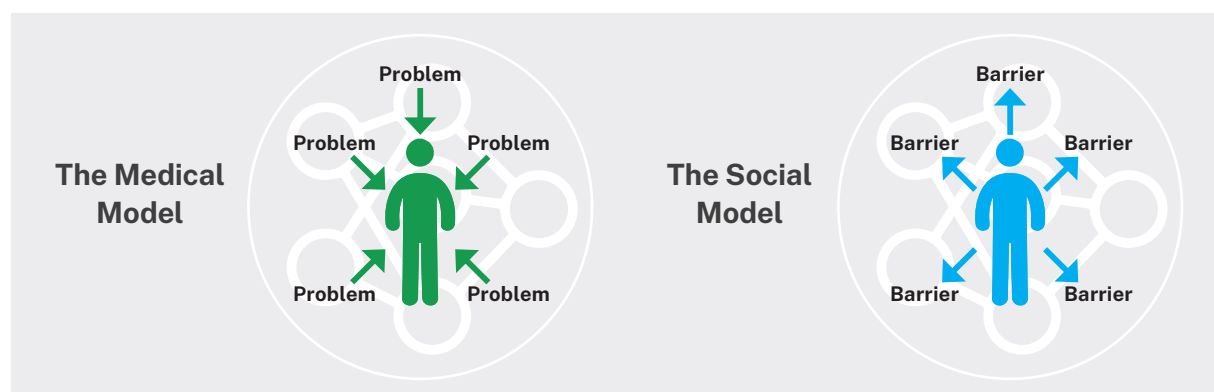
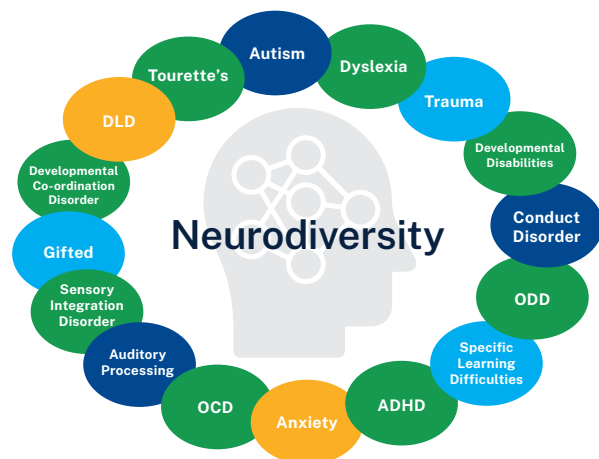


Image credit: taken from: [rcn.org.uk/get-help/member-support-services/peer-support-services/health-ability-passport](https://rcn.org.uk/get-help/member-support-services/peer-support-services/health-ability-passport)

## 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

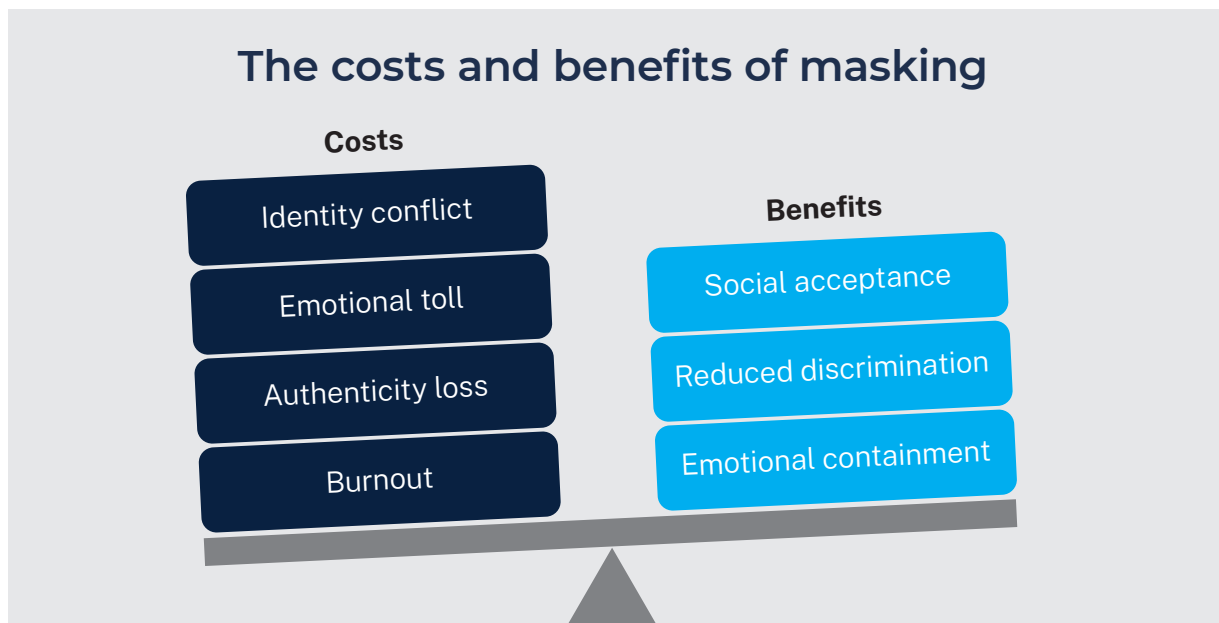
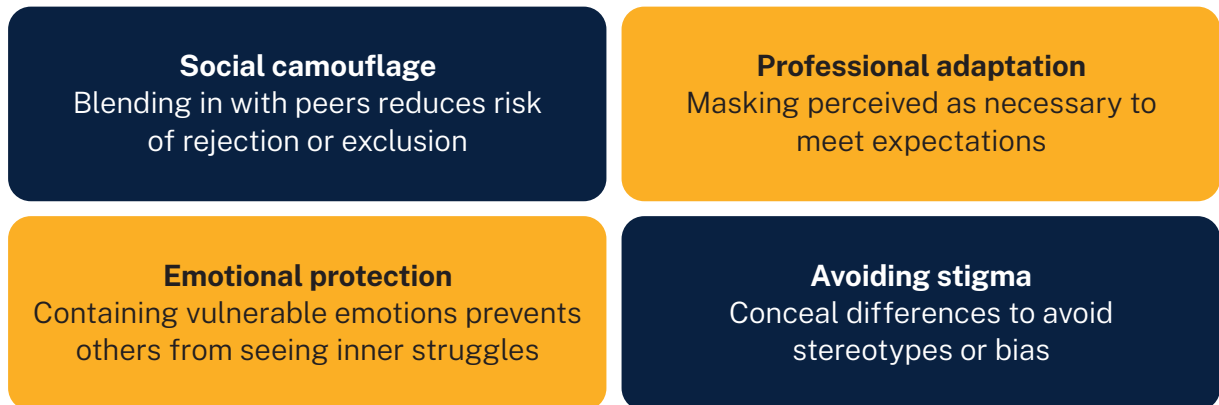
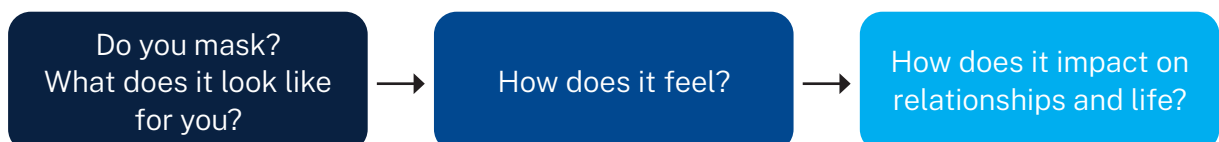


Image credit: Problem Shared

‘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



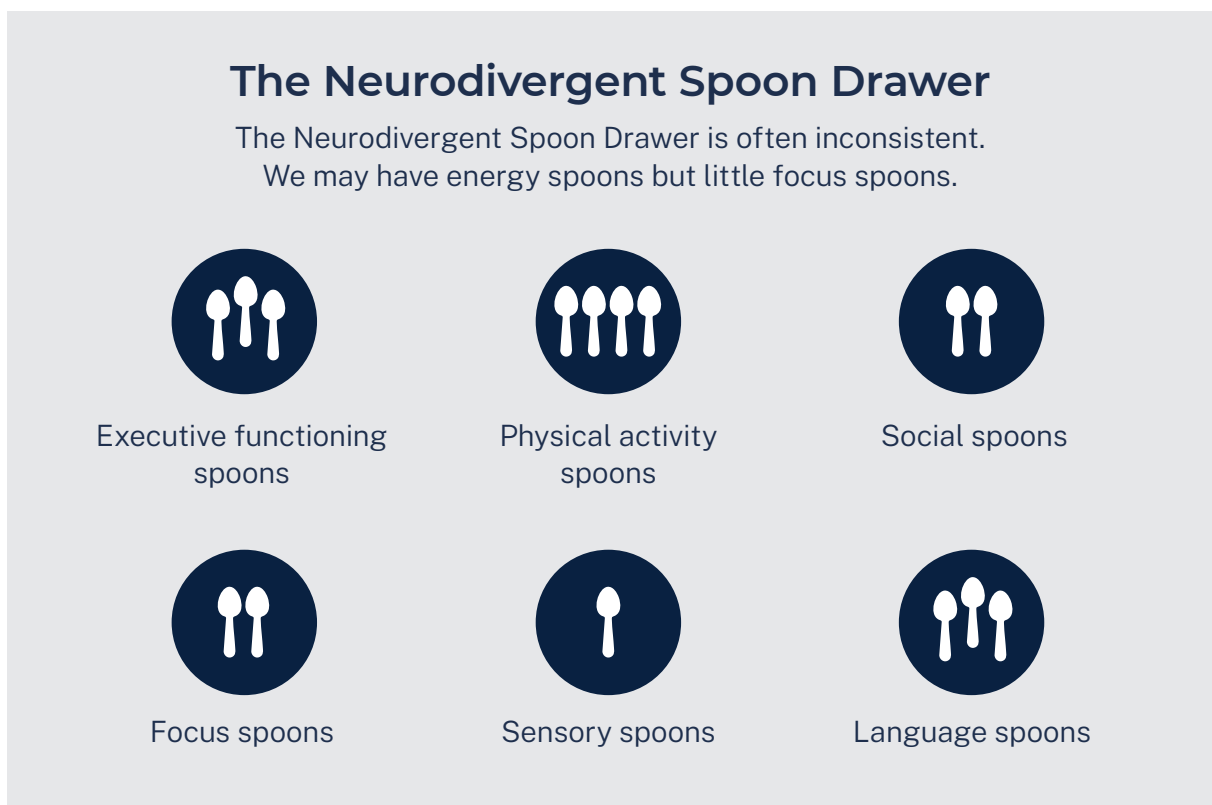
Things that use up my energy

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](https://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.
- Communicaiton & flexibility differences.
- Sensory, emotional meltdown or shut down.

Image credit: Problem Shared

## 6. Autistic joy

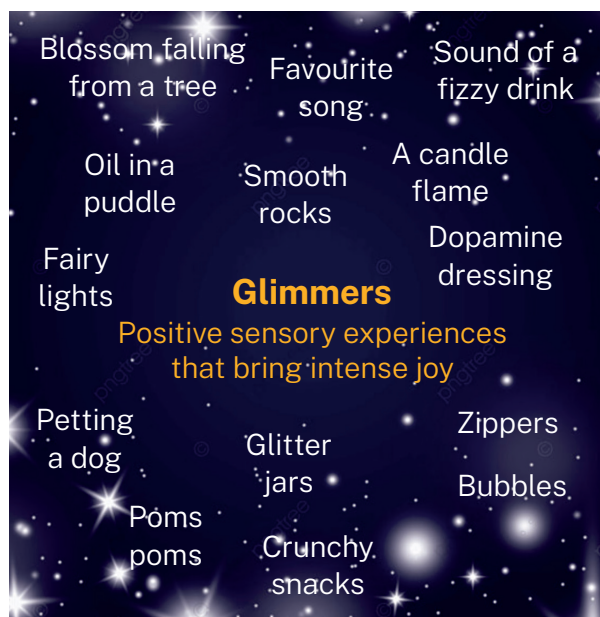


Image credits: Autistic Girls Network, Alnnergrowththerapy

## 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 employees

15-20% of the population are neurodivergent (British Dyslexia Association, 2022), with this figure thought to be higher in health care organisations. Neurodivergent individuals think differently, yet this uniqueness can be overlooked through a lack of understanding in the workplace. Workplaces are mainly designed to suit the 75-80% of the population who are neurotypical. Rather than attempting to change neurodivergent individuals to fit with the workplace, we need to be supporting them to be the best health care professionals they can be.

There are many reasons that inclusive and diverse workforces are something to strive for. We all have different skills and experiences that can enrich workplaces. Good employment practices ensure we can access their talents.

Neurodivergent individuals are often attracted to nursing and other health care professions because of their inherent qualities, for example being good team workers, caring and compassionate, resilient, determined, creative and see different perspectives. Neurodivergent individuals often have strengths in problem solving, are empathetic and can view things differently. Identifying and developing all these strengths will bring benefits to workforce teams.

A diverse workforce helps us better reflect and serve our communities and those with lived experience of neurodiversity can better appreciate the patient perspective. At the most basic level, employers have a legal obligation to accommodate those who meet the Equality Act 2010 (EA) definition of disability (Disability Discrimination Act 1995 in Northern Ireland) which includes those who are neurodivergent.

### Your line manager's responsibilities

Your line manager is responsible for the health and wellbeing of those they manage when they are at work. This includes ensuring that health and safety and equality legislation is met, and escalating when it is not, so that your employer can make necessary changes. It is not about the normalisation of a neurodiverse individual. Major and Tetley (2019) discussed the reluctance of registered nurses to disclose dyslexia due to the stigma attached to it. Oliver (1996) referred to a person being disabled not by their impairment but by the failure of their environment to accommodate their needs. In respect of any neurodiverse individuals who you manage, a big part of the support you offer them will be in agreeing, implementing and maintaining reasonable adjustments.

Employers must also support you should you face discrimination or bullying and should avoid perpetuating differences between neurodivergent staff and their peers.

You should inform your employer about the ways they can use your lived experience to shape a more inclusive workforce and be supported to engage in these processes (eg, consider setting up or being part of a staff network for neurodiversity). The British Dyslexia Association advise that celebrating an individual's potential gifts and talents can help to remove barriers and stigma.

Employers should ensure that staff with disabilities and/or neurodiversity have equal access to training and professional development and can themselves progress to management roles.

## Recruitment process

Consider if the job fits well with your strengths, your values and priorities as well as any difficulties you might experience.

- Read the job description and person specification thoroughly, this will help you consider what you might write on the application form and what you might need to prepare for interview.
- Ask someone to proofread your application prior to submission.
- Make sure that you have adhered to the word counts and any additional documents that need to be included have been attached to the application.
- Decide if you are going to disclose your neurodiversity and if so when. If you want reasonable adjustments, you will need to disclose these in advance of the interview to receive them.
- Consider the positive aspects of your neurodiversity and be prepared to discuss these and how you have overcome any difficulties in the past.

Employers may offer a guaranteed interview scheme meaning disabled candidates meeting the essential criteria are interviewed. This is part of *Disability Confident Employer Scheme, Gov.uk*.

If you want to arrange reasonable adjustments for interview and are not contacted automatically by the employer, contact the HR department or interview contact. If you have any gaps in your employment history or have moved on from jobs that did not work for you, consider how you will discuss these. Do not forget to mention what you learnt from these experiences.

## Reasonable adjustments

Under the Equality Act, adjustments are included to help neurodivergent individuals fit workplace roles. Reasonable adjustments that support the diverse needs of all staff are both practical and feasible. The Equality Act 2010 is the legislation in England, Wales and Scotland that details employer's duties to make reasonable adjustments for people who are disabled. In Northern Ireland, the equivalent legislation is the Disability Discrimination Act 1995 and the Special Educational Needs and Disability (NI) Order 2005. In the Channel Islands, the relevant legislation is the Discrimination (Jersey) Law 2013 and the Prevention of Discrimination (Guernsey) Ordinance 2022.

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 neurodiverse 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, we

suggest considering 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.

Reasonable adjustments are anything that removes barriers to allow people with disabilities the best opportunity to do their jobs. When deciding what adjustments are to be made, your line manager should objectively consider what is reasonable in terms of the role, length of contract, cost of implementation, size and resources of the organisation. A strengths-based approach to intervention and support are accepted as best practice (Den Houting, 2019).

The adjustments themselves are not always physical and can fall into the following areas:

- **equipment** – such as a dictaphone to take notes, 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, to help the individual develop coping techniques
- **redeployment** – which means moving to another more suited role that becomes available 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.

Further details of suggested reasonable adjustments can be found on the RCN neurodiversity guidance webpages at: [rcn.org.uk/neurodiversity](https://rcn.org.uk/neurodiversity)

We recommend a collaborative approach to establishing reasonable adjustments.

The RCN's *Health Ability Passport* guidance is a step-by-step guide to putting in adjustments in place which is available at: [rcn.org.uk/get-help/member-support-services/peersupport-services/health-ability-passport](https://rcn.org.uk/get-help/member-support-services/peersupport-services/health-ability-passport)

## How occupational health can help you

Occupational health exists to help you stay well at work or in your studies and to remove barriers so that your strengths are recognised and used. Occupational health is not there to “test” you or decide if you deserve your job; its focus is on what changes will help you succeed.

Being neurodivergent is not an illness, and you do not need to be “fixed” to access occupational health support.

## When you might consider occupational health

You may benefit from an occupational health referral if:

- you are finding parts of your job or course much harder than others (eg, time management, admin, sensory overload, written work), even though you know you are capable
- you have told someone you are neurodivergent (or suspect you might be) and would like adjustments or strategies
- your stress, anxiety, sleep or physical health are being affected by work or study demands
- you are worried about performance reviews, capability, or fitness to practice
- you are experiencing bullying, discrimination, or repeated misunderstandings about your behaviour or communication.

Ask your manager, supervisor, HR, or university disability team how to be referred, and if you are unsure, you can ask what an occupational health appointment will involve before you agree.

## What to expect from occupational health

An occupational health appointment is usually a structured conversation about:

- what you do in your role or course
- what you find easy and what you find hard
- your sensory needs, attention, communication style and executive function challenges (planning, organising, prioritising)
- what has helped you in the past, and what you would like to change now.

Depending on your situation, occupational health may:

- offer initial suggestions (for example, small changes, simple equipment, different ways of organising tasks)
- arrange or recommend a workplace needs assessment that looks in more depth at your job or placement and suggests tailored adjustments
- suggest assistive technology, environmental changes, flexible working or study patterns, task and communication changes, coaching or mentoring
- signpost you to diagnostic services, Access to Work, university disability support or mental health services, if you wish.

You can ask to see or receive a copy of any report about you.

### Adjustments you can ask about

You do not need a formal diagnosis to talk about adjustments with occupational health or your manager/educator. Examples include:

- **tools and tech:** voice to text or text to speech software, mind mapping, planners, screen readers, dual monitors, spelling and grammar tools
- **environment:** quieter spaces, reduced interruptions, lighting changes, headphones or ear defenders, clearer desk areas
- **working pattern:** flexibility in start/finish times, remote or hybrid working, working closer to home, microbreaks, protected focus time, predictable routines
- **tasks:** breaking tasks into steps, written instructions, extra time, prioritised to do lists, materials in advance of meetings or teaching, recording meetings where appropriate
- **communication:** direct, clear language; written follow up after verbal discussions; agreed methods (for example, email rather than phone where possible); visual supports
- **people support:** regular one to one check ins, coaching or mentoring, buddy systems, study skills support.

You and occupational health can discuss which of these feel realistic and helpful in your specific context.

### Your rights, consent and confidentiality

Equality and discrimination laws across the UK, Channel Islands and Isle of Man mean that many neurodivergent people are legally protected as disabled, even if they do not personally use that word or do not yet have a diagnosis. This creates a duty on employers and education providers to consider reasonable adjustments.

You retain control over your information.

- Occupational health should ask for your consent before assessing you and before sending any report to your employer or university.
- You can withdraw consent, although this may limit what support can be put in place.
- Reports should focus on how your health and neurodivergence affect your work or study and what adjustments are helpful, rather than detailed medical information.
- You can choose whether or not your diagnosis is shared with your manager or faculty; occupational health can still recommend practical adjustments without naming the diagnosis.

You can ask occupational health or HR/disability services to explain how your data will be stored, who can see it, and how long it will be kept.

### **Making the most of occupational health support**

- Prepare examples of tasks that are difficult and what happens eg, “I miss verbal instructions if there is background noise”, “I feel overwhelmed by last minute changes”).
- Note your strengths and what you want to keep doing or do more of.
- Think about what has helped you before (school, previous jobs, daily life) and bring those ideas.
- After the appointment, ask to agree a clear plan with your manager or supervisor, with dates to review how adjustments are working.

Change can take time; it is common for adjustments to need four-12 weeks to bed in and for plans to be revisited as roles or placements change.

### **Access to work**

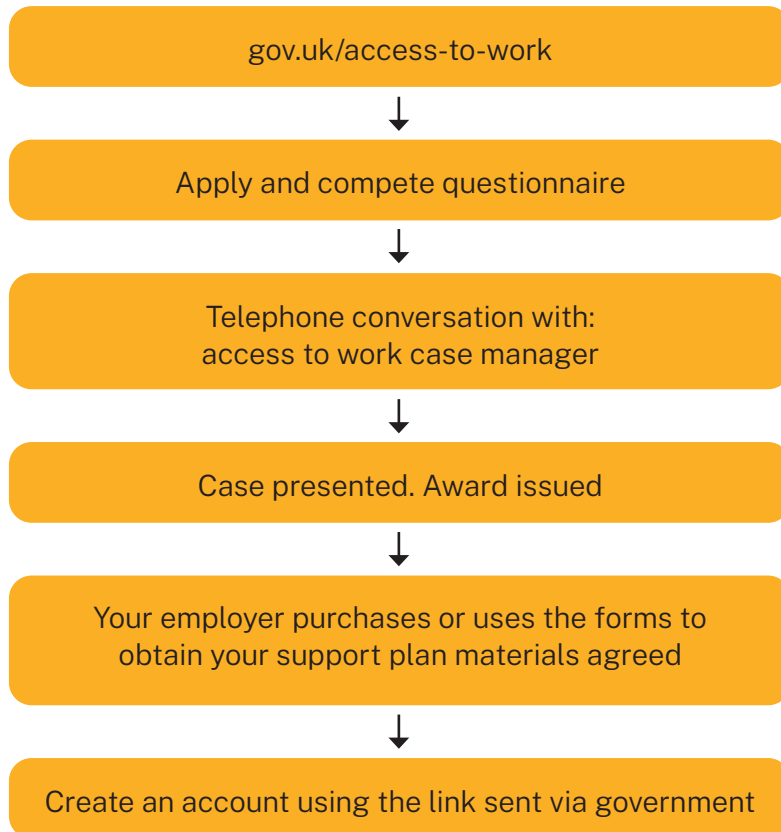
Access to work is a scheme in the UK (not the Channel Islands or the Isle of Man) to support you to stay in work and this is something that you may be able to use if you are neurodiverse. You may be able to get a grant for equipment to help you in your job role or support such as a job coach or mental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

For further details please visit:

England/Scotland and Wales: [gov.uk/access-to-work](https://www.gov.uk/access-to-work)

Northern Ireland: [nidirect.gov.uk/articles/access-work-practical-help-work](https://nidirect.gov.uk/articles/access-work-practical-help-work)

## Access to work process



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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 provides information on support available to employees.

**Publication date: May 2026 Review date: May 2028**

### 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](mailto:publications.feedback@rcn.org.uk)

### Evaluation

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



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