

Where have all the girls gone?

Neurodiversity and females

Professor Amanda Kirby



In International Women's week 2021, it is more important than ever for us to consider why there are more girls and women coming forward being diagnosed with Neurodivergent conditions than in the past. Why were they missed, misunderstood or misdiagnosed?

What is Neurodiversity?

The term Neurodiversity was coined by the Australian sociologist Judy Singer¹. It recognises that human brains are diverse and varying. The term neurodivergence usually refers to traits and characteristics associated with a number of 'medical conditions' including:

- Attention-Deficit/Hyperactivity Disorder (ADHD),
- Autism Spectrum Disorder (ASD),
- Developmental Coordination Disorder (DCD, also known as Dyspraxia),
- Developmental Language Disorder,
- Dyscalculia,
- Dyslexia,
- Intellectual Disability (called Learning Disability in the UK),
- Tic Disorders, including Tourette's Syndrome.

People who do not have these traits and characteristics are referred to as Neurotypical. Those who do are referred to as Neurodiverse or Neurodivergent.

Why do we have neurodiverse brains?

Diversity is important. From an evolutionary perspective, humans are likely to have increased ability to adapt and survive if their population has a range of 'different brains' that have different strengths and view the world in different ways. It is suggested that Neurodivergent brains may be more 'specialist' brains whereas Neurotypical brains may be more 'generalist'².

These differences are also important from a

societal perspective. Having, supporting and embracing Neurodivergent brains has many benefits. Neurodivergent people have many traits and skills that can benefit everyone.

However, it is important to note that people who are Neurodivergent are deserving of the same respect and opportunities that Neurotypical people receive. Their worth is not dependent on their skills or their perceived usefulness to society.

Neurodiversity and females

Increasing awareness of the concept of Neurodiversity has resulted in increasing numbers of females self-diagnosing in adulthood. However, many others never have their support needs recognised and continue to have challenges in day-to-day life. Even those who eventually gain a diagnosis often experience considerable long-term challenges.

Many neurodivergent females arrive at adulthood having already experienced years of poor mental health. Others may have left school with few qualifications despite having skills, failed to 'fit in' socially and/or failed to find a job. Others may have succeeded because of resilience but often at some cost

I have met many women who feel simultaneously relieved and angry at gaining a diagnosis in adulthood. Some are frustrated at not having achieved their potential. Sadly, many end up with underemployed or unemployed. Others end up in the Justice System, having been misunderstood.



Are girls so different from boys?

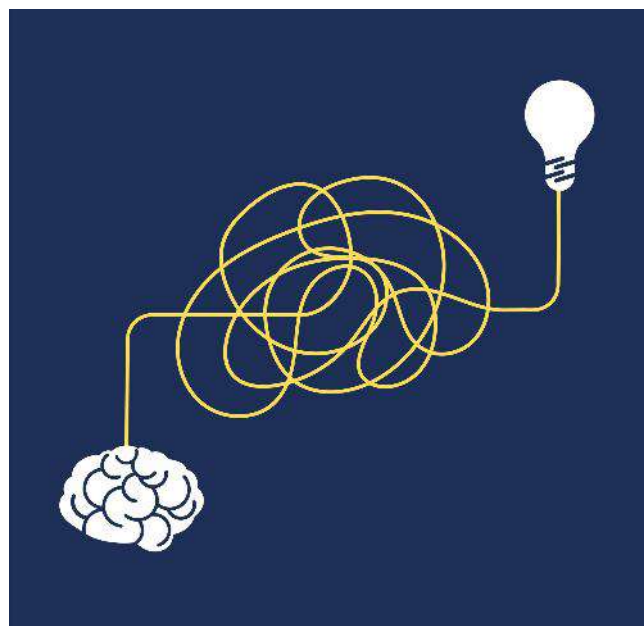
Until relatively recently, there was an accepted belief that there are big differences in the way male and female brains work and that these differences were biological and innate.

Early moral and scientific arguments stated that 'female brains' were inferior versions of 'male brains'. More recent research has instead gone down the route of arguing that female and male brains are 'different but complimentary'. These differences were thought to result in certain characteristics and traits in men (e.g., logical thinking or being good at maths) and others in women (e.g., high levels of empathy and strong multi-tasking skills).

This approach provided a limited view of the world, retaining the dichotomy that 'blue is for boys and pink for girls'. It also suggested that the divide was a clean one and that there was, hence, no point in attempting to reduce gender biases in education, work or interests. Why try to increase female participation in science, for example, when female brains are inherently biologically unsuited to and disinterested in such topics? Hence, this argument perpetuates the view of educational limitations by gender.

However, this argument relies on flawed experiments and dubious interpretations that lack scientific rigour. A summary of the issues in this field of research are discussed by Eliot in her Feb 2019 article³. This article also discusses the excellent book 'The Gendered Brain: The new neuroscience that shatters the myth of the female brain'⁴. This book provides many scientific arguments that reveal why there is bias and fault in our past suppositions.

A recent article in the Telegraph⁵ sadly reiterated to some extent the old belief in the 'female brain'. However, it also brought in the intersection of gender and Neurodiversity. The 'fact' that more males than females have ADHD



or ASD was used as evidence for the 'fact' that males and females have different brains.

What is intersectionality?

Intersectionality refers to the interconnected nature of social categorizations such as race, class and gender as they apply to a given individual or group. This creates overlapping and interdependent systems of discrimination or disadvantage. The theory of intersectionality was coined by the academic Kimberlé Crenshaw⁶.

It recognises that, for example, sexism experienced by a White, middle-class woman are not going to be the same as sexism experienced by a Black Caribbean woman in poverty, even if both women live in the UK. Likewise, these women are likely to need differing support.

Recently, an All-Party Parliamentary Group (APPG) report has considered the intersection of inclusivity and gender⁷. It specifically mentions the intersections of gender and Neurodiversity. The intersection with gender may affect individuals' likelihood of receiving a diagnosis and/or support.

So, why have so few girls been diagnosed?

In the last few years, there has been increasing interest in the possibility that females have been underdiagnosed with Neurodivergent conditions (e.g. ADHD, ASD).

We know that males are much more likely to be diagnosed with these conditions than females. For example, for every female diagnosed with ASD, approximately four males receive a diagnosis⁸.

Until recently, it was accepted that this was just how things were. For example, Autism was thought to be a disorder associated with an extreme form of the 'male brain' – a theory used to explain why boys were more susceptible to it than girls^{9,10}.

However, perhaps we have been looking through the wrong professional lens. Perhaps, these differences in diagnosis rate are not innate biological ones but instead are based on biased research and/or diagnostic pathways?

Consequences of missing females

Alongside the increasing interest in potential gender biases in diagnosis is the beginning of an understanding that missing diagnoses are not benign. It is increasingly recognised that females who fail to gain a diagnosis have their needs unmet, with potentially severe long-term consequences.

Fulton and colleagues describe how the lack of identification can result in "developmental cascades whereby cumulative effects are seen across a variety of domains and systems"¹¹. In other words, failing to diagnose someone promptly has numerous, serious knock-on effects that build up over time. These effects may be in a variety of areas, e.g. education, employment, mental health, etc.



We now recognise that if someone understands themselves better (both their strengths and their challenges) they have a greater chance of success. They may be better able to identify what they need support with to overcome potential challenges before they become insurmountable and/or start causing additional challenges.

For example, if a girl recognises that she has difficulties with attention but strengths in creative thinking, she may be able to use this self-knowledge to her advantage. She may recognise that she learns better in short 'chunks' rather than long stretches. Her creativity may be an advantage not only in the arts but also in problem-solving tasks such as those found in the sciences. Aids such as noise-cancelling headphones and techniques such as asking her teachers to always follow up verbal instructions with a copy in writing may allow her to achieve her potential.

Of course, diagnosis does not guarantee that support will be provided and negative cumulative effects will be avoided. However, it is an important first step.

Why may some girls be missed, misunderstood or misdiagnosed?

Study and diagnostic criteria biases

Historically, scientific studies have often been carried out on samples that contained mostly or only males. Diagnostic criteria and other diagnostic instruments (e.g. questionnaires, checklists) were then created using this research.

It is now recognised that this has, in many cases, caused these criteria and instruments to be biased towards the male presentation of the condition. For example, females with Autism Spectrum Disorder have historically been virtually absent from studies investigating ASD^{12,13}. Diagnostic criteria for ASD have been developed almost entirely using the male behavioural and symptomatic presentation¹⁴. Some of the instruments used to diagnose ASD also appear to have a male bias^{15,16}.

Current diagnostic criteria for ADHD have also been developed in predominantly male samples, so that many diagnostic instruments may not generalise to females¹⁷.

Hidden in plain view

Ascertainment biases

Ascertainment bias refers to certain individuals being more likely to be referred for evaluation than others with equivalent challenges. For example, females are less likely to receive a diagnosis than males with similar levels of Autistic traits¹⁸. Those females who get a diagnosis are also more likely to be older and to have greater additional needs and behavioural-emotional challenges¹⁸.

This may partially explain why the gender ratio in Autism is around 1:1 in individuals with severe cognitive impairment but around 8:1 in those with near-average to high intellectual function¹⁴. Only the females who are easy to spot are getting diagnosed. Why is this?



Camouflaging

Some people who identify as Autistic use techniques to prevent others from seeing their social difficulties¹⁹. This has been called 'camouflaging'. Females with Autism may be particularly likely to use camouflaging²⁰.

While we can all 'put on a front' in a novel social situation, the social camouflaging seen in Autistic people is more extreme. In Autistic individuals, social camouflaging is typically described as requiring great effort and resulting in physical, mental and emotional exhaustion as well as threats to self-perception¹⁹.

Misdiagnosis

Often, Neurodivergent females have been previously misdiagnosed with mental health conditions, such as Personality Disorders or Eating Disorders²¹. These females often turn up in adult psychiatric services, where professionals may have little training in recognising or diagnosing Neurodivergent conditions.

Gendered social norms

In general, males more often 'externalize' their distress (e.g. via disruption or violence) whereas females 'internalize' it (e.g. become anxious, self-harm)^{22,23}. This may make male Neurodivergence more visible to outside observers.

Gender of referring adult

Reporting of ADHD may be biased by gender: males are more likely to accurately report boys' characteristics and females are more likely to accurately report girls' characteristics²⁴.

Different professionals see different things

We know that presentation results in different responses by professionals. As a result of this, females may have less opportunity to gain a referral for a diagnosis.

As said before, males tend to demonstrate more 'externalising' behaviours¹³. This may be one reason why parents, teachers, health professionals and therapists suspect something is 'wrong' with Neurodivergent males. This may lead to referral and diagnosis.

This bias may be particularly present in ADHD. Females are more likely to have inattentive ADHD¹⁷, which is characterised by lack of focus, distractibility and 'day-dreaming' but lacks the hyperactivity and impulsivity seen in the other types⁸. The symptoms of inattentive ADHD are much less disruptive than those of hyperactive/impulsive ADHD or combined ADHD⁸. This, combined with stereotypes about ADHD presentation, may make inattentive ADHD less likely to be spotted. A study of primary school teachers found that they frequently did not identify the inattentive type of ADHD and were not aware that medication could be helpful in this context²⁵.

A similar bias is seen in the context of DCD (aka Dyspraxia). One survey of elementary school teachers showed that they were more likely to report concerns about how well boys performed in gross motor skills (e.g. running, jumping) than concerns about how well girls performed in fine motor skills (e.g. handwriting, tying laces)²⁶. They also considered it more important to intervene when children had gross motor problems²⁶.

Access to specialist services

Neurodivergent females often experience difficulties obtaining diagnoses and thus difficulties obtaining appropriate support. Some of this is related to the very poor and very patchy provision of adult diagnostic services in the UK.

Some locations, such as NHS Grampian, refuse to assess or treat adults for ADHD unless they were diagnosed as a child²⁷. This discriminatory gate-keeping behaviour is unsupportable given that it is well-documented that ADHD has been and continues to be underdiagnosed in the UK²⁸.

However, the situation is not much better in other locations and for other conditions. For example, waiting times for adult ASD diagnosis in England doubled between 2016 and 2018²⁹.

In other cases, the failure of individuals, and specifically females, to obtain diagnoses is related to a lack of professional awareness, understanding and knowledge of female presentations and traits associated with Neurodivergent conditions.

In all cases, this ignores the fact that delayed diagnosis is frequently reported to negatively impact on numerous areas of life and development.



Where else do girls go?

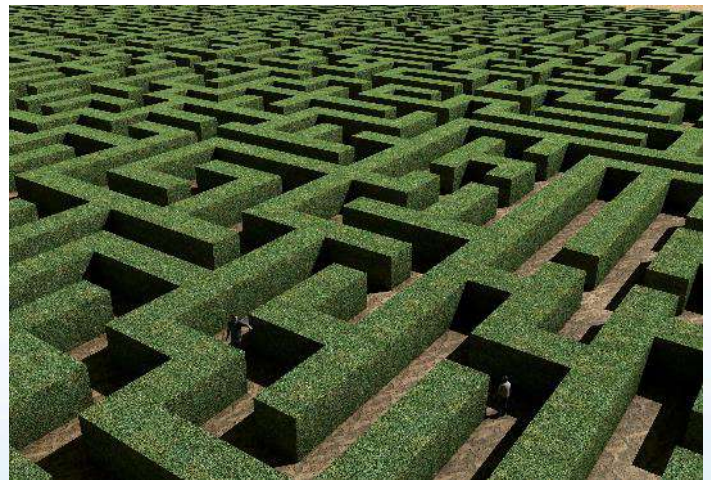
Impact of 'missing' the girls

If we don't appropriately diagnose and support neurodivergent females the impact can be seen on educational and employment outcomes. ADHD for example, in girls is associated with lower educational achievement, unplanned pregnancy, mental health conditions and self-harm (Owens et al, 2017). Thus, girls with ADHD are at risk of long-term cumulative adversity. Intervention for 'inattentive ADHD' has also been demonstrated to reduce symptoms and improve social and organisational skills (Piffner et al, 2007). This may prevent or reduce some of the negative outcomes associated with 'inattentive ADHD'. However, unless girls are identified (and identified early) this can't happen. Teacher training is essential for this to occur and ensuring there is not a gender bias in terms of identification.

Accessing psychiatric services

Women and men are presented with unique and different social constraints at every level of social organization, and these constraints contribute to gender differences in resources, social roles, and stress exposure and resulting behavioural presentation of distress. However it may be that females are ending up diverted to psychiatric services.

It has been recognized that anxiety and depression are more common among women, and behavioral disorders like substance abuse and antisocial personality are generally more common among men. But it may be important to reflect what [Dohrenwend and Dohrenwend \(1976: 1453\)](#): said in 1976 that "... we should discard undifferentiated, unidimensional concepts of psychiatric disorder and with them false questions about whether women or men are more prone to 'mental illness'." We need to be careful to equate externalizing behaviours in men as the equivalent of anxiety and depression in women and not see these as biases that remain.



Some females end up in the justice sector

Less than five per cent of this country's prison population is female, and the trend is similar elsewhere in the western world. However, when you explore the level of neurodiverse traits in the prison population it appears to be highly prevalent among females in prison, although comparatively few studies have been carried out.

In one study at Newhall Secure Female Prison, Yorkshire 59.4% of a sample of 69 women in met diagnostic criteria for adult ADHD when screened (Farooq et al., 2016). Females in prison also have lower literacy and numeracy levels than the general population, some of which may well be attributable to Dyslexia and Dyscalculia. For example, 47% of women entering prison in England in 2014/15 did not have Level 1 literacy skills and 77% did not have Level 1 numeracy skills (Creese, 2015). These are skills levels expected of typically developing 11-year-old children. Misattribution may continue to result in lack of recognition of the learning and communication challenges many of these women may have.

Factors commonly thought to contribute to crime i.e. a lack of education (half of people in prisons have no qualifications, compared with 15 per cent of the general population); experiences of violence or abuse as a child, and differences in opportunities. Women face discrimination "in both the legitimate and illegitimate worlds,".

The world of organised crime tends to be predominantly male-dominated, operating on strictly traditional gender roles where women tend to take domestic, sexual or care-giving roles rather than being directly involved in the gang's operations. Those with neurodiverse traits may be even more susceptible.



Multiple adversities may reduce detection rates

We don't know a lot about the prevalence of Neurodiversity in Looked After Children but what we do know is that it is higher than in the general population. We can only surmise that if females are moving around an educational and social system where there is little knowledge relating to neurodiversity in general, and what is known are more male stereotypes then they are even less likely to have their neurodivergent traits recognized than males.

There may also be diagnostic overshadowing with over diagnosis of mental health challenges or assumptions made that some difficulties are related to attachment disorder because they are LACYP.



Conclusions

There is no doubt we have missed neurodivergent girls who are a minority within a minority group. We are only starting to understand what it feels like being in a world where you are missed and misunderstood by listening to a wide range of female lived experiences and exploring with them their specific challenges.

In the next few years we will certainly see screening tools being developed that have less gender biases so we can provide improved early identification and provide appropriate targeted support.

While we work together to improve services, we need to ensure greater awareness at all levels including educators in further and higher education, those working in alternative provision, in social services, in employment and in the justice sector to help enable neurodivergent females to showcase their strengths and talents and not have their challenges misunderstood. We need to ensure that support is delivered in a timely manner so that fewer females arrive in adulthood are missed, misunderstood or misdiagnosed.

What is neurodiversity?

- People with neurological differences are not incomplete versions of 'typical' people or flawed.
- The challenge or impairments that some people have cannot be denied. Not **everyone is impaired** by their neurodiverse profile.
- **Disclosure** should be choice and not a necessity.
- Adjustments or support need to be personally appropriate, adequate and timely.
- **Disability** is often delineated by society's expectations.
- **Seeing through different lenses** provide new opportunities for solutions in all parts of our worlds.
- The language we use has different meanings to different people and changes over time.

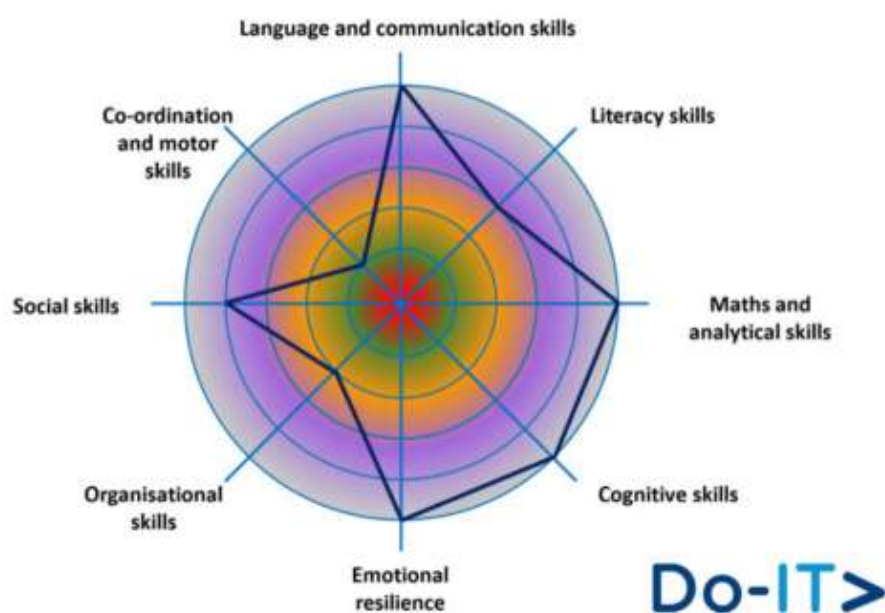
Around **1 in 8** people are neurodivergent in the general population.

What does neurodiversity mean?

The term recognises the fact that our brains (neuro-) naturally vary from person to person (are diverse) and are a part of human variation.

This takes a dimensional approach rather than a categorical one.

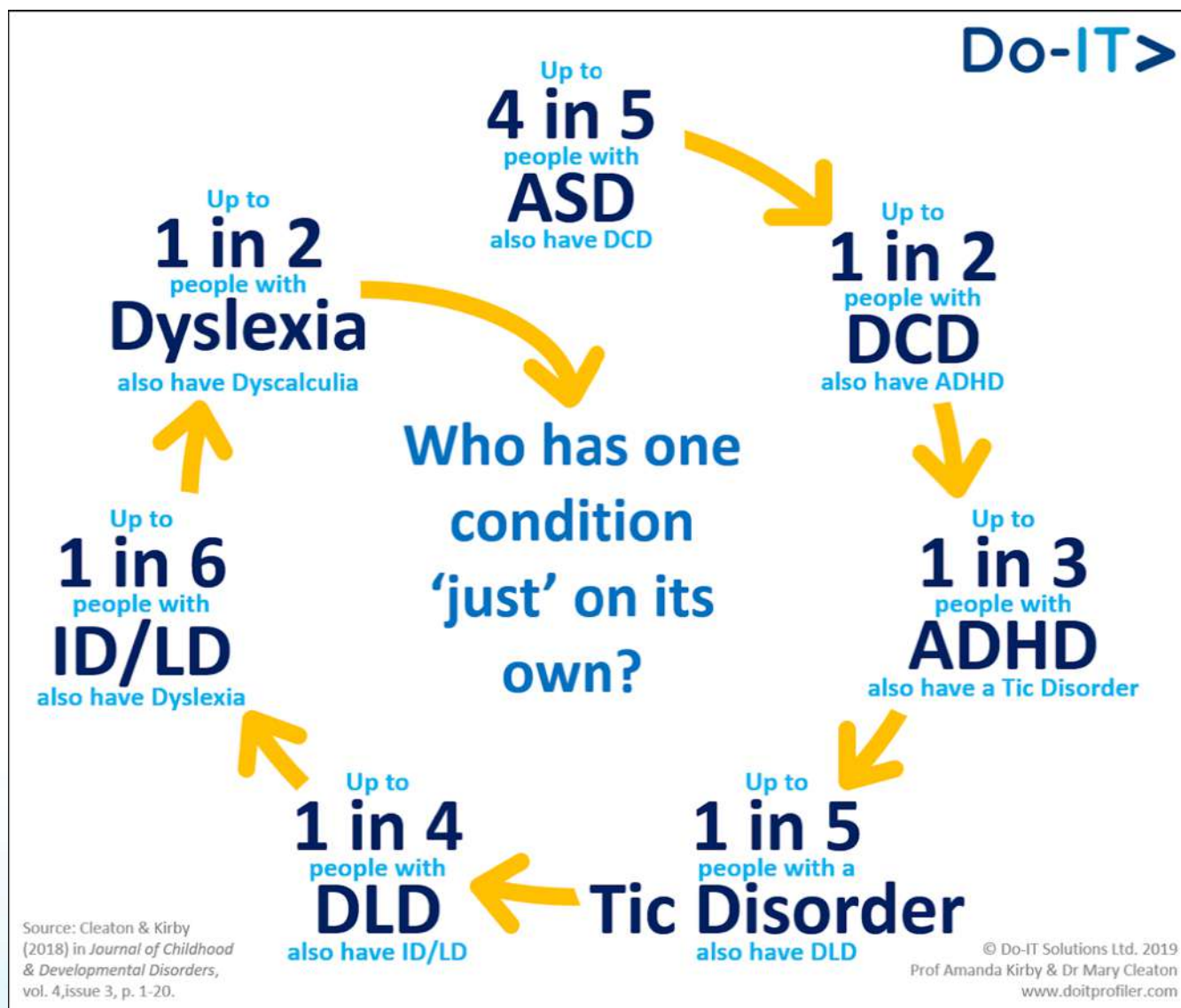
It was coined by Judy Singer in the 1990s.



Neurodiverse traits often overlap

This means they overlap with each other. Very few people have 'just' one condition, but it may be the one they have a diagnosis.

This is important when supporting people in work or training that we do not do this 'by label' but ensure it is person-centred.



Some people associate neurodiversity with:

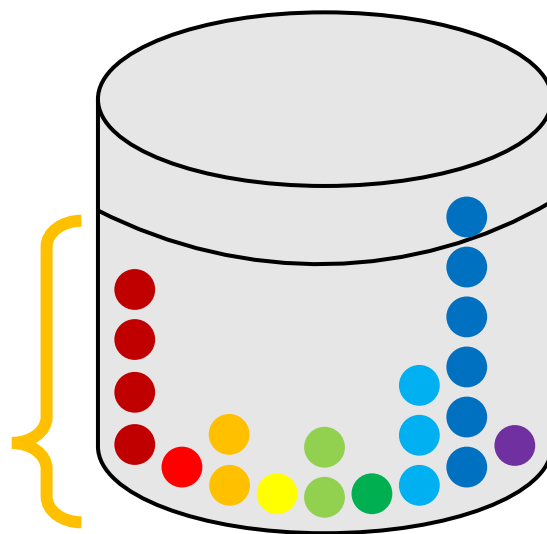
- **Attention Deficit Hyperactivity Disorder (ADHD)**
Includes Attention Deficit Disorder (ADD)
- **Autism Spectrum Disorder (ASD) / Autism Spectrum Conditions (ASC)**
Includes Asperger Syndrome (AS) and Autism
- **Developmental Coordination Disorder (DCD)**
Also known as **Dyspraxia**
- **Dyscalculia**
Also known as specific maths difficulties
- **Dyslexia**
Sometimes referred to as reading disorders/difficulties
- **Developmental Language Disorders**
Includes Non-Verbal Learning Disorder(NVLD), receptive language, expressive language and pragmatic language difficulties, Developmental Language Disorder
- **Tic disorders** e.g. Tourette's syndrome



Not everyone comes with a label.

You can picture someone's challenges as balls in a bucket.

Number of balls indicates the severity of the challenge in that area

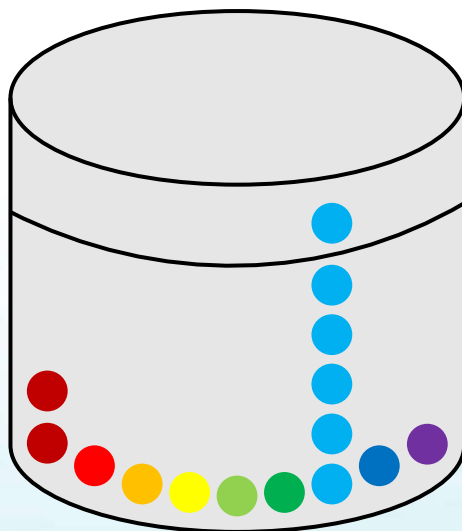


Having to meet a certain level to 'count' and get a diagnosis for challenges or meet the criteria for services

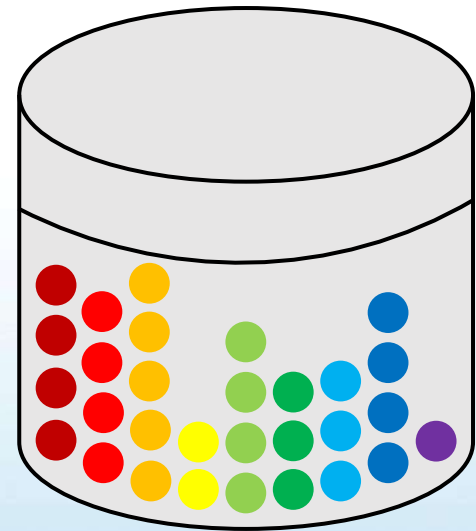
Different colours indicate different types of challenge, e.g. reading, attention, social, motor, home life

This system works well for people with a single recognised area of challenge

However, it fails people with multiple needs or who don't *quite* meet the criteria, even though they may have higher needs

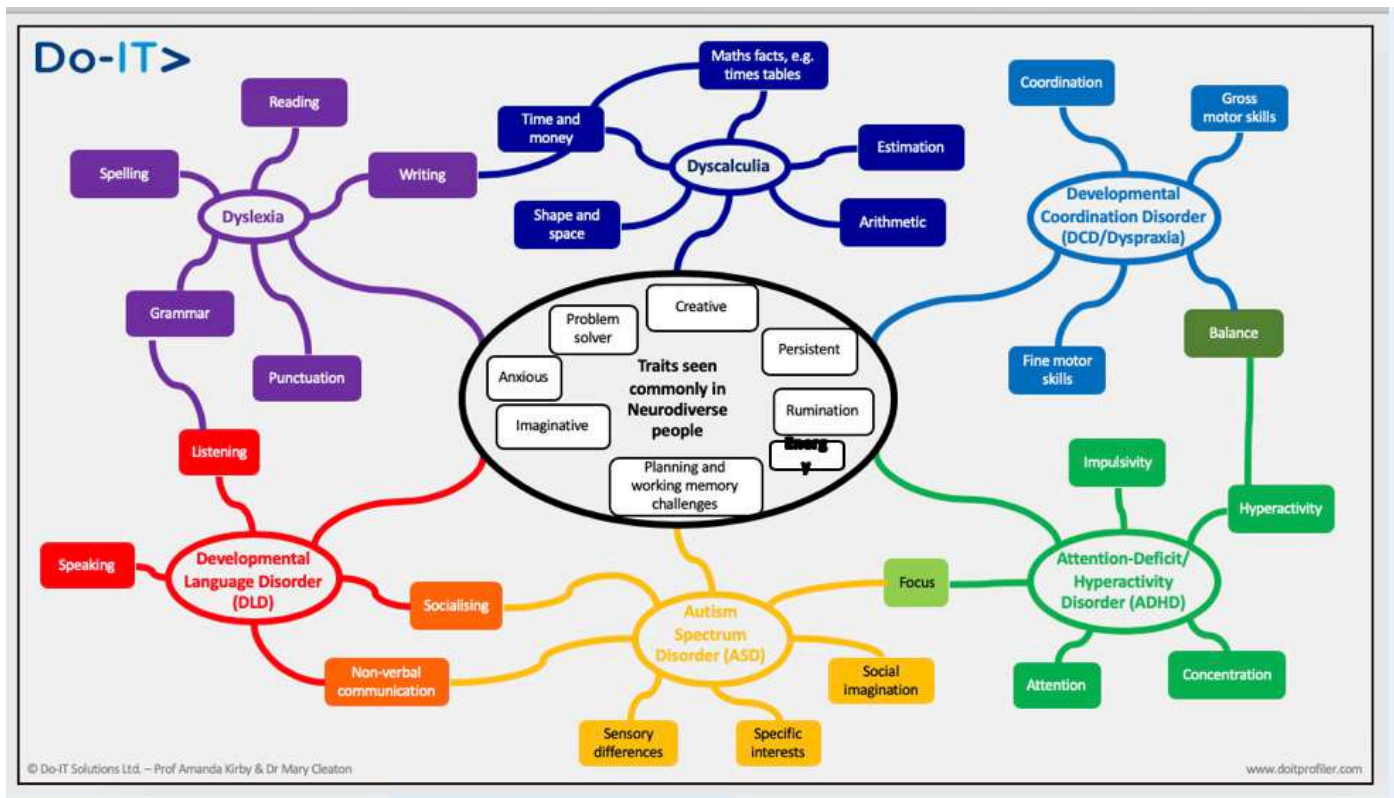


You have Dyslexia!
Here are some reading strategies!



You are girl – you don't look autistic to me!

Every person is different and may have different combinations of challenges and strengths



The person's profile

=

Past challenges + current challenges + strengths + motivation

Support required may be dependent on the priorities both in the short and longer term.
Both context and environment can change the type of support needed.

Do-IT – embracing neurodiversity

Do-IT is a 'tech for good' company providing training and web-based tools to support neurodiverse people to gain and sustain employment and for employers to attract, retain and harness neurodiverse talent. We provide innovative, robust, translatable and accessible neurodiverse screening and assessment tools.

Do-IT takes an 'umbrella' approach to considering neurodiversity and considers people rather than specifically focusing on one condition. We understand and have the evidence to support, an equitable approach to neurodiversity. We have the expertise, knowledge and experience not only to deliver the processes and training, but also the IT expertise to have the means to disseminate this to effectively reach all those working with your organisation.

Do-IT are passionate about championing the talents of people who are Neurodiverse and believe in sharing information about neurodiversity to others to influence and encourage positive change. We became the first **Disability Confident Leader in Wales** and led on work with the **Hidden Impairment National Group** which launched a free website to support employers and employees.

www.neurodiversityemployment.org.uk

The company is led by internationally recognised experts, Professor Amanda Kirby and Dr Ian Smythe, who have worked for more than 20 years undertaking research, clinical practice and delivering training, while working and co-producing solutions for and with people who are neurodiverse.

**We are passionate about
championing the talents
of people who are
Neurodiverse**

Professor Amanda Kirby has published extensively; delivered keynote lectures; delivered accredited training nationally and internationally and posts up to date information regularly on LinkedIn to promote best and evidence-based practices.



Do-IT – working in partnership

The Do-IT team has extensive experience of working with a wide range of organisations, to ensure robust tools and training are delivered and are practical and accessible solutions for the specific workplace.

Unique, web-based neurodiversity profiling tools that help individuals to understand their strengths and challenges

Our success in delivering an integrated, person-centred approach comes from:

- Working with the organisation to create a culture that encourages disclosure because it feels safe and positive to do so.
- Putting robust processes in place that work practically for the organisation.
- Ensuring staff feel confident and comfortable to have more informed conversations.
- Delivering sustainable solutions, including training and awareness delivered face-to-face

and through e-learning content to reach all members of the workforce, both office-based and remote.

- Having unique, web-based neurodiversity profiling tools that help individuals to understand their strengths and challenges, enabling the organisation to support them.



8 step change for increasing neurodiversity



1. Create Urgency: Retention and legal imperatives, grievances, wellbeing
2. Form a Coalition: speak to leaders, different departments
3. Create Vision for Change: a shared document with steps, not a one-off initiatives
4. Communicate the Vision: share the guide and steps
5. Remove Obstacles: create a pathway for support
6. Create Short-Term Wins e.g. ND network, parent support
7. Build on the changes
8. Anchor the Changes in Corporate Culture - become BAU

Ref: Kotter



Neurodiversity awareness and practical sessions

We recognise the need to have different sessions designed specifically for different audiences in order to give an awareness of neurodiversity, the challenges neurodiverse people face in the workplace and practical strategies and reasonable adjustments that can be implemented.

Do-IT will work collaboratively with your key stakeholders to identify the needs for each level and audience.

‘Train the Trainer’ courses for Neurodiversity awareness allow for sustainable, ongoing delivery in your organisation.

The audiences, depending on the size of your organisation may be:

- Directors and executive teams
- HR, Recruitment, Diversity and Inclusion
- Line Managers
- All employees

All sessions are delivered by experienced Do-IT trainers.

We can also deliver sessions to support your employees who may be parents of neurodiverse children and may require some practical guidance.

We can also deliver ‘Train the Trainer’ courses for Neurodiversity awareness to allow for sustainable, ongoing delivery in your organisation.

Optional sessions can be developed which are contextualised to the needs of your business to support all Neurodiverse individuals within your organisation.



Do-IT - Neurodiversity (ND) Awareness training

A series of interactive sessions tailored to the specific needs of your organisation with content dependent on the audience and workplace setting.

Executive leaders

Why is attracting and retaining ND talent important from a business perspective?

HR and D and I

Considerations for attracting, hiring and retaining ND talent and how this links to mental wellbeing and ensuring compliance with the **Equality Act 2010**.

Line managers

Gaining the confidence for more informed conversations and making reasonable adjustments.

Neurodiverse people

Support and strategies for maximising skills and talents.

Neurodiverse parents

Support and strategies for helping parents with neurodiverse children of all ages

Neurodiversity training may contain elements and a mix of the following:

- Hearing different perspectives and voices from people who are neurodiverse
- Interactive exercises to increase engagement and active learning
- Developing case study material to share best practices within your organisation
- Interactive Q and A sessions
- ‘Ask the expert’ sessions - through our network of national and international researchers and clinicians – Do-IT can arrange guest lectures online or face-to-face



Neurodiversity (ND) Awareness training content

Content of sessions is dependent on discussion with the organisation and the target group being trained.

This may include information on:

- Neurodiverse conditions
 - ADHD
 - Autism Spectrum Disorder/Condition/Asperger's syndrome
 - Dyslexia
 - Dyspraxia (DCD)/Dysgraphia
 - Dyscalculia
 - Developmental Language Disorders and Communication challenges
 - Tourette's syndrome
- Latest research and understanding of labels, terms and conditions
- Explaining overlap – rationale for translating this into people centred practices
- Thinking about your processes and policies - minimising conscious and unconscious biases and embedding good practices
- Recognising the workplace challenges and barriers to success
- Supporting individuals who are neurodiverse – working with strengths and how to capitalise them
- Making reasonable adjustments in training and the workplace
- Considering current legislation and examples of case law
- Reflecting on understanding of links with mental health and wellbeing in your workplace and the association with inclusive and neurodiverse workplaces



Process and Policy review

The baseline audit is conducted with key staff members to understand current employment processes and consider baseline measures to demonstrate successful outcomes and progress.

After due consultation ,this may include reviewing any or some of the following:

- Free audit of current levels of neurodiversity/disclosure
- Job advertisements and web content
- Job descriptions/person specifications
- Pre-interview information
- Assessments and interview processes
- Onboarding/Induction activities/intranet content and signposting
- Line manager support
- Review processes
- HR Policies and procedures
- Accessibility – documents etc.

Onboarding/Induction activities/intranet content and signposting



Neurodiversity Aware® Award

The Neurodiversity Aware® Award is a training and accreditation programme for those who want to gain a greater understanding of neurodiverse 'conditions' including:

- Dyslexia
- Dyspraxia/Developmental Coordination Disorder (DCD)
- Dysgraphia
- Dyscalculia
- Autism Spectrum Condition/Autism Spectrum Disorder (ASC/ASD)
- Speech, language and communication challenges

The training programme uses a blended learning approach to ensure a solid foundation of understanding is in place.

The training is from a workplace perspective and helps people gain a relevant professional qualification.

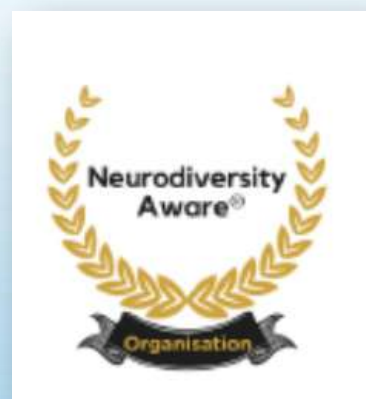
The training programme uses a blended learning approach and starts with two full-day workshops – to ensure a solid foundation of understanding is in place.



This is followed by 6 online/webinar modules and at-desk, web-based mentoring sessions. All course materials, including the workbook are provided via the learning platform at the start of the 2-day workshop.

After the webinars (and following an introduction to the qualification aspect of the programme), individuals are directed towards their assignment leading to an **Open College Network (OCN) Level 4 qualification**.

Minimum of 10 participants per course for an 'in-house' course.



Course Testimonials

Enrolling in the Neurodiversity Aware accredited training with Janette Beetham and Amanda Kirby was easily one of the best decisions I made last year, and I'm delighted to have achieved accreditation. The course provided me with comprehensive insight into the wide variety of potential challenges faced by neurodivergent colleagues, and how they can be supported. I now feel equipped to bring about positive change to my own business so that we can support everyone to succeed, and harness the business benefits of neurodiversity. Thank you, Janette and Amanda for all of your support and expertise.

Kieran Thompson
Head of Talent, Diversity & Inclusion
Cundall

Completing the programme has allowed me to further improve my understanding and knowledge of neurodiversity. It was led by Janette and Amanda and their incredible insight and enthusiasm for such an important subject has made the programme very enjoyable and extremely rewarding.

If you are an organisation focused on creating a fully inclusive environment where everyone can reach their full potential it is imperative, you do not exclude your neurodivergent population. They represent the largest disabled group within the UK and too many are unemployed or are disadvantaged because of the barriers they face within the workplace. Therefore, this programme is so valuable. It provides you with the necessary information to help you understand neurodiversity and will improve your knowledge of neurodiverse conditions such as dyspraxia, autism, dyslexia and ADHD from a

workplace perspective. Lastly, more importantly upon completion of the course you will understand from a process's perspective what your organisation needs to do to fully support a neurodiverse workforce.

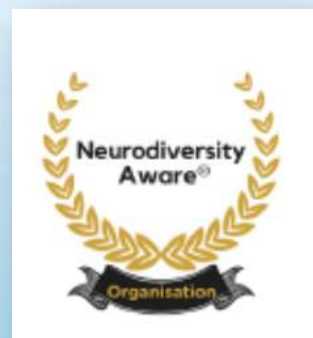
Daniel Cobb
D&I / Disability Inclusion / Inclusive Recruitment /
Neurodiversity at Work

The knowledge I have acquired has provided me with a greater understanding of Neurodivergent conditions. This has given me insight into my own learning and processing functions, as well as enabling me to consider how everyday policies and procedures in the workplace need to be adjusted, if barriers for those with these conditions are to be broken down. I found the course extremely interesting, enjoyable and thought provoking.

With regard the course structure and materials, I found it to be well structured and paced. The two- day workshop was invaluable in providing an understanding and overview of the subject, thereby enabling me to leave with sufficient information and confidence to be able to work independently to complete the workbook.

The mentoring sessions were useful in ensuring I was on the right track and building my confidence.

Janet Johnson
Regional Learning Organiser
Public and Commercial
Services Union (PCS)



Why care about neurodiversity?

One in five of **your** customers and employees are likely to be neurodivergent. Wouldn't you want to know how best to serve their needs, to capitalize on their talents and ensure they are fulfilling their potential? These courses have been designed to assist you.

It provides guidance about neurodiversity enabling every employee at all levels of any business (big or small) to understand more. It will help gain confidence and provide tools to support both employees and customers.

Do-IT in partnership with the ADHD Foundation have developed the **Embracing Neurodiversity e-learning training packages.**

The e-learning programmes are aimed at any business that wants to ensure neurodiversity is integral in all that they do and increasing confidence in supporting all in the workplace.

On completing a course, individuals will receive a CPD certificate.

Gaining the kitemark for your organisation

If at least 15% of your workforce completes the Embracing Neurodiversity course your organization can gain the **Neurodiversity Awareness Kitemark**®

This is in partnership with the ADHD Foundation.

A percentage of all sales goes to the ADHD Foundation.



**Embracing
Neurodiversity**



**Neurodiversity
Kitemark**

About the e-learning courses

The video content and easy to use resources are in bite size chunks with 'each lesson' lasting 5-15 minutes.

This allows each person to learn at their pace to suit the individual and their learning style.

You can access the e-learning from your home via your computer or on your smart phone.

Embracing Neurodiversity

Designed for:
For anyone in education, training and employment

Why is Neurodiversity important?

- Why is Neurodiversity important?
- Why is it good for business?
- What other terms are used?
- What conditions are associated with it?

Neurodiversity in the workplace – customers and employees

- Being inclusive
- Environmental
- Communication
- Attitude and Culture

Also:

- Self-assessment
- CPD certificate
- Resources



***A percentage of all sales go to the ADHD Foundation**

Neurodiversity in the workplace

Designed for:

- **Line managers**
- **HR leaders**
- **Diversity and Inclusion leads**

Neurodiversity and Inclusion

- Neuro-inclusive hiring
- Disclosure/Sharing information
- Making reasonable adjustments
- Managing communications in your team and ensuring accessibility
- Creating neurodiversity networks
- Making accessible presentations

Plus

Embracing Neurodiversity pack

Also:

- Self-assessment
- CPD certificate
- Resources

Testimonials

“Having used the Do-IT Profiler ‘Workplace Assessors+’ with individuals in a cross section of workplace settings for the past 18 months I would definitely recommend it to those qualified to undertake workplace needs assessments. The multi-modular nature of the Do-IT Workplace Assessors+ means you can select the most appropriate and useful elements to provide a more bespoke screening experience for each individual.

Also, the integrated well-being element provides an invaluable insight prior to the implementation of any ‘reasonable adjustments’ and this can then be reviewed after a programme of support has been provided. In my experience this version of the Do-IT Profiler has a use beyond the initial screening stage.

Whilst the Workplace Needs Assessor will examine the challenges related to the individual’s job role and work environment the various components within the Do-IT Workplace Assessor+ add to the information being gathered and assists with making recommendations for adjustments tailored to the needs of the individual.”

Janette Beetham MIC FRSA
Senior Associate – British Dyslexia Association
Founder Dyslexia Champions™ training & accreditation programme

“Amanda ran a session on Neurodiversity at our most recent Diversity and Inclusion event to over 80 of our colleagues from right across the business. Amanda’s session was absolutely fantastic – so informative and engaging. In less than two hours, she really brought this topic to life for everyone in the room (a topic many of us admittedly, knew little about beforehand) through her approach which incorporated experiential learning, humour, personal anecdotes and an obvious expert knowledge on the subject of Neurodiversity.

Amanda’s style, presence and wit kept the group totally engaged throughout her session, which allowed us to absorb quite a lot of information with ease.

Amanda’s insights are particularly relevant to us right now as we work on building an inclusive culture at Post Office – one where every colleague can bring their whole self to work and know that their unique contribution is valued. There are a number of practical things we will take away from Amanda’s session that will help us shape this kind of environment to support neurodiverse colleagues, and to help educate the wider business on the subject.”

Lauren Gallagher, Post Office
Diversity & Inclusion Event,

Neurodiversity Workplace Profiler for employees

Unique, web-based person-centred screening tools supporting all employees who may be Neurodiverse and providing a personalized spiky profile.

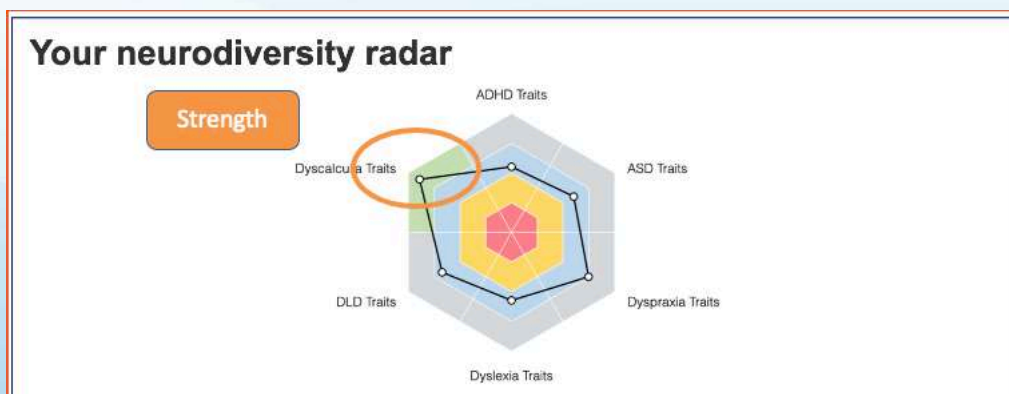
Neurodiversity Workplace Profiler enables more informed and confident conversations with line managers and HR

Neurodiversity Workplace Profiler enables more informed and confident conversations with line managers and enables coaches to target support, provide guidance on adjustments needed, and plan actions with the person.

On completion, the individual is provided with suggested reasonable adjustments which are personalised and, dependent on their strength and challenges and can link to an action plan to aid workplace success and help to guide the line manager or trainer.

Neurodiversity Workplace Profiler benefits:

- Screening individuals with Do-IT Profiler allows each person to have resources tailored to their needs including wellbeing and employability tools. This is not a tick box exercise.
- Specific personalised help (not by label) but for each neurodiverse person, highlights their talents, allowing them to build on them and minimising any challenges. It considers the environment and context too.
- Information from the personalised reports offers guidance to staff as well as the individual and upskills staff to have confidence in knowing how to best support them in a timely manner.
- Tools are included to help goal set and put in strategies before challenges present and confidence is lost.
- The result of using the tools can help to increase retention rates.
- The system can provide reports to demonstrate actions that have taken place and measure outcomes for the organisation.



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Contact Do-IT Solutions Ltd.:

www.doitprofiler.com

T: 020 33 22 55 36

E: info@doitprofiler.com

Go to www.neurodiversityemployment.org.uk for more information and strategies

Other useful contacts:

Access to Work: www.gov.uk/access-to-work

ADHD Foundation: www.adhdfoundation.org.uk

Autism Alliance: www.autism-alliance.org.uk/

British Dyslexia Association: www.bdadyslexia.org.uk/

Disability Confident: www.disabilityconfident.campaign.gov.uk/

Dyspraxia Foundation: www.dyspraxiafoundation.org.uk/

Embracing Complexity: www.embracingcomplexity.org.uk/

Genius Within: www.geniuswithin.co.uk/

Raising Awareness of DLD: www.radld.org/