

Neurodiversity in the workplace

Guidance for FBU officials and members

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Foreword

Equality is a trade union principle and is a priority for the Fire Brigades Union (FBU). We launched our Equality Matters campaign in May 2023 to ensure that equality is part of everything we do as a union. A core part of that commitment is to represent and give voice to under-represented groups in our union. The FBU has three equality sections: black and ethnic minority members (B&EMM); lesbian, gay, bisexual and trans members (LGBT+); and the women members' section (NWC).



Ben Selby,
FBU Assistant General Secretary

Following discussion at Annual Conference in 2023, we are beginning to better understand how we can support another group of under-represented members: those who are disabled and/or neurodivergent.

The FBU has promoted dyslexia awareness in the fire and rescue service for many years, but it is necessary to consider and learn how we can support our neurodivergent members more broadly.

It is unfortunately clear that neurodivergent firefighters and control staff face significant barriers and challenges at work, often caused by workplace policies, practices and procedures that have been designed by and for neurotypical people without consideration for the vast neurodiversity of our workforce. In a safety-critical industry such as ours, this can jeopardise both firefighter and public safety.

Rather than remove these barriers, all too often neurodivergent people are unfairly subject to disciplinary and capability procedures, and are managed out of jobs they are more than equipped to do. It is also shockingly clear that neurodivergent workers are disproportionately likely to face discrimination, bullying and harassment at work.

This is unacceptable.

More needs to be done and awareness alone is not enough. This guidance has therefore been written to ensure that officials are equipped with the skills, knowledge and confidence to fight for more inclusive and equal workplaces, where people with minds and cognitive functions of all kinds can thrive without fear of discrimination or disadvantage.

The FBU will fight tirelessly at all levels of our union to ensure that employers make the changes necessary to update and improve the policies, practices,

procedures and attitudes that disadvantage neurodivergent people. This is about fighting for broad and progressive structural changes to our workplaces so that everyone can work safely and without undue stress or risk.

I encourage all members and officials to read and act on the guidance contained within this document.

Ben Selby

Assistant General Secretary, Fire Brigades Union

Introduction

The FBU, much like the communities our members serve, includes people with minds of all kinds and functions, whether that be with autism, dyslexia, dyspraxia, attention deficit hyperactivity disorder (ADHD), or Tourette's.

It is estimated that approximately 15-20% of people in the UK - or 1 in 7 - are in some way neurodivergent and that number is likely to hold true in fire and rescue services too. This means that hundreds, possibly thousands, of FBU members are in some way neurodivergent. Neurodiversity is therefore a mainstream workplace issue that has significant implications on the health, safety and welfare of our members.

Employers are failing to provide adequate support to neurodivergent staff. The FBU has seen senior managers preside over cultures of ableism where bullying, harassment and discrimination are common. In other cases, services have failed to identify and remove policies and operating procedures that pose risk to, and disadvantage, neurodivergent employees.

This document has therefore been produced as a practical to guide to equip officials and members with the skills, knowledge and confidence to push back and fight for more inclusive and equal workplaces.

Written in collaboration with neurodivergent members and officials, this guidance takes a practical and progressive approach to neurodiversity at work that places our members and their experiences front and centre. We hope that this can be both an introduction and an ongoing resource, whatever your experience or knowledge of neurodiversity. This guidance aims to:

- introduce neurodiversity as workplace issue
- demystify jargon and define key terms to challenge misconceptions and ignorance
- highlight common barriers and challenges unique to the fire and rescue service
- address the health and safety implications of not considering neurodiversity
- understand progressive, trade union approaches to neurodiversity
- give confidence in supporting members
- discuss the industrial mechanisms and legislation we can use to remove barriers in the workplace and win for members

- summarise best practice approaches to screening, diagnosis, disclosure, and reasonable adjustments
- introduce the FBU's campaigning goals to improve equality in the fire and rescue service.

Neurodiversity should never be a barrier to a long, successful and safe career in any fire and rescue service role. As this guidance makes clear, the onus is on employers to create inclusive workplaces, not on individuals to 'fit in or get out'. So when members are having difficulties, don't ask how their neurodivergence causes them difficulties at work; ask how work causes them difficulties. This guidance will equip officials with the tools and the confidence to navigate these issues successfully.



Section 1 - What is neurodiversity?

Neurological diversity – or neurodiversity – refers to the natural differences in the ways that human brains are ‘wired’.

Neurodiversity is not itself a condition, but a way of understanding human neurological difference. The term describes the broad diversity of ways that we think and process information.

It asserts that there is no single ‘normal’ type of brain, and that neurological conditions are not disorders, but simply different ways of thinking and experiencing the world.

It is a movement that has sought since the late 1990s to celebrate the strengths and many positives of neurodivergence, while resisting the common view of neurodivergent people as being in some way ‘faulty’.

It is an umbrella term that includes such neurological conditions as ADHD, autism, dyslexia, dyspraxia, dyscalculia, and Tourette’s syndrome.

Approximately 15-20% of people in the UK are neurodivergent in some way.

Section 2 - Common neurological conditions

This section briefly introduces the main neurological conditions.

It should always be remembered that individuals experience neurological conditions in very different ways, to varying degrees, and rarely with the same strengths and challenges. In fact, two people with the same condition can have entirely contrasting characteristics. For example, some autistic people have difficulty understanding unspoken social cues, while others are intensely perceptive in social settings. For this reason, we should never make assumptions or generalisations about people's experiences of any neurological condition.

Many of these conditions can co-occur, meaning an individual might have a combination of two or more conditions, such as dyslexia and dyspraxia, or autism and ADHD.

This is not an exhaustive list but represents some of the most common neurological conditions.

Autism

Autism is a spectrum condition characterised by differences in social interaction, verbal and non-verbal communication, information processing, intensity of interests, sensory sensitivities, repetitive behaviour, and literal thinking.

There are numerous strengths associated with autism, including superior memory, analytical/logical thinking, focus, attention to detail, and creativity; as well as personal qualities such as honesty and dedication.

Asperger's Syndrome is now included in autism diagnoses and is no longer diagnosed as a separate condition.

ADHD

ADHD comprises a group of behavioural traits that include inattentiveness, hyperactivity, restlessness, and impulsiveness, as well as difficulties with time management and organisation.

Strengths associated with ADHD include hyperfocus and composure in high-pressure situations, as well as resilience, creative thinking, and problem-solving.

Dyslexia

Dyslexia is a condition most commonly characterised by difficulties with writing, spelling, and fluent word-reading. It may also include challenges connected to cognitive tasks, such as information processing and retention, working memory, and phonological processing.

Dyslexic people often present with enhanced visual-spatial abilities and lateral, big-picture thinking. They excel in pattern-spotting, qualitative reasoning and inventiveness.

Dyspraxia

Dyspraxia most commonly affects fine and/or gross motor skills, causing difficulties with movement, co-ordination, and sometimes speech. This often manifests in general 'clumsiness', disorientation, poor balance, and difficulties with handwriting and typing.

Dyspraxia does not preclude people from working in physically demanding jobs and many dyspraxic people score highly for determination, innovation, visualisation, empathy, and inferential reasoning.

Dyscalculia

Dyscalculia is a condition associated with a specific and persistent difficulty in understanding number-related concepts and arithmetical skills.

Strengths often lie in oral memory and language, with high degrees of creativity and strong communication.

Dysgraphia

Dysgraphia, while similar to dyspraxia, more specifically involves difficulty with the physical act of writing or typing, often including difficulty spelling, spacing words, and organising thoughts coherently.

Tourette's syndrome

A neurological condition characterised by a combination of involuntary noises and physical movements called tics. Coprolalia – or swearing tics - affects only 1 in 10 people with Tourette's syndrome, but 85% experience co-occurrence with ADHD or OCD.

People with Tourette's syndrome display enhanced cognitive control and information processing.

A note on language

The way that we talk about neurodiversity is important, but terminology is often misused by our employers, even in official guidance documents and toolkits. The following definitions will help to speak about neurodiversity accurately.

Neurodiversity: the existence of people with different brain structures within a population.

Neurodiverse: an adjective which describes a population that contains people who have different neurological functions from each other. The word neurodiverse describes populations and should not be used to describe individuals. For example, we might say “**our station is a neurodiverse workplace**”; we would not say “**Jane is neurodiverse.**”

Neurodivergent: describes an individual whose brain functions in a way that differs from the dominant norm. We would say “**Jane is neurodivergent.**” Terms such as neurominority and neuroatypical are also sometimes used as synonyms.

Neurodivergence: the property of differing significantly from the neurological norm. For example, “**Jane chose to discuss her neurodivergence with her branch rep.**”

Neurotypical: describes people who do not have neurological conditions and whose brains work in the same way as the majority of people, in ways which conform to what society says is 'normal'. For example, "our station was designed by and for neurotypical people."

Ableism: discrimination and harassment against disabled people.



Section 3 - The social model of disability

The way that we understand disability at work is important and has very real implications for neurodivergent workers. There are two broad approaches to understanding disability: the medical and the social model.

For many years, neurodiversity has been understood and legislated based on the medical model. The medical model says that people with impairments are inherently disabled and that those impairments should be treated or fixed to overcome any associated difficulties. The medical model therefore places the burden of living and working freely and successfully on the individual. In practice at work, a medical model approach requires that employees 'fit in or get out'.

Alternatively, the social model says that people with impairments are not inherently disabled, but are instead made disabled by attitudinal and environmental barriers that commonly exist in society. In other words, disability is a product of the social world, not a biological category.

Therefore, the difficulties that neurodivergent people may face at work are not due to their impairment, but are produced by the failure of their employers to create accessible and inclusive workplaces. In this view, it is workplace policies, procedures, attitudes, and environments that disable and disadvantage neurodivergent people.

Thinking of neurodiversity using the social model is important as it has significant practical implications for neurodivergent workers and how we represent them. For example, consider the practical consequences of the below statements and how an employer might be required to respond in each scenario:

Jane works in fire control. She is autistic.

Medical model: Jane's autism makes her hypersensitive to bright lights, so she can't work in our control room.

Social model: The bright lights in our control room make Jane distressed as she is autistic and unusually sensitive to light. She can work here if we turn them down.

In these examples, the problem - and therefore the solution - is different. In the former, it is Jane who is the problem: she must either put up with the bright lights or leave her job. In the second statement, the problem is clearly the workplace, and a reasonable adjustment means Jane can continue doing her job.

It is therefore paramount that FBU officials approach neurodiversity using the social model of disability. When members are having difficulties at work, for example when subject to capability or disciplinarys, don't ask how their neurodivergence causes them difficulties at work; ask how work causes them difficulties, and proceed on that basis.

This is about placing the onus on the employer. As a fundamental principle of trade unionism, we must always advocate for solutions which change the workplace, not the worker. As such, the FBU rejects the medical model and strongly endorses the social model of disability.

The medical model, however, is unfortunately prevalent in policy- and decision-making, both in government, fire and rescue services, and the law. You will find most services, where they have them, will have neurodiversity policies that are written in the language of the medical model, even if they say they endorse the social model. Employer approaches to neurodiversity are frequently more focused on how individuals can be changed to fit in, for example through reasonable adjustments, than they are on the policies and procedures which may be disadvantaging the neurodivergent employee in the first place.

Section 4 - The law

Neurodivergent workers are disproportionately likely to face discrimination and harassment at work. This section introduces the relevant legislation that can be used to protect and advocate for neurodivergent people at work.

The law affords disabled workers a number of legal rights and provides recourse to challenge unlawful treatment at work. For the purposes of the law, a neurodivergent person is likely to be considered disabled, but not in all cases and not automatically.

It should be noted that many neurodivergent people may reject disability as a label, in part due to the fear of the perceived stigma attached to it, and in part because they might embrace a social model approach that says no one is inherently disabled. For this reason, officials must explain clearly the reason why it is sometimes necessary to use the term when negotiating with employers. Officials should also be aware that hostile employers may quote statements like “**I don’t consider myself disabled**” when it comes to employment tribunals.

Equality Act 2010

The most significant piece of legislation relating to disability and neurodiversity is the Equality Act 2010, which consolidated the Disability Discrimination Act 1995. It applies in England, Scotland, and Wales (different legislation applies in Northern Ireland).

The Equality Act protects people from discrimination on the basis of certain protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Neurodivergent people are likely to meet the legal definition of disability under the act. For the purposes of the law:

A person is disabled if they have 1) a **physical or mental impairment** that has 2) a **substantial** and 3) **long-term** 4) **adverse effect** on 5) their **ability to carry out normal day-to-day activities**.

Here, 'long-term' means that the impairment has lasted, or is likely to last, for at least 12 months, and 'substantial' means more than minor or trivial. 'Normal day-to-day activities' are less clearly defined, and are usually a matter for debate at tribunals.

Neurological conditions are not automatically and always considered disabilities under the Equality Act: it is the job of tribunals to establish on a case-by-case basis whether an individual's impairment meets the definition. It is necessary to meet all five requirements of the definition to be considered disabled in the eyes of the law.

Some employers have defended claims of disability discrimination by arguing that, for example, a dyslexic employee does not meet the definition of disability. However, all neurodivergent conditions, including dyslexia, have been recognised as disabilities in previous tribunal judgements: the law can therefore provide strong protections for neurodivergent workers.

Reasonable adjustments

A key aspect of the Equality Act is the legal duty exerted on employers to make **reasonable adjustments** so that work is adjusted or otherwise redesigned to remove any disadvantage a disabled person may face at work.

Specifically, the law requires that, as far as reasonably practicable, the employer remedy any policy or practice that puts a disabled worker at a substantial disadvantage as compared to those who do not have the condition or impairment.

The duty to make reasonable adjustments applies to employers if they know that an individual is disabled **or if they could reasonably be expected to have known**. It is not enough for an employer to rely on an employee disclosing their disability before acting to remove barriers.

The obligation to make reasonable adjustments for disability extends through the advertising and recruitment process, as well as to those already in work. It also applies to any performance or appraisal process, promotion and selection situations, and redundancy consideration.

The reasonableness of an adjustment will be judged on the size and resources of the employer, the proposed effectiveness of the adjustment, health and safety, and potential disruption. What is considered reasonable depends entirely on the context of the case; there is no fixed definition.

Failure to make reasonable adjustments constitutes its own type of disability discrimination. For example, if a disabled employee is dismissed on the grounds of capability, it would be considered unfair and unlawful dismissal if the employer had not made reasonable adjustments first, or had not allowed sufficient time to pass for those adjustments to become effective.

For more information on the process of claiming reasonable adjustments, and for specific examples, see page 44.

Other legal protections for disability at work

Discrimination

The law protects against both the direct and indirect discrimination of disabled people at work.

Direct discrimination occurs when an individual is treated less favourably than others because of their disability. For example, not promoting a firefighter because they have ADHD. To prove direct discrimination, you must be able to evidence that a non-disabled person would have, or has been, treated more favourably in similar circumstances. Employers are liable for discrimination by their employees, including line managers.

Indirect discrimination occurs where rules, policies, practices, or procedures disproportionately disadvantage disabled people. For example, requiring all employees to complete written incident reports or IRMPs to strict deadlines or formats disadvantages dyslexic and dyscalculic individuals.

Employers generally act on the basis of equal treatment for all, with the intention for policies and procedures to apply equally and in the same ways to all employees. But such an approach can constitute indirect discrimination, as it is often necessary for disabled workers to be treated differently, or indeed more favourably, to achieve equality of outcome. For example, it would be unfair for trigger points in absence procedures to be the same for an able-bodied and neurotypical employee as they are for someone who is disabled.

Discrimination arising from a disability

Additional to direct and indirect, discrimination arising from a disability refers to the unfavourable treatment of an employee because of something arising in consequence of their disability, rather than necessarily the disability itself.

For example, it is unlawful to treat someone unfavourably because of behavioural changes that might result from them taking new medication for ADHD. This is distinct from direct discrimination because they have not been disciplined necessarily because of their condition, but because of a consequence connected to their disability.

Harassment

Harassment relating to a disability is clearly defined as an action or conduct which has the purpose or effect of violating someone's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment.

This can include both spoken or written abuse, jokes, mimicry, physical gestures, imagery, or acts affecting a person's surroundings. For example, forcing a dyspraxic recruit to tie knots in front of the watch for the purpose of embarrassing or mocking them.

Harassment does not need to be a regular occurrence, nor does it require the harassed party to lodge a complaint themselves.

Protection also applies where there is a connection to someone who is disabled. For example, making jokes about a colleague's dyslexic child.

Victimisation

Victimisation refers to the maltreatment of an employee, specifically because they have performed a 'protected act.' A protected act can include making a claim or complaint of discrimination, assisting someone else in making a claim, giving evidence in connection with a claim, and broadly acting in connection with any aspect of the Equality Act.

For example, a branch rep who is refused promotion by their service because they have made a claim of harassment against their watch commander on behalf of a neurodivergent member.

Public sector equality duty (PSED)

Contained within the Equality Act (Section 149), the PSED broadly places an obligation on public sector employers to eliminate discrimination and promote disability equality. More specifically, it requires public sector employers to:

- eliminate discrimination, harassment, and victimisation against disabled people
- advance equality of opportunity between disabled and non-disabled people
- foster good relations between disabled and non-disabled people.

The PSED applies to all fire and rescue services in England, Scotland, and Wales. It requires they report annually on equality issues by March of each year, including on disability (but not neurodiversity specifically). These reports should be publicly available.

One of the most important aspects of the duty is the requirement for employers to proactively remove barriers faced by disabled employees. This means that it is not enough for the employer to simply react as concerns are raised, or on a case-by-case basis. It is therefore legitimate and reasonable for an official to request a review of all policies and procedures that are relevant to neurodiversity (see list on page 34) with a view to pressing the service to update and improve those policies in order to meet the PSED.

Officials can also press for managers to receive appropriate disability equality training on the same basis. Well-trained managers will go a long way to removing the types of interpersonal and procedural barriers that are caused by ignorance and lack of knowledge. Without acquiring understanding about disability in the workplace, managers will not be able to comply with the duties contained within the PSED.

Medication

It is important to note that taking medication or receiving therapy that ‘treats’ a neurological condition does not impact an individual’s legal rights.

The legal test for disability is based on what the impact of a condition would be **without** any medication or treatment. In other words, the positive effects of a medication must not be taken into consideration when deciding whether a condition is having a substantial, adverse effect on the ability to carry out day-to-day activities.

We have seen examples of employers refusing to implement reasonable adjustments on the basis that a condition does not meet the definition of disability because the individual takes medication which ‘improves’ the condition. This is false and should not be accepted.

What the law can do for us

As this section has outlined, the law affords neurodivergent (disabled) workers a number of legal rights and provides recourse to challenge unlawful treatment at work.

The Equality Act places responsibility on employers to proactively remove the barriers its neurodivergent employees face, and provides the legislative frameworks for bringing cases against employers where those adjustments are not made.

There have been significant year-on-year increases in the number of employment tribunals dealing with neurodiversity, with 102 individual cases in 2022 alone. The average award for disability discrimination cases in the UK in 2022 was £26,172 (the maximum award was £225,893).

Tribunals are, of course, a last resort in an official's armoury, and the requirements of the Equality Act can often be used to persuade employers to adopt progressive policies and procedures long before a tribunal is required.

Limitations of the law

As trade unionists, we know that the law does not always work for working people, and this is unfortunately sometimes true of disability, the Equality Act, and disability-related employment tribunals.

Even tribunals with strong cases against an employer can be unsuccessful. For example, respondents at tribunals may claim that a dyslexic worker is not disabled, and therefore not protected by the Equality Act, by arguing that the individual's dyslexia is mild and does not have a 'substantial' effect on their ability to carry out day-to-day activities, or that certain aspects of work do not constitute normal day-to-day activities, for example, *Iqbal v Mazars LLP*; *Herry v Dudley Metropolitan Borough Council*. This requirement to prove disability can be tough, both practically and emotionally.

Equally, just because legal protections exist, that doesn't mean individuals will seek them. Stigma, fear of discrimination, and toxic working environments will discourage disclosure and prevent access to protections.

More broadly, though the law can be used to achieve workplace change for neurodivergent people, its language and premise is fundamentally based on the medical model of disability. The Equality Act, by its definition (above), sees impairment as the source of disability. In doing so, it fails to locate the source of the issue for workers.

For example, an autistic employee is only disabled in a workplace that has discriminatory policies and practices; they would not be disabled if they instead worked for a genuinely inclusive employer with the knowledge and will to remove any and all barriers the worker faces. In other words, having a neurological condition wouldn't have a substantial and long-term adverse effect on a worker's ability to carry out normal day-to-day activities **if** their workplace policies and practices were more inclusive of neurodivergence.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) provides a better definition of disability, based on the social model:

‘Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.’



Section 5 - Neurodiversity in the fire and rescue service

This section discusses the broad challenges and issues related to neurodiversity in fire and rescue services. This is not an exhaustive list and does not deal with specific issues in specific services.

Health and safety

In a safety-critical industry such as ours, neurodiversity is an important health and safety issue. It is of the utmost importance that appropriate systems are in place to recognise and support neurodivergent employees and their needs across all fire service roles.

Members should be supported to raise with their branch, brigade or regional officials any aspect of their role that causes them difficulties in relation to their neurodivergence, specifically those challenges that prevent them from doing their job safely.

Health and safety risk assessments should be updated to include consideration of neurodiversity. A specific neurodiversity safety assessment is included in the appendix.

Broadly, challenges may arise for neurodivergent workers in FRSs because of three main categories of risk: (1) communication, (2) the physical environment, and 3) stress.

1) Communication

The job of firefighters and firefighter control staff relies on the quick and effective communication of operationally critical information. Whether it is processing and retaining orders shouted by officers on incident grounds, reading notes scribbled in the dark with chinagraph, or extracting information from incident reports quickly, strong communication is central to the job.

But when communication happens in ways that are not accessible to sections of the workforce, then firefighter and public safety is jeopardised.

This is particularly the case with neurodivergent firefighters or control staff who have difficulties with reading, information processing and retention, or following verbal instructions. This might include any number of neurological conditions.

Examples of poor and inaccessible communication include:

- safety information printed in small or serif fonts
- instructions given verbally at a fast speed and all at once
- requirement to remember information quickly and under pressure, for example road names
- using operational jargon unnecessarily
- training delivered in 'chalk and talk' lecture style
- sarcasm during operations or on incident grounds.

2) The physical environment

On stations, incident grounds, or even with fire kit itself, there are a number of health and safety issues unique to neurodivergent workers that are caused by the physical environment, i.e. the world around us. This is an evolving list as we learn more; broadly challenges include:

- **Lighting:** It is often reported that fluorescent lighting on stations and control rooms is too white and too bright. This can be overstimulating for those with sensory sensitivities.
- **Warnings, alerts and 'bells going down':** The volume, brightness, and sudden onset of alerts can cause discomfort and abrupt sensory overload, especially for those hypersensitive to light and sound.
- **Fire kit:** Many neurodivergent workers, most often autistic people, experience hypersensitivities and hyposensitivities, which can present significant but avoidable challenges for firefighters.

- **Hyper-sensitivity** involves being ultra-sensitive to the way the body interacts with other objects. Fire kit and PPE can be uncomfortable and overstimulating for those with tactile hypersensitivities. For example, the internal texture of fire kit has been reported as overstimulating for some neurodivergent firefighters, particularly labels, collars, and breathing apparatus.
- **Hypo-sensitivity** is the opposite of hypersensitivity and involves a lack of sensitivity to external feeling. Olfactory (smell) and proprioceptive (movement and touch) hyposensitivity can be particularly dangerous for firefighters, for example not smelling dangerous gases or not feeling heat or pain. This doesn't mean that an individual doesn't **feel**, rather their body doesn't register and react in the way that it should to external stimuli, for example extreme heat.
- **Boots** – Some service-issue boots have laces instead of zips. Laces pose difficulties for dyspraxic people and others with coordination challenges.
- **Life on station:** The nature of life on station, sometimes living with colleagues for days at a time, mess-table culture, and watch relationships, can be intense and hard to manage for neurodivergent people who find social interaction difficult or tiring. This can cause burnout and mental health challenges.
 - Also, where stations are rebuilt or redesigned, failure to consult staff means failing to account for the diverse set of needs and functions within the workforce. Equally, the imposition of different shift patterns or duty systems can disrupt routines and cause stress/anxiety.
- **Working arrangements:** There may also be issues with the unpredictability of working patterns and arrangements, such as hot-desking, as well as illogical or unclear layouts on stations.
- **Operating procedures:** Everyday and essential procedures can pose barriers to neurodivergent firefighters. Triage procedures, for example, have been reported as unnecessarily numerical. Updating these procedures is necessary, but time and leeway should be given to adjust to any changes.
- **Technology:** The increased use of information communication technology (ICT) for incident reports, training records, integrated risk management plans (IRMPs), and everyday admin can pose challenges too, especially with computer programmes that don't allow for alterations, for example in page colour or font size.

Experiencing difficulties with any of the above does not make an individual a worse employee or firefighter. Rather it evidences the failure of a service to proactively design ways of working and procedures that are inclusive of neurodivergent workers. Considering each of the above, for example in kit procurement decisions, benefits all firefighters and control staff, not just neurodivergent ones.

3) Stress

Work, and especially work in the fire and rescue service, is inherently stressful. But excessive stress, compounded by more than a decade of cuts to the service, is a hazard that creates unsafe working environments. Neurodivergent people face these stresses in addition to the stress caused by navigating a neurotypical world, especially where the support they receive at work is inadequate or inappropriate. In other words, neurodivergent workers are likely to have a baseline level of stress higher than their peers, and are therefore more likely to experience symptoms of stress and mental ill-health as a result. This can undermine performance and information retention, impact clarity of thought, affect decision-making, and can manifest physically with fatigue and sickness.

Employers have a legal duty to protect the mental health of their workers and they are required to assess risk and to implement measures to control that risk. Neurodiversity must be considered in these assessments.

Other issues in fire and rescue services

Discrimination/harassment

As outlined previously, discrimination can occur in both workplace policies and practices, as well as directly from managers and colleagues. The latter is unfortunately common. For example, the Independent Culture Review of London Fire Brigade received reports of routine bullying and humiliation of neurodivergent staff, particularly of those with dyslexia. This included forced impromptu 'lectures.'

Unlike other forms of disability, neurodivergence can often be 'invisible' to others and many neurodivergent people may not appear to have any obvious challenges in the workplace. For this reason, some managers, due to a lack of

awareness or simple prejudice, may fail to understand why a neurodivergent person requires additional support, or they may question if a person is ‘**really disabled**’. This is itself a form of discrimination.

Age, late-life diagnosis and incidence rate of neurodiversity

Not everyone who is neurodivergent knows that they are neurodivergent. Only in the last decade or so has neurodivergence been regularly identified in children during schooling. As a result, many neurodivergent adults aren’t aware that they have a neurological condition, at least not explicitly. They may have been written off as the ‘naughty kid’ at school, or they may have a sense that their brain works differently from other people, or they may indeed be conscious of the fact that they seem to find some things more difficult than others. However, they won’t necessarily have been diagnosed or have even considered they might have a neurological condition.

Many of these adults are attracted to careers that suit their ways of thinking and working. This is likely to be true of a career in the fire and rescue service, where those with strong skills in strategic thinking, problem-solving, attention to detail, adherence to guidelines, and visual perception will thrive. For example, research has found that people with ADHD are likely to seek jobs where physical activity and rapid decision-making are highly valued. Similarly, psychological studies have found dyslexic people are highly adept at visualising spatial relationships and physical properties when given instructions. As a result, they are over-represented in occupations where enhanced visual-spatial abilities are an advantage, for example, mentally mapping the layout of a building.

There are likely to be many more neurodivergent people in our workplaces than those who have disclosed to their colleagues or who are even aware themselves. We therefore shouldn’t wait for neurodivergent people to come forward before we start advocating for neurodiversity-inclusive workplaces. **Considering neurodivergent people at all times, in all decisions, means making workplaces better for everyone.**

Training

Training and learning is an integral part of life in the fire service. Unfortunately, training methods rarely consider the needs of neurodivergent workers and can create exclusionary barriers that see talented employees fail to progress.

Adopting a more varied and flexible structure to learning will have a positive impact for neurodivergent workers. For example, as the apocryphal saying goes, we remember roughly 20% of what we read, 30% of what we hear, 40% of what we see, and 60% of what we do. When all the senses are combined, learning becomes much more powerful and inclusive.

Positive adjustments in training include:

- avoid lecture-style teaching that requires the memorisation of large amounts of information at once
- prepare information in alternative formats, for example audio, videos, diagrams, flowcharts, or drawings
- demonstrate tasks to allow for hands-on and visual learning
- allow the use of a tape recorder or phone to record important instructions
- avoid putting learners 'on the spot' and encourage forms of participation that suit the individual
- allow time for reflection and information processing
- allow additional time for tests and assessments to give a fair representation of knowledge, skills and understanding related to the job
- provide feedback on a one-to-one basis rather than in a group

Intersectionality

It is important to recognise that neurodiversity is experienced in different ways by different people, but also to recognise that these differences are likely to be most pronounced in people who face additional discrimination on the basis of other protected characteristics, particularly race and gender. For example, women are more likely to mask or 'camouflage' their neurodivergence, as they may already feel they must fight for and justify their place in male-dominated workplaces.

On gender specifically, mainstream diagnostic criteria for neurological conditions were based and are written on the experiences of men and boys. as well as trans and non-binary people, are much less likely to be diagnosed with neurological conditions, despite just as likely being neurodivergent. For example, for every three boys diagnosed with autism, only one girl is diagnosed.

Women are also more likely to be diagnosed later in life than men, who are more likely to have had their neurodivergence recognised in childhood.

The same is true of race, where diagnostic criteria are primarily based on the experiences of white British, or white American, children. Studies of school-age children have also found race and ethnicity (as well as, importantly, socioeconomic status) to be factors that influence obtainment of autism diagnoses.

Mental health

Neurodiversity and mental health are often incorrectly considered to be the same thing. They do, however, very often co-exist and neurodivergent people are disproportionately more likely to experience mental health challenges.

Studies have found the rate of anxiety and depression is much higher in neurodivergent populations than in the general population. In some cases, this may be the result of genetic factors (a number of genes associated with ADHD, for example, are also linked to dopamine imbalances), but in many cases mental health issues in neurodivergent people are caused by the additional pressures involved in navigating life and work.

By the time someone with a neurodivergent condition reaches adulthood, they may have spent many years facing barriers and challenges not faced by neurotypical people, generating an array of negative emotions like anger, confusion, embarrassment, anxiety, and sometimes depression.

This is especially the case where workplace practices, managers, and even colleagues are unsympathetic, mocking, or discriminatory. Self-confidence and self-esteem may also have been eroded over time, for example, coming to see yourself as 'stupid' because you don't learn as fast or in the same way as other people.

Masking

The prevalence of mental health challenges in neurodivergent people can also be explained by masking. Masking is defined as the conscious or unconscious act of suppressing or hiding the less 'socially desirable' aspects of neurodivergence in order to fit in. The act of presenting oneself in ways that are acceptable to others requires great effort and can result in physical, mental, and emotional exhaustion, often materialising in burnout, meltdowns or shutdowns.

Research has suggested that neurodivergent people mask in order to avoid or compensate for stigma and discrimination, as a form of self-preservation against negative perceptions and outcomes. It is easy to imagine, then, that masking is most pronounced at work, where individuals feel pressure to conform not just to social expectations but also to professional standards and behaviours. This is exacerbated by employers and workplaces that have poor understandings of neurodiversity.

In many cases, neurodivergent workers will develop, either consciously or subconsciously, their own coping strategies for effective performance at work. As a result, many may not even be aware that they are disadvantaged in certain ways compared to their colleagues. Only when an individual's circumstances change at work and their coping strategies become ineffective, for example changing role or duty system, do those barriers become apparent.

Promotion

Neurodivergent workers can and do excel at all levels of organisations; often uniquely capable of the types of skills that make an excellent candidate for promotion and leadership. However, promotional processes often unconsciously discriminate against neurodivergent people by using inappropriate and arbitrary methods of assessment.

Examples of discriminatory promotion methods, and alternative suggestions, include:

- **Timed examinations and assessments** - More likely to test memory and information retention than knowledge and expertise. Allowing extra time to complete exams is a common and effective adjustment, but practical tests or trials are even more effective measures of skill and aptitude.
- **Interviews** – Interviews are a stressful experience for anybody, but they are especially difficult for those who experience challenges with social interaction, communication, and information processing. Providing interview questions in advance can significantly reduce pressure, as does rethinking the layout and sensory environment of interview rooms.
- **Requirement for personal characteristics** – Irrelevant job role specifications, such as requiring someone be ‘outgoing’, or have ‘high emotional intelligence’, are not essential characteristics for job performance and exclude those who think and work differently.
- **Arbitrary professional conventions and standards** – Judging candidates against conventions such as eye contact, aptitude at small talk, or firmness of a handshake, do not evidence aptitude or experience.
- **Failure to make candidates aware of reasonable adjustments** – There is a legal duty on employers to provide reasonable adjustments during promotion and interview processes, and their provision should be openly discussed with prospective candidates.

Section 6 - Issues for officials

This section describes the specific issues and avenues for workplace change that FBU officials should be aware of.

The social model in practice

Officials may be required to support and represent neurodivergent members who are facing issues at work. Much of this will include attaining reasonable adjustments. However, while adjustments can be effective mechanisms for individuals to overcome specific workplace difficulties, we should also advocate for broader structural changes to services that would mean nobody need adjustments to work effectively.

This is about taking a **proactive** approach and campaigning to end the policies and practices that disadvantage disabled people **before** they are disadvantaged, rather than being reactive and acting only when members are having difficulties.

For this reason, we should see reasonable adjustments as individual fixes to individual issues. Our primary objective should be to advocate for universally accessible workplaces that work as well for neurodivergent people as for anyone else.

Case study

If a service's ICT systems uses fonts and text sizes that are difficult for a dyslexic member to read, an effective reasonable adjustment might be to provide them with alternative ICT programmes.

However, this means they can only use the computer which has been adjusted; they therefore cannot work as flexibly as their colleagues and are operationally limited if their own device fails. The better, universal solution would be to make the service update all their ICT programmes to be dyslexia-friendly.

Resisting resilience

In recent years, we have increasingly seen employers talk about ‘resilience’ in relation to stress and mental health at work. This is the idea that employees can be trained and developed to be more resilient to stress and adversity at work. Trade unions have resisted this narrative on the basis that it asks workers to cope with stressful working environments, rather than removing those aspects of the job that cause stress in the first place. We must be similarly prepared to fend off such initiatives aimed at neurodivergent workers. Resilience training for a group of dyslexic firefighters, for example, would do nothing to reduce or remove the disadvantageous effects of poor workplace practices.

Collective bargaining

Neurodiversity is not a niche concern; it is a mainstream workplace issue that is relevant in the lives of hundreds, if not thousands, of our members. Neurodiversity should be considered a core part of our industrial work, not just an add-on or afterthought.

Brigade and regional committees should discuss as a standing agenda item, and in dialogue with neurodivergent members, the specific demands that can be placed on, and negotiated with, employers to make their premises, policies, procedures, and practices more accessible for neurodivergent people.

Core bargaining aims might include:

- a clear and explicit commitment to the social model of disability in policy and practice
- commitment to proactively identify and remove the barriers faced by neurodivergent workers, for example to evaluate and report on the accessibility of operational procedures for those who are neurodivergent
- publicising the rights of disabled staff, including reasonable adjustments
- commitment to review and update training, education, examinations, and tests in accordance with neurodiversity friendly practices and formatting
- training for line managers, senior officers, HR, and Learning Support on barriers, challenges and opportunities created by the workplace and workplace procedures
- involvement of neurodivergent employees in developing, implementing and monitoring policy
- scrutiny of, and challenges to, existing neurodiversity policies
- inclusion of neurodiversity in promotion policies
- introduction of reasonable adjustment passports as standard practice
- considering how specific expansions of the role, including updates and changes to procedures, impact neurodivergent employees
- inclusion of neurodiversity as a standing item on collective bargaining agendas
- inclusion of ableism alongside racism, misogyny and bullying as focus of any anti-discrimination measures
- recording and reporting staff data on neurodiversity separately from disability.

Discipline, conduct and capability

Neurodivergent employees are frequently subject to disciplinary and capability proceedings, as well as performance management, for problems related to their neurodivergence. This is often because they are held to standards of performance and social expectation that make no adjustment for neurodivergence, or because they work in services that have discriminatory policies, procedures and practices.

This is a very real threat to our members, and research from across the labour market has found that neurodivergent workers are more vulnerable to disciplinary action than their neurotypical colleagues.

FBU officials therefore have an important role to play, and members may approach you for support with such cases. They may do so because they are neurodivergent and feel they have been mistreated or discriminated against, or commonly they may come to you with an unrelated issue, and it may transpire in the process of the case that the problem is related to their neurodivergence.

In most cases, issues can be resolved through local grievance procedures, but employment tribunals may be an effective threat or last resort.

More specific information on representing neurodivergent members is available through FBU Education, on the **Dyslexia and Neurodiversity in the Workplace** course.

Service policies

Many services won't have specific neurodiversity policies. These policies must be developed in consultation with the FBU as a priority and as soon as possible.

In addition to specific policies, neurodiversity and neurodivergent workers must be included in a wide variety of other workplace policies.

Examples of policies where neurodiversity should or could be included:

- Sickiness, absence and disability
- Bullying and harassment

- Performance management and capability
- Grievance and disciplinary
- Equality, diversity and inclusion
- Occupational health
- Return to work
- Health and safety
- Flexible working
- Emergency leave
- Training and CPD

Where neurodiversity is not addressed in these policies explicitly, officials should push services to update and improve said policy in line with the social model of disability.

It is important that officials ensure policy updates are effective, and give more than just 'lip service' to inclusion. Just because a service has introduced a neurodiversity policy, or has included neurodiversity in existing policies, it does not mean that said policy will be effective or necessarily beneficial to neurodivergent employees.

As such, FBU officials should be actively involved in consultation with services when updating or implementing new neurodiversity policies. Where that is not possible, typical processes should be followed in order to negotiate improvements with the service.

A progressive workplace policy is one that includes:

- commitment to the social model of disability
- commitment to continuous review of practices and procedures with view to identifying barriers
- commitment to proactively remove barriers
- commitment to include neurodivergent workers in all policies which affect them.

Internal union processes

While we place demands on our employers, we should also be doing all that we can to make sure the union's own activities are as accessible to all members as possible.

Enabling neurodivergent people to fully participate in union democracy, empowered and without barriers, is central to achieving outcomes that reflect the views of, and win for, all FBU members.

We can make our union activities more accessible by:

- ensuring meetings have a clear agenda that is circulated in advance
- making procedures clear so that members know when and how to raise issues
- keeping good order in meetings so that only one person is speaking at a time
- ensuring that union resources adhere to accessibility guidelines, for example are written in dyslexia-friendly formatting
- considering the physical environment when holding meetings, for example choosing a venue where there is minimum background noise and appropriate lighting etc.
- understanding that some neurodivergent members may find it difficult to integrate into union culture and traditions
- encouraging neurodivergent members to take on union roles and become active
- challenging unkind or inappropriate banter.

Industrial action

Withdrawing labour is the ultimate defence of workers' rights. It is most effective when the maximum number of members are mobilised, especially given restrictive anti-trade union legislation. As such, measures should be taken to remove any barriers that might prevent neurodivergent members from involvement in industrial action.

Measures to make industrial action more inclusive:

- reduce uncertainty through clear and regular communication at all stages of action, including regular updates and factsheets
- recognise that rallies and picket lines can be overstimulating, and devising alternative methods of supporting action
- support members in the face of pressure or intimidation from employers, especially during action short of strikes.

The case to employers

Though inclusive workplaces are a legal and moral obligation, it is sometimes necessary to talk in terms that employers value or recognise in order to make changes. Especially where good relationships with sympathetic employers exist, it might be effective to make the 'business case' for inclusion, especially where it is felt that more threatening reminders of an employer's legal obligations would be too heavy-handed an approach in the first instance.

This approach involves making the case that neurodivergent workers have unique skills and talents that make them excellent employees, especially in the fire and rescue service, and that inhibiting them through poor workplaces practices is bad for business.

Failure to make adjustments is also, in the end, more costly to the service, due to potential tribunals, re-recruitment cost, and disruption to normal working.

We should be careful not to push this idea too far, however. Many corporate employers and HR organisations have started referring to neurodivergent workers as an 'untapped resource' on the basis they possess certain unique superpowers that make them highly effective and productive employees. While many neurodivergent people do have unique skills, it is unfair to expect such. It is also, of course, problematic to determine who is valuable and worthy based on productive potential.



Section 7 - Process and best practice

This section describes the various factors that should be considered during the process of identifying neurodivergence at work.

A full best-practice flow chart is available in the appendix.

Disclosure

Disclosure refers to the act of disclosing a neurodivergent condition to an employer. Choosing whether to disclose a condition to an employer, as well as when, how and to whom, is a complex and personal subject.

Officials should refrain from advising members whether to disclose or not. Instead, simply make them aware of the pros and cons of disclosure, and support the member in making their own decision. As always, it is paramount to listen to the members' concerns and to take them seriously.

For disclosure to an employer

As described earlier in this guidance, employers are only bound by the duties in the Equality Act if **they know or ought to have known** about a disability. This means that an employee must disclose their neurodivergence to their employer if they are to benefit from the protections afforded in the Equality Act. This is especially important if it ever becomes necessary to go to tribunal.

Disclosure is also, simply, a practical reality for those seeking change at work. If a member is having difficulties related to their neurodivergence and it is felt that reasonable adjustments will alleviate those issues, then it is necessary to disclose the condition to the employer in order to start the process of introducing adjustments.

In the right circumstances, disclosure can be empowering and even freeing. It can be an important way for a neurodivergent individual to 'unmask' in the workplace, easing the need to conform to how other people expect them to be.

It is also true that visibility and representation are important factors in challenging misconceptions and discriminatory beliefs.

Disclosure can therefore be a benefit to all parties. The neurodivergent individual gets protection and support at work, employers get employees who can work effectively and safely, and station cultures become more diverse, open and inclusive.

Against disclosure to an employer

Disclosure refers to the act of disclosing a neurodivergent condition to an employer. Choosing whether to disclose a condition to an employer, as well as when, how and to whom, is a complex and personal subject.

Officials should refrain from advising members whether to disclose or not. Instead, simply make them aware of the pros and cons of disclosure, and support the member in making their own decision. As always, it is paramount to listen to the members' concerns and to take them seriously.

In many cases disclosure won't be a big deal. It certainly shouldn't be. But in certain circumstances there can be risks involved that officials should discuss with members.

A hostile or toxic workplace culture - for example, where being different makes someone a target for bullying, or where jokes and banter about disabled people are common - is unlikely to be an environment where an individual feels comfortable disclosing their condition. Research has found that almost three quarters of disabled workers do not disclose their condition for fear of discrimination and harassment from managers and colleagues.

Many also fear that disclosure may lead to managers questioning their professional capabilities and fear missing out on opportunities and progression as a result. Others, especially new recruits, may not feel comfortable with disclosure if they are newly on a watch or station, for fear of singling themselves out, or appearing to be difficult.

Even in open and inclusive workplaces, disclosure is often an emotionally intensive endeavour. It can be difficult to talk about yourself and your challenges in front of others in a professional context; people may not know what to say, or they may make comments that are unintentionally upsetting (**"you can't be dyslexic, your spelling isn't even that bad"**, or **"I think we're all a little bit 'on the spectrum'"**).

Importantly, there is no legal obligation to disclose a disability to an employer, and the risks of doing so, especially in hostile conditions such as above, should be weighed against the benefits by the individual.

Also consider

Knowing who to tell, and when, is an important consideration. It is not necessary for an individual to disclose to everyone in their workplace and they can request their disclosure be kept strictly confidential. It is also reasonable to ask who within an organisation will be made aware of the condition and why they need to know.

Individuals can disclose a disability at any stage of their employment; there is no legal obligation for disclosure to occur at the outset of employment. In practice, disclosure most often happens when moving roles or workplaces, during performance review or management processes, or when there are changes in the condition.

How to disclose should also be considered. It is important to inform the employer positively and in-line with the social model, rather than describing the ways that the individual is limited. For example:

You might say: “Having to read incident reports while on the run is very difficult as I’m dyslexic and dyspraxic - printing them in larger sans serif font on yellow paper would help.”

Don’t say: “I’ve been making lots of mistakes because I’m dyslexic and dyspraxic and can’t read incident reports while on the run.”

Once the decision has been made to disclose a neurodivergent condition, and the pros and cons have been discussed with the union official, it is generally standard practice to speak to a line manager in the first instance. They will then refer the individual to the requisite department within the service, for example, Human Resources or Occupational Health.

Sometimes disclosing to a line manager might not be appropriate; for example, in scenarios where the member has specific concerns about the manager and their response. In this case, it may be necessary to speak to other senior managers, or directly with HR.

Disclosing to an official

Members will often prefer to speak to a union official about their neurodivergence before their employer, but they will only feel comfortable doing so if they feel they will be understood and supported.

Consider that you may be the first person they have told outside their friends and family, and that they might find the conversation very difficult. Suggest alternative ways of communicating that may make this easier, for example, by WhatsApp, email, on the phone, or face-to-face.

Also remember that not everyone will find disclosure hard, and that some may indeed find disclosure liberating.

Screening

For those who don't already have a diagnosis, or in cases where you suspect a member's difficulties may relate to neurodivergence, screening tools can be an important first step.

Screening tools comprise a series of brief questions designed to give a preliminary indication of whether an individual has the condition that is screened for. They are often free of charge, so are an effective way to understand the likelihood of neurodivergence before speaking to an employer. In many cases, the screening result is enough to start the process of claiming reasonable adjustments.

The FBU provides access to the QuickScan screening tool for all members.

QuickScan is a test for dyslexia, dyspraxia and dyscalculia, not for other neurological conditions like, for example, autism or ADHD.

Members can request access to the scan through brigade and branch officials, who are best placed to provide guidance and support to members, either if they are having workplace difficulties related to their neurodivergence and require representation or intervention, or if they need support in attaining reasonable adjustments from their service. Officials should send requests for scans to **education@fbu.org.uk**.

Screening tools for other neurological conditions are often provided by the relevant charitable bodies; for example, ADHD UK provide free access to a screening tool designed by the World Health Organisation (see appendix). Be aware that there are many online quizzes and assessments of doubtful efficacy that claim to screen for neurological conditions like autism, ADHD and Tourette's Syndrome, but which are based on poor or little scientific evidence.

Any screening tool can only provide an indication or likelihood of a condition, are not 100% accurate, and do not constitute a medical diagnosis. If you suspect neurodivergence is playing a role in someone's workplace difficulties, and the screening doesn't provide any answers, then it is likely worth pursuing alternative options.

Assessment and diagnosis

After screening, it might be necessary to pursue a diagnosis. Some employers may require this in order to start providing reasonable adjustments, while some individuals pursue diagnosis for their own sense of validation.

To obtain a formal medical diagnosis, an individual will either need to:

- **Speak to their GP, who will be able eliminate alternative explanations and provide referrals for specialist assessments.**
 - The diagnosis of many neurological conditions is not available through NHS funding - often only for autism and ADHD.
 - Waitlists for NHS neurological diagnoses are currently in multiples of years.
- **Approach their employer about seeing a specialist assessor or occupational psychologist.**
 - Some employers will fund the costs of the assessment, though they will likely seek to know the outcome of that process.
 - Officials can play a role in helping to obtain an assessment from the service, who may initially be unwilling to fund the cost, but who may be receptive to negotiation.
- **Seek a private diagnosis externally.**

- Employers are not bound to fund a diagnostic assessment and, as a result, some choose to fund their own private assessment. Specialist assessors can cost quite a bit of money; approximately £400-£800.

It should be noted that there is no legal obligation for an employer to fund the diagnosis. However, when discussing diagnostic funding with an employer, officials would do well to remind them that the cost will likely be much less than the costs of various disciplinary, absence management, and performance management processes that may ultimately follow, should the individual not receive the appropriate diagnosis and support.

It is not always necessary to obtain a formal diagnosis for an employer to offer support, but it may be advantageous for a number of reasons. These include the sense of validation and relief that diagnosis can bring, as well as removing the need to 'prove' that an employee is disabled if a tribunal is required.

Reasonable adjustments and Workplace Needs Assessments (WNAs)

Once a condition has been disclosed to an employer, the next step is to implement, where necessary, a programme of reasonable adjustments to remove or overcome any barriers or challenges in the workplace.

It is common practice for a service to refer the individual to an appropriate expert for advice on adjustments. Initial referrals are likely to include Occupational Health, or an external Workplace Needs Assessor.

A WNA specifically analyses the requirements of a job role in consideration with the needs of the neurodivergent employee. In other words, they should identify the aspects of an employee's role that causes them difficulties. It makes suggestions on how to mitigate those difficulties. These mitigations may become reasonable adjustments.

The official has a vital role to play at this stage to ensure that any workplace needs assessment is comprehensive. An inadequate WNA can lead to unrealistic expectations of performance following the implementation of adjustments, setting up the employee to fail.

Reasonable adjustments

Suggested adjustments **are** only suggestions, and any programme of reasonable adjustments should be agreed by all parties, with specific emphasis on prioritising the neurodivergent individual first and foremost, as they will already have a good understanding of what they need.

There is no 'one size fits all' approach to adjustments: what works for one won't necessarily work for another. For example, some dyslexic people find that printing materials on yellow paper, or using yellow filters, makes reading much easier. For other dyslexic people, yellow might exacerbate the issue, and will instead prefer to use green or blue filters. For this reason, there must be a process of 'back and forth' as the individual learns what does and does not work for them. An employer simply providing or imposing an adjustment and doing nothing else is not enough. Likewise, dismissing an employee on capability without implementing adjustments, or failing to allow sufficient time for the adjustments to be successful, is unlawful.

Officials again have a role to play in ensuring that adjustments work: checking in with the individual, and ensuring alternative adjustments are put in place if they do not work.

Reasonable adjustment passports are recommended as best practice for neurodivergent employees by the TUC. Their purpose is to keep record of what adjustments have been implemented, to monitor how successful they've been, and to give a consistency of support when moving between employers/workplaces. They prevent employees from having to start from scratch when their manager changes, or when they change role. An example reasonable adjustment passport is included in the appendix.

Employers must fund adjustments and cannot require an employee pay in full or in part for the cost of their adjustment. It is also worth stating that many adjustments are cheap and quick to implement. Nevertheless, officials should remind members that reasonable adjustments are not made out of goodwill, but are a core part of an employer's legal obligation to them. They should not be made to feel guilty for asking for adjustments, no matter their cost implications.

In certain circumstances, it may be appropriate for an employee to be granted a period of disability leave while waiting for reasonable adjustments to be implemented.

Section 8 - Appendices

Appendix A - Useful sites and signposting

National Autistic Society

<https://www.autism.org.uk/>

ADHD UK

<https://adhduk.co.uk/>

British Dyslexia Association

<https://www.bdadyslexia.org.uk/>

Dyspraxia Foundation

<https://dyspraxiafoundation.org.uk/>

Dyscalculia Association

<http://www.dyscalculiaassociation.uk/index.asp>

Tourettes Action

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

TUC Dyslexia in the Workplace

https://www.tuc.org.uk/sites/default/files/Dyslexia_In_The_Workplace_2013_LR.pdf

TUC Autism in the Workplace

<https://www.tuc.org.uk/sites/default/files/Autism.pdf>

TUC Reasonable Adjustment Passport Template

https://www.tuc.org.uk/sites/default/files/Reasonable_Adjustments_Disability_Passports_2019_WIP5_Model_Passport%20secure.pdf

TUC Sickness Absence and Disability Discrimination: negotiator's guide

<https://www.tuc.org.uk/sites/default/files/Sickness%20absence%20%20DD%202016%20revision%20SB.pdf>

Equality and Human Rights Commission: Examples of reasonable adjustments in practice:

<https://www.equalityhumanrights.com/guidance/business/employing-people-workplace-adjustments/examples-reasonable-adjustments-practice>

Acas: Reasonable adjustments at work

<https://www.acas.org.uk/reasonable-adjustments>

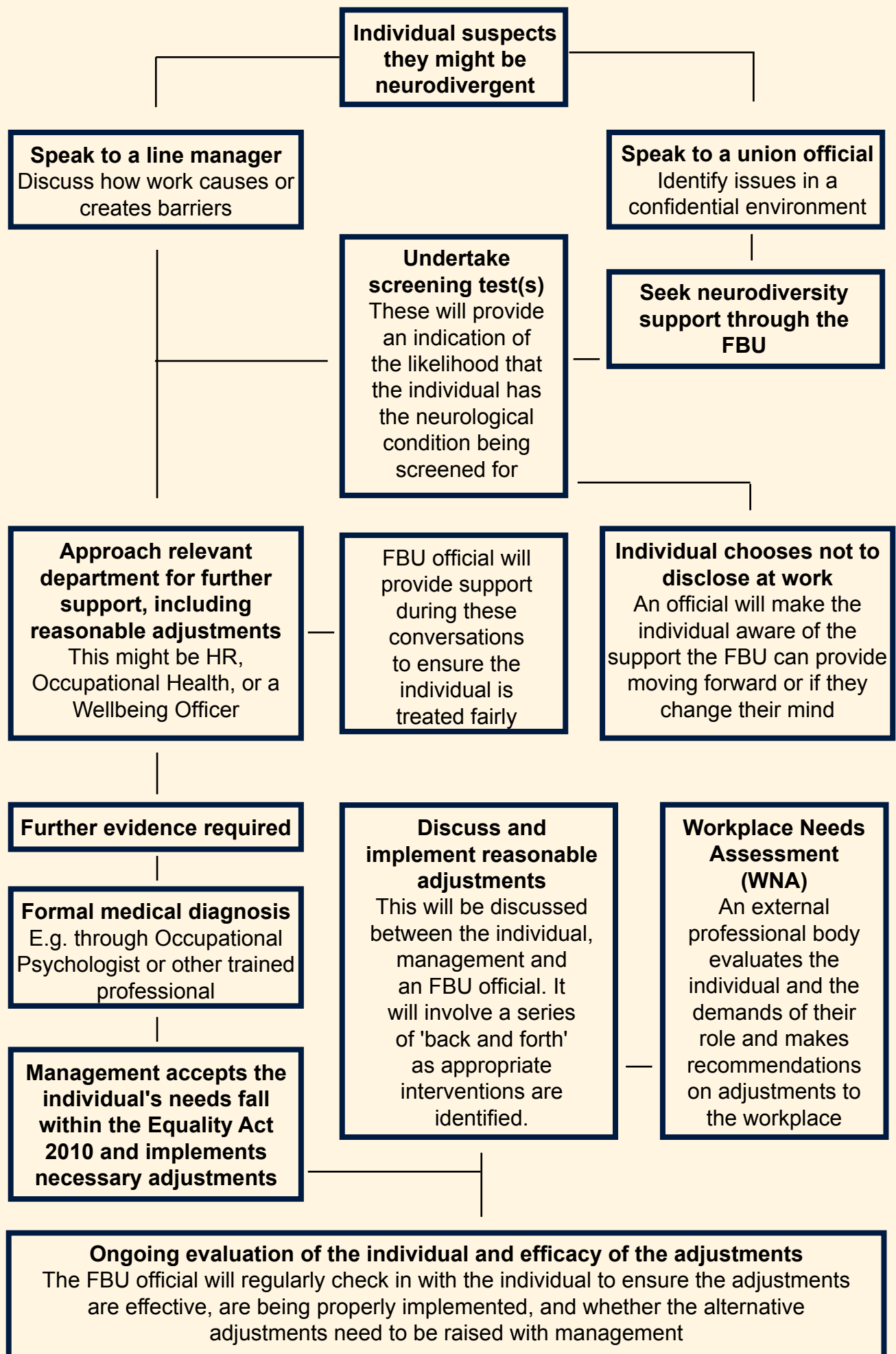
HSE Health and Safety for Disabled People at Work

<https://www.hse.gov.uk/disability/index.htm>

British Dyslexia Association: Style Guide

<https://cdn.bdadyslexia.org.uk/uploads/documents/Advice/style-guide/BDA-Style-Guide-2023.pdf?v=1680514568>

Appendix B - Best practice flowchart



Example Neurodiversity Risk Assessment

No.	Hazards	Significant Outcomes	Existing Control Measures	Population Exposed
1	<p>Interpretation of information & instruction</p> <p>Individual incorrectly interpreting written, verbal and visual information & instructions</p> <ul style="list-style-type: none"> • Routine activities. • Operational training. • Operational incidents. 	<p>A range of physical injuries including:</p> <p>Slips, trips, falls. Manual handling. Falls from height. Cuts & abrasions. Impact injuries. Crush injuries. Burns & scalds. Inhalation of fumes & particles. Electric shock. Stress, anxiety, & mental ill-health</p>	<p>Medical & Occupational Evidence for Recruitment & Retention in the Fire & Rescue Service - Sept 2004.</p> <p>Procedure for Case Specific Risk Assessment, Case Management Assessment and Management Review.</p> <p>Disability and individual risk assessments.</p> <p>Reasonable adjustments considered based on screening or assessment reports.</p> <p>Updates to operational and non-operational communication techniques, including verbal, written and ICT</p>	<p>Neurodivergent individual</p> <p>Operational staff</p> <p>Support staff</p> <p>Other agencies</p> <p>Public</p>

Likelihood (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Severity (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Risk Rating (Severity x Likelihood)	Additional Control Measures	Priority (High, Moderate, Tolerate, Negligible)
4	8	32	No	Moderate
2	6	12	No	Tolerable
2	8	16	No	Tolerable
2	8	16	No	Tolerable
2	10	20	No	Tolerable

Example Neurodiversity Risk Assessment

No.	Hazards	Significant Outcomes	Existing Control Measures	Population Exposed
			Occupational Health assessment prior to any change of role. Reasonable Adjustment passport agreed by all relevant parties Training and awareness	
2	<p>Speed of processing information & instruction</p> <p>Increased time taken to interpret and act upon written, verbal and visual information & instructions</p> <ul style="list-style-type: none"> • Routine activities. • Operational training • Operational incidents. 	<p>A range of physical injuries including:</p> <p>Slips, trips, falls. Manual handling. Falls from height. Cuts & abrasions. Impact injuries. Crush injuries. Burns & scalds. Inhalation of fumes & particles. Electric shock. Stress, anxiety, & mental ill-health</p>	Control measures as above.	<p>Neurodivergent individual</p> <p>Operational staff</p> <p>Support staff</p> <p>Other agencies</p> <p>Public</p>

Likelihood (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Severity (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Risk Rating (Severity x Likelihood)	Additional Control Measures	Priority (High, Moderate, Tolerate, Negligible)
4	8	32	No	Moderate
2	6	12	No	Tolerable
2	8	16	No	Tolerable
2	8	16	No	Tolerable
2	10	20	No	Tolerable

Example Neurodiversity Risk Assessment

No.	Hazards	Significant Outcomes	Existing Control Measures	Population Exposed
3	<p>Absorbing & retaining information & instruction</p> <p>Individual experiencing difficulties absorbing and retaining written, verbal and visual information & instructions</p> <ul style="list-style-type: none"> • Routine activities. • Operational training • Operational incidents. 	<p>A range of physical injuries including:</p> <p>Slips, trips, falls. Manual handling. Falls from height. Cuts & abrasions. Impact injuries. Crush injuries. Burns & scalds. Inhalation of fumes & particles. Electric shock. Stress, anxiety, & mental ill-health</p>	Control measures as above.	<p>Neurodivergent individual</p> <p>Operational staff</p> <p>Support staff</p> <p>Other agencies</p> <p>Public</p>
4	<p>Sequencing & organisation</p> <p>Individual experiencing difficulties in organisation and carrying out tasks in the correct sequence (including directional difficulties):</p> <ul style="list-style-type: none"> • Routine activities. • Operational training • Operational incidents. 	<p>A range of physical injuries including:</p> <p>Slips, trips, falls. Manual handling. Falls from height. Cuts & abrasions. Impact injuries. Crush injuries. Burns & scalds. Inhalation of fumes & particles. Electric shock. Stress, anxiety, & mental ill-health</p>	Control measures as above.	<p>Neurodivergent individual</p> <p>Operational staff</p> <p>Support staff</p> <p>Other agencies</p> <p>Public</p>

Likelihood (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Severity (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Risk Rating (Severity x Likelihood)	Additional Control Measures	Priority (High, Moderate, Tolerate, Negligible)
4	8	32	No	Moderate
2	6	12	No	Tolerable
2	8	16	No	Tolerable
2	8	16	No	Tolerable
2	10	20	No	Tolerable
4	8	32	No	Moderate
2	6	12	No	Tolerable
2	8	16	No	Tolerable
2	8	16	No	Tolerable
2	10	20	No	Tolerable

Example Neurodiversity Risk Assessment

No.	Hazards	Significant Outcomes	Existing Control Measures	Population Exposed
5	<p>Delivering information & instruction</p> <p>Individual experiencing difficulties delivering written, verbal & visual information and instructions.</p> <ul style="list-style-type: none"> • Routine activities. • Operational training • Operational incidents. 	<p>A range of physical injuries including:</p> <p>Slips, trips, falls. Manual handling. Falls from height. Cuts & abrasions. Impact injuries. Crush injuries. Burns & scalds. Inhalation of fumes & particles. Electric shock. Stress, anxiety, & mental ill-health</p>	<p>Control measures as above.</p>	<p>Neurodivergent individual</p> <p>Operational staff</p> <p>Support staff</p> <p>Other agencies</p> <p>Public</p>
6	<p>Sensory sensitivities</p> <p>Individual experiencing overstimulation or discomfort due to sensory triggers.</p> <ul style="list-style-type: none"> • Routine activities. • Operational training • Operational incidents. 	<p>A range of physical injuries including:</p> <p>Slips, trips, falls. Manual handling. Falls from height. Cuts & abrasions. Impact injuries. Crush injuries. Burns & scalds. Inhalation of fumes & particles. Electric shock. Stress, anxiety, & mental ill-health</p>	<p>Control measures as above.</p> <p>Adaptation to physical environment, information communication technology, personal protective equipment.</p>	<p>Neurodivergent individual</p> <p>Operational staff</p> <p>Support staff</p> <p>Other agencies</p> <p>Public</p>

Likelihood (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Severity (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Risk Rating (Severity x Likelihood)	Additional Control Measures	Priority (High, Moderate, Tolerate, Negligible)
4	8	32	No	Moderate
2	6	12	No	Tolerable
2	8	16	No	Tolerable
2	8	16	No	Tolerable
2	10	20	No	Tolerable
4	8	32	No	Moderate
2	6	12	No	Tolerable
2	8	16	No	Tolerable
2	8	16	No	Tolerable
2	10	20	No	Tolerable

Example Neurodiversity Risk Assessment

No.	Hazards	Significant Outcomes	Existing Control Measures	Population Exposed
7	<p>Training & awareness</p> <p>Lack of awareness, understanding of training, or availability of training, leading to misunderstanding</p> <ul style="list-style-type: none"> • Routine activities. • Operational training • Operational incidents. 	<p>A range of physical injuries including:</p> <p>Slips, trips, falls. Manual handling. Falls from height. Cuts & abrasions. Impact injuries. Crush injuries. Burns & scalds. Inhalation of fumes & particles. Electric shock. Stress, anxiety, & mental ill-health</p>	<p>Control measures as above.</p> <p>Regular neurodiversity training for managers and senior officers</p> <p>Adaptation of teaching/training methods to be more inclusive of different learning methods as a basic standard</p>	<p>Neurodivergent individual</p> <p>Operational staff</p> <p>Support staff</p> <p>Other agencies</p> <p>Public</p>
8	<p>Adjustments & support</p> <p>Failure to provide necessary adjustments, support or accommodations</p> <ul style="list-style-type: none"> • Routine activities. • Operational training • Operational incidents. 	<p>A range of physical injuries including:</p> <p>Slips, trips, falls. Manual handling. Falls from height. Cuts & abrasions. Impact injuries. Crush injuries. Burns & scalds. Inhalation of fumes & particles. Electric shock. Stress, anxiety, & mental ill-health</p>	<p>Control measures as above.</p> <p>Establish a clear process for requesting and implementing adjustments.</p>	<p>Neurodivergent individual</p> <p>Operational staff</p> <p>Support staff</p> <p>Other agencies</p> <p>Public</p>

Likelihood (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Severity (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Risk Rating (Severity x Likelihood)	Additional Control Measures	Priority (High, Moderate, Tolerate, Negligible)
4	8	32	No	Moderate
2	6	12	No	Tolerable
2	8	16	No	Tolerable
2	8	16	No	Tolerable
2	10	20	No	Tolerable
4	8	32	No	Moderate
2	6	12	No	Tolerable
2	8	16	No	Tolerable
2	8	16	No	Tolerable
2	10	20	No	Tolerable

Example Neurodiversity Risk Assessment

No.	Hazards	Significant Outcomes	Existing Control Measures	Population Exposed
9	<p>Stress & mental health</p> <p>Individual experiences high levels of stress as a result of:</p> <p>Unrealistic workloads Skills shortages Inadequate training Trauma Performance pressure reduced crewing Bullying/harassment Work outside rolemap Attacks on pay Attacks on terms and conditions Pensions issues Public pressure</p> <ul style="list-style-type: none"> • Routine activities. • Operational training • Operational incidents. 	<p>A range of physical injuries including:</p> <p>Slips, trips, falls. Manual handling. Falls from height. Cuts & abrasions. Impact injuries. Crush injuries. Burns & scalds. Inhalation of fumes & particles. Electric shock. Stress, anxiety, & mental ill-health</p>	<p>Control measures as above.</p> <p>Stress risk assessment</p> <p>Establish a clear process for requesting and implementing adjustments.</p>	<p>Neurodivergent individual</p> <p>Operational staff</p> <p>Support staff</p> <p>Other agencies</p> <p>Public</p>

Likelihood (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Severity (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	Risk Rating (Severity x Likelihood)	Additional Control Measures	Priority (High, Moderate, Tolerate, Negligible)
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2	6	12	No	Tolerable
2	8	16	No	Tolerable
2	8	16	No	Tolerable
2	10	20	No	Tolerable

Appendix D - Examples of adjustments

It would be impossible to create an exhaustive list of all possible adjustments for all neurological conditions, but included here are some of the more common adjustments as a start point. These include adjustments to policies, procedures, and operations.

Individuals should be supported to find what works best for them.

Written materials, internal comms, and operational information

- Avoid jargon and be willing to define technical language
- Highlight important points and include summaries
- Make documents as manageable as possible, for example putting information into smaller chunks and utilising headers and bullet points
- Logical presentation, structuring and indexation of policy documents, procedures, rules, regulations, etc.
- Font size should be 12-14, and line spacing should be at least 1.5
- Avoid underlining and italics, but do use bold for emphasis
- Provide materials on non-white paper, asking individuals which colour they prefer (yellow, blue and magenta are common).

Reading, writing and spelling

- Allow plenty of time to read and complete tasks
- Where possible, verbally discuss written material, summarising key points
- Provide tinted overlays (known as filters) in a variety of colours
- Prepare information in alternative formats, for example audio, videos, diagrams, flowcharts, or drawings
- To assist writing, make speech-to-text software available, for example Dragon NaturallySpeaking

- To assist reading, make text-to-speech software available, for example reading pens
- Provide noise-cancelling headsets
- Give precise and direct instructions slowly, one at a time, in a quiet location
- Demonstrate tasks to allow for hands-on and visual learning
- Provide a hard copy of instructions in a neurodiversity-friendly format.

Giving instructions

- Ask in a respectful manner for instructions to be repeated back, to confirm that they have been understood
- Allow the use of a tape recorder or phone to record important instructions, where appropriate and safe to do so
- As often as possible use drawings and diagrams to reinforce written and verbal instructions.

Training, briefings and presentations

- Avoid putting people 'on the spot' and encourage forms of participation that suit the learner
- Move away from 'classroom' layouts and dynamics that may encourage previous feelings of low self-esteem to return
- Allow time for reflection and provide opportunities for alternative contributions, for example forums, blogs, social media posts etc.

Selection and promotion assessments

- Allow additional time for tests and assessments to give a fair representation of knowledge, skills and understanding related to the job

- Re-format exercises and questions to make them more user-friendly
- Include advice on note-taking and exam techniques throughout assessment period
- Make daily to-do lists and utilise wall planners
- Create templates for regular tasks, including appropriate prompts and guidance
- Issue regular and timely reminders of upcoming deadlines.

Organising workflow

- Make daily to-do lists and utilise wall planners
- Create templates for regular tasks, including appropriate prompts and guidance
- Build time for planning into work schedules
- Issue regular and timely reminders of upcoming deadlines.

Short-term memory assistance

- Use diagrams, mind maps and flowcharts
- Provide mind-mapping software, for example MindView
- Use mnemonic devices and acronyms
- Provide opportunities to repeat a task
- Use multi-sensory learning techniques.

Reducing stress and building confidence

- Give advance notice of tasks

- Offer guidance and support for difficult tasks or during busy periods
- Create clear pathways for support within the organisation
- Avoid creating pressure on individuals, for example by watching or 'hovering'
- Do not make comments on speed of reading and writing
- Provide feedback on a one-to-one basis rather than in a group setting
- Promote team-working and support where skills and aptitudes can be reciprocated.

Physical environment

- Create a relaxation space in the workplace
- Maximisation of natural over artificial (fluorescent) light
- Desk/working space kept away from kitchen/cooking areas
- Access to temperature and lighting controls
- Modify or acquire accessible equipment, for example keyboards, pens, chairs
- Provide alternative building access methods (avoid codes and passwords).

Policies

- Regularisation of shift patterns and advance notice of changes
- Relaxation of triggers in absence/sickness procedures
- Adjusting redundancy selection criteria to discount disability-related absences.

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