

CECA Southern Lunch

An Introduction to The ndc

Thendc
Open your mind

Neurodiversity is the concept that neurological differences – like autism, ADHD, dyslexia, dyspraxia, and others – are natural variations of the human brain, rather than deficits or disorders that need to be "fixed."

Perspective:

It promotes understanding and acceptance of people whose brains function differently, emphasizing strengths as well as challenges.

In the Workplace:

Neurodiversity is increasingly recognized in organisations as a valuable aspect of workforce diversity. Neurodivergent individuals often bring unique skills in areas like pattern recognition, creative problem-solving, and attention to detail.





An estimated

15%

of the UK population are **neurodivergent**.

25%

of the UK Construction industry are **neurodivergent**.



Business productivity with a **50%** decrease in **sickness absence**.

30% improvement in **identifying risks** if team is cognitively diverse and **20%** improvement in **problem solving**.



76% of employees chose **not to fully disclose** their neurodiversity.

Half of managers **(50%)** would feel **uncomfortable** hiring a person with a neurodiversity.



About **10%** of the UK population has **dyslexia**, while

over 6M

people may not have been diagnosed.

39%

of respondents saying they have a **neurodivergent child**.

30 plus members

Updated our DSE
assessment

Community Teams

Knowledge location
on our BMS, One
Clancy

1000 + employees
presented

Delivered managers
training

Monthly community
drop ins

Empowered the
individual

The ndc: August Newsletter

What we talked about: Neurodiversity as a disability

Our August discussion centred around the topic of neurodiversity as a disability, using responses from a short survey as the basis for an open and reflective conversation.

Key insights

Do you see Neurodiversity as a disability?



Does the word Disability put you / your dependable / significant other / colleague at a disadvantage?



Do you think the disability label has positive or negative connotations?



Do you understand your or the person you are representing's rights and benefits from having a disability?



Have you disclosed your disability to Clancy?



The discussion highlighted that neurodiversity exists on a spectrum, with individuals viewing their experiences differently. Whether someone identifies as having a disability is often influenced by personal circumstances, understanding, and confidence in sharing information. There was recognition that some people may choose not to disclose a neurodivergent condition or mental health challenge due to concerns about how it may be perceived. The group also acknowledged the positive impact the Neurodiversity Community (NDC) is having in promoting inclusive practices across the business, while recognising that the level of support employees receive can still vary depending on their line manager.

Actions and opportunities discussed

We discussed opportunities to reference the ndc within job adverts and job descriptions, as well as reviewing the application stage to make this more inclusive. The group discussed the CECA award money and agreed they would like to arrange a guest speaker at Harefield. Members are invited to share suggestions for topics they would like the guest speaker session to cover. Jack is presenting at the next CECA meeting on 17th September. Our newsletters will also be shared with the wider community.

Looking ahead: September session

September's session will be a review of the recent controversial documentary on Channel 4, the great ADHD myth, this has sparked lots of media attention and we would like your views. If you can please watch in advance of the meeting. We will be starting the session with one of our members, Andy, doing a personal share for about 10 minutes.

THE GREAT ADHD MYTH?

The ndc: July Newsletter

What we talked about: Wellbeing

An open and supportive discussion about how certain situations impact our wellbeing and strategies we find useful to reset.



Key takeaways:

- Certain situations, specifically at work impact our wellbeing more than others, particularly when it comes to big changes such as office layouts. More consideration is needed to highlight the importance of consultation to minimise the impact on colleagues.
- Some find taking some time away from work is needed in particularly challenging times, to provide some headspace and engage in activities we usually enjoy.
- More work needs to be done to prevent time off being used to manage stress levels.

New partnership with Mates in Mind

- Kayleigh described a new mental health programme that Clancy are embarking on, as part of a partnership with Mates in Mind.
- The programme aims to improve mental health literacy for all staff,

also helping managers to understand and spot signs of declining mental health, contributing to a more positive workplace culture.

- More details will be shared as the partnership involves, but there will be good opportunity to include Neurodiversity awareness in the programme.

Display Screen Ergonomics (DSE) Update

- A small focus group have met twice to discuss changes to the DSE assessment to improve inclusivity.
- The group are reviewing the online module and improvements to the existing form and will provide an update once the work is complete.

Looking ahead: August session – Neurodiversity as a Disability

- Session:** What are our views on Neurodiversity being defined as a disability?
- Open discussion**



The ndc: June Newsletter

What we talked about: Tourette's –

Using the film "I Swear" as a springboard for a conversation on Tourette's

Key takeaways:

- It is estimated that TS affects one school child in every hundred and more than 300,000 children and adults in the UK live with the condition.
- Tourette's is not a choice. How you respond is.
- I Swear was funny but also deeply thought provoking
- Incident at the baftas demonstrates that far more is still needed to improve understanding



CECA Southern Wellbeing Initiative Award

- We were very happy to have won the 2026 CECA award for wellbeing initiative, testament to the buy in

from the community and the business.

- Kayleigh accepted the award on behalf of the community
- Massive well done to all involved!



Better workplace support

- DSE update has been signed off by H&S and the team are working through the design and how it will work
- Simple flash cards have been created for hot desks to improve set up

Looking ahead: July session – wellbeing

- Session:** what do you do to manage your Neurodiversity?
- Tips and Tricks:** Time Management, work location, support from manager
- Meet up:** We have arranged a small catch up from the awards on the 14th but we will be looking to plan a full session in Harefield or similar soon!



The ndc: May Newsletter

What we talked about: Mental Health & Neurodiversity - An open, honest session linking mental health and neurodiversity.

Key takeaways:

- Talking openly reduces isolation and builds understanding
- Mental health and neurodiversity are closely connected
- Sharing strategies helps people manage daily challenges
- We can improve how neurodiversity is considered in assessments and adjustments

What we're doing next

- Better workplace support**
 - Update DSE assessments to reflect neurodiverse needs
 - Promote simple adjustments (e.g. desk setup, lighting, screens)
- Clearer support routes**
 - Increase visibility of Mental Health First Aiders
 - Create a simple, central contact point for support
- External support**



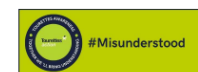
- Work more closely with the Lighthouse Charity
- Explore site engagement opportunities

More connection

- Launch informal "coffee, cake & chat" sessions
- Create space to connect outside of work topics

Looking ahead: June session (Tourette's Awareness) – "I Swear" review

- Before the session:** Watch "I Swear"
- In the session:** Use the film to start discussion
- We'll explore:**
 - Common misconceptions about Tourette's
 - The impact at work
 - How we can create a more supportive environment
- Focus:** listening, learning, and turning insights into action



Factsheets

Dyslexia factsheet

Dyslexia is a common difficulty with information processing that specifically impacts reading, writing and spelling skills. It does not affect intelligence, but people with dyslexia may find traditional learning methods challenging and often need additional support. In the UK, it's estimated that as many as one in ten individuals have some level of dyslexia.

Causes
While the exact cause of dyslexia remains unclear, it is believed to be inherited through parental genes that interact and influence the brain's early development.

Signs
Dyslexia is often hard to detect, as it affects not only reading and writing but also memory, organisation and coordination. Signs may include:
• Confusing the ordering of letters in words, or confusing visually similar words
• Reading slowly and having to re-read paragraphs
• Difficulty with spelling
• Difficulty distinguishing left from right

Diagnosis
A checklist can assist in determining whether someone may have dyslexia, but it is intended to guide individuals toward seeking further advice; only a qualified healthcare professional can make an official diagnosis. A general practitioner (GP) can conduct a formal Diagnostic Assessment, which enables access to appropriate

support at work or within the education system when needed.

Management
Dyslexia is a lifelong condition. A range of tools and accommodations are available to support individuals in achieving their full learning potential. These include:

- Utilising technology and dark screens with light text
- Multi learning approach with audio and video recording
- Diagrams for visual learners
- Complex task split into more manageable tasks

Employers are expected to implement reasonable adjustments for employees diagnosed with dyslexia. Such measures may involve allowing additional time for tasks, providing information in multiple formats, and offering appropriate assistive technologies as needed.

Click the boxes below for further support

References

British Dyslexia Association

Adult Dyslexia Centre

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NHS

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Autism factsheet

Autism is known as a spectrum disorder (ASD) and can influence the way people interact with the world in a variety of ways, meaning level of ability or support required varies significantly between people. People with autism may have difficulty empathising, socialising and communicating with others, becoming overwhelmed in busy or loud environments and focusing on details amongst other characteristics. There are at least 700,000 children and adults with autism in the UK.

Causes
Current research indicates that autism has a genetic component, though the specific genes involved have not yet been identified. Environmental factors are also believed to contribute, but not in relation to parenting or upbringing. Despite ongoing public debate, there is no scientific evidence supporting a connection between vaccines and autism; this association is considered a myth.

Signs
A person may have autism if experiencing some or all of the below:
• Challenges in understanding others' feelings and expressing emotions
• Preferring structured routines, with changes often leading to anxiety
• Tendency to avoid making eye contact
• Feeling anxious in social environments
• Taking things literally
• Noticing small details that others do not

Diagnosis
Autism can be diagnosed by requesting an assessment through a GP. Waiting times can be very long, so it is important to reach out for support in the meantime if needed to cope with daily challenges. Following an assessment, a report will be provided with the results.

Managing autism
Employers should make reasonable adjustments where required to accommodate a person with autism's needs and help them to reach their full potential. Required adjustments will vary significantly depending on the individual and these should be discussed with a line manager or the People team.

Problem solving support

Social interaction coaching

Medication

Click the boxes below for further support

National Autistic Society

Autism Central

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References

National Autistic Society

World Health Organization

NHS

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Dyscalculia factsheet

Dyscalculia is a persistent and pronounced difficulty working with numbers and quantities. This is different to maths learning difficulties, which are much more common. As most jobs require some level of maths and the requirement to use maths in daily life (such as planning social events or journeys), the condition can present significant challenges.

6% of the population

25% have maths learning difficulties

Causes
While the exact causes of dyscalculia remain unclear, it is believed to be inherited through parental genes that interact and influence the brain's early development, specifically the parts that affect understanding, sequencing and processing numbers.

Signs
Those with dyscalculia may have difficulties with:
• Understanding quantities, such as that 12 is smaller than 20
• Remembering times tables
• Memorising numbers
• Telling and judging time, speed or distance
• Budget management

Diagnosis
An online screening tool can help to identify signs that a person may have dyscalculia, for further investigation by a qualified healthcare professional who will complete a formal diagnostic assessment.

Management
Although maths is required in everyday tasks and living with dyscalculia can be challenging, there are tips and resources that can help. These include:

- Planning ahead for appointments and social events
- Using a smartphone to set reminders
- Using alternative methods of payment other than cash

Click the boxes below for further support

British Dyslexia Association

Dyscalculia

lighthouse

References

British Dyslexia Association

Bupa

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Dyspraxia factsheet

Dyspraxia is characterised by difficulties with motor skills and coordination. Also known as developmental co-ordination disorder (DCD), dyspraxia affects each individual differently and the impact on daily activities and life experiences can change over time. Dyspraxia does not affect intelligence.

6% of the population

2% are severely affected

Causes
The exact cause of dyspraxia is unknown, although there is some evidence to suggest a possible higher risk if born prematurely. It is more common in men and genes are thought to play a role, specifically in relation to neuron development.

Symptoms
Those with dyspraxia may have difficulty with the following:
• Controlling and coordinating movements such as running, jumping and/or balancing
• Dressing, meal preparation and self-care tasks
• Fine motor skills, for example writing

Diagnosis
A GP appointment is recommended for those who suspect they may have dyspraxia. The GP is likely to

complete an onward referral to a physiotherapist or occupational therapist, who will assess movement and analyse the effect of symptoms on the person's lifestyle.

Management
There are some tools and lifestyle choices that can help with the challenges those with dyspraxia may face. These include:

- Regular exercise
- Time with family and friends
- Calendars and tools to support organisation

Click the boxes below for further support

poverment

NHS

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References

British Dyslexia Association

NHS

Foundation for people with learning disabilities

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ADHD factsheet

ADHD (attention deficit hyperactivity disorder) is defined by ongoing patterns of inattention and/or hyperactivity and impulsivity that interfere with daily life.

65% display both inattentive & hyperactive/impulsive symptoms

3-4% Adults with ADHD

15% Hyperactive symptoms

25% Inattentive symptoms only

Causes
Although the exact cause of ADHD remains unclear, experts believe that both genetic and environmental influences play a role.

Symptoms
Inattentiveness
• Easily distracted or forgetful
• Frequently losing items (keys, wallet, etc.)
• Trouble completing tasks or following directions
Hyperactivity/impulsivity
• Restlessness or high energy
• Interrupting others or talking excessively
• Making impulsive decisions

Diagnosis
A variety of screening tools are available for individuals who think they might have ADHD. However, these tools do not offer a formal diagnosis; only qualified healthcare professionals can make that determination. If results suggest potential ADHD, a GP appointment is recommended. For further details, scan the QR code. If the GP believes a person may have ADHD, they will refer to a specialist for further assessment. The waiting times for referral vary depending on location and can range from months to years, however there are options such as lifestyle changes that can help in the meantime.

Managing ADHD / treatment

- Regular exercise
- Time with family and friends
- Sleep and lower distractions
- Balanced diet

A healthcare professional may also explore medication options, as this can help with concentration and emotional distress. If encountering challenges at work, those with ADHD may wish to discuss reasonable adjustments. These could include accommodations for your preferred learning style or support from team members with organisation. Employers may also consider adjusting recruitment processes such as the format of interviews and providing additional support where required. Click the boxes below for further support

ADHD

lighthouse

References

NICE

NHS ADHD in adults

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