

The CUH Neurodiversity guide

Together
Safe
Kind
Excellent

Embracing Neurodiversity



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Foreword



Our workplace is diverse in many ways. While racial and gender diversity are well known, neurodiversity is less well understood and appreciated by many people.

Around 1 in 7 people in the UK are neurodiverse, meaning their brain may function, process and learn information differently to someone who is neurotypical. This means that a large number of our staff will be neurodiverse.

Although we say we value alternative thinking at CUH, we know that for some of our 11,000 staff, it doesn't always feel like it. We need to make it OK to bring your whole self to work, whoever you are, and ensure we support and

value the talents of neurodiverse minds.

A neurodiverse workplace provides new talent opportunities as well as new perspectives and ways of thinking that spur more creative solutions and innovations.

More importantly, the concept that people are naturally neurologically diverse can help to reduce stigma and the idea that something is wrong, and can help to build confidence, self-esteem and resilience.

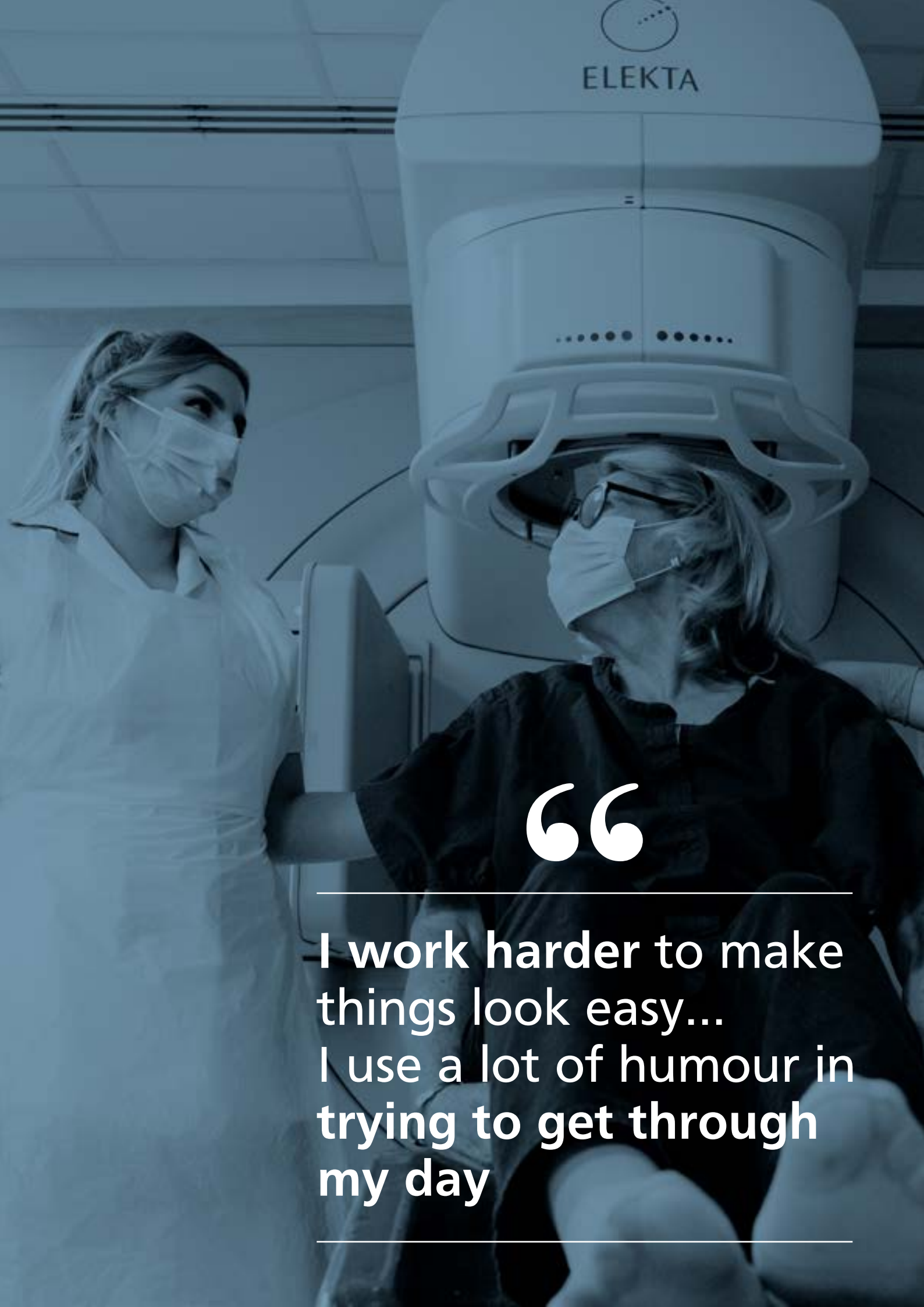
The Embracing Neurodiversity toolkit is just one example of our commitment to continuously improving the support we provide for our 11,000 staff, whoever they are and whatever community they come from.

With this guide, we aim to help those who may be less familiar with neurodiversity to understand how colleagues may experience the workplace differently, through facts and definitions of the various conditions in simple terms. We also hope it will support our neurodiverse staff in feeling they can not only be their best self, but their true self.

We are inspired by our staff every day and are always keen to listen, learn and shape meaningful and impactful action to ensure the experiences of all colleagues at CUH are positive. Throughout the process of creating this toolkit we have been guided by, and learned from, people with lived experiences of neurodiversity. We know we have much more to learn, but this is the first step in broadening our aims around diversity and demonstrating that neurodiversity should be celebrated.

We look forward to this community continuing to enrich everything we do.

Dr Ewen Cameron – Board sponsor for the CUH Purple Network.



“

I work harder to make things look easy... I use a lot of humour in trying to get through my day

What is neurodiversity?

Very simply, neurodiversity refers to the different ways a person's brain processes information.

Neurodiversity is an umbrella term used to describe a number of these variations.

It is estimated that around 1 in 7 people in the UK have some kind of neurodifference.

That's as many as 1,650 of our CUH Family!

Being neurodiverse does not correlate with low intelligence; many people with neurodifferences are highly intelligent.

People who are neurodiverse often think about and see the world differently, making them a huge asset to any team that wants to improve how they do things and deliver excellent patient care or services.

Most common types of neurodiversity

You may have heard of many of these types of neurodiversity.

You'll find detailed sections on each of these on pages 9-37.

- Autism, or Autism Spectrum Conditions.
- ADHD: Attention Deficit Hyperactivity Disorder, or ADD: Attention Deficit Disorder.
- Dyscalculia.
- Dyslexia.
- Dyspraxia, or Developmental Coordination Disorder (DCD).

Some other types of neurodiversity

There are a number of other examples of how brains can process information differently.

Some people consider these to be part of the 'neurodiversity' umbrella and others like to keep them separate - there's no right or wrong answer.

- Cognitive functioning difficulties or executive dysfunction.
- Dysgraphia.
- Misophonia.
- Slow processing speed.
- Stammering.
- Tourette's syndrome.

Why are we talking about it?

At CUH we are committed to improving the working lives of all our staff.

We want to value and celebrate the differences in our workforce and harness the incredible talents of our neurodiverse staff to help us all improve and provide the best patient care and the best services in a way that is safe, kind and excellent.

We recognise that workplaces in general, and CUH in particular, can be challenging for people who have neurodifferences and we want to do all we can to change that. This guide is just one part of that.

We hope it will be a useful resource for staff who are neurodiverse, and for managers and supervisors and teams to learn, grow, develop a shared understanding and create workplace cultures that enable people to thrive.

CUH workforce commitments

Wellbeing

We will strive to ensure that working at CUH will positively impact on our health, safety and wellbeing.

Being neurodiverse can often mean trying to fit into a way of working that doesn't suit you, which can have a significant impact on physical and mental wellbeing over time.

A better understanding of neurodiversity, and developing workplaces that work for neurodiverse people, supports our neurodiverse staff to stay healthy and well.

Resourced

We will invest to ensure that we are well staffed, with a vacancy rate of 5% or less across all staff groups.

Our neurodiverse staff bring a huge range of talents and strengths and we want to do all we can to keep them in the CUH family.

Ambition

We will support individual and collective ambition through investment in education, learning and development and new ways of working.

People with a neurodifference often think differently, are able to solve problems in innovative ways and come up with great ideas to improve how we do things. Tapping into this has huge potential for developing new ways of working.

Inclusion

We will drive out inequality, recognising that we are stronger as an organisation which values difference and inclusion.

Our neurodiverse staff tell us that we don't always get it right when it comes to inclusion and making the most of people's differences. People perform at their best when they really feel that they belong and are valued by their teams, managers and the organisation.

Relationships

Relationships are at the heart of our work; we will value compassionate and enabling working relationships, we will listen to each other, support decision making and appreciate experience and expertise.

Relationships are vital to how we experience and feel about work.

Opening up conversations about neurodiversity, taking a compassionate interest in others and creating a shared understanding of an individual's and team's experiences and strengths lays the foundation for effective working relationships where everyone feels supported and can perform at their best.

“

I don't always have the energy, time or words to fully explain what it is like living with a neurodifference and worry about people's misconceptions.

What you can expect to find in this guide

This guide is designed as a quick reference for anyone who wants to find out more about neurodiversity – whether as an individual who has a neurodifference themselves, as a manager with someone in their team who has a neurodifference, a colleague who works with neurodiverse people, staff working with patients who may have neurodifferences, or anyone with an interest in better understanding neurodiversity.

This guide is not intended to tell you everything you could know about neurodiversity, nor will everything here apply to every individual who has a neurodifference. Every neurodiverse person is an individual who brings a unique set of skills, experience and perspectives.

Further resources and sources of support are signposted throughout.

This guide has been co-produced with some of the neurodiverse CUH Family. Huge thanks go to all those who have contributed their thoughts and experiences through focus groups and 1:1 conversations to shape this resource.

Profiles of those who contributed are included on pages 38-39.

This guide has been developed with support from Lexxic, specialists in neurodiversity.

The legal bit

Neurodiversity is covered under the protected characteristic of disability in the Equality Act 2010.

This means that neurodiverse people are protected, by law, from any kind of discrimination, harassment or victimisation on the basis of their neurodiversity.

It does not necessarily mean that neurodiverse people consider themselves disabled or would use the word 'disability' to describe their neurodifference. See 'A note on language' in the next section.

The Equality Act also requires us, as an employer, to put in place reasonable adjustments to enable a neurodiverse individual

to perform their role. Workplace adjustments can take a number of forms, from physical equipment and software to a change in working pattern, hours or duties.

A note on language

Different people will use different language to describe themselves, and sometimes it can feel difficult to keep up with what the 'right' language is.

The most important thing is to focus on the person and being respectful.

When talking or writing generically, we recommend using 'people who are neurodiverse' or 'people who have a neurodifference', which is the approach we will adopt throughout this guide. You may also see people talking about being 'neurodivergent'.

When talking to or about a specific individual who has a neurodifference, pay attention to the language they use about themselves and try to mirror that.

If in doubt, you can simply ask what terms they would like to use and which they would prefer you avoid.



"I'm autistic/dyslexic/dyspraxic"

"I have autism/ASD/dyslexia/dyspraxia/DCD/ADHD etc."

"I have Asperger's"

"I'm an Aspie"

"I'm on the spectrum"

"I'm neurodivergent"

"I am neurodiverse"

"I have a neurodiverse condition"

"I have a neurodifference"

"I have a disability"

"I don't consider myself to have a disability/be disabled"

Autism and autism spectrum conditions

“

I'm grateful to have a fantastic manager who understands to listen and make allowances so she can get the best out of me...

We have a safe phrase so I can let her know in a big meeting when I'm heading for overload and possible meltdown.

Autism spectrum conditions are a number of different neurological conditions that include a wide range of symptoms and different levels of ability.

They are developmental differences, something you tend to be born with rather than caused by injury or stroke.

One in every hundred people are thought to have an autism spectrum condition, although many won't be diagnosed until adulthood, if at all.

People who have previously been diagnosed with Asperger's Syndrome or Autism fall under what are now called Autism Spectrum Conditions.

Strengths and talents of autistic people

People with autism spectrum conditions may have particular abilities in:

- **Problem solving** and thinking differently.
- **Visual or spatial processing.**
- **Processing and retaining** lots of information.
- **Attention to detail.**

Other traits

People with autism spectrum conditions may also find that they:

- **Have difficulty interpreting the behaviour and intentions** of other people, building relationships or keeping a conversation going. Mask wearing has made this even more difficult.
- **Have limited interests** and show a tendency towards compulsive or repetitive behaviours.
- **Dislike changes** to routine.
- **Find talking** about emotions difficult.

CUH staff tell us

- **We are individuals** – if you've met one person on the spectrum you've met one person on the spectrum!
- **We are brilliant** at organising things.
- **We have excellent** attention to detail, often picking out things that others have missed.
- **We often enjoy** and are good at working with detailed spreadsheets, writing programmes and procedures and working with data, as well as presenting information in a way that is easily understood.
- **Sometimes what we do** might look odd, but we work to the same standard as everyone else – we just do things in a different way.
- **We think outside the box**, often coming up with innovative and different solutions to problems.
- **We don't like or feel comfortable** with small talk, but love it when people say what they actually mean. We may prefer to communicate in written format.
- **Dealing with people** can take a lot of energy and can make us feel stressed.
- **We might shut down and avoid interaction** or appear stand-offish when things are overwhelming, or we may experience autistic fatigue or burnout.
- **We can come across as blunt** and then worry that we upset people – and we prefer to be told if we've upset someone so we can resolve it rather than being left guessing.
- **Many of us feel** we have to be a different person at work, 'masking' who we really are.

“

A busy hospital or office environment can be a real challenge as we may experience sensory overload with too much noise, light and smells.

Having the opportunity to work somewhere quieter or from home can have a huge impact on productivity and wellbeing.

We might use noise cancelling headphones or music **to help us concentrate.**

Some of us need flexibility, others need a structured routine **to perform best.**

Common misconceptions or things we've had said to us...

"I don't think you're autistic"



"You're really good at hiding your condition"



"Everybody's on the spectrum somewhere"



"You don't look autistic"



"You're using your autism as an excuse to get out of doing a job"



Examples of how our autistic staff are supported



My manager listens to me and asks me what I need to be my best at work



Having an agreement with my manager that if I feel a bit tense, I can go outside and have a bit of a breather, a bit of a walk and fresh air



Knowing I can speak to my manager privately if something is bothering me



My manager explains things in a way that works for me, and is always happy to check any work I've done



Being able to remove myself from a situation that is overwhelming, or being able to control my work environment so it works for me

Attention Deficit Hyperactivity Disorder (ADHD)

“

I'm mostly open about the ADHD because it helps people understand that the random noises that I sometimes make...

It's just me

Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder is a condition of the brain that may result in high levels of activity or hyperactivity, impulsivity or difficulty focusing, and affects people in many different ways.

Often wrongly thought of as being something only children experience, ADHD may change the way it manifests from childhood into adulthood, with many people not diagnosed until they become adults.

Approximately 4% of adults in the UK have some form of ADHD.

Strengths and talents of people with ADHD

People with ADHD may have particular abilities in:

- **Hyperfocusing on a task;** can be excellent in emergency or urgent situations.
- **Thinking outside of the box** and problem solving, seeing the bigger picture and creativity.
- **Being personable**, and having empathy for others who process differently.
- **Being passionate** about particular interests or subject areas.

Other traits

People with ADHD may also find that they:

- **Fidget, doodle or do something** with their hands to help maintain concentration.
- **Can be impulsive** and act without fully considering the consequences.
- **Jump from one thought** or activity to another.
- **Struggle with attention to detail** if their brain isn't motivated by the task, or can get lost in their own world.

CUH staff tell us

- **We need work that** will keep our attention and keep our dopamine levels up; we need new and novel things to work on to keep our focus.
- **We can be great** at breaking down complex processes into step by step, easily understood guides with diagrams, or translating technical language into something that everyone finds easier to use.
- **It's not about making excuses** but about finding a way of working that suits me.
- **We might need to fidget**, or get up and move around, to help us think and concentrate. Many of us mask this at work so as not to be annoying to other people.
- **ADHD often goes hand in hand** with anxiety or depression.
- **We might have had the conversation** in our head three times before we actually speak it out loud, so may need to remember to provide the other person with the context.
- **We might be more sensitive** to what our brains perceive as rejection, such as negative feedback.
- **We can be great** at gauging other people and adjusting our personal approach.
- **There may be gender differences** in how people are socialised when they're younger, with girls being told more often to sit still, be quiet and not interrupt.

Common misconceptions or things we've had said to us...

“

ADHD was a thing, but I managed because I was in an environment that I could work in. But then when the pandemic hit, and I've been stuck working from home.

I suddenly realised just **how much I was relying on being in the right environment** to work because at home.

I am so fatigued at the end of each day...because I am constantly forcing myself to refocus.

"You're lazy"



"You don't care about the work you're doing"



"Only 7 year old boys have ADHD...why haven't you grown out of it?"



"You're being oversensitive or overreacting"



"Your parents must have brought you up badly or let you be really naughty"



Examples of how our staff with ADHD are supported



My manager understands that I need project work so that my day to day work has novelty.



I turned a huge sheet of information into a little flip book **which the whole team find much more useful.**



My team understand that I need to fidget or doodle or be doing something with my hands, rather than focusing on keeping still.



We split up the work in the team to utilise everyone's skills, so I can start something and get it 90% of the way there but then someone else will check formatting, spelling and grammar before publishing.



Having quiet areas to work, working from home or using noise cancelling headphones or music to aid concentration.

Dyscalculia

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Tell me something ten times and I won't remember, **show me once and I'll get it.**

Dyscalculia is a learning difficulty that affects the ability to use and acquire mathematical skills.

For some, this might affect how they see numbers; others may find reading symbols difficult, or might find using finance and numbers in everyday life a challenge.

Around 5% of people in the UK have dyscalculia, sometimes alongside other learning difficulties.

Having dyscalculia does not mean someone will have low intellectual ability.

Strengths and talents of people with dyscalculia

People with dyscalculia may have particular abilities in:

- **Creativity and artistic talent.**
- **Strong strategic thinking.**
- **A love of words**, often with excellent spelling and grammar.
- **Intuitive thinking.**
- **Great organisational skills.**

Other traits

People with dyscalculia may also find that they:

- **Find it difficult to do mathematical equations** or to retain numerical information.
- **Have a lack of confidence** with numbers.
- **Find it difficult to give or follow directions** – but can walk with someone to the right place.

CUH staff tell us

- **Dyscalculia doesn't just affect** our ability to do maths on paper; it also affects being able to retain numerical information, reading timetables, making appointments or following directions.
- **We can be very forward thinking**, can see things coming and prepare one step ahead.
- **We often have great ideas** about how to make things easier, not just for us but for everyone – listen to us!
- **We can have an almost sixth sense** of being able to just look at a patient and know they're not ok, that they're upset or really unwell.
- **We develop our own way** of doing things that might look different but still has the same outcome.
- **We learn better by doing and copying** someone rather than by theory.
- **We are often really approachable** and people come to us for help or advice.
- **It's better to ask me what would help** me personally, rather than try and offer advice if you're not an expert.
- **Trying to make us improve** in areas of weakness can be hugely stressful and damaging to confidence.
- **Make the most of what we're good at** and use our skills.

“

I tend to do things differently to everyone else and possibly make it harder on myself.

For example I will tend to do things the long way then I know I have completed it correctly.

I spend a lot of time double checking things to make sure I have them correct.

Common misconceptions or things we've had said to us...

"You just need to go back to school"



"People just think you're stupid"



"I've told you this already, why can't you do it?"



"Just dyslexia with numbers"



"You're just lazy, you make life more difficult than it needs to be"



Examples of how our staff with dyscalculia are supported



Using technology to support, including googling percentages, using the calendar and note functions on a smart phone, using sat nav systems, using different keys or shortcuts on the keyboard



Formula cheat sheets in drug preparation areas



Being able to call on colleagues to check drug preparations and ensure errors aren't made

Dyslexia

“

I have a very good vocabulary and quite high on the IQ score, but when it comes to getting it onto paper, I find that really difficult.

Dyslexia

Dyslexia primarily affects the skills involved in reading and spelling accurately and fluently.

There is more than one kind of dyslexia, it occurs across the range of intellectual abilities and is best thought of as a continuum.

Dyslexia can often run in families, with some people born with it and others developing it later in life, sometimes as a result of damage to the brain.

People with dyslexia can find things such as phonological awareness (recognising and working with sounds in spoken language), verbal memory and verbal processing speed more difficult. Around one in ten people have a form of dyslexia.

Strengths and talents of people with dyslexia

People with dyslexia may have particular abilities in:

- **Being especially approachable, compassionate and understanding, empathetic** to what's going on for others and taking time to understand different points of view.
- **Relating well to other people** and fostering strong relationships.
- **Taking more time** and being much more thorough at reading or writing notes or documents, often spotting things that others haven't.
- **Thinking about things differently** and problem solving, being able to see the bigger picture.
- Being able to visualise something and articulate it verbally in a way that's understood, helping people engage with ideas or concepts.
- **Being organised** and creating order.
- **Creativity, innovation and being hands-on**, working flexibly and adaptably.
- **Great short term memory.**

Other traits

People with dyslexia may also find that they:

- **Spell or read words incorrectly**, or don't identify when something has been autocorrected to a different word.
- **Sometimes struggle to think of the right words** to say or write to express themselves.
- **Find it difficult to take in lots of instructions** without breaking it down.
- **Lack confidence in their abilities**, especially anything perceived to be academic.



CUH staff tell us

- **We can find reading black on white or white on black difficult**, so having colour themes or screen overlays can really help.
- **Many of us struggled at school** and, depending on our age, received varying levels of support. Some of us feel we are missing the basics that others learnt at a young age because there was less of an understanding of dyslexia when we were at school, or we might not have been diagnosed until much later in adulthood.
- **It would help us** and probably lots of other staff be more productive if we had easy access to dictation and read aloud software.
- **There can still be stigma attached** to being dyslexic and not spelling words correctly, especially working at a more senior level.
We often don't want to rock the boat or seem difficult by asking for things that would help. **Sometimes it's easier to pretend we're not dyslexic.**
- **We have our own little work arounds** for things, especially if we've grown up with dyslexia and developed our own strategies.
- **We often put in lots more hours** than our colleagues to make sure our work is of the same standard.
- **We might need more time** to be able to complete assignments if we're undertaking any study or educational programme.
- **Working from home or virtually** has sometimes made things even more challenging.
- **We can help our patients** come up with strategies because we have developed our own informal strategies.
- **The working environments can make things more difficult** – whether the brightness of the lights, availability of computers, or the noise of works going on nearby. We often work late to compensate.
- **The way dyslexia presents** can fluctuate from day to day.

“

Interviews for new jobs or a promotion can be a challenge for those of us who find it difficult to articulate ourselves verbally, especially as we might lose our train of thought when we're nervous.

Help us progress in our careers!

Common misconceptions or things we've had said to us...

"You're just not that bright"



"Now you're using dyslexia because you're lazy, because you don't want to do this"



"You make life more difficult than it needs to be"



"Dyslexia is just about writing letters backwards"



"You're not very good at your job because you have bad spelling and grammar"



Examples of how our staff with dyslexia are supported



There are a number of tools available which are really helpful, especially things that read text out loud to you or enable you to dictate what you want to type.



Printing off documents to read, sometimes on different coloured paper.



Having templates to work from rather than having to start documents from scratch.



Using different colour themes on computer programmes, or a coloured screen overlay.



Using smart phrases on Epic for words that are used regularly but are difficult to spell.

Dyspraxia, or Developmental Coordination Disorder (DCD)

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Because of being slow at writing due to my dyspraxia, I learnt to touch type which is a strength as so much of life now involves computers

Dyspraxia or DCD is a condition that affects people's movement and motor skills. It can make people more likely to trip, fall or bump into things, or it might affect fine motor skills such as typing or drawing.

It can also affect short term memory and planning and organisational skills.

Around 3-5% of adults in the UK are thought to have some kind of dyspraxia or DCD, with many people not diagnosed until adulthood.

Some people are born with it, for others it is acquired as a side effect to damage to the brain through stroke, head injury or another neurological condition.

Strengths and talents of people with dyspraxia

People with dyspraxia or DCD may have particular abilities in:

- Creativity and thinking differently with new ideas.
- Determination.
- Finding different ways to do things.
- Being compassionate and empathetic.

Other traits

People with dyspraxia or DCD may also find that they:

- Find it difficult to plan work to meet deadlines.
- Work more slowly as a result of challenges with motor skills.
- Struggle with some physical tasks or activities such as driving, hospital corners when making beds or writing.

CUH staff tell us

- We've developed strategies to compensate for difficulties with planning and organisation so that we still meet deadlines and perform well in our roles.
- Wearing headphones or listening to music can help with concentration, particularly in environments that are busy and noisy.
- We often work harder or longer hours than our colleagues to ensure our work is of a high standard.
- We might do things differently to how others do them, but the outcome is the same.
- We often have really great ideas for how to improve things in our teams but don't always feel listened to.

Common misconceptions or things we've had said to us...

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Some people make really unhelpful comments about people's speed, which is really unhelpful, particularly if your condition means that you take longer to do some things.

It really does affect your confidence and self esteem

"You're just clumsy"



"Your way of doing things isn't the right way"



Examples of how our staff with Dyspraxia are supported



"Asking me what I need and what would help me do my job better, and if it's doable then just doing it"



"Wearing headphones to help with noise and concentration"



"Being able to go for a short walk if i get a bit overwhelmed"

Other, less common, types of neurodiversity

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It's a lot more complex than people think it is

Cognitive functioning difficulties, or executive dysfunction

Often following a stroke or brain injury, some people may experience cognitive difficulties.

This could include how they move or what they're able to do, such as driving, operating machinery or sitting for long periods.

It may change the way people store and process information, affecting memory, the way they read or being able to tell the time.

It may also affect people's self-control, concentration or motivation, or how comfortable people feel in large groups and their social behaviour.

Many people with ADHD also have executive dysfunction.

Dysgraphia

Dysgraphia is a learning difficulty that affects the ability to produce written language.

It may present as difficulties with spelling or trouble putting thoughts on paper, with people often finding it challenging to convert the sounds of language into written form.

Words might be omitted or ordered incorrectly, with verbs and pronouns sometimes formed incorrectly.

People with dysgraphia are often able to articulate themselves much more fluently in speech than in writing.

Misophonia

Individuals with misophonia usually have a strong dislike or hatred of specific sounds, which trigger an emotional or physiological response.

Common triggers include things such as loud breathing, chewing, swallowing, clicking sounds such as pens, keyboards, or sounds associated with someone fidgeting.

“

People don't understand it and just find it amusing, or they think I'm intolerant or highly strung.

Slow processing speed

Some people need more time to take in information, make sense of it and respond to it, whether visual or auditory information.

It does not correlate with intelligence. Individuals with slow processing speed might feel overwhelmed by too much information at once, need more time to make decisions or give answers and may miss nuances or social cues in conversations.

“

It will take me longer, but I'll get there

Tourette's syndrome

Tourette's syndrome causes a person to make involuntary sounds and movements, called tics.

These can be a combination of physical and vocal tics, including eye movements, facial expressions or jerking of the head or limbs, as well as vocal noises, whistling, tongue clicking, random words or repeating a sounds, word or phrase.

Swearing is rare and affects around 1 in 10 people with Tourette's syndrome. Some individuals are able to control their tics with concentration, which can be extremely tiring.

Stammering

Stammering is a neurological condition that makes it physically hard to speak. Someone who stammers will often repeat, prolong or get stuck on certain sounds or words.

About 8% of children will stammer at some point, with up to 3% of adults managing it as a lifelong condition. Negative responses and stigma from others and feelings of shame, embarrassment or anxiety can often be a part of the experience of those who stammer.





Further support, advice and guidance

Further support, advice and guidance

Autism

[The NHS guide to autism](#) provides further information if you or someone you know is autistic, or might be autistic.

[The National Autistic Society](#) is the leading charity for people on the autism spectrum, providing further information, support and guidance.

[The Cambridgeshire Lifespan Autism Spectrum Service \(CLASS\) Clinic](#) offers a specialist diagnostic assessment for adults who may have Autism Spectrum Disorder without an intellectual disability or language delay, accessed via a referral from your GP.

ADHD

[The NHS guide to ADHD](#) provides further information if you or someone you know has or thinks they might have ADHD.

Dyscalculia

[The British Dyslexia Association](#) also offer information, support and advice on dyscalculia.

Dyslexia

[The NHS guide to dyslexia](#) provides further information if you or someone you know is dyslexic or might be dyslexic.

[The British Dyslexia Association](#) provides further information, support and guidance.

Dyspraxia

[The NHS guide to dyspraxia and developmental coordination disorder](#) provides further information if you or someone you know has dyspraxia or thinks they might have dyspraxia.

[The Dyspraxia Foundation](#) provides further information, support and guidance.

Misophonia

Visit [Misophonia UK](#) for more information and support.

Stammering

[The NHS guide to stammering](#) provides further information if you or someone you know stammers.

[Stamma](#), the British Stammering Association is the UK national charity for those who stammer or stutter and provides further information, support and guidance.

[The NHS Stammering Network](#) has been created by NHS staff who have lived experience of stammering.

Contributors

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Society is beginning to grasp that it's got nothing to do with intelligence, it's to do with processing in a different way

Contributors

A number of staff contributed directly to the development of this guide through focus groups, 1:1 conversations and via email. Huge thanks to them for sharing their experiences, for their honesty and their time commitment.

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