



# Neurodiversity Workshop: Supporting All Kinds of Minds.

Nelly Whaley  
Mindroom 2025

# Our History

Salvesen Mindroom Centre was established by Sophie and Robin Dow in 2000 to raise awareness of neurodevelopmental conditions.

Today we continue to support, inform and empower neurodivergent young people and their families through the provision of information, advice and advocacy services.



# Session Outline

At the end of this session, you will have an improved ability to:

- Define what neurodiversity means.
- Recognise and use key terminology associated with neurodiversity.
- Provide an overview of common neurominority groups and their prevalence rates.
- Identify key traits, differences, and strengths of various neurotypes, with a particular focus on ADHD.
- Engage in an interactive case study.
- Apply approaches known to support neurodivergent individuals.

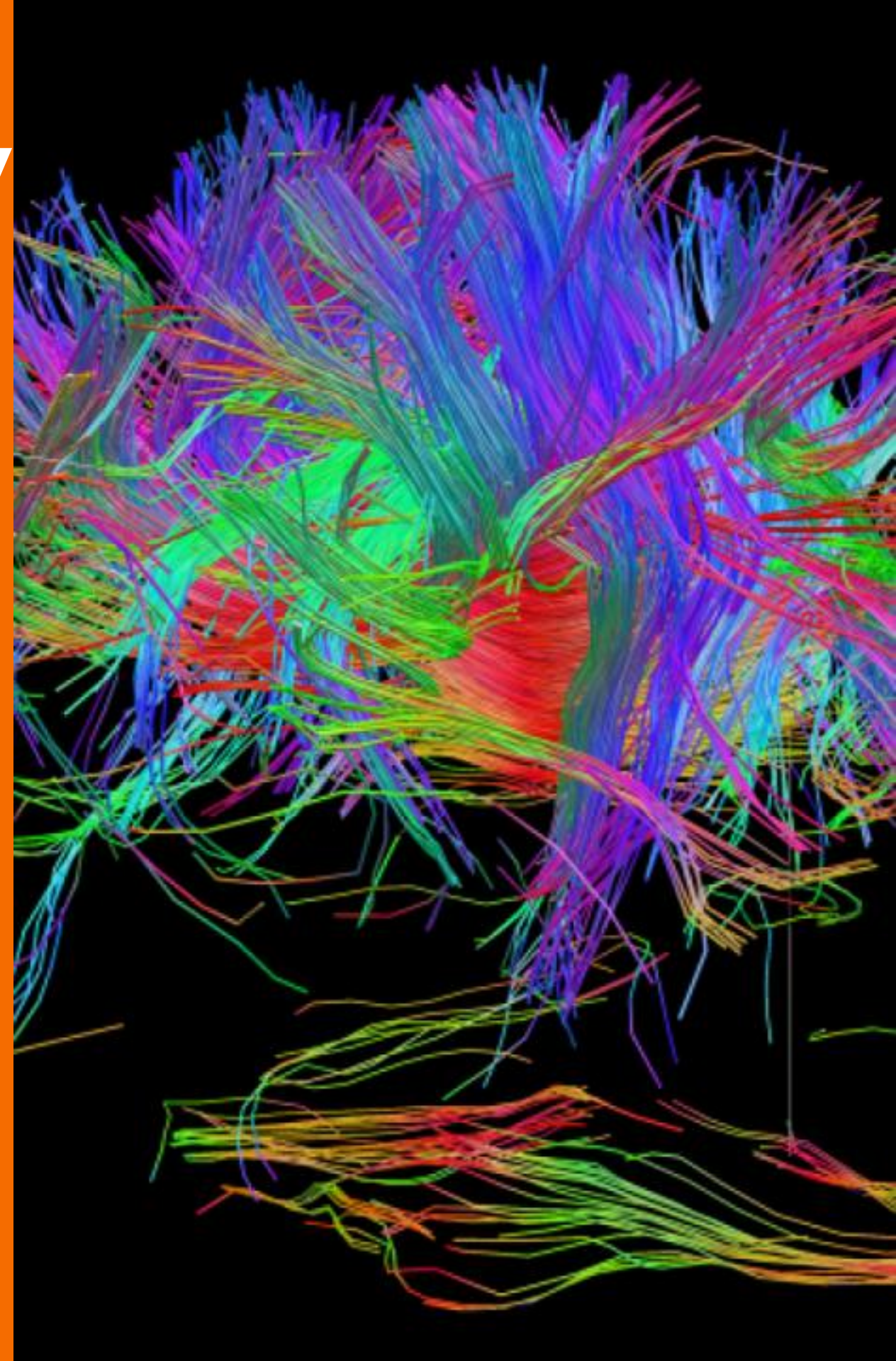


What does  
neurodiversity  
mean?

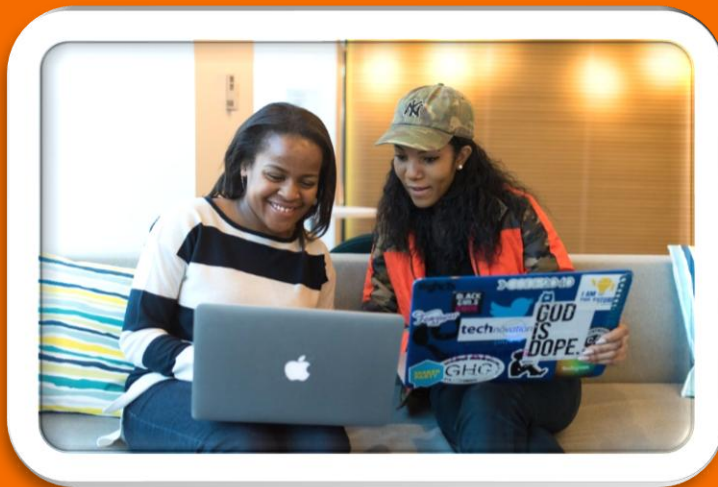


# Definition of Neurodiversity

Neurodiversity refers to the diversity found in all human brains and minds – the infinite variation in neurocognitive functioning within our species.







## Neurominority

A group of people who share a similar form of neurodivergence.

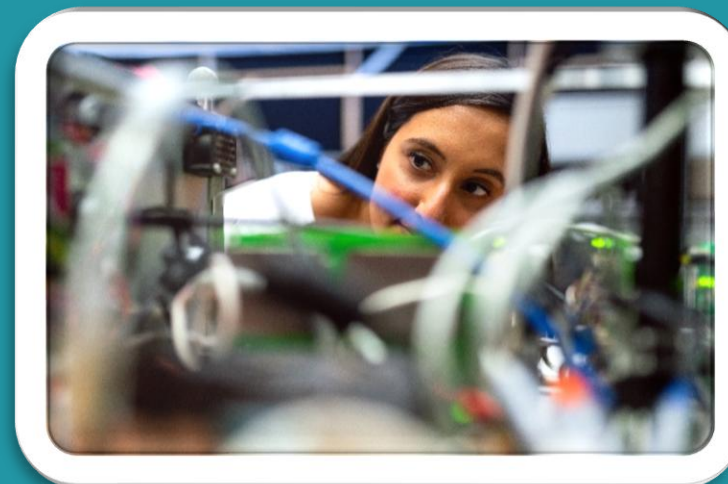


## Neuronormative

Refers to the societal expectations, norms and standards that are based on or cater to neurotypical individuals.

## Neurodivergent

People with a neurological profile which varies from the accepted cultural and societal norms.



## Neurotypical

Individuals with a typical cognitive profile that falls within accepted societal and cultural norms.

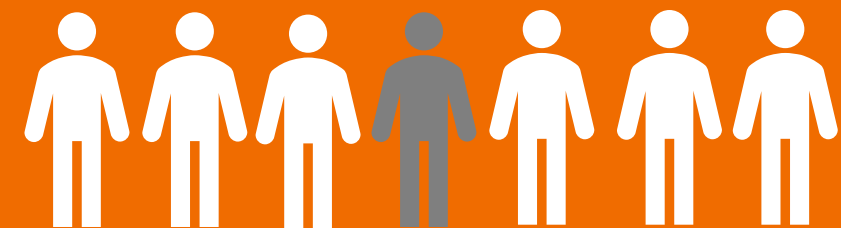


# Prevalence rates



**15-20%** of the population is estimated to be neurodivergent which equates to around 10 million people in the UK, so it is not as rare as we think.

This is estimated that around 1 in 7 people are **neurodivergent**, which means it is likely you will be supporting neurodivergent individuals within your roles in the community.



# Neurominority Groups

1-2%

Autism

10%

Dyslexia

5-6%

Dyspraxia

3-5%

FASD

2-7%

ADHD

1%

Tourette  
Syndrome

6%

Dyscalculia/  
Dysgraphia

7%

Mental  
Health

5%

Acquired  
Brain  
Injury

2%

Intellectual  
Disability



# Co-occurrence

30% of those diagnosed will only have ADHD

Depression  
32%

Autism  
25%

Dyslexia &  
Dyscalculia  
50%

Dyspraxia  
50%

Anxiety  
40%

Tic  
condition  
11%

# Diagnostic Ratio's



ADHD  
4:1



Autism  
3:1



Dyspraxia  
3:1

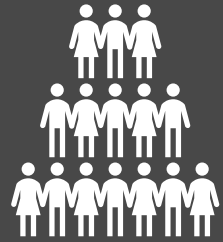


Tourette's  
3:1



Dyslexia  
2:1

# Why it Matters



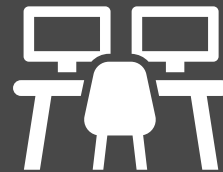
15% - 20% of the population in the UK are neurodivergent.



30 - 50% of those in the prison system are neurodivergent.



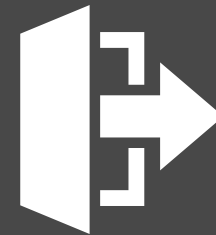
34% of pupils in Scotland are recorded as having a Additional Support Need.



47% believe people in the workplace behave in ways that exclude them.



85% of neurodivergent adults stated they had been left out of activities as a child.



49% of neurodivergent people have left a job due to workplace discrimination.



76% of neurodivergent university students say they didn't disclose their disability.



44% missed more than 4 weeks of school/college/university due to anxiety or depression.



70% of pupils report being bullied in school.



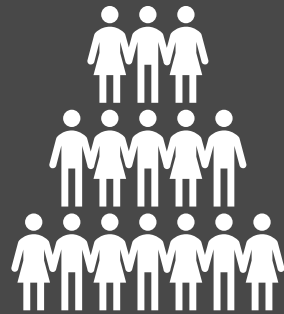
47% of children in Kinship care are recorded as ASN/Neurodivergent and 51% had mental health difficulties.



# ADHD



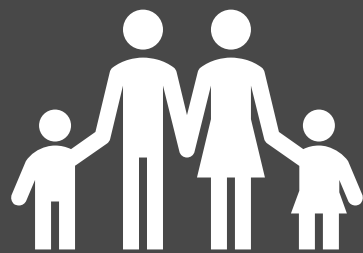
History



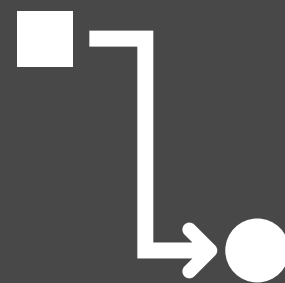
Prevalence



Diagnosis



Age range



Causes



Presentation

Meet Estella



She also loves animals





# Types of ADHD

Hyperactive	Inattentive	Combined
<ul style="list-style-type: none"><li>• Difficulty in sitting still for long periods</li><li>• An inability to engage in leisure activities quietly.</li><li>• Being 'on the go' or acting as if 'driven by a motor'.</li><li>• Talking excessively.</li><li>• Difficulty waiting their turn.</li><li>• Interrupting or intruding on others</li><li>• Feelings of constant restlessness</li></ul>	<ul style="list-style-type: none"><li>• Difficulty maintaining focus &amp; concentration</li><li>• Issues initiating, organising or completing tasks</li><li>• Issues following instructions</li><li>• Lose track of conversations and appearing not to listen</li><li>• Easily distracted</li><li>• Short term memory</li><li>• Losing personal items</li></ul>	<ul style="list-style-type: none"><li>• Traits of other two types are equally present and the person demonstrates hyperactivity and inattention</li><li>• This is the most commonly diagnosed type of ADHD</li></ul>

# Attention



Executive  
functioning



Zones  
out



Careless or  
perfectionist



Procrastination  
& worry



Concentration  
&  
focus



Following  
instructions



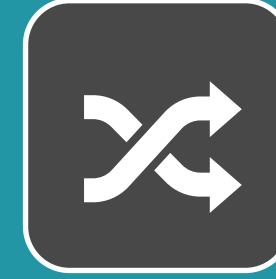
Timekeeping



Forgetfulness



Organisation



Short term  
Memory

# Impulsiveness and Hyperactivity

Interests &  
hobbies

Risk Taking

Talkative

Fidgety &  
restless

Emotional  
regulation

Impatient

Impulsive

Sensory  
seeking

Energetic &  
action  
focussed

Foresight &  
hindsight



# Hidden challenges

What people think ADHD is:

Impulsiveness  
Inattention      Hyperactivity

What ADHD actually is:



The diagram features a central iceberg with a horizontal line representing the water surface. Above the surface, the words 'Impulsiveness', 'Inattention', and 'Hyperactivity' are arranged. Below the surface, a large number of terms are scattered, representing the 'hidden' challenges of ADHD. The terms are: Guilt & shame, Chaos, Anxiety, Unpaid bills, Depression, Merged appointments, Life feels messy, Always covering up, Rash decisions, Anger at self, Extreme emotions & responses, Hyperfocus, Feeling out of control, Relationships, Addictive behaviours, Low self-esteem, Intrusive thoughts, Indecisive or impulsive, Physical health issues, Mood swings, Rejection sensitivity, Lateness, Problems at work, Financial problems, Sleep problems, and Losing things.

Chaos  
Anxiety  
Depression  
Life feels messy  
Rash decisions  
Guilt & shame  
Unpaid bills  
Merged appointments  
Always covering up  
Anger at self  
Extreme emotions & responses  
Hyperfocus  
Feeling out of control  
Relationships  
Addictive behaviours  
Low self-esteem  
Intrusive thoughts  
Indecisive or impulsive  
Physical health issues  
Mood swings  
Rejection sensitivity  
Lateness  
Problems at work  
Financial problems  
Sleep problems  
Losing things

# Common Strengths



Long term  
memory



Learning new  
skills



Problem  
solving



Creativity and  
imagination



Working  
under pressure



Strong leaders



Managing risk



Hyper-  
focus



Eager for  
challenges



Interpersonal  
skills

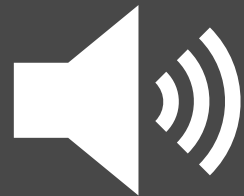
# 5 Ideas for Support

- Planning ahead: using diaries, schedules, daily plans, and lists
- Focussing on the positives when things go wrong
- Taking frequent breaks
- Using fidget toys
- Breaking down large tasks into small steps





# Common Differences



Sensory  
sensitivities



Information  
Processing



Emotional  
Regulation



Mental Health &  
Well-Being



Executive  
Function



Social and  
communication

# Group task



Executive  
functioning

**Each group will have a common difference. List some strategies that may be helpful to consider when supporting neurodivergent individuals in your roles.**

For example, to support executive functioning, you could use a visual storyboard to help with a routine or plan.

# Approaches to Support

## Executive function

- Visual timers/ schedules
- Task analysis
- Accessible information

## Information processing

- Advance planning
- Additional time
- Planning tools & technology

## Regulating emotion

- Preparation activities
- Routine and consistency
- Person-centred and trauma-informed

## Sensory sensitivity

- Minimise distractions & sensory breaks
- Lighting & noise
- Facilitate access to assistive technology

## Mental health

- Person-centred, strengths-based
- Reassurance and encouragement
- Positive, supportive environment

## Social interaction

- Personal preferences
- Opportunities for positive interaction
- Opportunities to excel

# Assessment Pathways





# Children's Diagnostic Pathway



- Keep Evidence (



- Speak to Health Visitor, SENCO, ALNco or ASL Assistant



- School or GP are the first stage



- Initial screening



- Referral to SALT, Childrens Community Health or CAMHS



- Referral to specialist for assessment



- Outcome of assessment

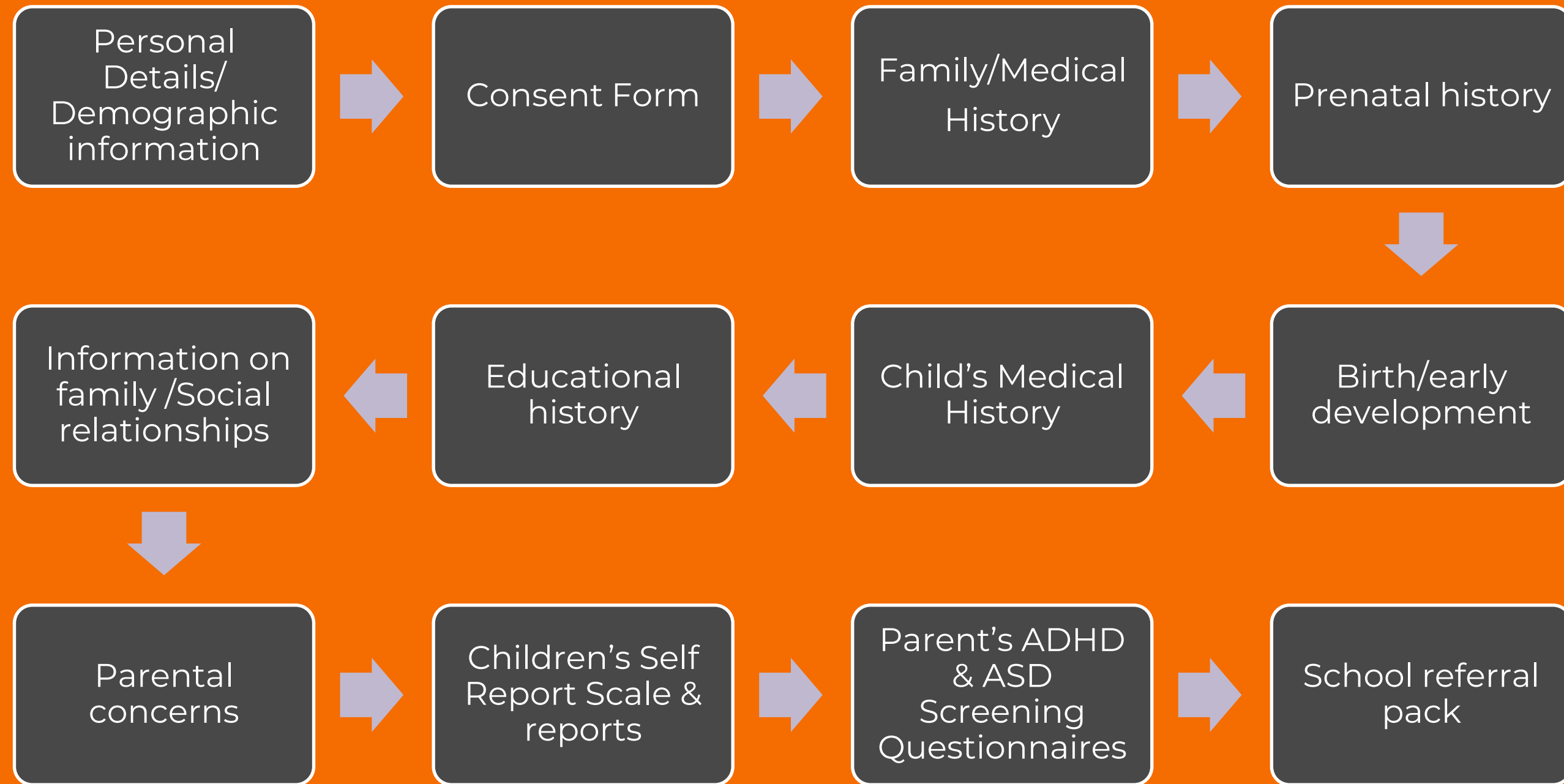


- Post diagnostic support

# Example Children's Autism/ ADHD Pathway



# What will you be asked?



# Assessment & Diagnosis

## Benefits

- Gateway to support and treatment
- Improved self-awareness and understanding
- Ability to recognise and manage challenges
- Negative labels removed
- Legal protection and reasonable adjustments
- Access to family support services

## Challenges

- Grief, fear, anxiety and stress
- Stereotypes, discrimination & stigma
- Disclosure and reactions
- Medication and treatment
- Lack of specialist support services
- Differing views of parents and young people
- Lifelong label

# Adult Diagnostic Pathways

Initial screening/family & medical history  
by GP



Referral to Adult Mental Health Service



Additional screening/triage



Referred to an ADHD/Autism specialist for  
assessment



Post diagnostic plan agreed



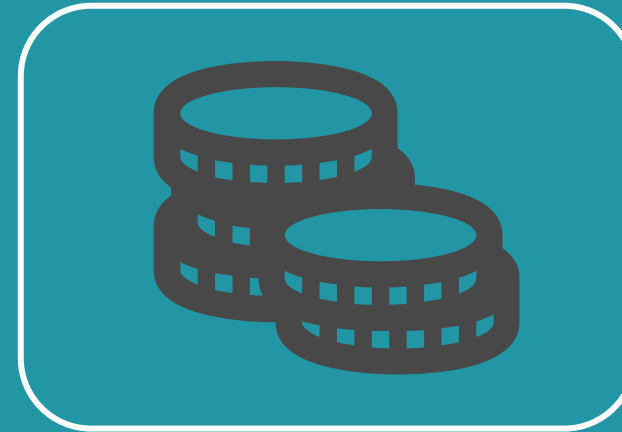
# Private diagnosis



Waiting  
times



Local  
provision



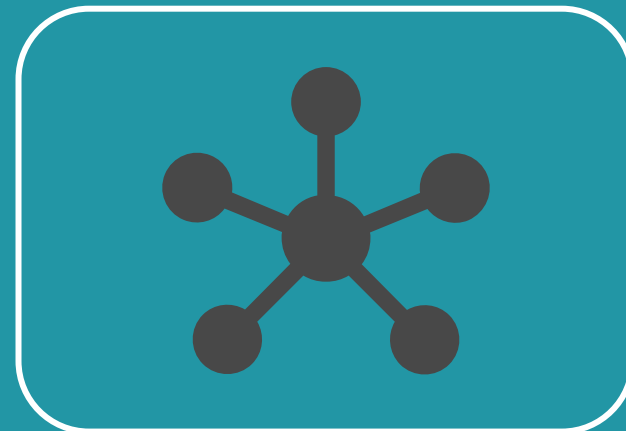
Cost



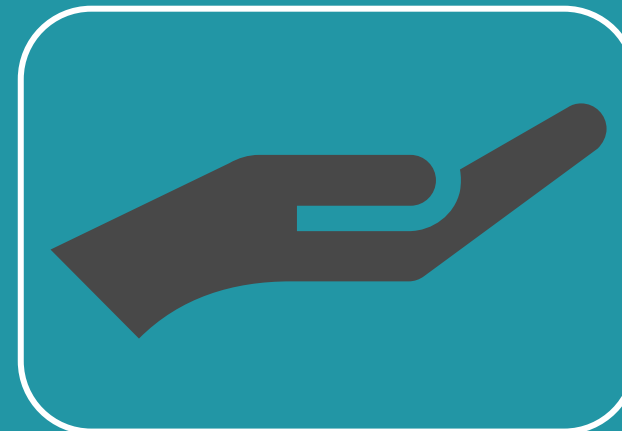
Single  
assessment



Quality



Shared  
care



Post  
Diagnosis



Local  
Authority

# Neurodiversity Affirming Practice



Recognition of neurodiversity.

Collaboration and co-creation.



Respect for autonomy and self-advocacy.

Continued professional development.



Person-centred, rights-based approach.

Flexibility, choice and control.



Inclusion & accessibility.

Validating and accepting lived experience.



Positive framing and strengths-based perspectives.

Respecting all forms of communication.



# Reflections & Questions





After the session, you will receive a copy of the presentation and additional resources.

[nellyw@mindroom.org](mailto:nellyw@mindroom.org)

[www.mindroom.org](http://www.mindroom.org)

**Thank you for attending**

