



**vetlife**

**Neurodiversity  
Awareness  
Campaign 2024**



**Bridging  
understanding**

**Breaking  
barriers**

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[www.vetlife.org.uk](http://www.vetlife.org.uk)



## Vetlife Neurodiversity Awareness Working Group

### Chair

**Kirstie Pickles** BVMS PGCert(CounsSkills) MSc PhD CertEIM DipECEIM FHEA MRCVS (She/her)  
Vetlife Trustee, Director of Unedited Minds, Autistic

### Members

**Emily Craven** MA VetMB CertAVP PGCertVPS PGDiplAWEL MRCVS (She/her) Farm vet, PhD student, Autistic  
**Anna Hollis** BVetMed DipACVIM DipECEIM MSc (Clin Onc) PGCTLHE PGCMedEd SFHEA FRCVS  
(She/her) Teaching Professor & Director of Equine Services, Autistic  
**Tobias Hunter** (They/he) Veterinary student, Co-Founder and Director of Affinity Futures, Autistic and ADHD  
**Helena Ivey** BVetMedSci (She/her) Veterinary student, Autistic and ADHD  
**David Mackenzie** BSc(Hons) MA VetMB PhD CertVC CertAVP(SAM) CertAVP(ECC) PGCertVPS MRCVS  
Referral Clinician in Emergency & Critical Care, Moorview Referrals, Autism Spectrum Condition  
**Carl May** RVN Practice Director, ADHD  
**Laura Playforth** BVM&S MSc Adv HCP (Open) MRCVS (She/her) Group Quality Improvement Director at IVC  
Evidensia, AuADHD  
**Emma Eve** Raw RVN, A1, RAMA, PgCertHE, FHEA (She/her) Goddards Veterinary Group Training Manager  
**Alistair Taylor** BVMS MRCVS Veterinary surgeon, Founder of Veterinary Association for Neurodivergence,  
Autistic  
**Rob Williams** MVB MBA CMgr FCMI MRCVS (He/him) Head of Talent, Vet Partners

This resource has been collated using voices and lived experience from the neurodivergent veterinary community with additional contributions from employers to represent their perspective. We hope that it is useful for those wanting to explore neurodiversity, build neuroinclusive workplaces, and to support neurodivergent individuals in the veterinary space. It is not intended to be an exhaustive resource to cover every eventuality and provide all the answers. Such a resource would be impossible given that every individual is unique, with their own inherent strengths and challenges, which will frame and inform their experience. Rather, this resource is intended to be used as a stepping stone into a journey to embrace neurodiversity, explore neurodivergent culture, and enable neurodivergent individuals to thrive in the workplace. Not only does this enhance the experience of employees, being a neuroinclusive workplace will also attract and retain highly talented and creative individuals to your organisation.

**Vetlife would like to thank the Zoetis Foundation for their generous funding of this neurodiversity awareness initiative.**

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# Introduction

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The term neurodiversity describes the diverse spectrum of neurological functioning of the human brain, where such diversity is viewed as inherent natural variation, rather than a deficit<sup>1</sup>. Included under the umbrella of neurodivergent conditions are autism spectrum condition (ASC), attention deficit hyperactivity disorder (ADHD), dyspraxia, dyslexia, dyscalculia, Tourette syndrome, obsessive compulsive disorder (OCD), as well as some mental health conditions and acquired brain injury. These conditions confer differences in brain function, information processing and learning styles resulting in strengths as well as challenges. Indeed, the very concept of neurodiversity embodies a strength-based model, shifting focus away from the challenges faced by neurodivergent individuals and towards harnessing their strengths.

There have been massive strides forward in understanding of neurodivergent conditions in recent years, but many adults are only now receiving diagnoses after years of misdiagnoses or being missed by incorrect or narrow diagnostic criteria. It cannot be overstated how destructive and isolating it is to feel misunderstood and marginalised and how empowering it is to finally understand yourself and your prior challenges. The long NHS waiting lists will continue to delay diagnosis, but self-identification is equally valid and should be respected.



## Language

**Whilst fear of using incorrect language should never hold back conversations around supporting neurodivergent individuals, it is helpful and good practice to try and use appropriate language in these communications.**

### 1.

## Positively Framed

Positive, strength-based language should be used. Be aware that most of the medical terminology surrounding neurodivergent conditions is inherently negative, deficit-based and stigmatising e.g. autism spectrum *disorder*, neurological *deficits*, *restricted* behaviours. Such language is unhelpful and does not enable the individual to frame their differences in a positive regard. Additionally, many adult-diagnosed neurodivergent individuals have experienced trauma from years of comments like 'why can't you just do it this way', 'stop fidgeting / daydreaming / any other behaviour deemed socially unacceptable', 'stop overreacting' etc.

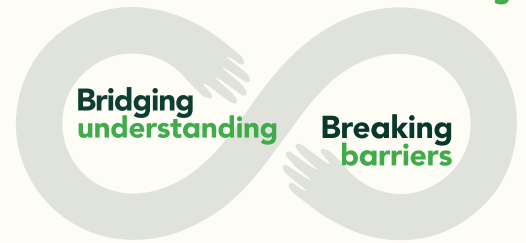


### 2.

## Identity First

Generally, most neurodivergent individuals prefer identity first language i.e. 'I am autistic'. This is because most neurodivergent individuals feel it is impossible to separate autism from the person as it shapes their every interaction with the world and people, or they do not want to be seen as having a condition. However, this is not uniform, and some individuals do not wish to be defined by their neurodivergence preferring person-first terminology 'person with autism, I have autism'. A good tip is to listen to the language the neurodivergent person uses or to simply ask how they would like to be described.

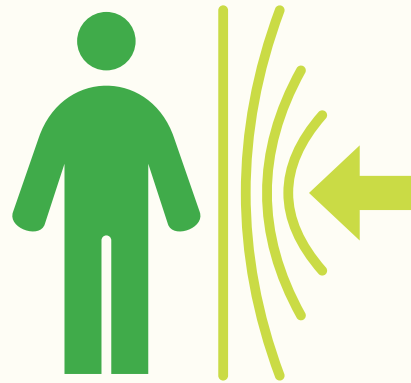







### 3.

## Social Model of Disability

Some medical professionals still use outdated labels of 'high functioning' and 'low functioning' which the neurodivergent community finds unhelpful as it gives a static viewpoint and uses a medical model of disability where the burden of disability is centred on the person. The social model of disability considers a person disabled by the environment e.g. a wheelchair user is disabled by a building with stairs and no ramp or elevator. Equally, an autistic individual can change from 'high functioning' to 'low functioning' by moving from a suitable environment to one less suitable e.g. with dimmed lighting and low noise to a bright, noisy space.



 Intention	 Helpful	 Unhelpful
Positively framed	Strength based conversation	Deficit-based e.g. deficit, disorder, rigidity
Identity and traits	How does the person refer to themselves? Many prefer identity first language 'I am autistic'	'We're all a bit on the spectrum aren't we?'; 'that's so OCD'; 'you're over-reacting again'
Social model of disability	How can the environment be modified to accommodate the needs of the individual?	Barriers to the person being able to access the space equitably; high/low functioning

#### Reference

1. Singer, Judy. Neurodiversity: the Birth of an Idea / Judy Singer. Lexington, Kentucky: 2017.

# The Equality Act 2010

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## Alistair Taylor BVMS MRCVS

This information is intended as a brief guide to The Equality Act 2010<sup>1</sup> with reference to neurodiversity. Individuals are encouraged to read [ACAS guidance](#)<sup>2</sup> regarding the Act.

In the first instance it is always worth raising any issues with managers and/or the HR team at your place of work. If you are not able to resolve something directly with your employer it is then worth contacting professional organisations for advice such as ACAS, British Veterinary Union in UNITE, or the BVA legal helpline. If you feel you are being discriminated against based on your neurodivergence, you should contact your line manager in the first instance and then external sources of professional advice if necessary.

The Equality Act 2010 as a piece of legislation covers Scotland, England and Wales, whilst Northern Ireland still uses an amended version of the Disability Discrimination Act 1995. The Act protects those deemed to have protected characteristics, including

disability, from any form of discrimination.

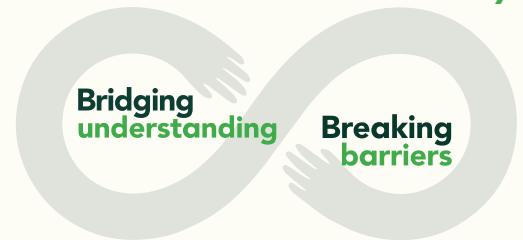
The definition of disability under the Act is complicated but can be simplified to someone who has a condition that impairs their day-to-day life substantially, and which lasts longer than 12 months. This legal definition of disability is likely to apply to anyone with a neurodivergence.

The neurodivergent condition itself does not need to be defined. It is the effect of the impairment(s) on the person's day-to-day life, be it social, educational, or working life, that is the important consideration, not the underlying diagnosis. This also means that having an official diagnosis of a neurodivergence is not required to be protected by the Act. Another important inclusion is that if a disabled person can carry out day-to-day tasks by using coping techniques or assistance technologies, they are not to be considered any less disabled.

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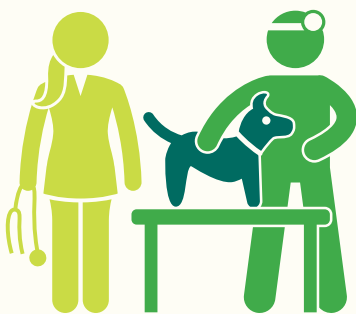
**The neurodivergent condition itself does not need to be defined. It is the effect of the impairment(s) on the person's day-to-day life, be it social, educational, or working life, that is the important consideration, not the underlying diagnosis.**

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### Impairments that are listed under the Act include some very common neurodivergent traits, including:

- sensory impairments
- impairments with fluctuating or recurring effects
- progressive disorders, such as motor neurone disease, muscular dystrophy, and dementia
- developmental conditions, such as autistic spectrum condition (ASC), attention deficit hyperactivity disorder (ADHD), dyslexia and dyspraxia
- learning disabilities
- mental health conditions
- mental illnesses, such as depression and schizophrenia
- produced by injury to the body, including to the brain



## Discrimination

The Equality Act protects individuals from discrimination, which can be broken into four categories:



**Direct discrimination:** less favourable treatment is directly attributed to a protected characteristic.

**Indirect discrimination:** when a working practice, policy or rule is the same for everyone in a group, but it puts people with a protected characteristic at a disadvantage, or the employer cannot justify the course of action.

**Harassment:** where unwanted or offensive behaviour is directly related to a protected characteristic. This is defined as causing a violation of the person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for the person. This can be either intentional or unintentional.

**Victimisation:** negative treatment because of being involved with a discrimination or harassment complaint, including making a complaint of discrimination or harassment supporting someone else's complaint, gathering information that might lead to a complaint, acting as a witness in a complaint or saying something (or giving evidence) that does not support someone else's complaint.

### References

<sup>1</sup> [https://assets.publishing.service.gov.uk/media/5a80dcc8ed915d74e6230df4/Equality\\_Act\\_2010-disability\\_definition.pdf](https://assets.publishing.service.gov.uk/media/5a80dcc8ed915d74e6230df4/Equality_Act_2010-disability_definition.pdf)

<sup>2</sup> <https://www.acas.org.uk/discrimination-and-the-law>

# Reasonable Adjustments and Neurodivergence

**Professor Amanda Kirby MBBS MRCGP PhD**

## Neurodivergence

The term 'neurodivergent' has been abbreviated as ND in this guidance and refers to individuals with one or more of the typically included neurotypes/conditions.

### These may include but are not limited to:

- ADHD
- Autism Spectrum Conditions
- Dyscalculia
- Dyslexia
- Developmental Coordination Disorder (DCD; also known as dyspraxia)
- Mental health conditions
- Tic conditions (including Tourette Syndrome)<sup>1</sup>



Many presentations of different traits or conditions will manifest differently from person to person. Even when people have the same diagnosis their support or adjustments needs will be different.

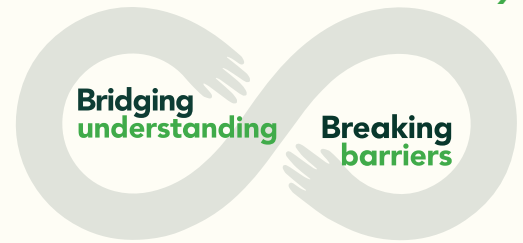
Conditions also overlap or co-occur with each other, so individuals may have more than one condition or trait associated with other conditions. In many cases, individuals may be unaware of a condition or the complete picture across several cognitive conditions; or be aware of some traits but not diagnosed; or may not have had access to a diagnosis.

In general, it is advisable to consider individuals, their needs, the specific environment they are working in, and the tasks they need to complete. It is important to consider the information they share as a starting point to consider how to support their needs, rather than supporting someone by diagnosis.

If a job's role description changes then adjustments will need to be reviewed on an ongoing basis.

<sup>1</sup> Kirby, A & Smith, T 2021, *Neurodiversity at Work*, Kogan Page, London.





## Reasonable Adjustments

**UK law (Equality Act 2010) says that employers must make reasonable adjustments for:**

- employees and workers
- contractors and self-employed people hired to personally do the work
- job applicants

**Employers must make reasonable adjustments when:**

- they know, or could reasonably be expected to know, someone is disabled
- a disabled staff member or job applicant asks for adjustments
- someone who's disabled is having difficulty with any part of their job
- someone's absence record, sickness record or delay in returning to work is because of, or linked to, their disability

**The employer must also:**

- make reasonable adjustments for anything linked to someone's disability – for example an organisation might not allow dogs at work but make a reasonable adjustment for someone with an assistance dog
- make sure other people do what's needed for a reasonable adjustment to work – for example if someone needs information presented in a certain format, making sure other people at work do that



An employer could be liable under the law if they do not do these things. For example, if someone does not get the reasonable adjustments they need at work, they could make a disability discrimination claim to an employment tribunal.

A reasonable adjustment can be thought of as a *change made to a process to remove or reduce a disadvantage related to someone's disability*<sup>2</sup>. However, a disability – diagnosed or otherwise – should not be a prerequisite to requesting or granting an adjustment.

The Chartered Institute of Personnel and Development (CIPD) publishes advice and guidance<sup>3</sup> for businesses, individuals, and other organisations seeking to support and accommodate their people (employees, students, members etc). These apply in situations where a disabled person would otherwise be placed at a substantial disadvantage compared with people who are not disabled.

<sup>2</sup> <https://www.acas.org.uk/reasonable-adjustments>

<sup>3</sup> <https://www.cipd.org/uk/knowledge/factsheets/disability-discrimination-factsheet/#Goodemploymentpractices>

The following types of adjustment come from guidance for Higher Education providers:

1. This involves **changing the way things are done** (equality law talks about where the disabled job worker is put at a substantial disadvantage by a provision, criterion or practice of their employer)
2. The second type involves **making changes to overcome barriers** created by the physical features of a location e.g. lighting, provision of a variable height consulting table, wheelchair access
3. The third type involves **providing extra equipment** (which equality law calls an auxiliary aid) or **getting someone to do something to assist you** (which equality law calls an auxiliary service). The former may include, for example, text-to-speech and speech-to-text technology, the latter, mentors and coaches, and interview interpreters



### Examples of adjustments applicable to a wide variety of workplace settings:

These are dependent on the person, and context of their job, and tasks needing to be completed and are not specific to a condition. You can see from the following many of these are low cost/no cost.

- Working somewhere quiet and away from distractions, for example away from doors, busy phones, loud machinery
- Noise and light to be reduced using desk partitions, telephones that light up when ringing, noise-cancelling headphones, desk low-lights etc
- Being able to work from home some days, or to start earlier/finish later than others
- Access to spelling, grammar software tools, planning/scheduling software/tools
- Standing desk, seating wedge, additional screens
- Avoidance of last-minute changes
- Designated desk or area rather than hot desking
- Understanding and support from colleagues if considered to be 'oversharing'
- Clarity of communication by peers and managers and checking for understanding
- Regular check-ins



# What is reasonable?

Various factors influence whether a particular adjustment can be considered reasonable.

## When deciding whether an adjustment is reasonable you may want to consider:

- how effective the change will be in avoiding the disadvantage the person would otherwise experience
- its practicality
- the cost
- the organisation's resources and size
- the availability of financial support

Decisions on whether an adjustment is reasonable should be taken by the organisation based on the above, and any other factors deemed relevant.

Adjustment decisions and the process taken to decide must be documented, transparent and auditable. It is important to note that 'fairness' to other employees is not a consideration when deciding whether an adjustment is reasonable; the thoughts or perspective of colleagues is irrelevant in this decision-making.

# What is the test of being 'reasonable'?

## What is reasonable depends on each situation. The employer must consider carefully if the adjustment:

- will remove or reduce the disadvantage – the employer should talk with the person and not make assumptions
- is practical to make
- is affordable
- could harm the health and safety of others

It is important that the employer does not have to change the basic nature of the job. For example, if someone is working in a veterinary surgery working with the public and animals, they couldn't reasonably work from home unless part of their job was administrative and not involving direct contact with animals.

An employer does not have to make adjustments that are unreasonable, however they should explore if alternative ways of working or adjustments would help mitigate or remove a barrier to work.

# Who pays for reasonable adjustments?

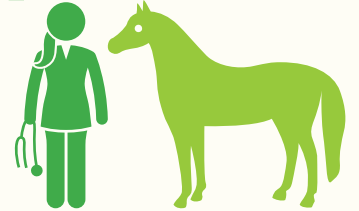
The employer is responsible for paying for any reasonable adjustments.

Many adjustments will be simple and affordable. However, a small employer might not be able to afford as much as a large organisation. Smaller employers can get assistance from the government for some adjustments through [Access to Work](https://www.gov.uk/access-to-work)<sup>1</sup>.

<sup>1</sup> <https://www.gov.uk/access-to-work>

# Reasonable Adjustments in Veterinary Employment

**Rob Williams MVB MBA CMgr FCMI MRCVS**



## What does 'reasonable adjustment' mean?

Employers must make reasonable adjustments to ensure workers with disabilities, or certain physical or mental health conditions, are not substantially disadvantaged when doing their jobs. This applies to all workers including trainees or students, apprentices, locums, and employees. Neurodivergent colleagues are included in the group of workers who can make reasonable adjustment requests.

Reasonable adjustments exist in recognition of the barriers that can exist for neurodivergent people in the workplace either as a direct result of their neurodivergence and/or as a result of the unfair impairment they may experience due to inappropriate practices, attitudes, and work environments.

## What is the legal basis for reasonable adjustment?

The [Equality Act 2010](#)<sup>1</sup> seeks to protect people with disabilities in employment.

## Why are reasonable adjustments important for both employers and employees?

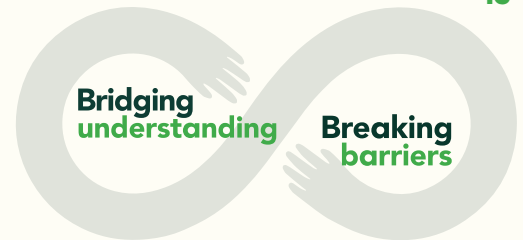
Good leaders and employers work to support their teams and good workplaces create inclusive, supportive, and welcoming environments where employees can contribute to their team and reach their potential. Best veterinary employment practice is captured in the excellent [BVA Good Veterinary Workplaces](#)<sup>2</sup> initiative.

Ultimately good employers will support all employees to reach their potential and succeed in their role.



<sup>1</sup>[https://assets.publishing.service.gov.uk/media/5a80dcc8ed915d74e6230df4/Equality\\_Act\\_2010-disability\\_definition.pdf](https://assets.publishing.service.gov.uk/media/5a80dcc8ed915d74e6230df4/Equality_Act_2010-disability_definition.pdf)

<sup>2</sup><https://www.bva.co.uk/take-action/good-veterinary-workplaces/>



## How should we think about and approach reasonable adjustments?

Start from a position of curiosity not judgement.

Rather than meeting a request for a reasonable adjustment with 'that will never work here' change your response to: 'that's really interesting, let's work together to see how we could make that possible'.

Already just reading that last sentence you are more likely to try and make something work. Now, imagine the impact saying that sentence out loud!

When we approach any situation in the workplace from a judgemental standpoint, we close our mind

to exploring what is possible. We ignore the true context, and in this case, the lived experience of our colleague at work. We have already formed a fixed opinion or made a decision, often with very limited information.

The goal for the employer is (as fully as possible) to understand their colleague's lived experience at work with their neurodivergence. Their neurodivergent label itself is far less important than this lived experience.

When an employer understands the lived experience, they are much better placed to explore how they might make workplace adjustments in order to support their colleague.

Finally, it is important to recognise that for reasonable adjustments to work as intended, there are two factors that are critical to making reasonable adjustments a success:

### 1. Trust and Open Communication

For any workplace people-focused intervention to work, and this is particularly true with reasonable adjustments, the manager-employee relationship needs to be based on trust and open, honest communication. What helps managers most is being able to appreciate how a colleague's neurodivergence impacts their life at work and what changes to job design or tasks would enable their colleague to work optimally. For the neurodivergent colleague feeling truly listened to and valued, both as a person, and for the contribution they make to the team, and then supported appropriately helps build trust in their employer. Finally, trust is also created when reasonable adjustments are co-designed by both the employer and the neurodivergent employee.

### 2. Ongoing Dialogue and Review

Reasonable adjustments need to be tailored to the individual and their context so there is often a degree of uncertainty about what intervention or change will actually work. This is both normal and OK. Recognising this and factoring this uncertainty into how the reasonable adjustment is designed and implemented, and a willingness to change or adapt that adjustment if it is not working as intended, will help to ensure the adjustment is ultimately successful. It is good practice to regularly review reasonable adjustments as both people and the work environment change over time and what works well today may not be as effective in future.



## Can you share examples of reasonable adjustments as I'm not sure what 'they' are, or what might work?

The following are examples of specific person-centred reasonable adjustments that have worked in a veterinary setting.

### Example 1:

## Andrea

Andrea is neurodivergent and works as an RVN in a busy hospital practice. Part of her role is managing in-patients. Over the course of a couple of weeks it became apparent that repeated mistakes were occurring with in-patient care, particularly patient care tasks such as administration of medication either being missed or duplicated. This followed introduction of a 'new and improved' hospital record sheet.

Following investigation of what was happening, Jo, the Head RVN, identified Andrea was the RVN responsible for in-patient care when the series of errors occurred. Jo was aware of Andrea's neurodivergence and decided the best approach to resolving the errors was to explore with Andrea if there was a better way of managing in-patient care tasks.

Jo reassured Andrea that she was recognised by her colleagues as very diligent in her provision of care to the animals. Andrea felt that given both the numbers of cases she was responsible for on each shift, and how confusing the hospital sheet appeared to her, she often lost track of what she had done after the second or third patient, particularly whether she had administered medication or not. It wasn't helped that she didn't really understand how to use the new hospital record sheet.

Jo and Andrea came up with a new way of working when managing in-patients that broke the whole task of in-patient care down and focused on different stages in order. She also wanted to try something her sister, a human nurse, did in her role which was to administer medications as a discreet task separate from patient-care tasks. Jo also spent some time with Andrea coaching her on how the new hospital record worked using examples of how medication administration was recorded.

1. Andrea would complete all of the animal checks and comfort-related tasks (bedding change, feeding etc) first prior to administering any medications and update the hospital sheet appropriately.
2. Finally, once those tasks were completed, Andrea would then do a round of medication administration recording the medication administration on the hospital record. During the ward round with the in-patient vet at the start of each shift, Andrea would complete a medication checklist of each animal, capturing what medications were due for each animal during the shift.

This worked really well and not only reduced the incidence of medication errors, but it also helped with Andrea's enjoyment of her in-patient care role as she became confident she was doing her best for each patient.

## Example 2:

# Josh

Josh works as a laboratory technician in the lab of a poultry practice. Part of his role involves taking lab test results from a spreadsheet and inserting them into a report that would be sent to the farmer. Over the course of a 3-week period increasing numbers of farmers were phoning the vet team with complaints as the lab results reported to them did not correlate with the disease burden they were witnessing in their flocks.

Brian, the lab manager, looked into what had been happening and found that Josh was responsible for the erroneous reports. He decided to chat with Josh to understand how the errors occurred; first he sat quietly to observe what was happening when he knew Josh was reporting results.

It became apparent that the open-plan office was busy and very noisy. Brian hadn't noticed this about the office, the noise and comings and goings blended into the background for him. Not only were there constant noise interruptions, Josh was also frequently answering the phone, particularly if other members of the team were already dealing with a phone call.

It was easy to see how these distractions could lead to errors particularly given Josh's dyslexia and ADHD diagnoses. Brian knew Josh had really enjoyed his time in the lab at university and wondered if he had similar issues there or whether he had a different way of working in that lab.

Josh was horrified to hear that he'd been misreporting lab results. His uncle was a poultry farmer who used the practice and the thought that he might have harmed a flock as a result of his mistake made him feel ill. Brian reassured Josh that nothing untoward had happened, but he was keen to see if they could work together to reduce the incidence of errors.

Brian shared his observations from earlier in the day and asked if Josh found the noise and interruptions distracting. Did this maybe explain why the errors were happening? Josh agreed, the phone in particular annoyed him when he was trying to focus; he often wasn't 100% certain where he was on the results spreadsheet if he wasn't able to give it his full attention.

Following discussion, Josh wondered if noise-cancelling headphones might work. He'd previously used them when studying and they really helped him focus. Brian was keen to try this, particularly if it meant the correct result would be reported to his clients.

They agreed Josh would wear his noise-cancelling headphones during lab test reporting as a trial for a month and then review things. Both were delighted to find no reporting errors during this trial. Additionally, Sally, one of the other technicians asked if she could use headphones too when she was analysing data as she found the office environment too stressful when she had to focus.

### Example 3:

## Olivia

Stacey one of the RVNs was helping Olivia tidy up her consult room following a very busy morning session. “Cool, I think you’re the first vet I’ve seen using Cytopoint, which dog was it?” “No, I’ve just given Barney his Librela injection”. Olivia had a sinking feeling, had she just injected Cytopoint instead of Librela? She wasn’t sure. Stacey showed her the medication packaging and the label on the drug vial, it definitely said ‘CYTOPOINT’. Not knowing what to do, she went to speak to one of the clinical directors, Alex.

Alex was calmness personified, sorted everything, and asked Olivia if they could have a chat as there was something else she’d been made aware of. One of the receptionists at the branch Olivia sometimes worked at had noticed dog vaccine batch numbers recorded on cat records following the previous Saturday morning clinic.

Olivia was beside herself with worry, she had no idea what was going wrong. Alex suggested they look at the pharmacy fridge to see how Cytopoint and Librela were stored as there might be an obvious reason for the mix-up. It became evident that, to Olivia, both drugs looked the same. The packaging were very similar in size and shape and she assumed the box on the top shelf was Librela when, in fact, it was Cytopoint. Next, they went to a consult room to look in the vaccine fridge. Olivia picked a vial from the third column on the left, “Look this is the Trio vaccine I gave those cats on Saturday”. The vial wasn’t a Trio vaccine, it was a rabbit myxo vaccine!

Alex realised that Olivia was not reading the label or recognising the different coloured packaging, she was using habit, and shape and size of the vial, to decide which product to use. This made sense as they had recently discussed Olivia’s neurodivergent diagnosis and how interpreting visual cues were sometimes a problem, particularly if Olivia was distracted or focusing on something else, she would then default to shape and pattern.

They sat and phoned the branch where Olivia had made the vaccination error and asked the receptionist to check the vaccine fridge in the consult room and tell them what the third column from the left was filled with; the answer was ‘canine Lepto 4’, not as Olivia assumed the solvent for suspending the feline Trio vaccination!

After much discussion they decided on two remedies to try:

For Cytopoint and Librela they would place a different coloured large circular sticker on to the lid of the package of each drug, red for Cytopoint and yellow for Librela.

For the vaccine fridges they agreed to replicate the order of vaccines in the fridge where Olivia worked most often in all vaccine fridges across the practice.

Following these simple changes and Alex’s supportive approach, Olivia has been more forthcoming with issues or challenges she identifies in how tasks are set up in the practice. Between them they continue to discover new ways of working that benefit the whole practice team.



**Examples of more general reasonable adjustments suitable for veterinary practice:**

- Incorporating rest periods within a block of work (e.g. consultations, ambulatory visits etc)
- Providing monitor overlays or specific software to assist people with dyslexia when working with computer screens. Using appropriate font type and size, colour (ink, paper) for printed materials
- Dedicated break times with ability to leave practice/avoid interruptions during a break
- Predictable finish times, facilitated by ending clinical work 30-40 minutes before the end of a shift to allow a smoother transition
- Dedicated administration time
- Consistent and predictable rotas with plenty of notice and discussion about rota alterations. Avoid imposition of last minute rota changes
- A quiet and private area to decompress/relax
- Not being constantly interrupted particularly when undertaking a task
- Appropriate information about expected emergencies (good triage) rather than being put on the spot with 'a collapsed animal has just arrived'
- Being mindful about when euthanasia consults are scheduled, collaborating with the colleague about when is most appropriate for them given their needs and other work commitments that day



# Fostering a Neuro-Inclusive Culture and Environment in Veterinary Practice

**Laura Playforth BVM&S MSc Adv HCP (Open) MRCVS**

**Kirstie Pickles BVMS PGCert(CounsSkills)  
MSc PhD CertEIM DipECEIM FHEA MRCVS**

In veterinary practice creating a neuro-inclusive environment is not only essential for the efficacy and morale of the entire team but also for the well-being of animals. By understanding and accommodating diverse neurotypes, veterinary teams can enhance communication, productivity, and ultimately provide better care. Here we explore strategies for cultivating a neuro-inclusive culture and environment within both small animal clinics and large animal settings.



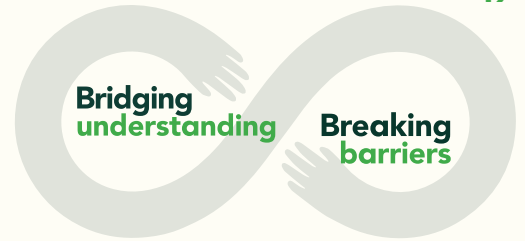
## Environment

Accommodations must always be tailored to individuals and guidance on their design and implementation are covered elsewhere in this resource. There are many environmental factors, as well as how we interact with each other, that we can change to allow neurodivergent colleagues to be able to deliver their role and feel included, as well as benefitting other members of the team. Very often these changes are achieved with little effort or cost. The following provide some useful examples, but this is not an exhaustive list. It is critical to engage with neurodivergent colleagues and clients to understand how you can make things better for them.

**Culture Change:** Talk to the teams about the positive aspects of neurodiversity and having a strengths-focussed mindset as well as supporting colleagues and clients. Make sure teams are comfortable with language around neurodiversity and what might be considered inappropriate or offensive. Leaders can role model being inclusive and open to feedback if they make a mistake

**Collaborative Approach:** Foster a collaborative approach to animal care, where team members with diverse skills and perspectives work together to develop innovative solutions and improve practices

**Clear Communication:** Implement clear communication strategies such as written instructions, visual aids, and checklists to ensure that information is accessible to everyone on the team. Use guidance on dyslexia-specific considerations for written communications looking at areas such as font, contrast, colour combinations, backgrounds and line spacing



**Flexible Work Arrangements:** Offer flexible work arrangements such as remote work options or adjustable schedules to accommodate the diverse needs of team members

**Training and Education:** Provide training sessions on neurodiversity awareness and inclusion for all staff members to foster understanding and empathy within the workplace

**Tailored Client Interactions:** Recognise that clients may also have diverse neurotypes. Train staff to adapt communication styles and accommodate individual needs during client interactions

**Sensory Considerations:** Small and large animal clinics can be busy environments with various sensory stimuli. Consider providing quiet areas or noise-cancelling headphones for neurodivergent individuals who may be sensitive to noise. Consider how lighting might be adjusted or harsh lights

reduced and what colour schemes are used for decorating

**Structured Routines:** Establish clear and structured routines for tasks to provide predictability and reduce anxiety for team members

**Visual Cues:** Use visual cues such as colour-coded charts or diagrams to convey information effectively, especially in environments where verbal communication may be limited

**Team Training:** Provide specialised training for handling animals, emphasising techniques that prioritise safety and minimise stress for both animals and handlers. This training should incorporate principles of neurodiversity and sensory sensitivity



## Cultural Competence and Compassion

Communication is a two-way process in which both sides must seek to understand the accurate passage of information. The stereotypic interpretation that neurodivergent individuals are poor communicators has been refuted by research studies that identified a mismatch of communication styles between neurodivergent and neurotypical individuals as the cause of miscommunications. Frequently all the responsibility for miscommunication is placed on the neurodivergent individual, with an emphasis on the person 'improving their communication skills' when what is required is for an acceptance and understanding of their communication style by neurotypical team members.

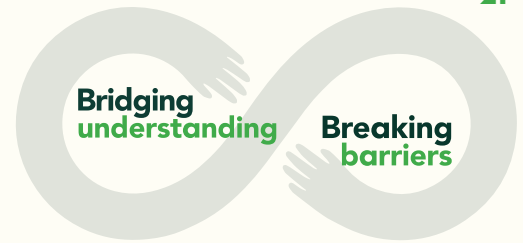
Compassion can be defined as making attempts to understand how another person feels and then taking action to help them. Individuals working within the veterinary team are, almost without exception, compassionate towards their patients. Compassion towards our colleagues is a vital part of collaboration and the psychological safety which allows a team to function at its best.

By assuming good intentions and seeking to understand the unique perspectives and needs of neurodivergent individuals, we can seek to avoid unhelpful stereotypes and connect with people in a way that recognises their unique strengths and needs. This will enable us to support them effectively. For colleagues, that may involve removing barriers to their successful contribution to the team. For clients, this may involve removing barriers to them accessing care for their animals. For all neurodivergent people the aim is to have all interactions in the veterinary workplace be as supportive and effective as possible, rather than being difficult and draining.

An important part of compassion is refraining from judgement. In the words of German philosopher and theologian, Friedrich Schleiermacher, 'what we judge we cannot understand'. As soon as we judge a person, we lose the ability to truly understand what it is they may be struggling with, and therefore we lose the ability (and perhaps the motivation) to know how to help effectively. Judging people may take the form of unhelpful stereotypes or ascribing our own meanings or intentions to their behaviours. As example might be assuming that being ADHD means they can't focus on anything, whereas ADHD is actually an issue controlling focus, not a lack of it. We may assume that someone with a direct style of communication is 'rude' or 'blunt' when they are naturally given to be direct – this can also be a cultural as well as a neurodivergent difference. There can be a huge range of different responses to emotions such as grief, anxiety and upset. People's behaviour may not look as you expect it to. That does not mean you can assume that they 'don't care' or are 'overreacting' or focussing on the 'wrong' thing. A typical example might be taking a critically ill pet into the hospital and being asked to clip his/her claws at the same time. In grief many people can find it easier to focus on small details when the bigger picture is distressing. Compassionate care means addressing these issues for the individual kindly.

Ultimately, cultivating a culture of compassion towards all individuals within the veterinary practice enhances overall effectiveness, improving the care of our patients and creates a more supportive and inclusive workplace environment. It is particularly important for neurodivergent individuals who will often have a history of being misunderstood and not having their needs met as a result. This can lead to a lack of trust, meaning help may not be requested, so being able to support them and offer help proactively can be a real game changer.





# Accessible Interviews



**Peter Hastie BSc(Hon) PGCAP MSc PhD FHEA FRSB**

Some individuals may have different requirements to the typical interview processing and working environment. Therefore, it is best practice to make the interview and hiring process as accessible and inclusive as possible to everyone, as those that don't wish to disclose or haven't yet become aware of a condition will benefit.

## Job Advert

- Be clear about what the role actually entails, provide examples where possible, and avoid ambiguous language. (e.g., do not use "escalating issues that are out of the norm", or "accuracy and attention to detail" as this language is ambiguous)
- Hire for skills, try to look past spelling errors and formatting gaps (dyslexia) and job gaps (disabled people may have gaps in employment)
- Describe the pre-interview process; be as transparent as possible. Signpost the pathway to guidance and support within the organisation
- Think about the skills you are listing as necessary. Are communication skills necessary for the job role (e.g., someone who works with computers and writes emails, do they also need to have "excellent oral communication skills"?)
- Consider the option to work from home and flexible working so that more disabled people can be employed
- Change the language and perception of

disabilities (i.e., instead of helping/pitying disabled people and/or neurodivergent people, we want a diverse talent group to work with us, moving beyond awareness to acceptance and encouragement of diversity)

## Pre-interview

- Ensure that interviewers have undertaken equality and unconscious bias training
- Describe the interviewers who will be present, the format of interview including any tasks that will be given on the day, necessary clothing or equipment if applicable, and any technology that will be used; be as transparent as possible
- Reinforce that you want a diverse talent group and will accommodate requested reasonable adjustments for the interview
- Provide candidates with the interview questions in advance to account for differing cognitive processing. If this is not possible, provide example interview questions

## Interview

- Before you begin the interview, ask if the candidate requires any reasonable adjustments
- Avoid ambiguous language and jargon
- Avoid hypothetical questions. Ask questions which test/confirm the applicant's skills as outlined in the job description e.g. "Tell us about a time when you've used x or y skill, and what happened"
- If a candidate is struggling to answer the question try and use/think of alternative questioning strategies and break down the question if needed
- Remember to hire for skills and be aware of non-neurotypical mannerisms / mannerisms that may arise from a disability (e.g. pauses for thought, tics, twitching, not looking the panel in the eyes but in their direction etc.)
- Give a time frame when the candidates are likely to hear from you post-interview to decrease anxiety

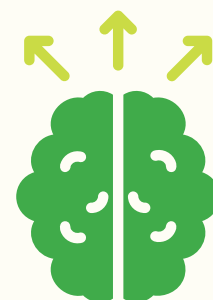
## Post-interview

- Ask for feedback from interviewed candidates on the interview in terms of inclusivity
- Be as precise as possible when the candidate is expected to start their position and what the role is anticipated to be
- Where possible, provide mentorship programmes and reverse mentoring schemes





# Understanding ADHD: Beyond the Unicorns



**Theo Smith** [neurodiversityatwork.co.uk](https://neurodiversityatwork.co.uk)

As someone deeply involved in the discourse around neurodiversity, particularly Attention Deficit Hyperactivity Disorder (ADHD), I've seen firsthand how often these traits are misunderstood. ADHD encompasses more than the commonly perceived issues of distractibility or hyperactivity; it also includes a capacity for remarkable creativity, resilience, and a unique way of processing information - qualities that can significantly benefit high-stress professions.

However, these potential strengths often need to be unlocked. Adopting a strengths-based approach allows us to identify and understand the challenges, providing a way to navigate the pressures that might otherwise hinder an individual's ability to work to their full potential.

## What is ADHD?

ADHD is a neurological condition characterised by consistent patterns of inattention, hyperactivity, and impulsivity that exceed typical behaviour expected at a comparable level of development. These symptoms affect many parts of a person's life, including their experiences at home, at school, and at work. This shows that ADHD impacts daily activities in various ways and to different degrees.

From a medical standpoint, ADHD involves neurobiological variations, primarily in the regulation of neurotransmitters such as dopamine and norepinephrine, which are essential for attention and executive functioning. Brain imaging studies have shown structural and functional variations in brain areas associated with these functions. Despite these biological bases, it's crucial to recognise that these neurological variations do not reduce an individual's

ability to make meaningful contributions to society.

In fact, with the right support and opportunities, these traits can become the very reasons why individuals thrive. However, consider the striking disparity revealed by statistics: while approximately 1 in 4 prisoners is believed to have ADHD ([ADHD Foundation](#)<sup>1</sup>), about 50% of entrepreneurs also share this condition. This contrast highlights how differently lives can unfold depending on the support and understanding available.

## Addressing ADHD: Societal Challenges and Gender Disparities

Notably, while the prevalence of ADHD in children is estimated at between 2% and 7% ([Italian Journal of Paediatrics](#)<sup>2</sup>), and approximately two thirds of those diagnosed continue to face significant challenges into adulthood, the experience of these challenges can differ significantly by individual, gender and ethnicity.

<sup>1</sup>[https://www.adhdfoundation.org.uk/wp-content/uploads/2022/06/Takeda\\_ADHD-in-the-CJS-Roundtable-Report\\_Final.pdf](https://www.adhdfoundation.org.uk/wp-content/uploads/2022/06/Takeda_ADHD-in-the-CJS-Roundtable-Report_Final.pdf)

<sup>2</sup><https://ijponline.biomedcentral.com/articles/10.1186/s13052-023-01456-1>

Historically, many females have been overlooked or misdiagnosed, reflecting a critical need for wider awareness and more accurate recognition across genders.

Embracing the social model of disability, we advocate for societal adjustments and accommodations that enable those who are ADHD to thrive, emphasising that barriers to participation are often not due to individual inadequacies, but rather societal failures to adapt to diverse neurological traits.

### ADHD and Gender in the Veterinary Profession

Veterinary medicine is a profession where women are well represented; in 2021, a whopping 77% of UK-practicing veterinary surgeons were women ([RCVS Report 2021](#)<sup>3</sup>). This demographic detail is significant when considering the prevalence of ADHD in adults in the UK, which is estimated at 3% to 4%, with a male-to-female ratio of approximately 3:1, according to [NICE Guidance](#)<sup>4</sup>.

### The Hidden Challenges of ADHD in Women

This statistic suggests that while ADHD is less commonly diagnosed in women, due to the fact the diagnostic model was not built with women in mind, many female vets may experience undiagnosed or under-acknowledged symptoms, which can impact their professional and personal lives.

### The Impact of a Misunderstood Brain

The long-term consequences of not understanding the unique workings of your brain can be profound, especially given the intricate relationship between neurological functioning and mental health.

For many individuals, these challenges are intensified by biological factors like hormonal fluctuations, along with the onset of peri-menopause and menopause. These changes can not only worsen existing ADHD symptoms but also lead to misdiagnoses and additional mental health struggles.

Without proper recognition and management, these overlapping issues can cause significant emotional distress, professional setbacks, and a diminished quality of life. They can also strain personal relationships with family members, loved ones, and friends.

Addressing ADHD effectively, especially within the context of these complex health concerns, is crucial for creating a supportive and understanding environment. Such an approach promotes mental resilience and enhances professional longevity.

### A Strengths-Based Approach

The strengths-based focus of this piece recognises the potential for individuals with ADHD to excel with appropriate support ([Why MAD Abilities Matter](#)<sup>5</sup>). However, it's crucial to acknowledge the distinct challenges faced by many veterinary professionals, including vets, vet nurses, and students, who struggle with executive functioning in high-pressure environments.

Consider a typical day in a bustling veterinary clinic: professionals handle back-to-back appointments every 10 minutes for several hours, manage emergencies, and interact with distressed pet owners worried about bills - all without sufficient breaks due to staffing shortages. For those who are ADHD, who may find task management and switching tasks particularly challenging, this can significantly

<sup>3</sup><https://www.rcvs.org.uk/news-and-views/publications/recruitment-retention-and-return-in-the-veterinary-profession/?&&type=rfst&set=true#cookie-widget>

<sup>4</sup><https://cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/background-information/prevalence/#:~:text=In%20the%20UK%2C%20the%20prevalence,family%20income%20and%20social%20class.>

<sup>5</sup><https://www.chattalent.com/blogs/why-mad-abilities-matter/>



heighten stress and risk of burnout.

The industry, much like the broader community, struggles with open communication about these issues. Many individuals hesitate to disclose their conditions to employers due to fears of misunderstanding or repercussions. These concerns often stem from negative past experiences, inaccurate media portrayals, and a prevailing sense that they will not receive support. Instead, there is a fear that their ADHD may be used against them.

### To create a more supportive workplace, employers should:

- **Acknowledge** the intense demands of veterinary operations and their impact on ADHD individuals
- **Introduce** supportive measures like structured breaks, flexible scheduling, and task adjustments
- **Cultivate** an environment where employees can safely disclose their challenges without fear or without having to demonstrate a specific label or diagnosis

Adapting workplace practices to support employees in this way not only enhances individual well-being, but also boosts the overall effectiveness and morale of the veterinary team.

## Conclusion: Embracing Neurodiversity in Veterinary Settings

As we continue to expand our understanding of ADHD and other neurological traits, it becomes increasingly clear how much these perspectives can enrich the veterinary profession. By embracing and supporting neurodiversity, we not only enhance the lives of those who care for our animals but also improve the quality of care they provide. Let's champion an environment where everyone in the veterinary team, regardless of their neurological makeup, can thrive.

## Harnessing ADHD Traits in Veterinary Work

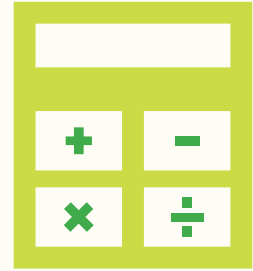
In the veterinary profession, where empathy and precision are paramount, the traits associated with ADHD can be a significant asset if we offer the right support. Our ability to hyper-focus can enhance our attention to detail in clinical tasks, while our innate empathy allows us to connect deeply with both animals and their owners.

However, these strengths also come with challenges, such as susceptibility to sensory overload and emotional fatigue, which can lead to burnout if not managed carefully.

### Strategies to Leverage ADHD Strengths

- **Structured Flexibility:** Implementing flexible but clear routines can help manage ADHD symptoms, allowing for focused work periods interspersed with necessary breaks
- **Sensory Management:** Creating a workspace that minimises overwhelming sensory inputs can help maintain focus and reduce stress
- **Peer Support:** Engaging with colleagues who understand and share similar experiences can provide emotional support and practical advice, reducing feelings of isolation

# Dyscalculia



**Jessica Higgs BSc, MEd, PGDip, AMBDAD, APC**

Dyscalculia is a specific learning difficulty in mathematics; a difference in the way the brain experiences numbers, magnitude and calculations that does not improve with age. There is much less awareness and understanding of dyscalculia, when compared to dyslexia, but recent estimated prevalence of dyscalculia is similar, at about 6% of the population. It occurs independently of ability or attainment, so you could 'be clever' and 'do well' and still have this difficulty.

People with dyscalculia struggle to acquire a sense of what numbers really mean (number sense). There will be lifelong difficulties with mathematical tasks that involve quantities, differences in magnitude (more/less), making comparisons of numbers (e.g. 14 is greater than 12), understanding symbols that represent quantities (e.g. 8 means the same as eight). Importantly, it doesn't necessarily stop them succeeding in other parts of maths such as algebra and geometry, or in masking their difficulties using a good memory, hard work and a calculator. In summary, you could have got into vet school or trained as a nurse, be holding down a job, and still be dyscalculic!

Dyscalculia is a specific learning difficulty (SpLD) and is recognised as a possible disability under the [Equality Act \(2010\)](#)<sup>1</sup> which can enable access to support and reasonable adjustments at work. It is common for adults with dyscalculia to "hide" or mask their difficulties and this can be exhausting and stressful; it can contribute to 'imposter syndrome'. This can affect relationships at work because they may avoid mathematical tasks, make frequent "avoidable" errors or be slower in tasks which require number sense.

## Strengths

People with dyscalculia tend to have excellent verbal communication so clients might be happy with their consultations. They might be great at taking a step back and seeing the bigger picture in a case; seeing how the history combines with an examination to make links other colleagues miss; an innovative problem solver. They might have great motor skills such as surgery, IV placement, bandaging and might relish time for creative hobbies where they can think intuitively.



<sup>1</sup>[https://assets.publishing.service.gov.uk/media/5a80dcc8ed915d74e6230df4/Equality\\_Act\\_2010-disability\\_definition.pdf](https://assets.publishing.service.gov.uk/media/5a80dcc8ed915d74e6230df4/Equality_Act_2010-disability_definition.pdf)

## The tasks a dyscalculic adult in a veterinary career might struggle with:

Category	Task	Impact
Time management	Reading an analogue clock	Run late on consults or procedures
	Sensing the amount of time passing	
	Planning a day of procedures	Either accept more procedures than achievable or keep procedures days very quiet due to anxiety about time.  May find it difficult to create and follow an order of what to do first, second, third
Lab result interpretation	Estimating cell numbers on blood smears e.g. platelet numbers	Slow procedure, errors, avoidance of the procedure
	Interpreting magnitude of blood results	Difficulties determining the significance of results e.g. whether an increase is "twice the upper end of the reference interval" would be challenging
Client communication	Providing verbal estimates	Estimation of costs or time may not be accurate even in "simple" or common scenarios
	Recording numbers	Telephone numbers may be recorded incorrectly
	Retention of numbers	Inaccurate recollection of numbers e.g. duration of clinical signs, number of tablets
Patients	Medication calculations	May have difficulties working out medication administration times on hospital sheets
		Even when using a calculator may get a different result each time
		Difficulties working out how many tablets to dispense
	Hospitalisation	Difficulties estimating the percentage of food eaten
Hospital sheets may not be completed correctly particularly where time, fluid volumes or amounts are needed		
May avoid working hospital shifts		
Miscellaneous	Spatial orientation (left, right, up, down, etc)	Examining the wrong limb or recording the side incorrectly in the notes
	Dispensing	Correctly counting tablets may be very difficult

## Diagnosis

Specialist Dyscalculia Assessors can be found on [www.dyscalculianetwork.com](http://www.dyscalculianetwork.com) or [www.patoss-dyslexia.org](http://www.patoss-dyslexia.org) and it is important to ensure that the assessor has an Assessment Practicing Certificate (APC) which ensures they adhere to the professional standards set out by the regulatory body 'SpLD Assessment standards committee' (SASC) as this can affect the quality and validity of your diagnosis.

It is not possible to access a diagnosis for SpLDs through the NHS so the individual or their employer will need to fund this through a private assessor and expect to pay £400-£800 for a fully comprehensive report and diagnosis.

## What adjustments could help in the workplace?

If your dyscalculia "has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities" it can be considered a disability under the [Equality Act \(2010\)](#)<sup>1</sup> and protects your rights to support at work. Your employer and colleagues can support you by making 'reasonable adjustments' to enable you to work appropriately and safely. For example,

- normalising the use of calculators or voice-activated calculators (to avoid confusion with the symbols) and calculation 'cheat sheets' for common calculations
- providing digital clocks in all spaces, not just analogue
- ensuring that paper or appropriate recording space is available for note making, so that numbers can be written down
- giving thinking time for number processing and no 'surprise' maths questions in front of colleagues
- making key numerical information readily available such as the businesses' phone number and post code so that it can be accurately shared

<sup>1</sup>[https://assets.publishing.service.gov.uk/media/5a80dcc8ed915d74e6230df4/Equality\\_Act\\_2010-disability\\_definition.pdf](https://assets.publishing.service.gov.uk/media/5a80dcc8ed915d74e6230df4/Equality_Act_2010-disability_definition.pdf)

## Advocate for yourself by:

Have someone help you set alarms for your rota and turn calendars into visual displays that show an hour as a space of time and doesn't just depend on clock times.

Confide in a key colleague at work so they can support you, discretely if needed, at work.

## Further Information about Dyscalculia

If you are a student you may be able to access financial support for your needs under the government funded Disabled Students Allowance (DSA).

<https://www.gov.uk/disabled-students-allowance-dsa>

If you are in work you may be able to get financial support for your needs with the government funded Access to Work programme.

<https://www.gov.uk/access-to-work>

Comprehensive information for adults specific to dyscalculia, written with guidance from adults with dyscalculia and providing information on assessment.

<https://dyscalculianetwork.com/>

A range of informative videos on Dyscalculia from both top researchers and those with dyscalculia.

<https://dyscalculia-blog.com/2017/12/12/top-5-dyscalculia-videos/>

Professor Moorcraft is an award-winning novelist and author of numerous non-fiction books, and whom shares his experience of living with dyscalculia.

<https://www.amazon.co.uk/Just-Doesnt-Add-Explaining-Dyscalculia/dp/1911093002>

Information sheet about dyscalculia from the leading dyslexia advocacy service in the UK

[https://cdn.bdadyslexia.org.uk/uploads/documents/Downloadable-Resources/Dyscalculia-FactSheet\\_Adults.pdf?v=1709123637](https://cdn.bdadyslexia.org.uk/uploads/documents/Downloadable-Resources/Dyscalculia-FactSheet_Adults.pdf?v=1709123637)



# What is Developmental Coordination Disorder (DCD)?

## Professor Amanda Kirby MBBS MRCGP PhD

Developmental Coordination Disorder (DCD), also known as Dyspraxia, is a developmental condition (i.e. you are born with challenges that affect motor skills, including small (fine) and big (gross) movements and balance tasks).

DCD presents unique challenges that can significantly impact the everyday lives and functioning of individuals affected by it. If you think about most things you do, they require coordination!

Each person may be different, and they do not have challenges in all areas of coordination to gain a diagnosis of DCD. Difficulties may vary in their presentation and will also change depending on environmental demands, life experience, and the support provided.

Some people are impacted by having challenges since childhood and this can have a knock-on effect on self-esteem and confidence especially when going into unfamiliar settings where the person may be asked to undertake new sets of tasks.

Although the motor challenges persist throughout life, non-motor difficulties may become more prominent as expectations and demands change over time. There are a range of co-occurring non-motor difficulties which can have a substantial adverse impact on daily life. These may include social and emotional difficulties as well as problems with time management, planning and personal organisation, and these may also affect a person's education or

employment experiences. Less practice in some social situations, especially when younger can lead to lower self-esteem.

With appropriate recognition and adjustments in place people with DCD can be very successful in their lives especially when focusing on their strengths. While some people may be slower to acquire some new skills that require co-ordination skills, individuals with DCD can excel once they master them if given additional time for practice. Adjustments may require considering the best environment to complete a task, task avoidance or adaptation.

## How common is having DCD?

Studies suggest that between 1.8% and 4.9% of children in the UK are affected by DCD. While often diagnosed in childhood, the condition persists into adulthood in about 70% of people, posing ongoing hurdles in daily and working lives.

DCD is different from other coordination related conditions such as Cerebral Palsy. There are multiple causes for DCD and most of the time we cannot say why someone has DCD. We also don't know the genetics relating to DCD. In adults it is necessary to rule out other adult motor related conditions that can arise in adulthood such as Parkinson's Disease, Multiple Sclerosis or Stroke (CVA) for example. Some people may have Joint Hypermobility Syndrome as a cause of coordination challenges.

## Overlap with other conditions

DCD often overlaps with neurodivergent traits including Autism, ADHD, Dyslexia, Developmental Language Disorder and Dyscalculia. This means that each person may have a unique set of strengths and challenges.

Adults with DCD may encounter a myriad of challenges that can permeate various aspects of their lives. Each person will be different.

### Common Challenges:

Everyday life skills: Simple tasks like preparing food, doing DIY tasks, doing up shoelaces, putting on make-up can be more challenging. It may take the person longer to learn new skills especially those where there are coordination components or there are several different actions that need to be sequenced correctly.

- **Handwriting:** Poor handwriting is a hallmark of DCD, and often continues to be a challenge throughout life. Many adults choose to use speech to text or type instead of handwriting
- **Balance and coordination:** Challenges may make activities like learning to drive a car, ride a bicycle, or everyday tasks such as carrying a tray or pouring drinks from a jug
- **Social activities:** Some adults may avoid sports that require a high degree of coordination or team interaction and prefer sports that avoid this such as martial arts, rambling, sailing, swimming, gym work, and yoga
- **Fatigue and anxiety:** The effort required to navigate daily tasks can contribute to increased fatigue and many adults with DCD exhibit higher levels of anxiety

### Strengths Associated with DCD:

It's essential to recognise the many unique strengths individuals with DCD possess:

- **Empathy:** Sensitivity to others' emotions and experiences
- **Persistence:** Determination and resilience in the face of challenges
- **Creativity:** Innovative thinking and problem-solving skills
- **Sense of humour:** Ability to find lightness and joy in everyday situations
- **Hardworking:** Dedication and commitment to personal and professional endeavours
- **Sensitivity:** Heightened awareness and understanding of subtle nuances in social interactions

## Support Strategies:

Thankfully, there are strategies and interventions to help individuals with DCD lead fulfilling lives. By providing guidance and opportunities to practice mastering daily tasks, each person can foster autonomy and increase their self-confidence.

- **Organisational support:** Structured routines and assistance with organisation alleviate stress and improve efficiency
- **Transition preparation:** Preparing for transitions such as moving into a new work or training setting can ease anxiety and promotes a smoother transition between tasks or environments. By considering what the challenges may be and planning if adjustments can be put in place this can be of assistance too
- **IT skills development:** It can be helpful to learn to use a range of IT including learning to type, use of speech- to- text software and organisational software
- **Extra time and practice:** Allowing additional time for learning and practice accommodates the slower learning pace associated with DCD
- **Task breakdown:** Breaking tasks into smaller, manageable steps facilitates both comprehension and execution and providing a clear picture of what 'good looks like' can be helpful
- **Exploring hobbies:** Encouraging participation in hobbies that showcase strengths and abilities can also boost confidence and self-esteem
- **Physical activity:** Engaging in fitness activities is important to increase energy levels and can reduce feelings of fatigue

### Useful further information and reading:

**Movement Matters:** <https://movementmattersuk.org/>

**Dyspraxia Ireland:** <https://www.dyspraxia.ie/Adults-with-Dyspraxia-DCD>

**Adult DCD:** <https://www.semanticscholar.org/paper/Adulthood-in-Developmental-Coordination-Disorder-a-Saban-Kirby/3dfcf8af6bc5cf5721fcea1ac307d5ed1297781>

**DCD and gender:** <https://pubmed.ncbi.nlm.nih.gov/34139601/>

<https://www.acamh.org/freeview/developmental-coordination-disorder-professor-amanda-kirby/>





# Autistic Adults in the Veterinary Professions



**Luke Beardon BA (Hons), PgC (Autism), EDd**

So, what is it like being an autistic adult? What is it like to be an autistic adult in employment? What is it like to be an autistic adult employed in vet circles, i.e. associated with veterinary type activity? Interestingly, I'm not at all sure whether the latter question is often asked – the former two don't get asked enough, but at least there are some answers there.

(Note: in this section 'you' relates to you as the autistic adult; too much narrative 'others' as autistic individuals and do not centre the individual within the very narrative written about them, which tells its own story).

Let's start with the doom and gloom, with a request to keep reading – the more optimistic bit will come later. I adore the Gramsci motto of 'pessimism of the intellect, optimism of the will'. Yes, we know life can be pretty nasty for you, but we can absolutely work out how to redress that balance, sometimes relatively easily. Too many of you suffer from mental ill-health. Too many of you have had a lifetime of living as maskers, exposed to constant micro-aggressions, made to feel 'lesser' human beings just for being autistic. Too many adults are unable to flourish as 'authentically autistic', their natural state of being, simply because of the woeful ignorance bred in society around what it means to be autistic. This can change. This must change. This will change.

Why are autistic adults made to feel 'lesser' - what is my rationale behind this somewhat dramatic claim? Well, where to start – almost all of the rhetoric within

the autism field, from diagnostic criteria through to descriptions of autism in the media are pejorative. Look no further than the diagnostic label itself – to be autistic one has to be considered 'disordered' (the 'official' term is Autistic Spectrum Disorder). The actual criteria are related to a medical-model, impairment-based representation. In other words, essentially, the autistic person is deemed as an impaired non-autistic person. I wouldn't have so much of a problem with this if there were also entries in these manuals identifying how the predominant neurotype make for absolutely dreadful autistics – the idea that there is a preference of being and that not being a part of that neurological majority makes one somehow inferior – is enough to put anyone off thinking about autism in a positive way. And yet these narratives are quite simply incredibly flawed.

Anyone disclosing their authentic self – which should be a joyous occasion leading to enlightenment, reasonable adjustments, empathy, and support – instead faces the risk of problematic responses that could reiterate the ongoing issues faced over a lifetime. Imagine being the one, on a day-to-day basis, being told things such as (autistic reflection in square parentheses):

- that's a daft question (oh, I thought it was a great question – why am I so wrong?)
- that's not how we do it (ok, but it is how I naturally do it; does that make me somehow not as good as you?)





- you need to fit in better (it's always me having to fit in; won't anyone ever try to adapt things to actually suit me for a change?)
- you need to be better as a team player (I'm a superb team player if only you let me play to my strengths; your idea of teamwork is just different to mine)
- I don't think you really mean that (well, I do mean exactly that; your response is just gaslighting)
- If only you weren't so irritating (I'm just me. Sorry)

If you've had a lifetime of being exposed to such micro-aggressions that cumulatively grow to impact on your autistic well-being – no wonder that you may be mindful of what response you might get as a disclosing adult. Then consider some of the ableist responses that many folk receive:

- oh you don't look autistic (what is autism supposed to 'look' like?)
- you must be very mild (you have absolutely no clue what difficulties I have had to face in my life)
- Are you sure you're in the right job then? (after having been very successful in that very same job for years)

Don't ever underestimate the negative impact that unwitting ignorance can cause.

But life can be fabulous as an autistic adult.

### **autism + environment = outcome**

If we accept that one cannot not be autistic, and cannot somehow become 'less autistic', if we want to change the outcome, the environment needs to change. This is very often the people around you, but also includes things like adjustments made and adapting the sensory environment. Getting those things right as a normal, everyday occurrence within a culture of true inclusion can make all the difference in the world.

Three of the simplest tips, which I believe could be viewed as reasonable adjustments in their own right (note; 'you' in these contexts refer to the person to whom an autism disclosure is made):

#### **1. Never assume anything whatsoever based on an autism disclosure**

If anyone gifts you with disclosing their autism, first of all, accept it 100% without questioning it in any way, and then make sure that you don't make any assumptions about what that identity means; it will be totally individual, so don't relate their autism to anything you think you might know, or any other autistic person you know. Let them tell their own story in their own right.

#### **2. Always make every effort to believe the autistic experience**

Autistic folk are often labelled as 'lacking empathy' - which is a massive misconception. What is fascinating (and ironic) is that many of the predominant neurotype find it very difficult to empathise with the autistic experience. Accept that this is the case and simply believe in the individual, however far a cry from your own perspective it might be.

#### **3. Always consider everything through the autism lens and reduce anxiety at all times**

Ok – I like things in threes but I've sort of shoehorned two into one here. At all times when engaging with an autistic person do everything you can to understand life through their lens, not yours; and recognise that the myriad of anxiety-inducing events that can destroy autistic lives can often be prevented. And it is likely that you will play an integral part in whether that person's life is positive or otherwise. You are a critical part of the environment.

So simple – so effective. Optimism of the will.

# Supporting Dyslexic Colleagues



## Campbell Russell Cert Ed (Special Educational Needs), BA, M.Ed (Dyslexia), MA, AMBDA

An office manager once sought my advice about dyslexia while I was visiting on a completely unrelated matter. She explained that a new addition to her staff was making frequent mistakes in his work. Reluctantly, she felt she'd have to let him go. She asked if I'd speak to him. He turned out to have arrived by a conventional pathway. Successful in school, he had gained good A level results and a 2:1 in Mathematics from a Russell Group University. His success, it was clear from his accounts, had been hard won. I asked why he thought he made mistakes in his work on salary and pension calculations, and he explained that 'the numbers move around sometimes'.

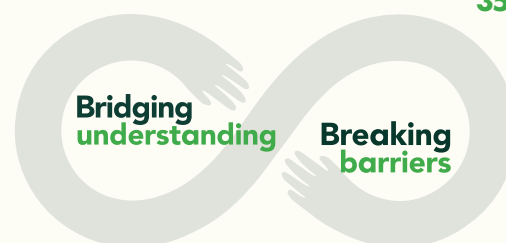
I suggested to the manager that she had him assessed for dyslexia and Irlen Syndrome (IS). In broad terms, dyslexia is a learning difficulty that affects reading and/or writing. IS is a visual perception problem that can be helped with the use of coloured lenses or overlays. The dyslexia clinic reported that both his reading speed and comprehension were significantly lower than other cognitive scores. In this case, IS could explain both. The man couldn't track lines with accuracy and found it difficult to move to the start of a new line in dense text. Using a green overlay improved both his speed and comprehension while applying it to his screen stopped the numbers moving. As a consequence, he was able to carry out his work effectively and efficiently.

Despite dyslexia having been 'recognised' since the 1990's many dyslexic people, like the man reported here, can arrive in the workplace undiagnosed. This is commonly because the individual has learned compensatory strategies to manage challenges and so go unnoticed. Despite concerns raised, a diagnosis only came when his compensatory strategies were insufficient to remain unnoticed.

A problem even following diagnosis is that often adjustments are on a one-size-fits-all basis rather than a person-centred approach. In schools and colleges extra time in examinations is almost universally applied, even if there is no particular evidence that this will be the solution. Despite this, it is true that the work environment can be made more 'dyslexia-friendly' with some simple adjustments that I would argue can support all.

## Creating a Dyslexia-Friendly Environment

- Awareness raising. If staff are aware of the challenges of dyslexia, they are more likely to accept necessary adjustments
- Use dyslexic fonts. There are specifically titled dyslexic fonts, but if these are unavailable to you use Arial or Comic Sans MS as both are sans serif
- A font size of at least 12 should be used. This is



size 14 which increases the length of the document but may make it easier to access

- Print your information on coloured paper – cream is often recommended, but see ‘Individual Needs’ below
- Concise meetings with materials distributed for reading well in advance
- Create a quiet place for reading
- Teach new procedures practically, don’t simply issue instructions
- Aim to have significant information in visual form – flowcharts, diagrams or even simple sketches. Modern assistive technology could enable you to offer the same information as an audio-file. This can be helpful to dyslexics

A point to be made here is that these adjustments can, at the very least, cause no harm to a non-dyslexic, and are likely to be beneficial. Attending a meeting having been properly briefed is likely to lead to better outcomes for all, for example.

## Individual Needs

So you’ve created your dyslexia-friendly environment but there is a colleague or colleagues who can still surprise you with their variable response to written materials. Time for one-to-one discussion.

If an individual has received a formal diagnosis they may have a very clear idea of their needs. They may be able to tell you that, for example, cream paper doesn’t work for them. However, it is very likely that your surprising colleague has never been assessed. If this is the case, then setting up an assessment should

### Reference

Felicia G 2024 blog <https://dyslexichelp.org/positives-of-dyslexia/#:~:text=One%20positive%20aspect%20of%20dyslexia%20is%20the%20ability,and%20have%20a%20unique%20perspective%20on%20the%20world> accessed April 30 2024

be the outcome.

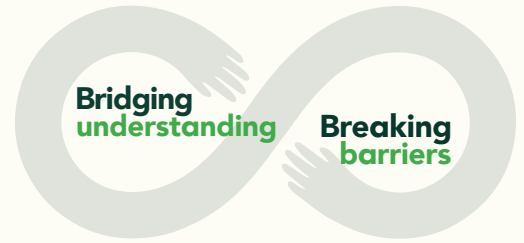
Supporting an individual with a ‘learning difficulty’ such as dyslexia requires a more nuanced approach than, for example, making adjustments to allow a physically disabled colleague access to a building. It will almost certainly require some careful monitoring including the opportunity for the individual to self-report.

This all takes time and subsequently dyslexia is often portrayed as a ‘problem’ to be overcome. This ignores two things. First it is worth remembering that your colleague’s success has been the product of very hard work. It is not easy to go through the highly literacy-focused education system with dyslexia. Secondly, dyslexics have needed to be imaginative problem solvers. ‘A positive aspect of dyslexia is the ability to think outside the box and find creative solutions to problems. Dyslexics often have excellent problem-solving skills and a strong sense of intuition. Dyslexics tend to be highly empathetic and have a unique perspective on the world.’ (Felicia 2024)

Enabling a hard working imaginative colleague to thrive is the prize for making simple adjustments that may well benefit all.

## Seeking Help

There are a number of organisations that offer advice and support to the public about dyslexia. A good place to start is The British Dyslexia Association. (<https://www.bdadyslexia.org.uk/>)



# Resources

## Community

Affinity Futures	<a href="http://www.affinityfutures.com">www.affinityfutures.com</a>
British Veterinary Chronic Illness Support	<a href="http://www.bvcis.com">www.bvcis.com</a>
Mind Matters Initiative	<a href="http://www.vetmindmatters.org">www.vetmindmatters.org</a>
Neurodiverse Vets	<a href="https://www.facebook.com/groups/500552320277903">www.facebook.com/groups/500552320277903</a>
Veterinary Association for Neurodivergence	<a href="https://www.facebook.com/groups/2263263837206675">www.facebook.com/groups/2263263837206675</a>

## Employment

ACAS	<a href="http://www.acas.org.uk">www.acas.org.uk</a>
Access To Work	<a href="http://www.gov.uk/access-to-work">www.gov.uk/access-to-work</a>
British Veterinary Union in UNITE	<a href="http://www.bvu.org.uk">www.bvu.org.uk</a>
British Veterinary Association (BVA)	
Good Veterinary Workplaces	<a href="https://www.bva.co.uk/take-action/good-veterinary-workplaces/">https://www.bva.co.uk/take-action/good-veterinary-workplaces/</a>
Employment law advice and support	<a href="https://www.bva.co.uk/resources-support/support-for-our-members/">https://www.bva.co.uk/resources-support/support-for-our-members/</a>

## Grants

Disability Grants	<a href="http://www.disability-grants.org">www.disability-grants.org</a>
Personal Independence Payments	<a href="http://www.gov.uk/pip">www.gov.uk/pip</a>
Disabled Students Allowance	<a href="http://www.gov.uk/disabled-students-allowance-dsa">www.gov.uk/disabled-students-allowance-dsa</a>
UCAS Guide to Disabled Scholarships, Grants & Bursaries	<a href="http://www.ucas.com/finance/scholarships-grants-and-bursaries/scholarships-grants-and-bursaries-disabled-students">www.ucas.com/finance/scholarships-grants-and-bursaries/scholarships-grants-and-bursaries-disabled-students</a>

## Mental Health

Vetlife	<a href="http://www.vetlife.org.uk">www.vetlife.org.uk</a> Tel:03030402551
Samaritans	<a href="http://www.samaritans.org">www.samaritans.org</a> Tel:116 123
SANE	<a href="http://www.sane.org.uk">www.sane.org.uk</a> Tel:03003047000
Mind	<a href="http://www.mind.org.uk">www.mind.org.uk</a>
Melo Cymru	<a href="http://www.melo.cymru">www.melo.cymru</a>
Aware Northern Ireland	<a href="http://www.aware-ni.org">www.aware-ni.org</a>
Depression UK	<a href="http://www.depressionuk.org">www.depressionuk.org</a>

## Neurodiversity Information

Neuroclastic	<a href="http://www.neuroclastic.com">www.neuroclastic.com</a>
Neurodiversity Hub	<a href="http://www.neurodiversityhub.org">www.neurodiversityhub.org</a>
Neurodiversity Network	<a href="http://www.neurodiversitynetwork.net">www.neurodiversitynetwork.net</a>
The Brain Charity	<a href="http://www.thebraincharity.org.uk">www.thebraincharity.org.uk</a>

### Autism

National Autistic Society	<a href="http://www.autism.org.uk">www.autism.org.uk</a>
Scottish Autism	<a href="http://www.scottishautism.org">www.scottishautism.org</a>
Autism NI (Northern Ireland)	<a href="http://www.autismni.org">www.autismni.org</a>
Autism Wales	<a href="http://www.autismwales.org">www.autismwales.org</a>

### ADHD

ADHD UK	<a href="http://www.adhduk.co.uk">www.adhduk.co.uk</a>
ADHD Foundation	<a href="http://www.adhdfoundation.org.uk">www.adhdfoundation.org.uk</a>
ADHD Adult UK	<a href="http://www.adhdadult.uk">www.adhdadult.uk</a>

### Dyscalculia

British Dyslexia Association	<a href="http://www.bdadyslexia.org.uk">www.bdadyslexia.org.uk</a>
The Dyscalculia Association	<a href="http://www.dyscalculiaassociation.uk">www.dyscalculiaassociation.uk</a>
The Dyscalculia Information Centre	<a href="http://www.dyscalculia.me.uk">www.dyscalculia.me.uk</a>
National Numeracy	<a href="http://www.nationalnumeracy.org.uk">www.nationalnumeracy.org.uk</a>

### Dysgraphia

International Dyslexia Association	<a href="http://www.dyslexiaida.org">www.dyslexiaida.org</a>
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### Dyslexia

British Dyslexia Association	<a href="http://www.bdadyslexia.org.uk">www.bdadyslexia.org.uk</a>
The Dyslexia Association	<a href="http://www.dyslexia.uk.net">www.dyslexia.uk.net</a>
Dyslexia Action	<a href="http://www.dyslexiaaction.org.uk">www.dyslexiaaction.org.uk</a>

### Dyspraxia

Dyspraxia UK	<a href="http://www.dyspraxiauk.com">www.dyspraxiauk.com</a>
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### Obsessive Compulsive Disorder (OCD)

OCD UK	<a href="http://www.ocduk.org">www.ocduk.org</a>
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### PDA

PDA Society	<a href="http://www.pdasociety.org.uk">www.pdasociety.org.uk</a>
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### Tourettes syndrome

Tourettes Action	<a href="http://www.tourettes-action.org.uk">www.tourettes-action.org.uk</a>
Tourette Scotland	<a href="http://www.tourettescotland.org">www.tourettescotland.org</a>
Tourettes Support Northern Ireland	<a href="http://www.tourettessupportni.org">www.tourettessupportni.org</a>





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## Neurodiversity Talks at Veterinary Conferences

Vetlife is proud to be hosting a series of talks on neurodiversity at key veterinary conferences throughout the year. These engaging sessions will feature experts in the field, sharing insights, best practices, and fostering open discussions celebrating neurodiversity in the veterinary professions.

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### Get Involved

As we embark on this transformative journey, we invite the entire veterinary community to join us. Whether you're a student, veterinary professional, administrative team member, practice manager, or employer, your participation is vital in making our profession more inclusive and understanding of neurodiversity.

Stay tuned for updates, blog releases, and details on our neurodiversity talks. Let's work together to create a veterinary community where every individual feels valued, supported, and empowered.

**Further information and blogs of lived experience can be found at**

**[vetlife.org.uk/neurodiversity](https://vetlife.org.uk/neurodiversity)**

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