



Supporting Neurodiverse Associates

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There has been a rise in the exploration and understanding of neurodiversity in the last decade.

Definitions state that *"Neurodiversity is the idea that some people's brains are 'wired' differently and that these differences are simply variations of the human brain."*

We are not all the same. We are born uniquely different, but in some ways there are commonalities in each of us. We all have talents and strengths, but at the same time we all have differences and areas of growth. Those who are neurodivergent can draw on their talents but at the same time, their differences can also disable them as their areas for development can be more pronounced.

90% of disabilities are not visible and this includes those who are neurodiverse. Unless someone chooses to disclose their needs, we may never know, and this is also something to bear in mind when communicating with trainees.

Examples of conditions/labels that are considered a neurological difference are:

- Autism Spectrum Disorder (ASD)
- Aspergers, Dyslexia
- Dyspraxia
- Dyscalculia
- Tourette's Syndrome
- Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)

Some other conditions such as Schizophrenia, Obsessive Compulsive Disorder (OCD), borderline personality disorder (BPD), bipolar disorder can be classed as a form of neurodivergence too.

It is common for individuals to use the incorrect term when discussing neurodiversity and often, interchangeably, the terms neurodiverse and neurodivergent are used as synonyms for each other. However, they both mean different things.

- *Neurodiversity refers to the concept around the differences in our brain functionality (and acknowledges all individuals and not a particular group).*
- *Neurodivergent is used to describe an individual whose brain functioning differs from that of a neurotypical "normal" person.*

Neurodiverse refers to a group of people with non-neurotypical brain functioning and neurotypical represents a person whose brain functioning is considered to be "normal" or "typical" and their behaviours fall within societal standards and expectations.

A common misconception is that a neurodivergent person also has a mental health condition and it is important to address that this is not always the case. The Equality Act 2010 protects many neurological conditions and protects individuals against disability discrimination for issues often referred to as 'hidden disabilities.'

Associates embarking on advanced driving or riding have already achieved their licence, so can drive a car, or ride a motorcycle. It is important that as an observer or examiner that you understand not only learning styles, but also neurodiversity, to ensure that our training is accessible and meets the needs of all drivers and riders.

At the start of any journey with a prospective or new associate to create that added layer of trust, safety, and inclusion it is useful to ask:

- *"Is there anything you would like to disclose which could enhance our training relationship?"*
- *"For our training sessions to be successful for you, how would you like me (as your observer or examiner) to be?"*
- *"And how would you (as the associate) need to be?"*

It is important to share your knowledge, skills, and experiences with associates to help them to feel psychologically safe to disclose their needs should they wish to do so, without pressure or attachment.

There are common areas for growth which have been obstacles for many associates such as: stress and time management, difficulty concentrating, poor organisation, struggles with navigation or memory, physical difficulties (inc. poor motor control skills and balance), numeracy, literacy and developing new and existing relationships. These obstacles are also common hurdles for many neurotypical individuals too; however, the difference is that for some neurodiverse associates, these areas are heightened.

Being open-minded and flexible is essential as not all associates experience the same difficulties and therefore require different approaches; and some of these strategies may assist you when working with neurodiverse associates.

- Be clear and direct, using concise sentences and in some circumstances, avoid using jokes, sarcasm, or ambiguous statements - if your associate has autistic traits be aware that they may struggle with their social and communication interactions finding it difficult to understand body language, tonality, and phrases.
- Use short sentences in written communications - for associates who are dyslexic, lengthy text can be a challenge. If you need to communicate via email etc, paragraph your text, highlight or bolden keywords, and in some instances, use a different font colour for emphasis. Stick to fonts such as Arial, Verdana, Tahoma, and Calibri as letters can appear less crowded. Also ask which font size they would like.
- Combine the use of diagrams or instructions - for those who prefer visual learning this can really help to digest what is being communicated.
- Use closed rather than open questions, where appropriate. Closed questions seek specific, brief responses which as an observer or examiner may not always be helpful but use your judgement to decide how you phrase your questions. You may use closed questions to gain commitment and to confirm what has been said.

Overview of Common Neurological Disorders

Neurological Disorder	Characteristics	Potential Strengths	Potential Difficulties	Support
Dyslexia	People who are diagnosed with dyslexia usually think in pictures rather than words and continually code and decode their visual world into the written and spoken word. This often impacts their working and short-term memory. They form detailed mental models based on understanding.	<ul style="list-style-type: none"> • Think holistically with detailed multi-dimensional mental models; • Learn associatively, making connections between concepts; • Build detailed visual mental models; 	<ul style="list-style-type: none"> • Remember separate unconnected facts or lists; • Use of the IPSGA system; 	<ul style="list-style-type: none"> • Talk to them, so you get a better understanding of what works for them; • Show first and then tell, use a demonstration drive or ride, then explain what you have shown them; • Use words to build a picture and avoid unconnected facts; • Avoid learning lists and IPSGA system unless essential;
Dyspraxia	Developmental Coordination Disorder or problems with movement. People with dyspraxia may struggle with fine and gross motor skills and may appear clumsy. They may struggle with spatial awareness and	<ul style="list-style-type: none"> • Good at verbal communication; • Good at problem solving; • Often struggle with spatial awareness; • Struggle to organise thoughts; • Appear to be clumsy or accident prone; 	<ul style="list-style-type: none"> • Difficulty using equipment and learning new processes; • Find it difficult to follow sequences of instructions; 	<ul style="list-style-type: none"> • Talk to them, get a good understanding of what works for them; • Allow time for repetition before moving on to another task;

	with organising thoughts.			
Dyscalculia	People with dyscalculia often struggle to comprehend the scale of number. They may also have a reduced short-term memory. Someone who struggles with mathematics is unlikely to be dyscalculic.	<ul style="list-style-type: none"> • Highly creative • Good at strategy and longer term thinking and planning 	<ul style="list-style-type: none"> • Recognise the concept of relative scale 	<ul style="list-style-type: none"> • Talk to them, so you can get a better understanding of what works for them;
Autism/Aspergers	Autism and Asperger's are related conditions. They are often typified by a perception of poor social skills and an obsessive focus on fact. They often experience anxiety. People with Asperger's will not have a learning disability, as they will have an average or above average intelligence.	<ul style="list-style-type: none"> • Excellent memory skills; • Attention to detail; • Honest and direct communications; • Punctual; • Thrives on routine; 	<ul style="list-style-type: none"> • Interpret the verbal and non-verbal language of other people; • Express their own emotions; 	<ul style="list-style-type: none"> • Talk to them so you understand what works best for them; • Don't invent new 'rules' such as 'use position 1,2 or 3 for bends'; • Try to gently explore flexible interpretation; • Use specific instructions, 'use the fourth exit' rather than 'turn right at the roundabout';
Tourette's	Tourette Syndrome is characterised by involuntary sounds and movements called "tics" that	<ul style="list-style-type: none"> • The ability to hyper-focus with deep and intense concentration; • Good verbal communication; 	<ul style="list-style-type: none"> • Possible impaired coordination; • They can become easily stressed; 	<ul style="list-style-type: none"> • Talk to them, so you can understand what works best for them; • Provide breaks, allowing time

	can range from severe swearing or movement to minor, nervous movements that can improve with time.	<ul style="list-style-type: none"> • Suppress their tics; 		<p>for quiet and to 'let out' any tics;</p> <ul style="list-style-type: none"> • Monitor tiredness and provide regular breaks and shorter sessions; • Try to reduce stress levels, especially on 'test day';
ADHD/ADD	Attention Deficit Hyperactivity Disorder is related to the management of impulse self - regulation and inhibition.	<ul style="list-style-type: none"> • High levels of alertness and ability to hyper-focus with deep concentration; • Passion and enthusiasm; • They can seem rude to others; 	<ul style="list-style-type: none"> • Attention to detail may be lacking for mundane tasks; • Concentrating for mundane tasks; 	<ul style="list-style-type: none"> • Talk to them, so you can get a better understanding of what works best for them;

1 Albany Place
Welwyn Garden City
020 8996 9600

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