



UNIVERSITY OF
PORTSMOUTH

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Executive Summary

This report presents the results of a survey disseminated between the 17th June 2025 and the 21st July 2025 at the University of Portsmouth. Overall, 88 self- and formally diagnosed neurodivergent staff completed the survey. The survey explored experiences, and rates, of disclosure, adjustments, university support and perceived understanding of neurodiversity (ND) within UoP.

Participant characteristics: The survey completion rate was 83%. Participants were aged 24–64 years (mean = 42, SD=9.43), with a majority identifying as women (70.1%), White (93.1%), and not having research responsibilities in their contract (70.5%). Most were on permanent full-time contracts (73.9%), with only 18.2% holding line management roles. ADHD (21.6%) and autism (14.8%) were the most reported labels with which conditions participants identified.

Mental health: Over half (55%) reported additional mental health conditions. Rates were higher among staff without research responsibilities in their contract (70.9%) compared to research staff (50%), and among women (66.7%) compared to men (42.9%). These findings indicate a substantial prevalence of mental health difficulties among ND staff at UoP, especially among women working in professional services staff or on teaching only contracts, highlighting the need for targeted support and further institutional response. Among respondents who reported a mental health condition, most identified as autistic, and/or had ADHD. The most commonly reported mental health conditions among those participants were anxiety, depression

Disclosure: Experiences and rates of disclosure varied substantially by audience. Participants were more likely to disclose to line managers (67%) than HR (40.9%). Most participants reported positive experiences when disclosing to line managers or colleagues, but experiences of disclosure to HR and senior management was often negative or mixed (65.5% and 55.1%, respectively). Professional services staff and those on teaching only contracts disclosed their diagnosis significantly more often than research staff (84% and 53.8%, respectively). The most common reasons for disclosure were helping others understand them better, advocating for needs, and obtaining support. Reasons for non-disclosure centered on fears of judgement or stereotyping, impacts on career progression, and concerns about not being believed. In fact, only 12.5% disclosed their diagnosis when applying for internal posts.

Workplace Adjustments: Overall, the most valued workspace adjustments were the ability to take breaks when needed and access to a quiet area, each endorsed by around three-quarters of respondents. For communication adjustments, receiving agendas and key information in advance of meetings was considered most useful (over 70%). Regarding job-role adjustments, clear plans and priorities were rated as the most beneficial (69%), with clear manuals and flowcharts also viewed as helpful by just over half of participants. Staff with ADHD rated the usefulness of screen readers highly. Comparisons between research and staff without research responsibility in their contract revealed several significant differences. Staff without research responsibility more frequently rated headphones, work manuals, and structured work plans as useful. Conversely, staff with research responsibilities found

assistance with administrative tasks slightly more beneficial. A high proportion of staff (approximately 60%) would welcome having questions in advance of any promotion or internal post interview, and clear criteria for promotion.

Perceptions of understanding of ND within UoP: Participants reported that UoP staff have limited understanding of neurodiversity and related inclusive practices. While 36.3% believe staff have a good grasp of what neurodiversity is, fewer than 20% rate UoP staff's understanding of neuro-inclusive workplace or teaching practices as strong. Dyslexia is seen as the best-understood condition, but most participants report that autism, ADHD, and other conditions are poorly understood which has important implications as the majority of respondents identified as autistic or having ADHD. There were no significant differences in perceptions across diagnostic groups, job roles, or gender. Although participants reported that neurodivergent staff are viewed as making positive contributions (approximately 50% of respondents), an equal proportion believe that UoP staff view ND staff as requiring significant support and adjustments.

University support: Staff reported mixed satisfaction with the support offered by the university. Most participants were very or mostly satisfied with the support and understanding they received from close colleagues and line managers. In contrast, satisfaction with central university services was notably low. Occupational Health and especially HR were seen as lacking: only 7.9% of participants were satisfied with HR support, and just 4.5% were satisfied with the information provided by HR, indicating major concerns about these services. No gender or job-role differences were found, nor marked differences across conditions. The majority of participants (over 90%) would like more information on how to navigate HR and support services, who to disclose to and how and an online profiling assessment service. A dedicated ND staff portal and a portal for managers were also rated highly (over 80%)

Recommendations

- Creation of a supportive culture for neurodivergent (ND) staff: A culture of psychological safety is vital, supported by visible ND role models and safe forums or networks for ND staff to connect. It is also key to proactively train all employees—especially managers—on specific conditions, common traits, and effective, strengths-based support strategies. Training should challenge negative stereotypes, address misconceptions, and promote respect for individuality and autonomy. Participants emphasised the need for neuro-affirming communication, supported by guidelines, glossaries, and toolkits that encourage non-disabling language.
- Improve disclosure experiences and rates: Staff called for practical guidance on how to respond respectfully and constructively when someone shares ND information. Clear, transparent pathways for disclosure are essential, including step-by-step procedures, flexible disclosure options, and reassurance about confidentiality, risks, benefits, and available resources.
- Improving institutional support by encouraging the co-creation of policies and resources with ND staff to ensure consistency and fairness. Bureaucratic barriers should be reduced by streamlining adjustment processes, enabling portability of accommodations between roles, and monitoring implementation. Finally, policy and procedures must be applied consistently across departments to guarantee accountability and ensure that adjustments are provided reliably and equitably.

Contextual Information

Neurodiversity in Higher Education

Traditionally, equality, diversity, and inclusion (EDI) policies in Higher Education (HE) have focused on gender, sexuality, religion, disability, and ethnicity. Within disability, the emphasis has been primarily placed on physical disabilities, with limited attention to neurodiversity-specific needs and policy development. Hence, it is not surprising that research consistently demonstrates that neurodivergent (ND) staff face significant challenges and a range of systemic barriers within HE including stigma, a lack of understanding among colleagues and leadership, and inadequate or absent tailored accommodations (Mellifont, 2021; Taylor & Johnson, 2020; Accardo et al., 2024). These barriers can result in negative outcomes such as exclusion, unnecessary performance reviews, redundancy, and poor mental health (Smith & Walker, 2024). Yet, when appropriately supported, research demonstrates that ND staff contribute positively and meaningfully to the academic environment (Bertilsson Rosqvist et al., 2019; Burns & Green, 2019). Given this context, there is a pressing need to develop research and policy to promote the inclusion and experiences of ND staff in HE.

In the wider context, the last decade has seen the rise of the neurodiversity movement, an social, political and activist movement aimed at promoting full participation, accessibility, respect, and equitable opportunities for neurodivergent people (Kapp, 2020). This movement has led to raised awareness of the rights, and needs, of neurodivergent population and, most importantly, to the creation of empowered neurodivergent communities, including ND staff communities within HE institutions, such as the ND staff networks at Bristol University, the University of Nottingham, or the Neurodiversity at Oxford project to name a few.

Neurodiversity at the University of Portsmouth

Mirroring these initiatives, the University of Portsmouth (UoP) has an active ND staff Network with a current membership of 163 staff members, as of July 2025. The network currently has two co-chairs, supported by a Steering Group including neurodivergent representatives of Academic and Professional Services and expert representatives from IS and Estates. The network is sponsored by UoP's Provost, Professor Sherria Hoskins, evidencing UoP's commitment to ND staff.

An important aim of the ND staff network is to influence the development of evidence-based ND policy, support and resource informed by the ND community at UoP. To assist on this task, the Director of the Centre for Interaction, Development and Diversity (CIDD), Professor Beatriz López, secured funding from the Research Culture Fund at the University of Portsmouth to conduct an independent study exploring Neurodivergent (ND) staff's experiences of disclosure, individual support needs, satisfaction with the support currently provided, and perceptions of inform future developments of support provision for neurodivergent staff, guide institutional practice and develop training for non-neurodivergent staff.

Methodology

Survey

The study protocol and survey were favourably reviewed by the Faculty of Science and Health's Ethics Committee (Reference No.: C-025-063). It used a survey adapted from the ND survey developed by Matthew Harrison, Sarah Timperley and Jessica Riordan founders of the [Neurodiversity Project](#) at the University of Melbourne. The survey was adapted to fit the aims of the current project and the context of University of Portsmouth. Specifically, the answer options were simplified, questions were added to explore UoP-specific services (e.g., Occupational Health) or additional topics (i.e. Promotion), and some sections were removed (i.e., social events). The initial draft developed by Prof López was reviewed by two ND researchers Dr. Steven Kapp and Konstantina Klimantaki, both from the Centre for Interaction, Development and Diversity (CIDD). We sought to obtain ND staff views on the survey, but were unsuccessful, possibly due to the high demands that this staff group face at UoP.

The final survey consisted of 90 questions and included both open- and closed-ended items. All questions were optional, and participants could skip any they did not wish to answer. Survey questions were grouped into five sections:

- Participants' demographic characteristics (e.g., age, gender, job role and diagnostic information)
- Disclosure
- Workplace Adjustments
- Perceptions of Understanding of ND within UoP
- University Support.

Survey Dissemination

The link to the survey was launched at the UoP EDI Research Culture festival (17th June 2025) and disseminated via the ND Staff Network (25th June and 10th July) and the Staff News weekly bulletin (30th June). The survey opened the 17th of June 2025 and closed on the 21st of July.

Group comparisons

Neurodiversity is an umbrella term for a wide range of conditions including, but not restricted to, autism, ADHD, Dyslexia, Dyscalculia or Dyspraxia. To explore potential differences between ND conditions, we created groups that combined the large majority of participants. Specifically, we created four groups:

- Autism+: This group included all participants who identified as autistic plus any other ND conditions, except those that also identified with ADHD
- ADHD+: This group included all participants that identified with ADHD plus any other ND conditions- excluding those that also identified as autistic.

- Autism and ADHD: This group was created as it is a common pairing. It included all those that identified as both autistic and ADHD -plus any other conditions-
- Other: This group included all participants that identified with any other label.

To meet the requirements of the funding (Research Culture Fund), where relevant, we also report statistical comparisons across staff with and without research responsibilities in their contract to explore potential differences in the experiences of research staff relative to other staff groups (Professional Services or Academic staff- Teaching only). We also explored potential differences across gender.

Participants' characteristics

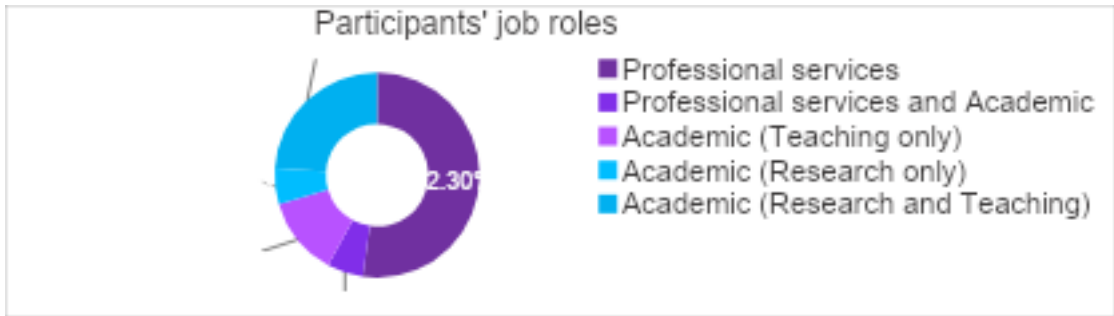
A total of 88 participants completed the survey, representing a completion rate of approximately 83.02% out of the 106 participants who initially began, but did not get past the consent form page or did not complete the survey, the survey. Participant ages ranged from 24 to 64 years, with a mean age of 42 years (Standard Deviation (SD) = 9.43). Most participants were on a permanent full-time contract (73.9%) or part-time contract (14.8%), and few reported having line managing responsibilities (16 participants, 18.2%). Participants' demographic information is presented in Table 1.

Table 1. Participants' demographic characteristics across Research staff and staff without research responsibilities (percentages and number in brackets).

		Research staff	Staff without Research responsibility
Ethnicity	White British	65.4% (17)	70.5 % (43)
	White other	23.1% (6)	24.6 % (7)
	Asian/Black/Other	11.5 (3)	4.9% (3)
Gender	Male	34.6 (9)	19.7 % (12)
	Female	61.5% (16)	73.8 % (45)
	Other	3.8% (1)	6.6 % (4)
Identifies with LGBTQIA community	Yes	19.2 % (5)	45.2 % (28)
	No	80.8 % (21)	48.4 % (30)
	Questioning	0	6.5 % (4)

As can be seen in Figure 1, only a minority of staff (29.5 %;26 respondents) reported having research responsibilities.

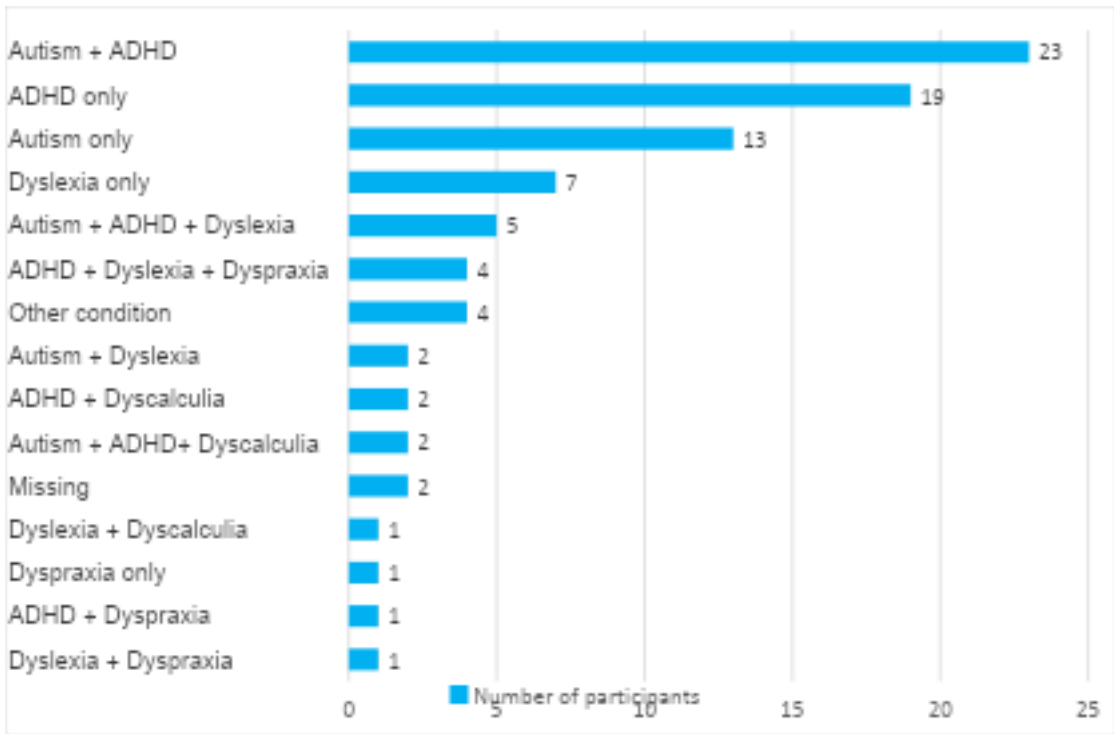
Figure 1. Distribution of participants' job roles in percentages



Neurodivergent conditions reported

The survey was open to all staff that identified as neurodivergent regardless of whether they had a formal diagnosis or self-identified as neurodivergent. Figure 2 below presents the number of participants who reported identifying with either a single ND condition or a combination of ND conditions. Each participant is represented only once and not counted in both single and combined categories.

Figure 2. Reported ND conditions, or combination of conditions, with which participants identified.



As shown in Figure 1, ADHD was the most frequently reported single condition (21.6%), followed by autism (14.8%). Among the combinations of conditions, the most commonly reported was autism and ADHD (26.1%). Overall, 56 participants identified with ADHD either with or without additional ND conditions, and 45 participants identified as being autistic, with or without additional ND conditions.

Evaluation of the representativeness of the sample

An important consideration when reporting the results of a survey study is to evaluate whether the sample of participants taking part is representative of the overall population of study, in this case of ND staff at UoP. Two issues have prevented the evaluation of the representativeness of the sample. First, the authors have been unable to access figures on the total number of ND staff, or their demographic characteristics. Second, as it is detailed in Disclosure Section, over half of respondents have not disclosed their condition to HR services, which suggests that any figures held by HR may not provide an accurate representation of the ND staff population at UoP.

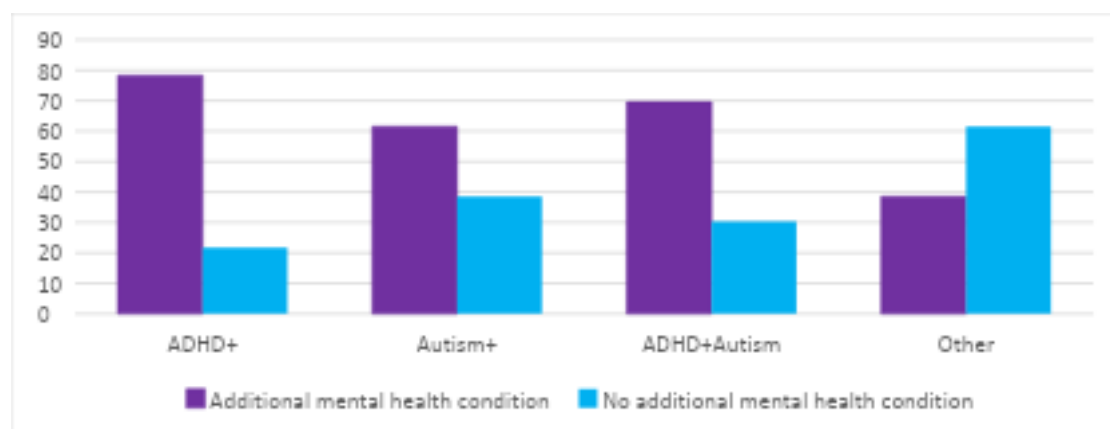
Mental Health

Research consistently reports that a large proportion of the neurodivergent population meets criteria for mental health conditions although reported prevalence varies widely across studies. For instance, rates for depression and anxiety within this population range from 10-54% (for a review see Curnow et al., 2023). The reported rates of mental health conditions fall in line with past research as 55% of participants (n = 48) reported having one or more mental health conditions. However, the reported rates varied across groups and warrant further analysis.

Comparisons across ND groups

The Autism+ group included 13 participants, the ADHD+ group 23, the Autism and ADHD also 23, and the Other group 13. Figure 3 shows the percentage of participants in each of these groups reporting one or more mental health conditions of the 72 participants who provided an answer.

Figure 3. Percentage of participants reporting an additional mental health condition across ND groups.

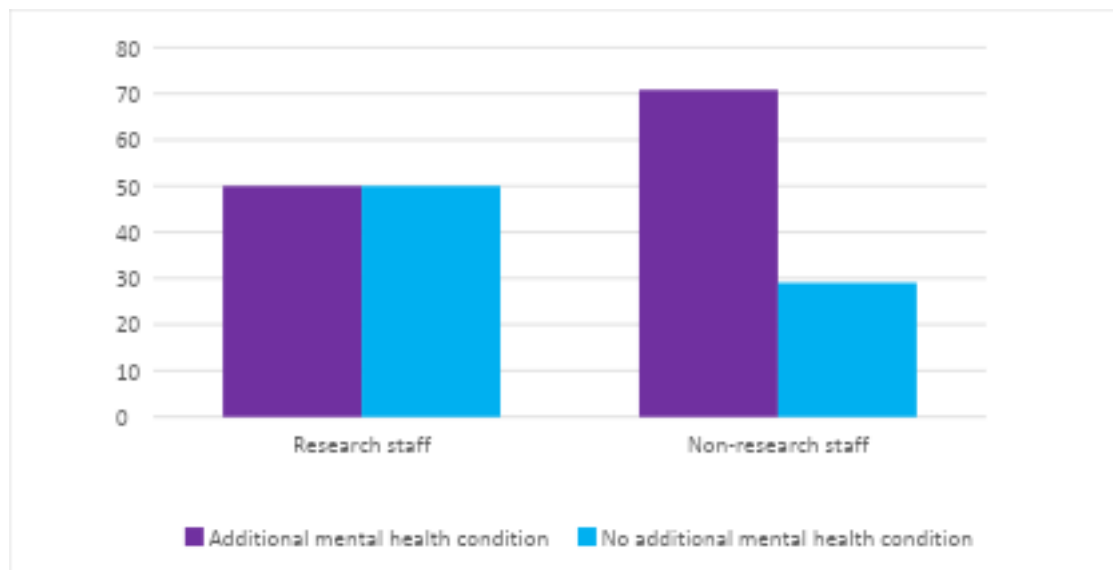


The rates illustrated in Figure 3 for participants identifying with ADHD, ADHD and autism or autism are significantly higher than those reported in previous research and are cause of concern as they suggest that the mental health of ND at UoP is significantly worse than in the general ND population, except for those identifying with other labels. However, the difference between the four groups was not statistically significant ($\chi^2(2) = 5.11, p = .164$).

Comparisons across job role groups

We also compared the mental health of research staff (i.e., academics with teaching and research responsibilities and academics with research responsibilities only) to staff without research responsibilities. As can be in Figure 4, there is a marked difference between the two groups. While 50% research staff reported having an additional mental health condition, this percentage raised to 70.91% among staff without research responsibilities a difference which a chi-square analysis revealed to be significant ($\chi^2(2) = 5.11, p = .053$, one-tailed). Again, these figures illustrate the high proportion of staff experiencing poor mental health at UoP, especially those with no research responsibilities.

Figure 4. Percentage of research staff and staff without research responsibilities reporting additional mental health condition(s).



Comparison across genders

Gender comparisons were made between participants identifying as male or females, as numbers for other gender categories were too low for statistical comparisons. A Chi-square analysis revealed that women were marginally more likely to report having an additional mental health condition than men ($\chi^2(1) = 3.68, p = .056$, one-tailed). While 66.7% women (36 out of 54) reported an additional mental health condition, only 42.9% males (6 out of 14) did, which mirrors research evidence from the wider and ND population.

Disclosure

Disclosure rates

Participants were asked to identify who they had disclosed their neurodivergent identity to. Responses indicated that participants were most likely to disclose to friends outside of work and family members ($n=65$; 73.9%) followed by their line manager ($n = 59$, 67.0%) and close colleagues only ($n = 38$, 43.2%). The least commonly selected options were many colleagues ($n= 28$, 31.8%) and students ($n = 18$, 20.5%). No statistical gender differences were found.

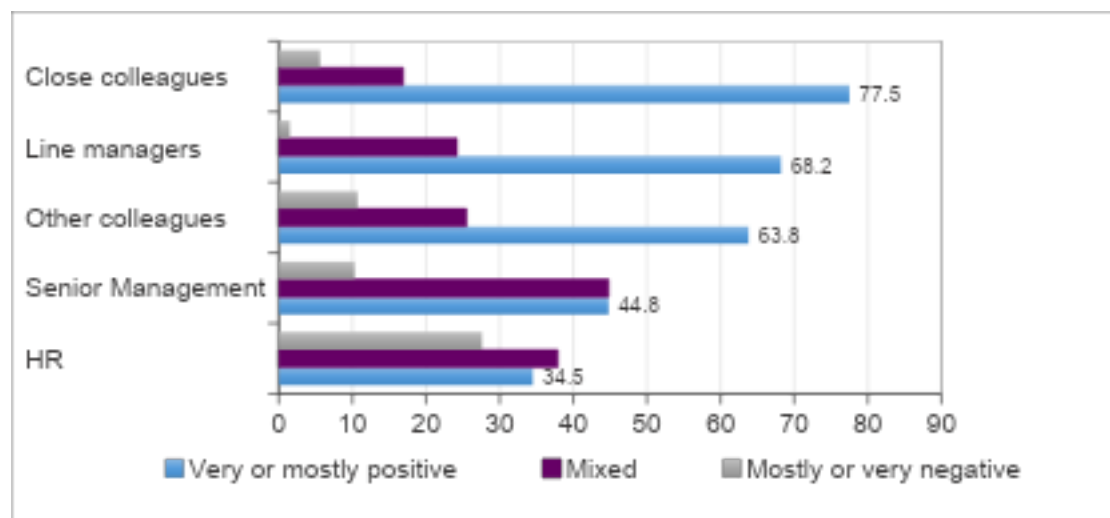
Table 2. Disclosure of neurodivergent identity (percentages and number of participants*).

Person/group	Disclosed	Not disclosed
Family and friends outside work	73.9% (65)	22.7% (20)
Line manager	67.0% (59)	29.5% (26)
Close colleagues only	43.2% (38)	53.4% (47)
HR	40.9% (36)	55.7% (49)
Occupational health	38.6% (34)	58.0% (51)
Many colleagues	31.8% (28)	64.8% (57)
Their students	20.5% (18)	76.1% (67)

Experiences of Disclosure

Participants were asked to rate their experience of disclosing their neurodivergent identity to the different stakeholders listed in Table 2. Figure 5 list the reported ratings most relevant to this study: Line managers, close colleagues, other colleagues, Senior Management and HR.

Figure 5. Percentage of participants* reporting positive, negative or mixed experiences of disclosing to different stakeholders within the university.



* **Please note** that the figures above are based on only those participants providing an answer, not the full sample.

Figure 5 clearly illustrates differences in the experience of disclosing to different stakeholders. Participants reported mostly positive experiences of disclosing to close and other colleagues, followed by line managers. In contrast, when disclosing to HR or senior management the experience was mostly either negative or mixed (19 out of 29, 65.5% and 16 out of 29, 55.1%, respectively). The number of males completing these questions was too low to perform statistical analyses comparing potential gender differences in their experience of disclosure.

Comparisons across diagnostic groups

There were differences in the reported experience of disclosure across diagnostic groups depending on who they disclosed to. When disclosing to line managers, the majority of participants in the Autism +, ADHD+ and the Other groups reported having a very or mostly positive experience (Autism+: 10/14, 71.4%; ADHD+: 15 out of 20, 75%; Other: 8 out of 11, 72.8%). In contrast, those in the ADHD + Autism group reported much lower positive ratings (12 out of 21, 57.1%), this difference was statistically significant ($\chi^2(3) = 18.58, p = .005$).

There were also differences in their experiences of disclosing to HR. When disclosing to HR, a very small proportion of participants in the Autism +, and ADHD+ reported having a very or mostly positive experience (Autism+: 1 out of 7, 14.3%; ADHD+: 2 out of 16, 25%), in contrast to the Autism + ADHD and Other groups who reported mostly or very positive experiences of disclosing to HR (ADHD + Autism: 3 out of 6, 50%; Other: 4 out of 8, 50%). This difference could not be tested statistically due to the small sample size.

Comparisons across job role groups

Disclosure rates varied significantly across research and staff without research responsibilities. Out of 26 research staff, 14 had disclosed their neurodivergent identity to line managers (53.8%), compared to 52 (84%) of staff without research responsibilities and 15 research staff (57.7%) had disclosed to close colleagues compared to 90.3% of staff without research responsibilities. Chi-square analyses revealed that the difference in disclosure rates in both cases was statistically significant ($\chi^2(4) = 8.81, p = .003$; $\chi^2(4) = 12.5, p < .001$, respectively). Disclosure to HR was low in both groups, and although higher in staff without research responsibilities (23 out of 62, 37.1% relative 6 out of 26, 23.1%), the difference was not statistically different.

Figures 6a and 6b illustrate participants experiences of disclosing to different groups (in %).

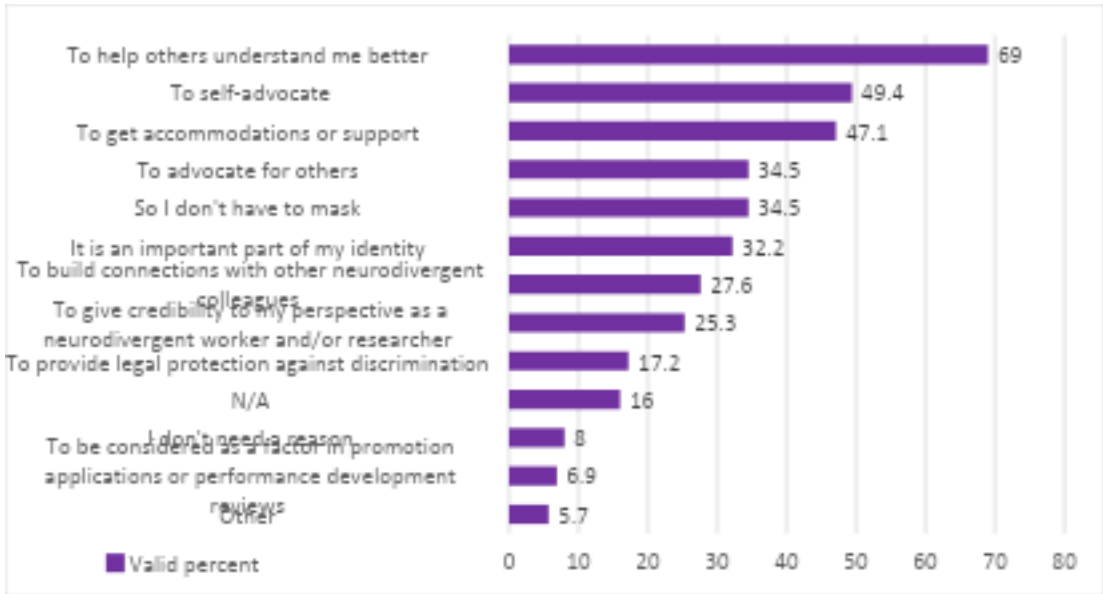


No differences between the two staff groups were observed in participants' ratings of their experiences of disclosing to line managers and close and other colleagues. However, there were statistically significant differences in their ratings of the experience of disclosing to HR and senior management ($\chi^2(2) = 33.62, p < .001$; $\chi^2(2) = 26.79, p < .001$, respectively) as research staff reported their experience of disclosing as more positive than staff without research responsibility (see Figures 6a and 6b). Please note, however, that the number of participants in which the analyses are based is low, as only 6 research staff disclosed to HR and 8 to Senior management.

Reasons for Disclosure

Figure 7 presents the number of participants who selected each reason for disclosing their neurodivergent identity. Participants were allowed to select multiple reasons. As can be seen in this figure, the most common reason for disclosing was to help others understand them better, to advocate for themselves or others or to get accommodations or support.

Figure 7. Percentage of participants selecting each reason for disclosing in descending order



Comparison across groups

When examining responses by diagnostic group, the most common reason for disclosing was helping others to understand them in all groups. Although there were slight variations across groups (Autism+: 57.9%; ADHD+: 83.3%; ADHD and Autism: 71.4%; Other: 56.3%), no statistically significant differences were found. This was also the case when comparing research and staff without research responsibilities. Both groups most reported reason for disclosing was helping others understand them better (Research staff: 60%; Staff without research responsibilities: 76.6%), and again no statistical differences were found. No gender differences were found.

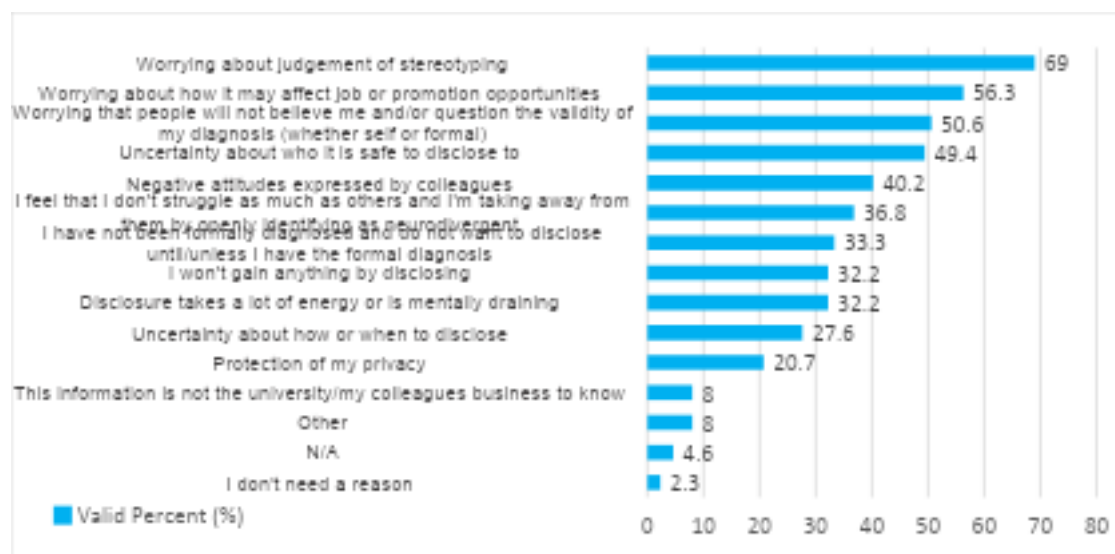
Reasons for not disclosing

Figure 8 below presents the number of participants who selected each reason for not disclosing their neurodivergent identity. Participants were allowed to select multiple reasons.

As shown in this Figure 8, the most reported concern for not disclosing was about being judged or fear of stereotyping, endorsed by 69% (n = 60 out of 87 valid responses). Another prominent reason was worry about how disclosure may affect job or promotion opportunities, selected by 56.3% (n = 49). The third most frequently selected reason was concern that others might not believe them and question the validity of their diagnosis, whether self-identified or formally assessed, reported by 50.6% (n = 44).

Some participants provided extra qualitative comments regarding their reasons not to disclose. Specifically, three participants reported “not being keen on being labelled” or feeling they “*annoy people by disclosing my ADHD, even if their reaction isn't negative or judgmental*”. One participant reported having disclosed initially to their line manager and only to colleagues once they received a formal diagnosis as: “*I felt that without that, it would have been harder to disclose due to the general skepticism ND people have to deal with when self-identifying.*”

Figure 8. Percentage of participants reporting reasons not to disclose their diagnosis in descending order



Comparison across groups

Analyses using a Chi-square test examined indicated a statistically significant difference across ND group for the reason “uncertainty about how or when to disclose” ($\chi^2(2, N = 71) = 6.20, p = .045$). Those with ADHD or ADHD = Autism were significantly less sure of who to disclose to or when (ADHD+: 9 out of 25, 36%; ADHD and Autism: 11/27, 40.74%) than the Autism+ or Other groups (Autism+: 2/19, 10.5%; Other: 12.5%). Similarly, while 37.7% (23 out of 61) women selected this reason none of the 20 men answering this question did. The

same analyses comparing research and staff without research responsibilities revealed no significant differences between the reasons reported for not disclosing their diagnosis.

Promotion and internal job applications

Participants were asked about how ND impacted on promotion opportunities or internal job applications. The data provided needs to be taken with caution, only 37 out of 88 (42%) of participants reported having applied for promotion. Of these only 45.9% were successful on their applications. It is difficult to interpret this figure as the authors of the survey do not have access to overall rates of promotion success at UoP. Of the 4 people that submitted an EDI statement with their application, 3 people reported their statement was rejected.

Participants were also asked whether they disclosed their ND diagnosis on application to internal posts. Over two-thirds (67.8%) of the 56 participants that had applied to internal posts had not disclosed their diagnosis

Adjustments

Perceived usefulness of adjustments

The majority of respondents reported having at least one adjustment in place. The most frequent adjustments reported in the open-ended question regarding the adjustments they had in place were:

- Flexible/Hybrid working (later/earlier start, condensed week, WFH) – most consistently described as *life-changing or essential*.
- Quiet/private workspace (own office, allocated desk, quiet rooms).
- Sensory/environmental modifications (temperature regulation, light adjustments, headphones, reducing distractions).
- Assistive tools/software (transcription software, Grammarly, task management apps, accessibility licences).
- Organisational/time management support (adjusted duties, deadlines, breaks, support in meetings).

Participants also rated how much they believed they would benefit from a range of adjustments across 3 categories using the options “Very much,” “Somewhat,” and “Not at all.” Data are presented in Figures 9-11 as valid percentages.

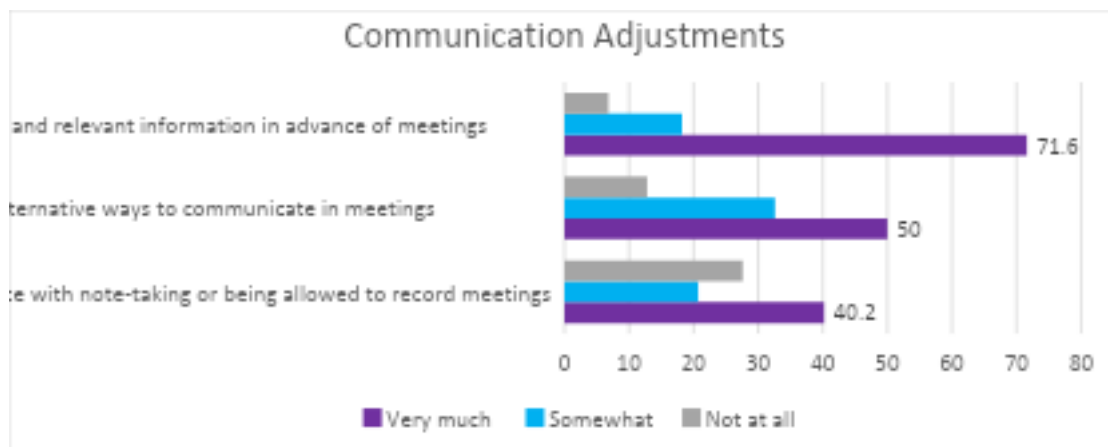
Figure 9. Reported usefulness of different workspace adjustments in percentages.



As shown in Figure 9, the most useful workspace adjustment identified by participants was the ability to take breaks when needed followed by access to a quiet area (67 out of 88, 76.1%; 62 out of 88, 70.5%).

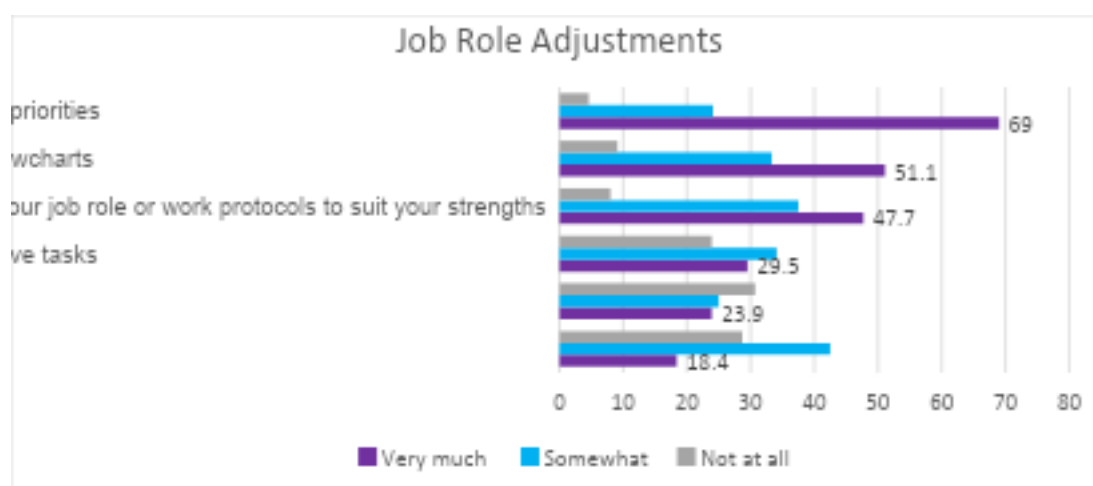
In terms of adjustments related to communication (see Figure 10), receiving agendas and relevant information in advance of meetings was identified as the most useful adjustment (63 out of 88, 71.6%) followed by being offered alternative ways to communicate during meetings (43 out of 88, 50%).

Figure 10. Reported usefulness of different communication adjustments in percentages.



Regarding job role adjustments, the provision of clear plans and priorities emerged as the most useful adjustment (60 out of 88, 69%), followed by the provision of clear manuals and flowcharts, which was identified as very useful by 45 out of 88 (51.1%) of participants.

Figure 11. Reported usefulness of different job role adjustments in percentages.



Finally, participants were asked for potential support regarding promotion, applying to internal jobs or career related meetings (PDRs performance reviews). A summary of responses is presented in Table 3.

Table 3. Support for career-related meetings promotion and application for internal posts

	Very much	Somewhat	Not at all	Not sure
Bringing a support person to career-related meetings (e.g. PDR or Performance Reviews)	5.7 %	27.3%	52.3%	14.8%
Having clear guidance of promotion criteria	61.4%	20.5%	11.5%	6.8%
For promotion or internal posts interviews, having the interview questions in advance	60.9 %	20.7 %	8.1%	20.3%

Comparisons across diagnostic groups

The comparison across diagnostic groups yielded statistically significant differences across diagnostic groups only for the use of a screen reader ($\chi^2(2) = 17.70, p = .039$). Participants in the ADHD+ and ADHD and autism groups were more likely to rate having a screen reader as very or somewhat useful (12 out of 25, 48%; 13 out of 28, 46.43%, respectively) than those in the Autism+ or Other groups (12 out of 25, 48%; 13 out of 28, 46.43%, respectively). There were no other differences across diagnostic groups for any of the other listed adjustments.

Comparison across job role groups

The comparison between research and staff without research responsibilities regarding adjustments showed a significant difference in the perceived usefulness of the use of headphones (Research staff: 19 out of 26; 73%; Staff without research responsibilities: 56 out of 62, 91.8%, ($\chi^2(2) = 17.70, p = .039$), provision of work manuals (Research staff: 20 out of 26; 76.9%; Staff without research responsibilities: 54 out of 62, 87.1%, ($\chi^2(2) = 15.40, p = .002$), work plans (Research staff: 22 out of 26; 84.6%; Staff without research responsibilities: 59 out of 61, 96.7%, ($\chi^2(2) = 10.22, p = .017$) with staff without research responsibilities' ratings these adjustments as more useful than research staff. Having assistance with

administrative tasks was rated marginally as more useful by research staff (Research staff: 18 out of 26; 69.2%; Staff without research responsibilities: 38 out of 62, 61.3%, ($\chi^2(2) = 7.94$, $p = .047$). No differences were found regarding support for promotion or internal post applications.

Barriers to requesting and implementing adjustments

In response to an open-ended question, participants identified a series of barriers in either requesting adjustments or the process of their implementation which indicate where current university neurodiversity policy that could be strengthened to better support neurodivergent staff so they can reach their full potential. Frequently reported barriers were:

- Lack of a clear, accessible pathway for requesting, implementing and reviewing adjustments.
- Inconsistent or partial implementation of adjustments.
- Lack of accountability and follow-through from managers/HR.
- Stigma, assumptions, and poor understanding which results in burden of *constantly defending the need* for adjustments.
- Inequity: Adjustments depend too much on the *luck of having a good manager* rather than university-wide policy.

Understanding Neurodiversity

An important factor influencing the successful inclusion of ND in employment relates to the level of understanding of neurodiversity by non-neurodivergent staff. We asked participants to rate their perception of how well staff at UoP understand neuro-inclusive practices, neurodiversity-related concepts, and diagnostic categories (see Tables 4 and 5).

Table 4. Percentage of participants (out of 88) who rated non-neurodivergent staff as having good or little understanding of neuro-inclusive practices and neurodiversity-related concepts.

	Fairly good or Very good understanding	Some or Little Understanding	Not sure
What neurodiversity is/isn't	36.3 %	62.5 %	1.1 %
Neuro-inclusive workplace practices	20.5 %	76.1 %	3.4 %
Neuro-inclusive teaching practices	18.1 %	48.9 %	33 %
Universal Design	12.5 %	61.4 %	26.1 %

As can be seen in Table 3, participants perceive UoP staff to have moderate or little awareness of neurodiversity itself, however their understanding of how to apply neuro-inclusive practices is far more limited. Only around a third felt staff have a good understanding of what neurodiversity is, and fewer than one in five reported a good understanding of neuro-inclusive workplace or teaching practices. Uncertainty was particularly high for Universal Design (26.1% unsure).

Table 5. Percentage of participants (out of 88) who rated non-neurodivergent staff as having good or little understanding of different ND conditions.

	Fairly good or Very good understanding	Some or Little Understanding	Not sure
Autism	19.3 %	71.6 %	9.1 %
Dyslexia	36.4 %	46.6 %	17 %
ADHD	21.8 %	70.1 %	8 %
Dyspraxia	24.9 %	57.5 %	27.6 %
Tourette	9.1 %	61.4 %	29.5 %
Dyscalculia	9.2 %	59.8 %	31 %
Dysgraphia	9.1 %	59.8 %	31.1 %

Dyslexia was perceived as the best-understood condition, with 36.4% reporting fairly good or very good understanding, though nearly half still have only partial knowledge. In contrast, the perception by participants is that the large majority of UoP staff have moderate or little understanding of autism, ADHD, which are the most common reported conditions by participants. For other conditions such as Tourette's, dyscalculia and dysgraphia approximately one third respondents were unsure about the levels of awareness among UoP staff. Overall, the data indicate substantial uncertainty across most conditions, highlighting a need for broader education and training to improve staff confidence and awareness.

Comparisons across groups

To explore potential differences across diagnostic groups, ratings were transformed into scores ranging from 1= Little understanding to 4=Very good understanding, excluding all participants who answered "Not sure". No important or statistically significant differences were found for perceived understanding of Neurodiversity and ND related concepts, nor for perceived understanding of individual conditions. No significant differences were found either across job roles or gender identity.

Contributions of Neurodiversity Staff to UoP

Participants were also asked to rate whether, in their view, non-neurodivergent UoP staff would think ND staff contribute positively to the University and whether they require extra support, adjustments and training. There were three positive statements - relating to innovation, having a positive influence on others, and positively contributing - and four negative statements suggesting neurodivergent employees require substantial workplace adjustments, more support and training or are challenging to manage. Figure 12 presents a summary of the results.

Figure 12. Perceived contributions and challenges associated to ND Staff (in percentages).

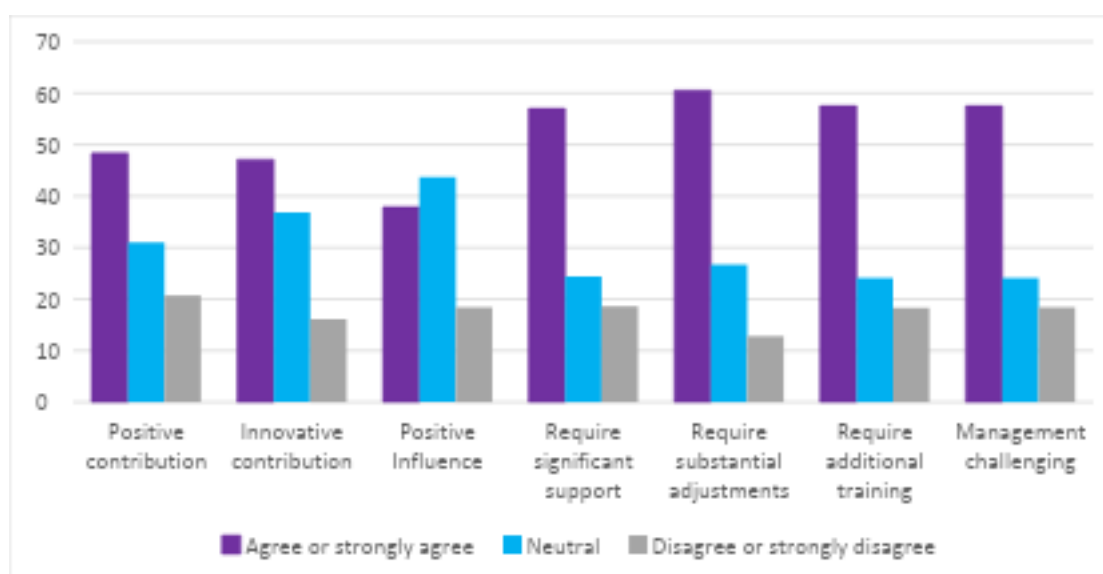


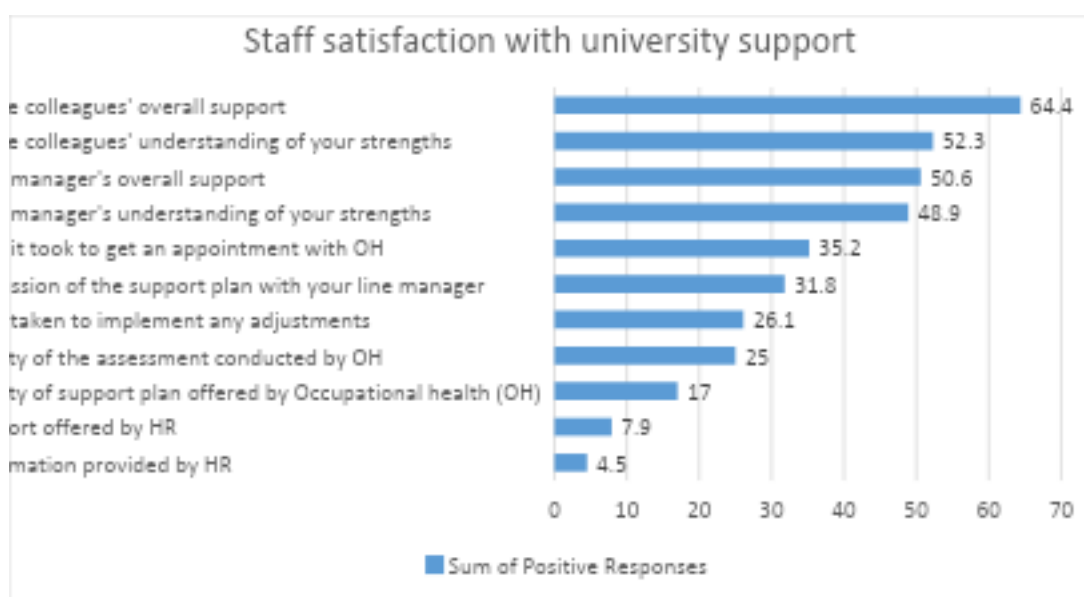
Figure 12 shows just about 50% of ND staff think that UoP staff have positive perceptions of neurodivergent staff. These figures come alongside a perception that UoP staff have notable assumptions about support needs. Approximately half of respondents agree that UoP staff see neurodivergent colleagues make a positive and innovative contribution, with similar levels endorsing their positive influence. However, a higher proportion believe UoP staff think ND staff require significant support, substantial adjustments, and additional training. Finally, more than half perceive that UoP staff feel management of neurodivergent staff is challenging. Overall, the chart reveals a mix of appreciation and deficit-based assumptions, suggesting the need to address stereotypes while strengthening inclusive support practices.

University Support

Satisfaction with University Support

Staff were asked to rate their level of satisfaction with the support and services provided by the University. As Figure 13 shows, a high proportion of ND staff are either very or mostly satisfied with the support and understanding of their close colleagues and their line managers. However, very few staff reported being satisfied with the support provided by central services, in particular Occupational Health and HR. The support and information provided by HR seem to be particularly concerning as only 7.9% and 4.5% of staff, respectively, seem to be satisfied with the support offered.

Figure 13. Percentage of participants reporting being very satisfied or mostly satisfied with different sources of support.



Comparisons across diagnostic groups

Responses were transformed into scores ranging from 1=Not satisfied at all to 5=Very satisfied. These scores were used to explore potential differences across diagnostic groups. A one-way ANOVA revealed significant differences across groups in their satisfaction with the time taken to get an appointment with OH, HR support and HR information. However, when pairwise comparisons across groups were explored, using Bonferroni correction for multiple comparisons, these differences failed to reach statistical significance.

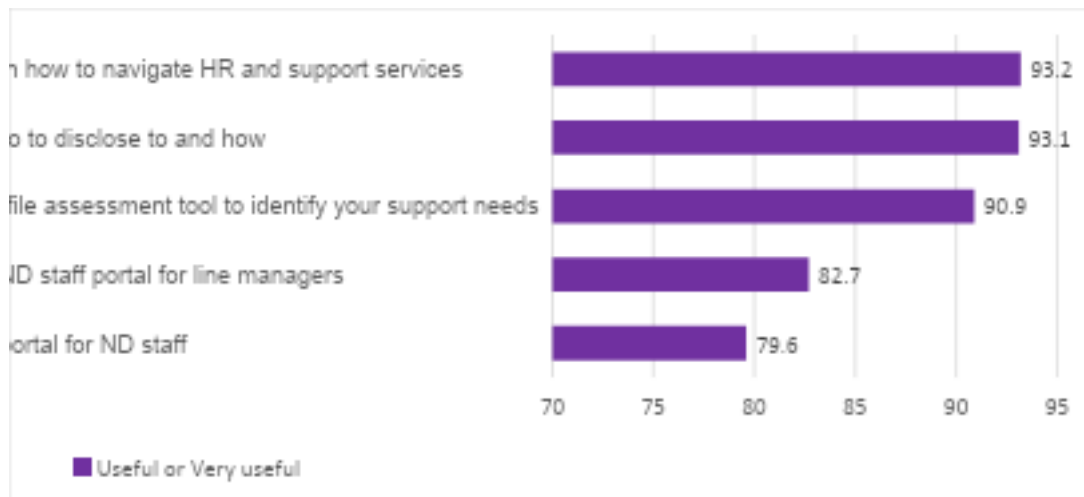
Comparisons across job role groups.

Scores were also used to explore differences across job roles. Although research staff reported less satisfaction with line manager support and understanding than staff without research responsibilities, these differences did not yield statistical significance.

Usefulness ratings of potential sources of support

Participants were asked to rate the usefulness of some possible sources of support the university could offer, including support for promotion. Figure 14 summarises their ratings. In terms of promotion, having clear guidance and promotion criteria was identified as an instrumental adjustment by 61.4% of participants ($n = 54$), followed closely by access to interview questions in advance, reported as useful by 60.9% ($n = 53$).

Figure 14. Respondents ratings on support priorities (in percentages).



Comparison across groups

Responses were transformed into scores (1=Not very useful to 3=Very useful). A one-way ANOVA revealed significant differences across groups ($F(3,83)=10.23$, $p=.26$). This difference stemmed from a significant difference in the perceived usefulness by between the Autism + and the ADHD+ groups. Participants in the ADHD+ group rated the provision of a ND portal as significantly more useful than those in the Autism+ group. No significant gender or job role differences were found.

Staff-led Recommendations

Respondents offered a series of recommendations to improve staff experiences at UoP. Here we provide a summary of these recommendations combined with recommendations based on the findings from the quantitative data provided by participants. The recommendations are grouped around culture change, disclosure and university support.

Creating a supportive culture

- Training and education of non-ND staff and managers: There was a strong call for mandatory training, particularly for line managers, covering specific conditions, common traits, and strategies for support. Training should focus on strengths, be delivered proactively (not only after disclosure).
- Training to challenge negative stereotypes: Participants stressed the need to address misconceptions and prejudice, including assumptions about who is ND, questioning the validity of diagnoses, or encouraging masking. A more inclusive, respectful culture was seen as essential for positive disclosure experiences. Focus on respecting individuality, autonomy, and strengths-based perspectives of ND staff.
- Guidelines emphasising neuro-affirming, non-disabling language: Examples including glossaries, toolkits, and guidance on using neuro-affirming terms in communication.

Supporting Disclosure

- Provision of practical suggestions for respectful responses to disclosure: Examples of what ND staff would like to hear when disclosing (e.g., validating, non-minimising responses, following through on requests).
- Provision of clear pathways and procedures for disclosure: Respondents highlighted the need for transparent, formalised processes outlining when, how, and to whom disclosure can be made. Suggestions included a centralised hub with step-by-step guidance, options to disclose in flexible ways (e.g., online), examples from colleagues, reassurance about confidentiality as well as clarity on benefits, risks, and resources.
- Creating safe spaces and encouraging disclosure: Staff described the need for a culture of psychological safety, including reassurance that disclosure will be respected. It was suggested that it would be helpful to enhance the visibility of senior leaders and peers who are open about being ND, and create forums or networks for ND staff to connect.

Improving University support

- Co-creation of policy development and resources: Participants stressed the importance of involving ND staff in decision-making and policy and resource development
- Process and bureaucracy: Reduce bureaucracy in requesting/maintaining adjustments, streamline the process (i.e., implementation of adjustments to new roles without having to repeatedly disclose needs) and create a monitoring system to ensure adjustments are implemented.
- Clear and consistent application of policy: Develop policy, processes, structures and resources to guarantee consistency and accountability around the implementation of adjustments across schools and departments

Based on the support needs identified by neurodivergent staff, as well as existing gaps and deficiencies in how information, support, and accommodations are provided, the researchers aim to co-create a ND staff portal. This portal will offer guidance on disclosure, accessing adjustments and support, direct staff to appropriate points of contact, and share insights from other neurodivergent staff and their experience.

Limitations of this report

A key limitation of the findings described in this report is the uncertainty surrounding the representativeness of the sample. Because we were unable to evaluate how closely the participants reflect the broader university ND staff population, the findings may not generalise to all ND staff working at UoP. The survey was disseminated primarily through staff news channels rather than a direct all-staff email, which likely introduced a degree of self-selection bias; staff more engaged with neurodiversity issues or experiencing difficulties may have been disproportionately represented. Additionally, some subgroups had very small sample sizes, notably teaching-only staff and staff on academic and professional services contracts, limiting the ability to perform robust statistical comparisons or draw definitive conclusions for these populations.

Another notable limitation is that the study was not co-produced with the neurodivergent staff community. The survey is loosely based on an original survey developed at the University of Melbourne, which was created by neurodivergent staff specifically for ND staff working at the University of Melbourne. We attempted to co-produce adaptations to the UoP context, but we were unsuccessful. Co-production could have ensured that the survey design, question framing, and categories of analysis were more directly relevant to the lived experiences and priorities of neurodivergent staff at UoP. Without this input, there is a risk that the study may have overlooked aspects of inclusion and support that matter most to these groups or unintentionally framed questions in ways that do not fully capture their perspectives. Collectively, these limitations suggest that while the findings provide valuable insights into staff perceptions and experiences regarding neurodiversity, they should be interpreted with caution. Future research would benefit from a more inclusive design process, broader and more systematic dissemination strategies, and recruitment approaches that ensure adequate representation across all staff roles to strengthen the generalisability and applicability of the findings.

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