

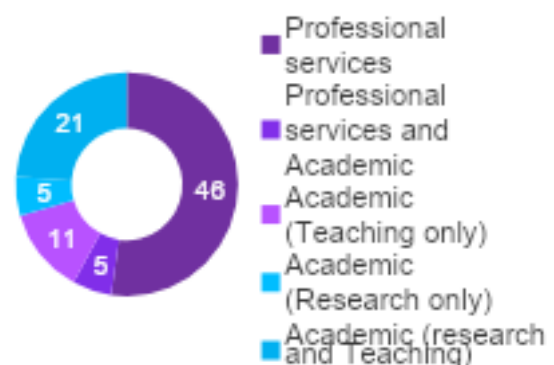
Experiences of neurodivergent staff working at the University of Portsmouth: Summary report

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 neurodivergent staff completed the survey. The survey explored experiences of disclosure, adjustments, university support and perceived understanding of neurodiversity (ND) within UoP. This report was prepared by Professor Beatriz Lopez and Konstantina Klimantaki.

Participant characteristics

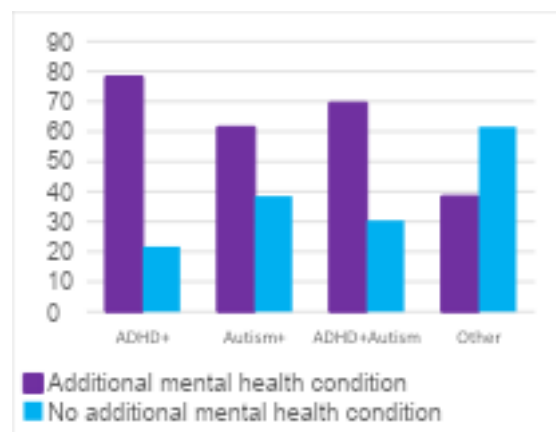
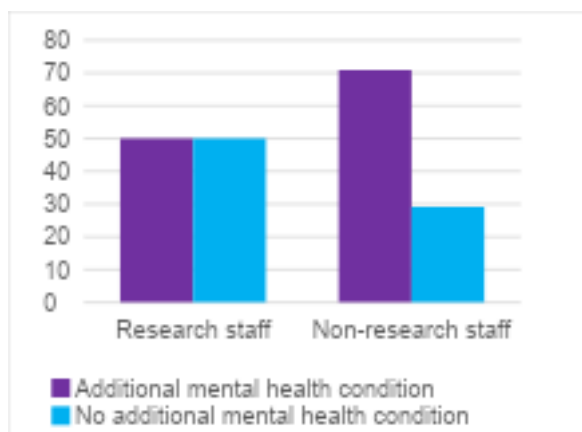
The survey completion rate was 83%. Participants were aged 24–64 years (mean = 42, SD=9.43), with a majority identifying as women (70.1%), White (93.1%), and not having research responsibilities in their contract (70.5%, mostly Professional Services). Most were on permanent full-time contracts (73.9%), 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.

Participants' job roles



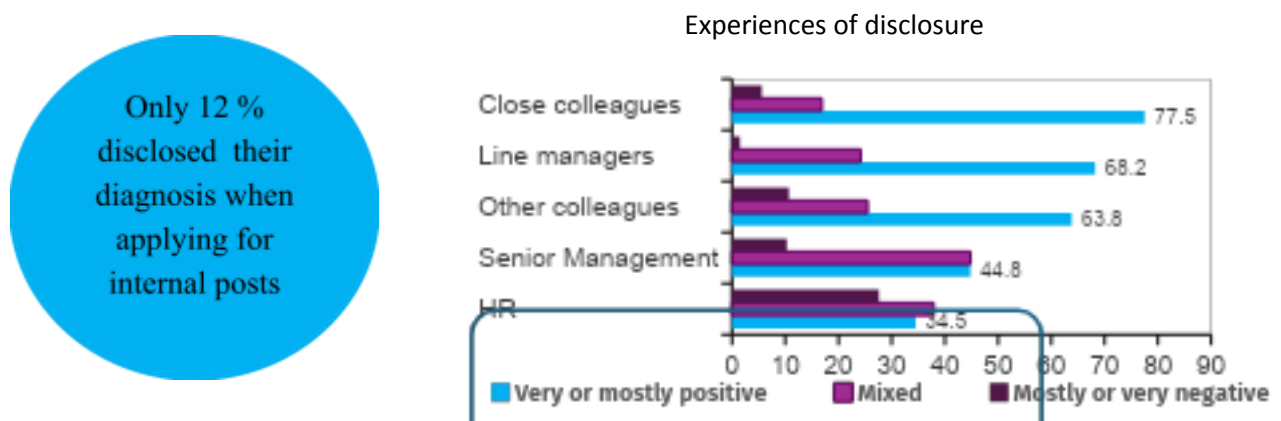
Mental health

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%). The rates reported by participants identifying as 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. These findings indicate a substantial mental health burden 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 support.



Disclosure

Experiences and rates of disclosure varied substantially by audience. Participants were more likely to disclose to line managers (67%) than HR (40.9%). Staff without research responsibilities in their contract disclosed their diagnosis significantly less often than research staff (53.8% and 84%, respectively).



The most common reasons for disclosure were helping others understand them better, advocating for needs, and accessing support. Reasons for non-disclosure centered on fears of judgement or stereotyping, impact on career progression, and concerns about not being believed. Only 12.5% disclosed their diagnosis when applying for internal posts.

Workplace Adjustments

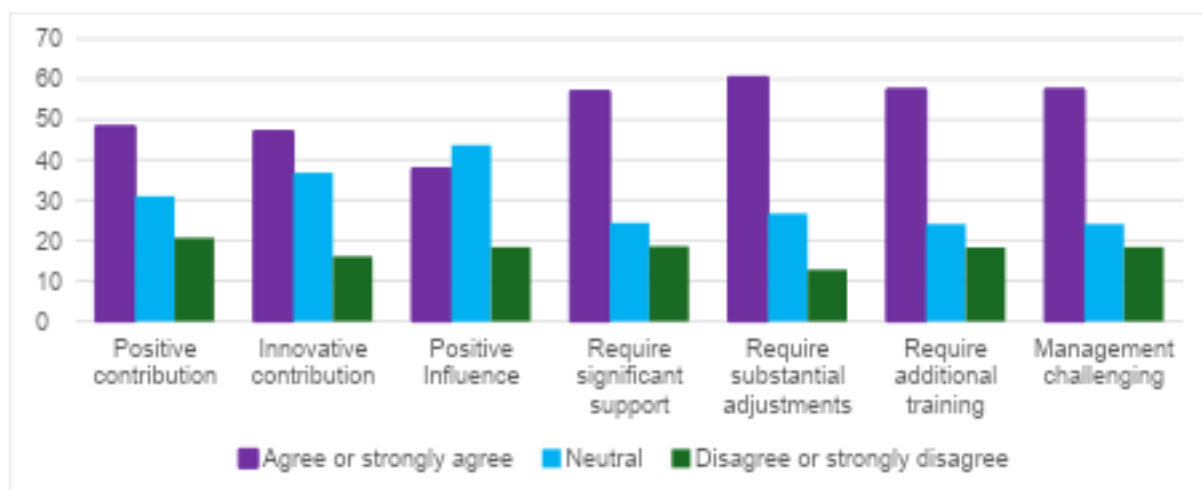
Comparisons between research staff and staff without research responsibility in their contract revealed several significant differences. Most respondents had adjustments in place. Staff without research responsibilities more frequently rated headphones, work manuals, and structured work plans as useful. Conversely, staff with research responsibilities found assistance with administrative tasks slightly more beneficial.

Barriers identified	Most valued adjustments
● 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 <i>constantly defending the need</i> for adjustments. ● Inequity: Adjustments depend too much on the <i>luck of having a good manager</i> rather than university-wide policy.	● Positive management relationships described as important as adjustments ● Hybrid Flexible/Hybrid working– most consistently described as <i>life-changing or essential</i>. ● Quiet/private workspace ● Sensory/environmental modifications (temperature regulation, light adjustments, headphones). ● Assistive tools/software ● Organisational/time management support ● Communication & Information Clarity (clarity on roles, clear plans and expectations, alternative communication methods, pre-interview questions).

Perceptions of understanding of ND within UoP

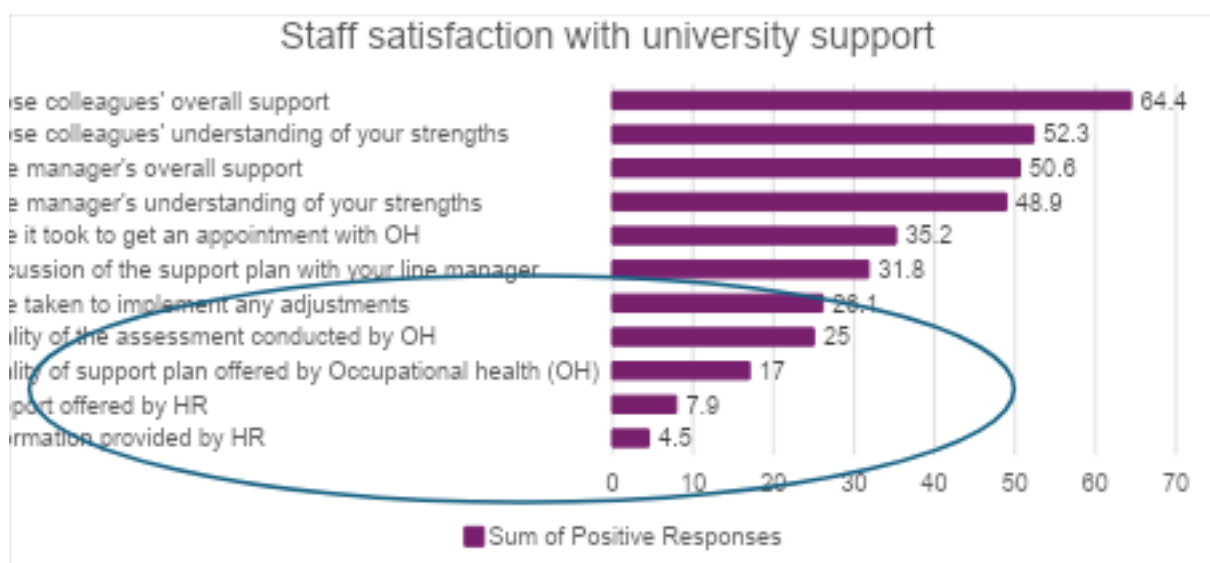
Participants reported that UoP staff have limited understanding of neurodiversity and related inclusive practices. While 36.3% believe staff have a good grasp of what neurodiversity is, fewer than 20% rate UoP staff's understanding of neuro-inclusive workplace or teaching practices as strong. Dyslexia is seen as the best-understood condition, but most participants report that autism, ADHD, and other conditions are poorly understood. 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.

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



Satisfaction with 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. No gender or job-role differences were found, nor marked differences across conditions.



Recommendations

Respondents offered a series of recommendations to improve staff experiences at UoP. Here we provide a summary of recommendations 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, and strategies for support. Training should focus on strengths and be delivered as standard.
- ◇ Training to challenge negative stereotypes: Specifically, training to combat misconceptions and prejudice, including assumptions about who is ND or the questioning of the validity of diagnoses. Training focusing on respecting individuality, autonomy, and strengths-based perspectives of ND staff was seen as essential for positive disclosure experiences.
- ◇ 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, allowing the option 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: Many staff described the need for a culture of psychological safety. This included reassurance that disclosure will be respected. It was also suggested that it would be helpful to have visibility of senior leaders and peers who are open about being ND, and opportunities for ND staff to connect in forums or networks.

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.