Some key terms and concepts for neurodiversity at work:

**Neurodivergent:** refers to individuals whose brain functions differ from what is considered typical or "neurotypical." It’s often used to describe people with conditions such as: Autism, ADHD, Dyslexia, Dyspraxia, Tourette Syndrome, OCD, BPD, Schizophrenia, and Sensory Processing Disorder, among others.

The concept comes from the broader idea of **neurodiversity**, which views neurological differences as natural variations of the human brain rather than deficits or disorders. Being neurodivergent doesn't necessarily mean someone has a disability—it simply means their brain processes information, emotions, and experiences in a way that diverges from the norm.

The term "**neurominority**" refers to a group of people whose neurological development and functioning differ from the majority of the population. Like "neurodivergent," it is often used in the context of neurodiversity, but with a specific emphasis on social and systemic marginalization, highlighting groups that may be marginalized (numerically, or socially). It is important to bear in mind that, even among the neurodivergent and/or disabled, stigma and discrimination are unequal. Some groups face more intense, or different forms of stigma and discrimination.

All of these terms are nested within the “**social model of disability”** which focuses on understanding disability in light of social barriers that disable people, rather than viewing disability as a medical problem within the individual.Barriers—such as inaccessible buildings, inflexible work environments, negative attitudes, and lack of inclusive education—are what truly disable people. In this way of thinking, d**isability is not *caused* by a specific impairment**, but by the way a social context is organised.

In the UK, disability is defined under the **Equality Act 2010** as a protected characteristic. According to this law you are considered disabled if you have a physical or mental impairment that has a substantial and long-term negative effect on your ability to carry out normal daily activities. Persons with disabilities are legally entitled to **reasonable adjustments**, e.g. changes that employers, service providers, and public bodies must make to ensure that disabled people are not put at a substantial disadvantage compared to non-disabled people. **There is no legal requirement for persons attempting to disclose information about their disabilities at work to** **provide proof or medical evidence**, which is often very difficult to obtain, especially for women and people of colour who are disproportionately denied diagnosis in the UK.

Researchers in disability and accessible design studies have often emphasised the importance of **universal design**. In contrast to the way that organisations can often place a demand on individuals with disabilities to disclose, self-advocate, and request reasonable adjustments, essentially taking ownership for improving a hostile environment, universal design refers to the design of environments, products, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. It’s often possible to mainstream adjustments that work for one person as a way of supporting others who are too traumatised to speak up for themselves or aren’t as far along on their journey of developing a disability identity or unmasking at work. Universal design isn’t always the necessary outcome - there are also instances where neurodiverse teams will identify conflicting needs that require negotiation or some particularly niche accommodations.

It is not uncommon with invisible disabilities for individuals to engage in **masking** and **camouflaging** strategies, used to hide or suppress their natural behaviours in order to fit into neurotypical social norms. **Masking** involves consciously or unconsciously hiding traits associated with one’s neurodivergence. This might include: forcing eye contact even if it feels uncomfortable, suppressing stimming behaviours (like hand-flapping or fidgeting), hiding sensory sensitivities, food preferences or emotional responses. **Camouflaging** is a broader term that includes masking but also involves actively imitating neurotypical behaviour to blend in. It can include: copying others’ body language or speech patterns, using scripts for conversations, over-preparing for social situations, avoiding topics or behaviours that might reveal neurodivergence.

**Disability identity** refers to the personal and collective sense of self that someone develops in relation to their experience of disability. It involves recognizing disability as a meaningful part of who they are—not just a medical condition or limitation, but a **social, cultural, and political identity**. It’s often the case that developing a disability identity can take years, even decades to unfold. Disclosure and unmasking are very hard work, often exhausting and involves opening yourself up to forms of bias and discrimination, so the process is (and should be!) often uneven and slow, starting with a specific few safe people, and working up towards more public disclosures.