

Neurodiversity Data at Work



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Diversity Council Australia Limited (DCA) and Amaze.

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About Diversity Council Australia



Diversity Council Australia (DCA) is the nation's leading independent peak body for diversity and inclusion. We are a member-based, not-for-profit, with a strong network of over 1,300 member organisations, including some of Australia's largest employers. For over 40 years we have been at the forefront of helping shape more equitable workplaces, contributing to a stronger economy and fairer society.

Our evidence-led approach is centred on lived experience, and our research consistently shows that inclusive organisations are more innovative, productive, and resilient in changing environments.

Through groundbreaking research, practical tools, events, advocacy, education and training, we provide expert guidance across a spectrum of diversity dimensions to employees, leaders, policymakers and the broader community. We equip organisations with the tools and insights they need to champion the undeniable benefits of diversity and inclusion.

This work also supports our charitable purpose, which is to promote and advance diversity and inclusion in workplaces for the benefit of individuals, organisations and the broader community.

Diversity Council Australia Limited

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About Amaze



Amaze is a leading not-for-profit working to create a more inclusive Australia where Autistic people and their families can live their best lives. Our work is informed by our longstanding role within the Autistic community, the insights shared through Autism Connect and the multidisciplinary expertise across our team. This connection ensures the guidance we provide is trusted, relevant and aligned with what Autistic people say makes a meaningful difference in services, community settings and workplaces.

We support Autistic people, families, professionals, educators, employers, government and the wider community to deepen their understanding of Autistic experience and strengthen inclusion. Through Autism Connect, Australia's national autism helpline, and our community development programs, we maintain close and ongoing links with Autistic people and their supporters across Victoria and nationally.

Informed by community insight, research evidence and our experience delivering projects across sectors, Amaze Inclusion supports organisations to explore how their systems, environments and everyday practices may impact Autistic and otherwise neurodivergent people. We work with teams to identify practical, achievable improvements that strengthen accessibility and reduce unintentional barriers. Our approach is co-designed and evidence-informed, with an emphasis on sustainable change.

A note on language

Language is constantly evolving. As people's lived experiences change, so too does the language we use to describe ourselves.

Person-first and identity-first language

This resource includes a mix of person-first language such as "people with disability" and identity-first language (e.g. neurodivergent person). We recognise that there is no single approach that would capture everyone's lived experience, and individuals and certain groups have specific preferences.

When we are talking about members of a community, leading practice is to use language that aligns with the dominant preferences of specific communities. For example, identity-first terminology is used when referring to Autistic people generally.¹

However, there are a diversity of preferences within the neurodivergent and disability communities, and everyone has the right to choose the language they use to describe themselves and the language others use to refer to them.

Neurodiversity and disability

We acknowledge that while some neurodivergent people may identify as people with disability (or disabled), others may not.

- Some people with lived experience see disability and neurodivergence as entirely separate/ mutually exclusive, others see disability and neurodivergence as intersecting with each other, and others see neurodivergence as a disability.
- Some people avoid calling neurodivergence a disability because disability is often (incorrectly) represented as a deficit – as being an individual 'problem' instead of being a result of society being inaccessible.

It is then important to recognise that:

- each neurodivergent person will self-identify as disabled or not, depending on their lived experience and views
- the context sometimes influences whether someone may/may not view their neurodivergence as a disability (e.g. in a loud workplace, someone with auditory processing difficulties may consider themselves to be disabled, while they do not experience barriers at home).

Neurodiversity terms used in this guide

Neurodiversity (noun): refers to differences in how we all think and interact with the world, as a form of human diversity.

Neurodivergence (noun): having a mind that functions in ways that diverge from what is considered typical of most people.

Neurotype (noun): A person's characteristic way of thinking, experiencing, and interacting the world. The term is most often used in relation to specific identified forms of neurodivergence, such as being Autistic, or to describe someone whose processing style is neurotypical.

Neurodivergent (adj.): Describes individuals whose ways of thinking, experiencing, or interacting with the world differ from what is considered typical of most people.² These differences may not always be visible to others. Neurodivergent people may have a formal diagnosis or may self-identify³ based on their lived experience of cognitive and/or neurological differences. This includes but is not limited to, people who are Autistic, have ADHD, dyslexia, dyspraxia, dyscalculia, dysgraphia, Tourette syndrome, or mental health conditions.⁴ Some individuals identify as neurodivergent without using a specific diagnostic label or neurotype, in recognition of their cognitive and/or neurological differences.

Neurotypical (adj.): Describes individuals whose ways of thinking, experiencing, and interacting align with what is considered typical or expected in society. The term is often used in contrast to neurodivergent.⁵

Neurodiverse (adj.): refers to a group that includes both neurodivergent people and neurotypical people.

Neuroinclusion is the practice of consciously and actively including all types of information processing, learning and communication styles.⁶ Many workplaces' human resource practices are designed with neurotypical norms in mind, which can inadvertently exclude neurodivergent employees.⁷

Further reading:

- [Neurodiversity: Some Basic Terms & Definitions](#), Dr Nick Walker
- Australian Institute of Family Studies, 2025. [Defining key terms relating to neurodivergence](#)
- Zaneva, M., et al. (2024). [An Annotated Introductory Reading List for Neurodiversity](#). eLife

Why collect neurodiversity data?

A 2020 study estimated that between 15 and 20 per cent of the world's population are neurodivergent.⁸ Despite this, very few organisations collect workforce neurodiversity data.

There is no legislative requirement for organisations to publicly track or report on workforce neurodiversity in Australia. This means there is limited publicly available data on the representation of neurodivergent employees in organisations, or on how their career trajectories compare with those of neurotypical employees.

Reflecting this lack of data, research shows that most organisations have been unable to leverage neuroinclusion in their workplace.⁹

Neurodiversity data supports workplace neuroinclusion

Neurodiversity data is a powerful tool to support organisations in their neuroinclusion work. Collecting this enables organisations to understand the neurodiversity of their workforce, identify neuroinclusion pain points, and track the impact of their neuroinclusion initiatives.

Understand workforce neurodiversity. Collecting neurodiversity workforce data allows organisations to understand the neurodiversity of the workforce, and to track this over time.

Signal that the workplace is neuroinclusive. Neurodivergent people commonly report fear of stigma and discrimination¹⁰ and a lack of perceived benefit, as key barriers to sharing neurodivergence at work.¹¹ Collecting, reporting on, and using anonymous neurodiversity data to inform neuroinclusion, signals that a workplace values neurodiversity and wants to better understand and support the needs of their workforce.

Monitor the talent pipeline for neurodiversity. Organisations are increasingly focused on ensuring recruitment and onboarding is inclusive for neurodivergent employees (e.g. adjustments).¹² However, research finds less attention is given to ensuring support continues into employment and career progression.¹³ Likewise, it has been found that many common management practices and ways of monitoring performance can unfairly disadvantage neurodivergent employees.¹⁴ Coupling neurodiversity data with data on career development and leadership representation can illustrate how inclusive (or exclusionary) career development and progression are for neurodivergent employees.

Support universal design and workplace adjustments. Some workplaces collect neurodiversity data during onboarding.¹⁵ However, not all neurodivergent employees have a formal diagnosis, or are comfortable disclosing one, or asking for adjustments. Needs also may change, as may a person's understanding of what best supports them at work. Collecting neurodiversity data, coupled with questions about employee experiences and needs, can allow organisations to make improvements to workplace environments and conditions for everyone, and to identify what individual adjustments they could offer to remove barriers for neurodivergent employees.

How to use this guide to support neuroinclusion

Amaze and Diversity Council Australia have partnered to provide organisations with a practical resource on measuring and reporting on workforce neurodiversity respectfully, safely and accurately.

This resource outlines how organisations can capture diversity data related to neurodivergence through human resource information systems (HRIS) or workplace surveys.

As many Australian organisations are starting to collect neurodiversity data for the first time, this resource focuses on supporting organisations to collect baseline data, rather than other related areas (e.g. exploring workplace attitudes to neuroinclusion or evaluating workplace adjustments). However, when used with other data collected by organisations (e.g. in HRIS or engagement surveys) these measures can be used to:

- explore experiences of neurodivergent employees alongside other diversity dimensions
- draw out specific insights related to workplace inclusion, e.g. how neurodivergent employees respond to questions in engagement surveys compared to neurotypical employees
- explore intersectional experiences at work, e.g. inclusion and exclusion for neurodivergent women.



Guiding principles for collecting neurodiversity data

Behind neurodiversity data are people and their lived experiences. Sharing neurodivergent experiences can involve sensitive lived experiences of inclusion and exclusion that may be difficult for people to share.

Use the below guiding principles to collecting neurodiversity data at work to be respectful, safe, accurate, and effective.

1

Principle 1: Self-identity is critical – for respect and for accuracy

Neurodiversity data approaches must be based on self-identification principles to be respectful and accurate:¹⁶

- use language, questions and response options developed or co-designed by people with lived experience (i.e. neurodivergent people)
- ask your employees how they see themselves, acknowledging that not everyone has the same access to formal diagnosis and support¹⁷
- accommodate other preferred ways of identifying – not every person with a form of neurodivergence, cognitive or neurodivergent differences will feel aligned with the concept of neurodiversity or identify with “neurodivergent” as a descriptor. Some people may prefer to use a specific formal diagnosis (e.g. Autism / Autistic). Likewise, only some will identify as having a disability.

“...a free text option is important so people can self-describe if they don't feel aligned with any of the options.”

Neurodiversity Data at Work survey respondent

2

Principle 2: Prioritise employee safety and trust when collecting neurodiversity data

Neurodivergent employees commonly experience discrimination and stigma in the workplace and therefore are often reluctant to share information about their diagnosis, identity or lived experiences.^{18 19} Research shows neurodivergent employees generally feel more comfortable disclosing their neurodivergent status when there is stronger support for diversity and inclusion principles in the workplace.²⁰ To build trust:

- acknowledge these concerns
- spend time developing your data privacy processes to protect the confidentiality of employees

- be transparent with employees about if the neurodiversity data is linked to identifying information or if it is anonymous. Anonymous data collection is likely to be considered safer by many employees.
- be transparent with employees about what, why and how neurodiversity data is being collected, and who will have access to it.

If neurodiversity data is collected without sufficient trust or adequate safety for employees, many may choose not to participate. This leads to incomplete datasets and limits your organisation's ability to understand and plan for neurodivergent experiences.

"It may be necessary to disclose why this specific information is being collected – in other words, for what purpose? May need to remind employees that any information disclosed is protected and the ways the information will be stored, who will have access, etc."

Neurodiversity Data at Work survey respondent

"I would query why this question is being asked... If this question is being asked, I think you need to be very clear for what purpose are you using this data, otherwise I would not answer."

Neurodiversity Data at Work survey respondent

3

Principle 3: Recognise risk – both in collecting and not collecting neurodiversity data

Recognise the risks in both collecting and not collecting neurodiversity data.

- Collecting demographic information, including data about neurodivergence and disability, carries inherent risks and must be managed carefully to maintain employee safety and trust.
- Not collecting neurodiversity data limits an organisation's ability to understand workforce experiences, identify barriers and provide appropriate support.

As awareness of neurodiversity increases, excluding neurodivergence from demographic data collection may lead to perceptions that the organisation is not inclusive.

While collecting workforce neurodiversity data might bring risks, these shouldn't put us off. The risks just mean we need to be proactive and diligent about our data privacy policies and processes.

"As long as this isn't used against the employee, because once you disclose your diagnoses there is no going back."

Neurodiversity Data at Work survey respondent

4

Principle 4: Ensure data privacy and confidentiality

Once an organisation decides to collect neurodiversity data, it must protect that information through strong data management policies, processes and collection practices. When data about neurodivergent identity, diagnosis, disability or cognitive or neurological differences is linked to personal identifiers, it becomes sensitive information and may be subject to privacy obligations under federal and state or territory law. Depending on the organisation and jurisdiction, there may be specific legal obligations for how this information is collected, stored, used and retained. Employers should apply the same level of protection used for other sensitive employee health data.

Anonymous data collection carries lower privacy risk and can support higher levels of trust and participation, especially in organisations beginning their neuroinclusion work.

To uphold privacy and confidentiality:

- implement robust data management policies and processes that safeguard sensitive information
- ensure identifiable neurodiversity data is protected in line with health and privacy obligations
- avoid collecting personally identifying information unless there are safeguards in place
- use anonymous data collection approaches when appropriate to promote confidence and reduce risk.

**The questions in this guide are for anonymous data collection only.**

When data about neurodivergent identity, diagnosis, disability or cognitive differences is linked to personal identifiers, it becomes sensitive information and may be subject to privacy obligations under law. Organisations should exercise caution and seek appropriate advice before collecting sensitive information that is identifiable to employees.

5

Principle 5: Make your neurodiversity data approach accessible when collecting, communicating and reporting

Check the accessibility of platforms and materials you use to communicate, collect and report on your data. For example:

- employees with dyslexia can find text that is tightly spaced together, small and in multiple columns harder to read²¹
- instructions that are vague, unclear and use euphemisms can be inaccessible for many neurodivergent people.²²

This can prevent these employees from sharing their neurodiversity status. In turn, this means your neuroinclusion efforts may miss critical insights and be unable to effectively address neurodivergent employee concerns.

“For dyslexia specifically (but I know this is not limited exclusively to dyslexia), I think the visual, graphical appearance of the question could be improved so as to make it easier to interpret.”

Neurodiversity Data at Work survey respondent

6

Principle 6: Commit to action on results of data

Avoid collecting neurodiversity data for the sake of having data and not using or reporting on it in a meaningful way. This helps maintain employee trust, supports higher response rates now and in the future, and reduces cynicism about workplace surveys. When data is not reported and acted upon, employees are less likely to self-report through HR systems and may become sceptical about future surveys.

- Actions from anonymous data could include reporting on findings, benchmarking, setting targets, and co-designing a D&I initiative for neuroinclusion based on the results.
- Actions from identifiable data could include proactive workplace adjustments and accommodations.

Our approach to developing this guide

Our sources

This guide is based on insights from two main sources:

1

Review of literature across national and international academic and industry research, including on published surveys on neurodiversity to understand the kinds of questions that are currently in use in organisational contexts, academic papers and industry reports

2

National community consultation survey of 2,991 participants, including people with lived experience of neurodivergence and diversity/HR practitioners. This was done to ensure that this guide is grounded and led by the neurodivergent community, and that advice is relevant and achievable for organisations.

Criteria for developing our approach

Our Neurodiversity Data at Work questions were designed to meet the criteria below.

- **Enable Australian organisations to measure baseline neurodiversity data.** The questions were designed for organisations to collect baseline data on workforce neurodiversity (i.e. number of staff who are neurodivergent) and neuroinclusion experiences (i.e. identify if neurodivergent employees are less likely to experience inclusion and have fewer career opportunities and outcomes).
- **Align with our 6 principles for collecting neurodiversity data,** that is, questions that recognise how critical self-identity is, prioritise employees' trust in neurodiversity data collection, recognise risk in both collecting and not collecting neurodiversity data, are accessible, and allow organisations to commit to action.
- **Be inclusive for employees.** The recommended wording for questions and response options is based on extensive consultation and is more likely to be experienced as respectful and meaningful by respondents.
- **Be practical and relevant for employers,** even if they have limited in-house resources and expertise to collect neurodiversity data. The guide advises on wording for questions and response options, and how to most usefully report the data.

How to collect neurodiversity data in your organisation

Before you begin: some key considerations

Before collecting neurodiversity data, make sure you have considered key factors such as anonymity, workforce size and the language you are using when communicating about collecting neurodiversity data.

Start anonymously

Answering a question on neurodiversity status can feel intrusive or risky for some employees, particularly if it is identifiably linked to their human resource information system (HRIS) data. This can be especially true when an organisation is new to capturing neurodiversity data.

Rather than collecting neurodiversity data identifiably in your HRIS, start by capturing it anonymously through your diversity, inclusion and engagement surveys. Once you have collected data for a while and have built employee trust in how it is stored and used, you can consider adding neurodiversity capture in your HRIS.

If neurodiversity data is collected in your HRIS and linked to identifying information, it is considered sensitive information. In these cases, data privacy policies and relevant laws must be followed, similar to the requirements for handling health information. Specific obligations will vary dependant on organisation type and jurisdiction.

Always make your neurodiversity data question optional

All diversity data questions should be optional or voluntary and never mandatory. Let employees know they can skip the question if they prefer and always ensure there is a “prefer not to say” option.

Remember that size matters

Smaller organisations (e.g. up to 50 employees) have a higher risk of employees being accidentally identified in anonymous D&I surveys. For example, if an organisation only has one neurodivergent woman in a particular department, her responses could be easily traced in a survey that asks about diversity. For data to be legally considered anonymous under Australian privacy laws, there must be no reasonable way to identify a person, including by combining or cross-referencing information.

This does not mean smaller organisations cannot collect this data, it just requires a more carefully considered approach. One option is to use two separate surveys: first run an anonymous diversity survey focused solely on diversity data, then run a separate anonymous survey on inclusion or engagement.

Use the language of “sharing” not “disclosing”

In any communication with employees, ensure that you use inclusive language that indicates safety when collecting neurodiversity data. Part of this is using language that supports the “sharing” of information rather than “disclosing”. Doing so removes any connotations that neurodivergence is something that should be hidden or secret.

Want to know more about preparing to collect D&I data?

DCA members can access our [D&I Data at Work](#) guide, which provides practical information and considerations about preparing to collect workforce D&I data.

Choose which measures your organisation will use

Following the criteria above, we recommend core and additional measure approaches.

1

Core measure – Question 1. If you can only ask one question on neurodiversity in your workplace survey, we recommend using this one for baseline data.

- Using the core question as the sole measure may suit small organisations (e.g. where anonymity is an issue), or organisations whose HRIS does not support free text responses or selecting multiple options.
- Including the core question in workplace surveys will give a broad measure of workforce neurodiversity, but it cannot provide detailed insights into inclusion or exclusion for specific neurotypes, e.g. experiences of inclusion for Autistic employees.

2

Additional measure – Question 2. Amaze and DCA encourage organisations to supplement the core question with an additional measure that allows employees to share more detailed information about their neurotype.

- This will enable organisations to gain deeper insights into employees’ experiences of inclusion and exclusion tied to specific needs and/or differences e.g. experiences of employees with sensory differences.

However, we note that this measure should only be used in anonymous surveys and should not be used in very small organisations where there is a risk of identifying employees.

Core Measure: Question 1

Organisations can begin with a question on neurodivergence and lived experience when starting to count workforce neurodiversity.

This requires including a standalone question about workers' experiences of neurodivergence that:

- defines the terms used
- is formatted clearly, using spacing and logical survey flow
- recognises self-identification, not just formal diagnosis, and
- is asked separately from questions on disability.

Question and response option 1

Do you identify as neurodivergent* and/or have cognitive differences?

This question is voluntary and can be skipped.

**Neurodivergent (adj.) is a non-medical term that describes people whose ways of thinking, experiencing or interacting with the world differ from what is considered "typical". These differences may not always be visible to others.*

Some individuals identify as neurodivergent without using a specific diagnostic label or neurotype in recognition of their differences.²³

- Yes
- No
- Unsure
- Prefer not to say

Rationale for question

Including a definition of “neurodivergent” in the question. Neuroinclusion is a relatively new area for most workplaces and is not yet common practice across the majority of organisations. For example, recent research by the Australian Human Resources Institute found that only 33 per cent of organisations see neurodiversity as a priority.²⁴ Clearly defining the terms we use supports all survey participants to understand the question being asked and respond consistently, particularly when these relate to concepts that may be new or unfamiliar to them.

“The definition is inclusive, acknowledging both diagnosed and self-identified individuals. It uses accessible language and avoids overly clinical terminology.”

Neurodiversity Data at Work survey respondent

The importance of including self-identification. In Amaze and DCA’s community consultation survey, many people in the neurodivergent community were supportive of self-identification being included. In some communities, there may be broad consensus where self-identification is concerned – for example, self-identification is seen as valid and accepted by many in the Autistic community.²⁵ Asking people if they identify as neurodivergent also acknowledges principles of self-identification.²⁶ Research increasingly supports the validity of self-identification for neurodivergent people, with studies showing those who self-identify report similar outcomes and experiences to those with a formal diagnosis.²⁷ Including people without a formal diagnosis is essential for building a comprehensive understanding of workforce needs, as many neurodivergent adults remain undiagnosed.

“I like that this includes undiagnosed neurodiversity as well – many people are unable to go through the process of getting formal diagnoses – for many reasons, including financial, or for additional conditions – and even if people are in the processes, wait times before and during the process can be extensive.”

Neurodiversity Data at Work survey respondent

What is self-identification?



Self-identification in the context of this guide refers to neurodivergent people who identify as neurodivergent and/or with a specific diagnosis or neurotype (e.g. ADHD, autism, dyspraxia) but do not have a formal medical diagnosis. There are many reasons someone may not have a formal diagnosis, including:

- Structural inequities and barriers (e.g. class, gender, race) can make it difficult for neurodivergent people to access formal diagnosis.²⁸ For example, an adult assessment for autism can cost upwards of \$2,500 in regional Australia, which can be unaffordable for many people in these communities.²⁹
- Some people may prefer to avoid a formal medical diagnosis because of its focus on deficit and pathology. While they may still identify with specific neurotypes, they may feel greater alignment with neurodiversity perspectives that recognise the value in cognitive differences and do not require specific diagnostic labels for self-identification.³⁰
- Not all neurodivergent people will meet the criteria for a specific, medically recognised diagnosis despite having significant cognitive differences. Complex trauma (CPTSD) is one example of this: it is widely recognised by mental health professionals but isn't currently included in the diagnostic manual most commonly used for formal diagnosis.

Having a standalone question, separate to one about disability. There is a diversity of preferences about the relationship between neurodivergence and disability. Some people with lived experience see them as entirely separate concepts and feel that not all neurodivergent people have a disability or that their personal neurodivergence is not disabling. Others see a greater connection between these concepts and recognise their neurodivergence (and/or the diagnoses they have that are neurodivergent) as a disability. Likewise, some people with diagnosis that relates to cognitive differences may identify as disabled but not neurodivergent. It is important that each person can identify as based on their lived experience and views. A standalone question on neurodivergence, separate from a question on disability, respects these differences in viewpoint, and supports the range of preferences.

“In the definition, I really appreciate the reduced medicalisation and avoidance of the word disability because it is not true in all cases. I might also just add that neurodivergent persons may or may not consider themselves disabled.”

Neurodiversity Data at Work survey respondent

Want guidance on a standalone disability question?



Organisations wanting to collect disability data can refer to DCA and Australian Disability Network's Disability Data at Work guide to asking employees about disability status.

Rationale for response options

Including "unsure" as a response option. Some employees may be at the start of their journey in understanding if they are neurodivergent, whether formally or through self-diagnosis. The inclusion of "unsure" as a response option is inclusive for these employees who do not see themselves in the "yes" or "no" response options.

Including a "prefer not to say" response option. Some employees may not feel comfortable answering "yes", "no" or "unsure" to the question but may not want to skip answering it. Including a "prefer not to say" response is inclusive for these employees. "Prefer not to say" responses can also be insightful to gauge how safe employees feel to share their neurodiversity data and inclusion experiences with you in surveys and HR information systems.

Reporting on question 1

Option 1: reporting at a narrow level on all responses

Report on the percentage of employees who selected each of the response options to question 1 when completing the survey. Use this approach when you need to report on the results across each of the response options, for example in text, or visually in a pie or bar chart. For example:

The results of the question asking about neurodivergent identity had the following breakdown of responses:

- 14 per cent yes
- 80 per cent no
- 6 per cent prefer not to say

Option 2: reporting at a broader level

Report on the number of respondents who selected "yes" in question 1. Use this approach when reporting on the percentage of employees who selected "yes" to identifying as neurodivergent and/or have lived experience of cognitive differences. For example:

14 per cent of our employees identified as neurodivergent and/or have lived experience of cognitive differences.

Additional Measure: Question 2

DCA and Amaze encourage organisations to include a second question on specific neurotypes in their anonymous surveys to capture deeper insights into their experiences of their workforce.

Importantly, this question:

- provides options that recognise a range of neurotypes
- allows respondents to select multiple options
- includes space for respondents to use their own language to describe their neurodivergence, or use a term not specified
- allows organisations to understand the diversity of neurotypes in their workforce.

However, use of this second measure comes with cautions:

- this question should only be asked in anonymous surveys and not linked to an employee's human resources record.
- small organisations run the risk of identifying employees by asking a more specific question and therefore should exercise caution and consider if this measure is appropriate and safe to use in your workplace.



Question and response option 2

How do you describe your neurodivergence and/or cognitive difference?

Please select as many as apply for you or provide your own language below.

NOTE: this may include identities, neurotypes or diagnoses. Responses may be formally diagnosed or self-identified

- Acquired brain injury
- ADHD
- Autistic, or autism
- Learning differences (e.g. dyscalculia, dysgraphia, dyslexia)
- Developmental coordination differences (e.g. dyspraxia, DCD)
- Intellectual disability
- Mental health conditions (e.g. mood disorders, trauma-based conditions, schizophrenia, personality disorders)
- OCD
- Sensory processing differences (e.g. SPD, auditory processing)
- Communication and speech differences (e.g. DLD, stuttering)
- Tic conditions (e.g. Tourette syndrome)
- I identify as neurodivergent and/or have a cognitive difference, but do not use specific labels
- I use a different term (please specify) _____
- Prefer not to say
- I do not describe myself as neurodivergent or as having a cognitive difference

NOTE: do not include this option if you are using survey logic for "yes" responses in question 1

Rationale for question

Having an additional question. Asking a second, voluntary question on specific neurotypes allows employees to provide further information about their experience (should they choose to share this).

- Some communities identify more strongly with a specific neurotype than with broader terms like “neurodivergent” and prefer language that reflects their own experience and identity. This question acknowledges and validates the diversity of experiences. It is not intended to suggest that employers need to know specific neurotypes.
- Our consultation survey found that not all people see themselves in the core measure (question 1) but did see their experiences reflected in the list. While the list of options is not exhaustive or representative of every possible neurotype, respondents noted that it served as a reminder of neurotypes and experiences beyond their own, which can help raise awareness of workforce neurodiversity.
- Including a free text option is crucial, as it provides flexibility and inclusion for respondents who prefer different terminology or who have a neurotype or cognitive difference that is not represented in the listed options.

The benefits of providing a list of neurotypes and conditions. The list reflects the most reported neurotypes and conditions identified through our consultation survey, alongside other key categories of neurodivergence recognised in research. Consultation survey respondents were overwhelmingly supportive of being able to select multiple options from a list, as long as the survey also offered a way to use their own preferred language or describe an experience not represented in the list (i.e. “I use a different term [please specify]”).

Selecting from a list of options also provides a cleaner dataset for practitioners, who may not have the time, resources, or expertise to undertake large scale data cleaning, coding, or analysis. The specific phrasing of neurotypes and conditions used, including some that are abbreviations of medical terms (e.g. ADHD) reflects common community usage and understanding of terms to enhance accessibility and respect community preferences.

“I like the combination of a check list and option to write your own response. I think providing a list like this could also improve respondents' understanding of what neurodivergence includes.”

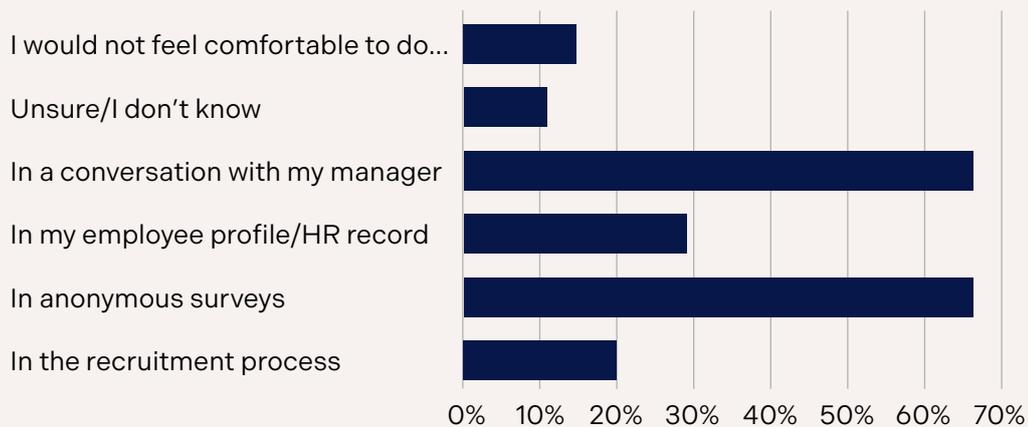
Neurodiversity Data at Work survey respondent

“I like this a lot – I like how specific it is, and outlines the varying types of neurodivergence. It educates and also allows people to understand their own neurodivergence, especially as they are so often overlapping.”

Neurodiversity Data at Work survey respondent

The importance of Question 2 being asked anonymously only. As this question focuses on specific experiences and neurotypes, we recommend that it only be used to capture data anonymously. This was supported by our consultation survey results, with 2 in 3 saying they would be comfortable sharing information on neurodivergence with their employer through anonymous surveys (66%). This is compared to 29% saying they would feel comfortable doing so in their employee profile/HR record.

Where would you feel comfortable to share information on neurodivergence with your employer? (Please select all that apply)



Rationale for response options

Allowing employees to select multiple options. Co-occurring neurotypes are the norm, not the exception. For example, someone who has OCD may also have dyslexia. Allowing employees to select multiple neurotypes or conditions from the list ensures the question reflects this diversity of experience.

“I like that its multi-select, because its often not a single-label experience. I feel that as a [neurodivergent] person I often get forced into a binary or medicalised boxes.”

Neurodiversity Data at Work survey respondent

The importance of providing options to use own language or specify terms. Respondents in our consultation survey felt strongly that any measure that uses a list of options must also provide the means for participants to use their own language. People may not identify or agree with the list of options, and an option to specify their identity allows employees to use language that they feel represents their experience. Providing this option also recognises that no list could capture the breadth of experiences that might be associated with neurodivergence.

“A free text option is important so people can self-describe if they don’t feel aligned with any of the options.”

Neurodiversity Data at Work survey respondent

Including mental health conditions. Research shows that mental health conditions can create significant cognitive differences, which are important to consider when building inclusive work environments. There is increasing recognition that they are a form of neurodivergence.³¹ In our consultation survey, mental health conditions (including anxiety, PTSD and CPTSD, bipolar disorder and depression) were among the top 15 terms which participants use to describe their neurodivergence, with anxiety and PTSD/CPTSD in the top 10 terms.

Including communication and speech differences. Some research shows that communication and speech differences, such as developmental language disorder (DLD) should be considered in the neurodiversity informed perspective.³² For example, stuttering is increasingly being recognised as a form of neurodivergence.³³

Including acquired neurodivergence. Neurodivergence is not limited to neurotypes or conditions present from birth. It can also include cognitive differences acquired at any stage of life, such as those resulting from brain injury or from mental health conditions associated with trauma, such as PTSD and CPTSD.



Reporting on Question 2

Option 1: reporting at a higher level on all responses

Report on the percentage of respondents who selected each of the response options to question 2. Use this approach when you need to report on the results across each of the response options, for example in text, or visually in a pie or bar chart.

The results of the question asking about neurodivergent identity had the following breakdown of responses:

- *31.7 per cent ADHD*
- *17.5 per cent Autistic*
- *24.2 per cent mental health conditions*
- *14.2 per cent learning differences*
- *10 per cent prefer not to say*
- *45 per cent do not describe self as neurodivergent*

Option 2: Reporting at a broader level

Report on the percentage of employees who selected one or more categories from the response option list. For example:

14 per cent of our employees chose to describe their neurotype using one or more of the listed options

End Notes

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⁹ Branicki et al., 'Factors shaping the employment outcomes of neurodivergent and neurotypical people: Exploring the role of flexible and homeworking practices'; Volpone et al., 'Shaping organisational climates to develop and leverage workforce neurodiversity'.

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