

Neurodiversity data at work

A 2020 study estimated that between 15 and 20 per cent of the world’s population are neurodivergent.¹ Despite this, very few organisations collect workforce neurodiversity data.

Why collect neurodiversity data at work?

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.

Guiding Principles

- 1 **Self identity.** Self-identity is critical – for respect and accuracy. Use questions that were co-designed or developed by people with lived experience and accommodate employees’ preferred ways of identifying.
- 2 **Safety and trust.** Prioritise employee safety and trust when collecting neurodiversity data. If neurodiversity data is collected without sufficient trust or adequate safety for employees, many may choose not to participate.
- 3 **Recognising risk.** Recognise risk, both in collecting and not collecting neurodiversity data. As awareness of neurodiversity increases, excluding neurodivergence from demographic data collection may lead to perceptions that the organisation is not inclusive.
- 4 **Data privacy and Confidentiality.** Protect employees’ information through strong data management policies, processes and collection practices. Treat neurodiversity data as sensitive and be aware of relevant legal obligations for collecting this information from employees.
- 5 **Check accessibility.** Check the accessibility of platforms and materials you use to communicate, collect and report on your data. For example, you can check formatting to avoid tightly spaced text to improve accessibility for employees with dyslexia.
- 6 **Commit to action.** Commit to taking organisational action on results of the data you collect. This could include reporting on anonymous data or using insights to proactively co-design neuroinclusion initiatives.

Our questions

Use these questions to collect anonymous, baseline data on the neurodiversity of your workplace.

- **Question 1 (Core).** If you can only ask one question, use Question 1. This will provide a general overview and baseline understanding of workforce neurodiversity.
- **Question 2 (Additional).** If you can include a second question, follow up with Question 2. This question will provide further insights into specific experiences/neurotypes.



The questions below 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.

Read our full [Neurodiversity Data at Work](#) guide for more information.

Question 1 (Core measure): 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.*

- Yes
- No
- Unsure
- Prefer not to say

Question 2 (Additional measure): 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

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

For more information on these questions, our guiding principles, and how they were developed, visit www.dca.org.au/research/neurodiversity-data-at-work.

¹ N Doyle, 'Neurodiversity at work: a biopsychosocial model and the impact on working adults', British Medical Bulletin, 2020, 135(1):108–125.