

Neuro-affirming Language Guidance for Scottish Parliament 2025

Terminology

The use of language to think, talk and write about neurodivergent people is evolving. We acknowledge that individuals have different preferences and outside of published resources, it is good practice to ask about and use language in a way that respects individual preferences.

Neurodiversity is a term that is applied to a group or society. Any group of people would be expected to be neurodiverse and include people with a range of neurotypes. An individual cannot be neurodiverse.

Autistic people: We use identity first language wherever possible as this is the strong preference of the autistic community Scotland. This means saying *autistic person*. This means not using person first language for example, *person with autism* and not referring to ASD, ASC or *on the spectrum*.

Use of this terminology is intended to be non-pejorative and reflects the idea that people are different, but do not have 'disorders', 'conditions' or 'illnesses.' Use of identity first language confers the view that autistic people do not 'suffer from' autism, and do not have a 'disease' or 'condition'. Being autistic, or neurodivergent, or having neurodevelopmental differences, is an integral part of their personhood, and is not an illness that can be removed, 'fixed' or 'treated'.

ADHD: There are mixed views and a range of preferences in the ADHD community, including person with ADHD or ADHDers.

AuDHD: Where there is co-occurrence of autism and ADHD, some individuals refer to themselves as having or being AuDHD.

Learning Disability: We use person first language to refer to people with Learning Disability. Although the diagnostic criteria and literature now refer to Intellectual Disability, we understand that the community in Scotland prefer being referred to as having a Learning Disability.

Neurotype: Your own neurotype is personal. Your neurotype reflects the way your brain interprets and responds to experiences. A person's neurotype might be aligned to common experiences of people with a shared diagnosis but is not bound by diagnostic classification. People might talk about 'my neurotype'.

Neurodivergent person/people: This is an identity first and non-medical term which has emerged from the wider stakeholder community as an umbrella term for describing people who think differently to those who have 'typical' ways of thinking or processing information and includes autistic people and those with other neurodevelopmental profiles or diagnoses (including ADHD, Fetal Alcohol Spectrum Disorder (FASD), Developmental Language and Co-ordination Disorders, Tic Disorders or Learning Disability. Neurodivergent people may or not be formally diagnosed.

Neurotypical people: This term describes individuals whose neurotype fits within the prevalent societal norm.

Neurodevelopmental differences: This term is used to refer to people who experience and process the world around them in a way that might be different to the neurotypical majority. Individuals may or may not have a neurodevelopmental diagnosis. This language is intended to avoid pejorative labelling and association with words such as 'disorders' or 'conditions'.

Neurodevelopmental disorder: A term used in DSM 5 and ICD 11 diagnostic manuals. It has been used with reference to people who present with a 'functional' impairment in day to day life due to difference in one or more neurocognitive functions which lie at the extreme of, or outwith the perceived normal range. It is a term many neurodivergent people are uncomfortable with and we should use it with caution or consideration of alternative options. Many clinicians now use alternative language in conversations, reports and information provided. This is also why we talk about *neurodevelopmental pathways* not *NDD pathways*.

Neurodevelopmental conditions: A term intended as less deficit focussed than the term 'disorder'. Some neurodivergent people are still uncomfortable with their neurotype being described as a condition and it should also be used with caution.

The neurodiversity paradigm: An extension of the social model of disability or the bio-psycho-social model, where the power has until now lain largely with professional 'experts'. Within a neurodiversity paradigm, there is shift of power to neurodivergent people who are best placed to decide on what matters to them and what is or is not acceptable and what the priorities are for the models of service provision.

Decisions about a range of issues should be led by neurodivergent people (e.g., whether diagnosis is considered important, language preferences, what is a neuro-affirming approach to assessments, reports, advice and supports).

Neuro-affirming practice is evolving and we continue to learn what it is and how to do it from neurodivergent people. For now, it means taking an approach to developmental or neurotype differences which is strengths and rights-based.

Further reading

You may also wish to look at the AMASE Glossary <https://amase.org.uk/glossary/>

What does it mean to be neuro-affirming?

The **Neuro-affirming Community of Practice Scotland**, established by the National Autism Implementation Team in 2023, supports change across the public sector to improve experiences and outcomes for neurodivergent people. There are clear expectations for action by all staff, particularly those in leadership roles, to promote inclusive, neuro-affirming language, mindsets, and practice.

Neuro-affirming approaches recognise neurodivergence as part of human diversity. They focus on inclusion, respect, and support for authentic experiences. These approaches are grounded in five core values.

1. Nothing about us without us

Neurodivergent people must be involved in decisions that affect them.

2. Difference, not deficit

Neurodivergence is a natural and valuable form of human variation. We should adjust our language and mindsets accordingly.

3. Supporting people to be their authentic self

People should be enabled to be their true selves without pressure to mask or conform to neurotypical norms.

4. Listen without judgment

Trust lived experience—listen, believe, and respond with empathy.

5. Universal neuro-affirming practice

Employ affirming practices that work for everyone, including neurodivergent people, across sectors and settings, as employers, colleagues, friends, family or in professional roles.