

NEURODIVERSITY SURVEY

Introduction

This survey has been approved by the Standards and Ethics Committee and will cover two main parts:

1. Diversity

This part of the survey will assist to provide an updated position in respect of the diversity of members using the categories contained in the 2021 Census. These questions will also assist in the analysis of the response data.

2. Neurodiversity:

This part of the survey will enable Democratic Service to establish the number of Members identifying as neurodivergent, the challenges they encounter and the types of support and services that they may require. Additionally, the survey will also ask questions of Members' perceptions and understanding of neurodivergence.

All information collected by this survey will be treated as confidential and will be processed and used in-line with the requirements of the Data Protection Act (2018) and the General Data Protection Principles.

To support the confidential nature of this survey Democratic Services has allocated a large block of numbers to the Whips of each Group, who in turn have allocated one of those numbers to you. Please use the specified number allocated to you by your whip at in question 1 of the survey.

In supplying this, you consent to the Council processing the data for the purpose for which it is supplied. If you wish to withdraw consent at any time, please email gary.jones3@cardiff.gov.uk.

This survey will take approximately 15-20 minutes to complete. If you need any assistance with completing the survey, please contact the Democratic Services team who may be able to assist you.

- Q1 Please state the individual number that has been allocated to you by your Political Whip for when you complete this survey.

Monitoring Questions

- Q2. What is your sex (registered at birth)?
Please note that the question on your gender identity follows.

- Female
 Male
 Prefer not to say

- Q3. Is the gender you identify with, the same as your sex registered at birth?

- Yes **(Go to Q5)**
 No
 Prefer not to say **(Go to Q5)**

Q4. If No, please specify your gender identity.

- Trans man
- Trans woman
- Non- binary
- Prefer not to say
- Other

If Other and/or prefer to self-describe, please specify.

Q5. In which of the following age groups did you fall under from 31 March 2022? Please tick the box that corresponds to your response.

- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

Q6. Are you?

- Single
- In a same-sex civil partnership
- Married
- Living together/co-habiting
- Separated/divorced or legally separated if formerly in a same-sex civil partnership
- Widowed
- Other

If Other, please specify.

Q7. What is your ethnic group?

- White - Welsh/English/ Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller
- White - Any other background
- Mixed/multiple ethnic groups - white and Asian
- Mixed/multiple ethnic groups - white and black Caribbean
- Mixed/multiple ethnic groups - white and black African
- Mixed race - Welsh/English/ Scottish/Northern Irish/British
- Mixed/multiple ethnic groups - any other
- Asian/Asian Welsh/English/ Scottish/Northern Irish/British - Chinese
- Asian/Asian Welsh/English/ Scottish/Northern Irish/British - Pakistani
- Asian/Asian Welsh/English/ Scottish/Northern Irish/British - Bangladeshi

- Asian/Asian Welsh/English/ Scottish/Northern Irish/British - Indian
- Asian/Asian Welsh/English/ Scottish/Northern Irish/British - any other
- Black/African/Caribbean/black Welsh/English/ Scottish/Northern Irish/British - African
- Black/African/Caribbean/black Welsh/English/ Scottish/Northern Irish/British - Caribbean
- Black/African/Caribbean/black Welsh/English/ Scottish/Northern Irish/British - any other
- Arab
- Prefer not to say
- Any other ethnic group

If Other, please specify.

Q8. Do you regard yourself as belonging to any particular religion?

- Yes
- No, no religion (Go to Q10)

Q9. Please specify.

- Buddhist
- Christian (including Church in Wales, Catholic, Protestant, and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other

If Other, please specify.

Q10. Which of the following best describes your sexual orientation?

- Bisexual
- Gay woman/lesbian
- Gay man
- Heterosexual/straight
- Prefer not to answer
- Other sexual orientation

If Other, please specify.

Q11. Other than your Council role, which of the following best describes what you are doing at present?

- Working full-time (30+ hours per week)
- Working part-time (less than 30 hours per week)

- In full-time education
- On a government training scheme
- Unemployed - registered job seeker
- On a zero-hour contract
- Permanently sick or disabled person
- Wholly retired from work
- Looking after home
- Caring for a child or adult
- Other

If Other, please specify.

Q12. Which of the following best describes your housing tenure?

- Owned outright
- Owned with a mortgage
- Rented from the local authority
- Rented from a housing association
- Private rented
- Other

If Other, please specify.

Q13. Do have any children living at home?

- No children
- Yes, under 5 years old (pre-school)
- Yes, aged 5-11 (primary school)
- Yes, aged 11-16 (secondary school)
- Yes, aged 16-18 in full-time education or working
- Yes, aged 16-18 but not in full-time education or working

Q14. Do you care, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without your support?

- Yes
- No

Q15. Do you consider yourself to be Welsh?

- Yes
- No

Q16. Which is your first language?

- English
- Welsh
- Other

If Other, please specify.

Q17. How would you describe your Welsh language skills?

- Fluent
- Moderate
- Basic
- Learner
- None

Q18. Do you identify as a disabled person?

- Yes
- No

Q19. Please select any of the following that apply to you:

- Deaf/deafened/hard of hearing
- Mental-health difficulties
- Learning impairment/difficulties
- Visual impairment
- Wheelchair user
- Mobility impairment
- Long-standing illness or health condition (e.g. cancer, diabetes, or asthma)
- Prefer not to say
- Other

If Other, please specify.

Q20. Do you identify as a neurodivergent individual?

- Yes **(Go to Q27)**
- No **(Go to Q21)**

Q21. If NO, are you aware of what neurodiversity is and how neurodivergent individuals may present themselves?

- Yes
- No
- Unsure

Q22. How aware are you of the following neurodivergent traits/conditions?

	Not at all	Slightly Aware	Somewhat Aware	Moderately Aware	Extremely Aware
ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Autism Spectrum Disorder/Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyspraxia / Developmental Coordination Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tic Conditions (including Tourette's Syndrome)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Language Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify the name of any other neurodivergent traits or conditions that you are aware of.

Q23 Please indicate if you 'Agree' or 'Disagree' with the following statements:

	Disagree	Unsure	Agree
Being neurodivergent is a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being neurodivergent is a negative characteristic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurodivergent individuals bring unique strengths and benefits to their roles in the workplace and the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 How aware are you of some of the strengths outlined below that are associated with neurodivergent individuals?

	Aware	Not Aware
ADHD - Insightfulness, creative thinking, and problem solving. Tend to be comfortable taking calculated risks, being at ease with uncertainty and take calculated risks and pushing boundaries. The ability to hyperfocus when in a state of 'flow' on a stimulating task is an oft-forgotten attribute of many with ADHD.	<input type="checkbox"/>	<input type="checkbox"/>
Autism - Problem solving and analytical thinking, some have a strong ability to focus and concentrate for a long time,	<input type="checkbox"/>	<input type="checkbox"/>

often have exceptional ability to assimilate and retain detailed information.

Dyslexia - Associated with general inventiveness and creativity and big picture thinking. Other notable traits include the ability to create a vision through visual narrative thinking and then use this vision to inspire others through powerful storytelling. Some could be comfortable at risk taking.

Dyspraxia or Developmental Coordination Disorder - Persistence, determination and extremely hardworking are notable characteristics. Often resourceful and determined problem solver. Many have good auditory skills such as an ability to learn languages, music, produce creative writing or poetry.

Dyscalculia - Creative, intuitive, strategic thinking, seeing the big picture, intuitive thinking - stronger in the areas of art, music, design, architecture and engineering. Innovative, problem solving and trouble shooting. Good verbal communication skills.

Tourette's Syndrome – Very sensitive to people and their reactions - makes them excellent at reading situations. Skilful at planning ahead. Creative approach to problem solving. Often very imaginative and are great at working in creative roles.

Q25. How useful would it be for you to access awareness raising and/or training on neurodiversity from the following?

	Not at all useful	Slightly useful	Somewhat useful	Moderately useful	Extremely useful
Someone with lived experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External professional – psychologist and or medical professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26. Who else could provide you with awareness raising and/or training on neurodivergence?

Q27 If YES, which type of neurodivergent traits do you identify with? You can choose more than one from the options below and please indicate whether you have a formal diagnosis or are seeking one.

	I have received a formal diagnosis	I am awaiting a formal diagnosis	I am not seeking a formal diagnosis
ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum Disorder/Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyspraxia / Developmental Coordination Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tic Conditions (including Tourette's Syndrome)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Language Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other or Unsure, please elaborate on the traits or characteristics that you identify with.

Q28. As a neurodivergent individual, do you see yourself as disabled?

- Yes
- No
- Unsure

Q29. Do you feel that your strengths as a neurodivergent individual have helped you in your current role?

- Yes (Go to Q30)
- No (Go to Q31)

Q30. If YES, in what way? Please elaborate.

Q31. Have you disclosed/shared with others in Cardiff Council that you are neurodivergent?

- Yes (Go to Q34)
- No (Go to Q32)

Q32. If NO, what are your reasons for not disclosing your condition? Please tick all that apply.

- I am worried about stigma and discrimination from colleagues.
- It may limit my political prospects.
- I am concerned at how my colleagues would react.
- I feel that there are no supportive and knowledgeable staff.
- I feel that existing support is inadequate or unhelpful.
- I think the support I need will not be provided.
- I do not know who to ask for help.
- I do not want to share confidential information as I prefer to keep my condition private.
- I do not have a formal diagnosis.
- I would rather carry out my role without support.
- Being neurodivergent is not relevant to my work and does not affect to my role in the Council.
- Other

If Other, please specify

[\(Go to Q35\)](#)

Q33. Who did you share this information with? Tick all that apply

- Council officers
- Political Group Colleagues
- Other Member colleagues
- Members of the public/ward constituents

Q34. What was the response when you disclosed your condition?

	Very Unhelpful	Quite Unhelpful	Neutral	Quite Helpful	Very Helpful
Council officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political Group Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Member colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of the public/ward constituents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35. As a neurodivergent Member, how supportive is Cardiff Council to your condition?

- Don't know, as I have not disclosed being neurodivergent to Cardiff Council
- Not supportive
- Neutral
- Quite Supportive
- Very Supportive

Q36. Do you feel that you have specific challenges in your role as an Member that relate to

your neurodivergent traits?

- Yes **(Go to Q37)**
- No **(Go to Q38)**

Q37. If YES, what challenges have you encountered as a result of your neurodivergent condition.

- Looking after my mental well being
- Looking after myself physically
- Concentration
- Working memory (remembering a series of instructions given to me)
- Long term memory (remembering information from the past)
- Asking for help when I need it.
- Managing boundaries at work
- Understanding colleagues and other's intentions
- Working with others
- Working on my own
- Organising tasks
- Reading, writing and spelling
- Numeracy
- Fine motor skills/control e.g. recording information by hand, learning new tasks requiring coordination
- Finding my way around to unfamiliar places
- None of the above
- Other

If Other, please specify

Q38. As a neurodivergent Member, are you aware that you can request adjustments (even without a medical diagnosis) to support you in your current role in Cardiff Council?

- Yes **(Go to Q39)**
- No **(Go to Q40)**

Q39. If YES, have you been able to access any specific adjustments to support you in your role as a Member?

- Yes **(Go to Q41)**
- No **(Go to Q40)**

Q40. If NO, please provide reasons why

(Go to Q46)

Q41. How easy was it to access adjustments to support you in your role as a Member?

- Very difficult
- Somewhat difficult
- Unsure
- Somewhat easy

Very easy

Q42. Were/was the adjustment/s that you received tailored to your individual needs/setting?

Not tailored at all

Tailored to some extent

Tailored to a large extent

Q43. How helpful were the adjustments provided to you?

Not at all helpful

Slightly helpful

Moderately helpful

Very helpful

Extremely helpful

Q44. Overall, how satisfied are you with the adjustments that Cardiff Council has so far provided to you as a neurodivergent Member?

Very dissatisfied

Dissatisfied

Nether satisfied nor dissatisfied

Satisfied

Very satisfied

Q45. Please provide any other comments on the adjustments that were offered or provided to you.

Q46. Would it be useful for you to access the following **environment and procedural** related adjustments in the future?

	Yes	No	Unsure
Taking frequent breaks when undertaking your Council work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility to work from home – do part of work from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapt work rules, policies, and procedures to better suite my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make changes to workplace arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change noise levels – including wearing headphones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change or adjust intensity of lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have suitable workspace or area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q47. Would it be useful for you to access the following types of **technological adjustments** in

the future?

	Yes	No	Unsure
Speech to text software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mind mapping software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spell checker/Grammar checker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual screen or reading Stand/standing desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software to support organisation and time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coloured overlays, printing and reading material put on coloured paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White board, pin board, coloured Post it notes etc.to aid planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of notes before meeting, close captioning in meeting and meeting transcripts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist training to use technological adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change font size of reading materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q48. What other work related adjustments would you find useful?

Q49. Would it be useful for you to access specialist work coaching? Specialist work coaching involves having 1-1 support from a specially trained individual to help someone who is neurodivergent navigate through the challenges that they face, facilitate the learning of new skills, and identify resources and strategies that could be useful.

	Yes	No	Unsure
Memory issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q50. What else can Cardiff Council do to support Members who are neurodivergent?