BLACK HISTORY MONTH PACK · OCTOBER 2026

Who gets seen?

Neurodivergence and race in schools and workplaces

An evidence pack with practical steps for schools and employers.

iela | THE INCLUSION AND EQUITY LEADERSHIP ASSOCIATION

About this pack

October is Black History Month. It is also a month when awareness campaigns for ADHD, dyslexia, dyspraxia and developmental language disorder all take place. We wanted to use that overlap to ask what it is like to be Black and neurodivergent in schools and workplaces, and whether Black children and adults are getting the support they need.

The evidence suggests that, too often, they are not. More people than ever are being identified as neurodivergent, but recognition does not reach everyone equally. Across the countries in this review, Black children are more likely to have their needs read as problem behaviour and less likely to have high ability recognised (and, in some data, learning difficulties or sensory needs). Black girls are less likely to be recognised as autistic. Black adults are more likely to reach help through crisis than through early support. Much of the guidance available to schools and employers treats neurodiversity and race as separate subjects, but many Black children, families and staff live with both.

This pack brings that evidence together in one place. It aims to help schools, workplaces and anyone who supports others to:

- understand what neurodivergence is and how it can show up differently;
- see how race, gender, language and class shape who gets noticed, believed and helped;
- check their own systems for gaps, using the questions and actions in the final sections;
- put the right support in place earlier, so that fewer people are missed or misread.

It is written for school leaders, teachers, SENCos, pastoral and boarding staff, HR teams, managers and colleagues. It is also for Black neurodivergent people and their families, who may recognise their own experiences in it.

ABOUT THE EVIDENCE

This pack draws on research from the UK, the United States, Canada, Australia and other European countries. In each of these countries, Black communities have their own histories as racialised minorities in majority-White societies. Racism is documented in schools, health services, justice systems and workplaces, the same institutions that recognise, interpret and respond to neurodivergent needs.

The systems differ, but comparing them shows which patterns recur and which belong to one country. Some European countries collect little ethnicity data, so their evidence adds more to the general picture of neurodivergence than to findings about Black people. A small number of studies from African countries are included as context for experiences some families may bring with them.

The recommendations in sections 09 and 10 are based on this evidence.

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ABBREVIATIONS

Abbreviation	Meaning
ADHD	Attention deficit hyperactivity disorder
DCD	Developmental coordination disorder, also known as dyspraxia
DLD	Developmental language disorder
EAL	English as an additional language
EHC plan	Education, health and care plan: a legal document in England setting out a child's needs and the support they must receive
GP	General practitioner (family doctor)
NHS	National Health Service
SEMH	Social, emotional and mental health: a category of special educational need in England
SEN	Special educational needs
SEND	Special educational needs and disabilities
SpLD	Specific learning difficulty, such as dyslexia or dyscalculia

A NOTE ON LANGUAGE

Neurodivergent describes people whose thinking, learning, attention, communication, movement or sensory processing differs from what most schools and workplaces are built around. Each country has its own school categories: **SEND** and **EHC plans** in England, special education designations in Canada, disability categories in US federal law. **EAL** (English as an additional language) and “English learner” describe language status, not need. Throughout the report, we keep each country's own ethnic categories, such as Black Caribbean and Black African in England, African American in the US and African, Caribbean or Black in Canada, and report groups separately wherever the data allow. We capitalise Black because it describes a shared identity and history, not a colour.

01 INTRODUCTION

Who gets seen?

October is Black History Month in the UK, and also a month of awareness campaigns for several neurodivergent conditions. More people than ever are being identified as neurodivergent, and services everywhere are stretched. Who gets noticed and helped depends on more than need: it also depends on who raises a concern, how a behaviour is read, which label a child receives, and whether a family can push.

This pack asks whether Black children and adults are **recognised, understood and supported** as fairly as everyone else.

Across the countries reviewed, Black children are frequently misdiagnosed rather than simply undiagnosed. They are more likely to be identified with needs framed as problem behaviour, and less likely to have high ability recognised (and, in some data, learning difficulties or sensory needs). In England, Black girls are less likely than White girls to be recognised as autistic. In adulthood, Black people are less likely to be in mental health treatment and more likely to be detained or admitted involuntarily.

Systems that look neutral can produce very unequal results without any one teacher, clinician or manager acting in bad faith. Those results can be checked and changed.

02 CONTEXT

Neurodivergence and the state of the nations

Neurodevelopmental conditions and associated needs are often under-recorded, but the size and direction of the gap vary by condition, population and administrative system.

Rising numbers and need

Each country with trend data in this review is identifying more people with neurodevelopmental conditions. In Canada, diagnosed autism among children rose from 2.0% to 3.0% in four years, and ADHD from 6.7% to 8.4% 1. In England, the school census recorded 421,054 pupils with speech, language and communication needs as their primary special educational need in 2025/26, up 87% from 225,245 in 2015/16 4. Recorded autism among children aged 6 to 11 in England rose more than 20-fold, from 0.24% in 2000 to 4.58% in 2025, and recorded ADHD more than 6-fold, from 0.45% to 2.70% [89]. The government's independent review found little evidence of a large change in underlying prevalence, and said rising need falls hardest on people facing deprivation, discrimination and disadvantage, interacting with ethnicity [89]. In Australia, the estimated number of autistic women and girls almost doubled between 2018 and 2022, although changes in recognition and survey reporting may account for some of this rise 3. School systems show the same upward trend: 20.8% of pupils in England now have recorded SEN, 14.8% receiving SEN support and 6.0% with an EHC plan [4], and over 2 million learners have an official SEN diagnosis across the European countries reporting data, although national definitions of an official decision differ [5].

Where you live shapes whether you are counted. New autism diagnoses rose by about 15% a year in Catalonia, Spain [6], and recorded ADHD ranged from 1.6% to 9.7% of children across German districts [7]. Services have not kept pace. Fewer than three in ten children registered with Ontario's autism programme were in core clinical services [8], and in June 2026 the NHS had about 295,000 open autism referrals and up to 960,000 that may be for ADHD assessment [9,10].

What gets recorded depends on the condition and the country

Across countries, many more people are neurodivergent than are ever recorded. Whether someone is counted depends less on the condition itself than on where they live and how well the condition is known. The figures below come from different sources, so they show patterns rather than exact comparisons.

Autism and ADHD show this most clearly. Research finds similar underlying rates across regions: about 1 in 100 children for autism [11] and around 5% to 6% for ADHD [14,15]. Recorded rates, however, vary widely. North America records autism in about 3% of children [1,12] and ADHD in 8% to 11% [1,16], while English GP records show 0.8% for autism [13] and 1.2% for ADHD [18], and up to 1.2 million people with autism in England may be undiagnosed [13]. These gaps reflect how systems identify and record need more than real differences between populations.

Less familiar conditions are missed almost entirely. Developmental language disorder (DLD), dyscalculia and dyspraxia (DCD) each affect roughly 2% to 8% of children [22,25,27,28], a similar share to dyslexia [19]. Yet in Denmark only 0.04% of adults have a recorded DLD diagnosis, though 3.4% describe its signs [23]; in one Northern Ireland study, 139 of 2,421 children fitted the profile for dyscalculia but only one had a diagnosis [26]; and England's school census has no category for DCD [29]. Awareness is low too: only one Australian adult in five has heard of DLD [24], and only 35% of Australian teachers recognise the term DCD [31].

Race shapes who gets counted as well. In the US, Black students are 1.4 times as likely as other students to be identified with a specific learning disability [20]; in England, Black African pupils are about three times more likely as likely as White British pupils to have it recorded as their primary need (0.9% against 2.8%) [4]. For anyone supporting children or adults, the absence of a label is not evidence that there is no need.

WHY THIS MATTERS FOR BLACK CHILDREN AND ADULTS

When recognition depends on local practice, capacity and the ability to push, anything that shapes those things will shape who gets counted, including race.

03 RACE, RACISM AND IDENTITY

Race, racism and Black identity

Across the countries in this review, Black children and adults meet schools, health services and workplaces with long, documented patterns of racial inequality

Black children and adults meet schools, health services and workplaces with long, documented patterns of racial inequality. And across those countries, Black is not one experience. Black communities differ within and between countries. Many Black Americans are descended from people enslaved in the US, alongside growing Caribbean and African migrant communities. In the UK and Canada, Caribbean-heritage families have been settled for generations beside African-heritage families from dozens of countries, and across Europe many Black communities are more recent. Where the data separate these groups, they tell different stories. England's school data show Caribbean-heritage pupils more likely than their White British peers to have a recorded special educational need, and Black African pupils less likely [4]; researchers there warn that generalisations about “Black” pupils are unsafe [32]. In Canada, children of immigrant mothers from Africa and Asia had the highest rates of autism diagnosis [33]. A single “Black” figure, in any country, hides these differences.

How racism works in systems

- **Behaviour is read differently.** In research studies, teachers rated Black children higher than White children on inattention and conduct problems [34,35]. Preschool educators told to look for challenging behaviour spent longer watching Black children, particularly Black boys, even though the videos showed no challenging behaviour [36].
- **Childhood is shortened.** US adults saw Black girls, especially those aged 5 to 14, as needing less protection and nurturing than White girls of the same age 37. In England, the Child Q safeguarding review found that racism and adultification bias were likely factors when police strip-searched a 15-year-old Black girl at her Hackney school after teachers said she smelled of cannabis; no drugs were found [90].
- **Ability is under-seen.** Among US primary pupils with similar test scores and backgrounds, Black pupils had about half the odds of gifted placement. This gap was smaller for those taught by a Black teacher [38].
- **Concerns are minimised.** Reviews of autism services report that racially and ethnically minoritised families experienced dismissive responses, delayed referrals, communication difficulties, racism and practical barriers [39,40].

Gender, class, language, migration, faith and disability also shape how a Black child is seen. A Black girl may face the later recognition that many girls experience, and the adultification that Black girls describe. A Black African pupil who is new to English may have a reading difficulty put down to language. A Black adult may weigh whether disclosing a neurodivergent need at work is worth the risk, on top of the everyday work of managing how they are perceived as a Black employee. This combination of disadvantages is called intersectionality.

34%

of referrals for Black children entering NHS mental health treatment in England (2023-24) recorded crisis as the reason, against 13% for White children [41]

23.2%

of Black US students with disabilities received an out-of-school suspension (2013-14), against 8.4% of White students with disabilities [42]

1.8×

Black US students' likelihood of being identified with emotional disturbance, against 1.2 times for autism [20]

These gaps are not explained by lower need. In the US, and in England's 2017 school data, Black children were recorded as autistic as often as White children [12,43,4]. Speech and language needs were recorded more often among Black pupils in the UK, and a pooled analysis of US studies of Black children and adults put ADHD prevalence at 14.5% [44]. The gaps are not simply a matter of reluctance among Black families either: Black parents of children with autism reported no more stigma than White parents, and the extra difficulty they reported in finding services largely reflected income and education [45].

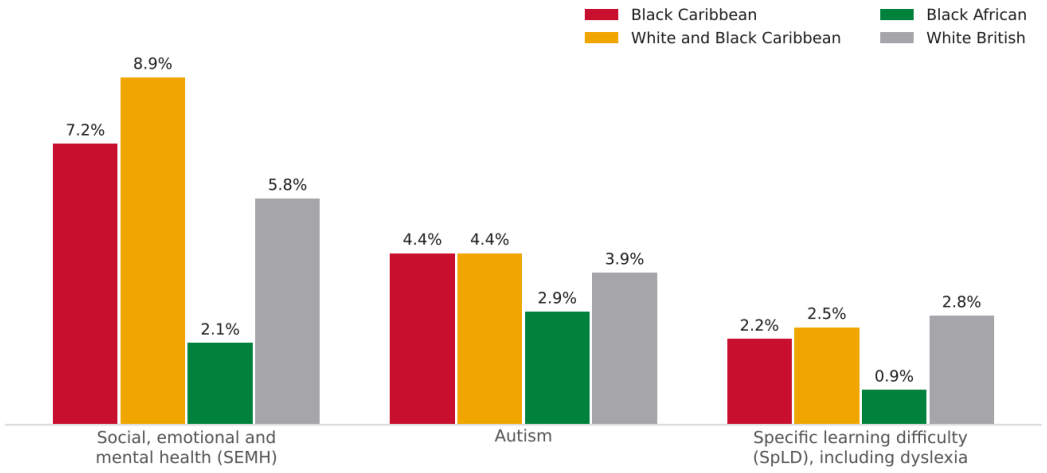
04 RECOGNITION AND DIAGNOSIS

Who gets recognised, and as what

Across England, the US and Canada, Black children are identified in patterned ways: more often for needs framed as problem behaviour and, in the US, intellectual disability; less often for high ability and, in some data, specific learning difficulties and sensory needs.

FIGURE 1

Recorded special educational needs vary by ethnic group in English schools



Percentage of all pupils in each ethnic group whose main recorded special educational need is in each category, state-funded schools in England, January 2026.

Source: Department for Education (2026), Special educational needs in England 2025/26, data by ethnicity and type of need [4]

Behaviour labels come first

Under US federal categories, Black students are 1.8 times as likely as other students to be identified with emotional disturbance and 2.2 times as likely with intellectual disability, but only slightly more likely to be identified as autistic [20]. In England, Caribbean-heritage pupils are over-represented under social, emotional and mental health needs [32]. In Canada, Black students were more often placed in non-gifted special education than White students [46].

The other side of the pattern is what goes unrecorded. In US surveillance records, sensory features were less likely to be documented for Black autistic children than for White autistic children, which may point to a gap in identification or documentation [47]. Black African pupils are recorded with dyslexia and other specific learning difficulties at about a third of the rate of White British pupils [4]. High ability is missed too: US Black pupils with similar test scores had about half the odds of gifted placement [38], and just 0.4% of Canadian Black students were identified as gifted against 4% of White students [46].

Speech, language and communication needs were recorded more often for Black Caribbean and Black African pupils than White British pupils, although most of the gap disappeared once poverty and other factors were accounted for, except for Black Caribbean pupils in secondary school [2]. Autism is recorded more often for Caribbean-heritage pupils, less often for Black African pupils [4], and less often for Black girls than for similar White girls (Section 06).

Need without recognition

Where need is measured separately from diagnosis, Black children show need that is not matched by recognition or support. The clearest example comes from ADHD: Black children had more symptoms than White children (12% against 7%) but fewer diagnoses (9% against 16%) and less medication [48].

> **WHAT THIS MEANS**
>
> The label a Black child is given shapes what happens next. An accurate label can open the door to support. A behaviour label, or no label at all, can leave needs unmet and change how adults see the child.

05 DISCIPLINE AND EXCLUSION

Who gets punished instead

Pupils with SEN and Black pupils are both disproportionately exposed to exclusionary discipline. Research shows particularly high suspension rates for Black students with disabilities.

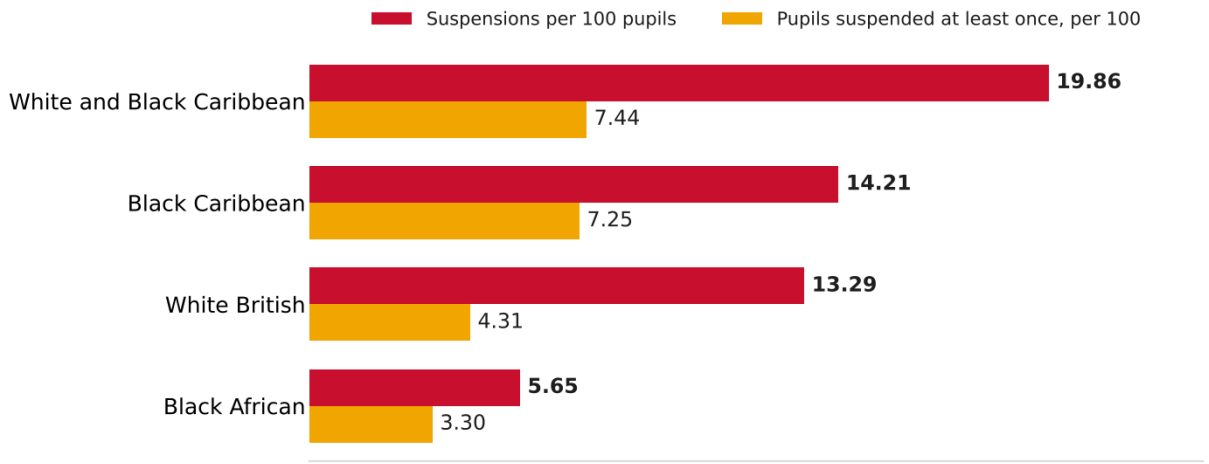
68.85
suspension episodes per 100 pupils whose main need is SEMH (2024/25), the highest of any need; one pupil can be suspended more than once [49]

23.2%
of Black students with disabilities suspended in a year, against 8.4% of White students with disabilities [42]

42%
of Black students in Toronto suspended by the end of high school, against 18% of White students [46]

FIGURE 2

Caribbean-heritage pupils in English schools are more likely to be suspended than White British or Black African pupils



State-funded primary, secondary and special schools in England, 2024/25. One pupil can be suspended more than once, so suspensions per 100 pupils are higher than the share suspended. England is one of the few systems that reports Black Caribbean and Black African pupils separately.

Source: Department for Education (2026), Suspensions and permanent exclusions in England 2024/25, data by pupil characteristics [49]. Group names are simplified from DfE ethnicity categories, and the share suspended is counted per school enrolment.

In the systems that report it, Black students face stronger sanctions than White students, particularly students with special education needs. Black US students with an individual education plan had about three times the chance of a first suspension [50]; Black Caribbean pupils were about 1.7 times as likely as White British pupils to be permanently excluded after allowing for poverty and SEN [51]; and Canadian Black students were more than twice as likely to be suspended as their numbers would suggest [52].

Black pupils and pupils with SEN also had higher odds of internal isolation [53], and in the US Black students made up 15% of enrolment but 28% of referrals to law enforcement [54]. Sometimes the behaviour punished is the need itself: young people with Tourette syndrome describe their tics being treated as disruption [55].

WHAT THE DATA CANNOT SHOW

Few systems publish discipline by race and disability together. US federal data do, which is why the clearest figures for Black students with disabilities come from there. England publishes exclusions by ethnicity and by SEN separately, so whether Black pupils with the same need are sanctioned more cannot be answered from its public data.

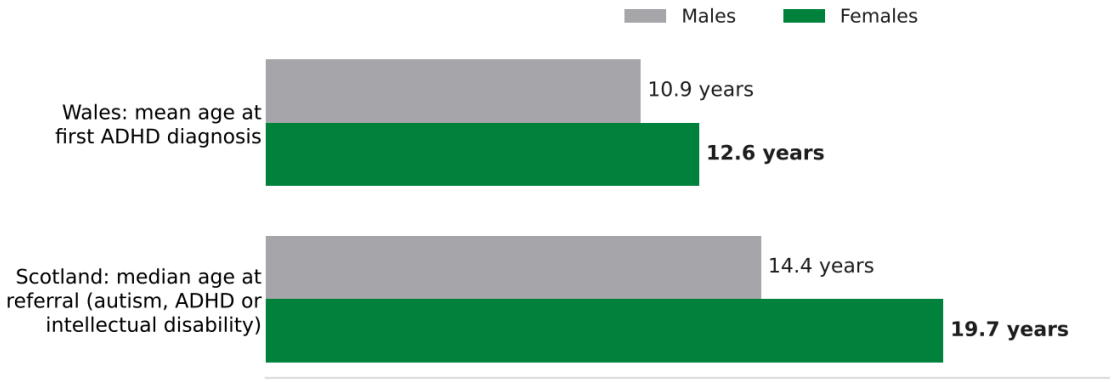
06 GENDER AND BLACK GIRLS

Gender

Girls and women are often recognised years later than boys and men. Black girls also tend to be seen as older and less in need of care than White girls.

FIGURE 3

Girls and women reach a referral or a diagnosis years later than boys and menFemales were referred or diagnosed at older ages than males in two UK studies



Wales: mean age at first recorded ADHD diagnosis in national health records. Scotland: median age at referral among people diagnosed with autism, ADHD or intellectual disability in a clinical sample. The two studies measure different things, so compare males and females within each study, not across them. [56,57]

The delay runs across conditions. When researchers actively look for autistic children, the ratio of boys to girls falls from about 4.5 to 1 to about 3 to 1 [58], and in Sweden new autism diagnoses among girls aged 15 to 19 now outnumber those in boys [59]. In Sweden, women are diagnosed with ADHD almost four years later than men on average, and half have anxiety or stress recorded in the first [60]. Definitions matter too: dyscalculia showed no difference between boys and girls on fixed cut-offs, but some discrepancy rules selected more girls [61]. And transgender and gender-diverse adults have four to six times the odds of reporting an autism diagnosis compared with cisgender adults in the samples studied, though most diagnoses were self-reported [62].

Black girls

The evidence on Black girls is thin but consistent. Adults see Black girls from five as older and less in need of protection than White girls of the same age 37, and Black girls are suspended 5.5 times as often as White girls in the US [63]. In a study of more than seven million pupils in English schools, recorded autism was slightly higher among Black pupils overall, but Black girls had a lower adjusted probability of receiving a new autism record than White girls [64]. Black adults with autism in the US describe diagnosis coming latest for Black participants and for

women [65]. In practice, a quiet Black girl may struggle unseen, and one who is outspoken or withdrawn may be read as defiant. Either way, her needs are likely to be misunderstood and recognised late.

07 LANGUAGE, CULTURE AND MIGRATION

Language, migration and being heard

Learning English does not rule out a learning difficulty, and most assessment tools were built for someone else.

Children learning the language of their school are under-identified for learning difficulties. English learners are identified less often than other students overall [66], and pupils recorded as EAL had about a quarter of the odds of a specific learning difficulty record at the same reading score as non-EAL pupils [67]. Yet early language difficulties persist whether or not a child is learning English [68], and most assessment tools were standardised on English-speaking, Western populations [69].

Where data separate, Black African pupils are the Black group least likely to have a specific learning difficulty recorded, but more likely than White British pupils to have a language need recorded [4]. Schools should ask whether reading difficulties in pupils from African migrant families are being put down to language.

In 56 studies, minoritised families described services that were hard to use and experiences of racism [40]. Some families will have met very different systems before arriving: in Nairobi, children went through a median of four care contacts before an autism diagnosis [70]. It is therefore important to ask familieswhat they have already been told before making new assumptions.

08 ADULTS, CARE AND WORK

Adults: mental health, care and work

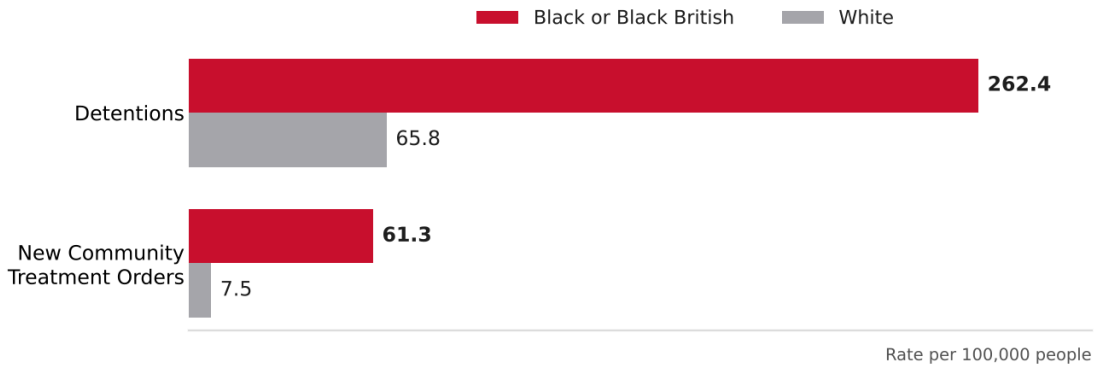
Needs missed in childhood can persist into adult life. Black adults more often reach care through a crisis, and at work much depends on whether their manager is supportive.

Developmental language and coordination difficulties are linked to a greater risk of later mental health, education and employment problems. Children with low language skills have been reported to have poorer mental health as adults [71], and children with coordination difficulties, especially girls, had more mental health difficulties as teenagers [72]. Delayed or absent recognition may further restrict access to support: undiagnosed autism and ADHD are associated with poorer mental health and disrupted education and work [73]. Getting a diagnosis as an adult can take years [74], and in the meantime other diagnoses may be recorded: in UK GP records, autistic adults without an intellectual disability were four to five times as likely to receive a new personality disorder diagnosis [75], although record-based studies cannot tell whether this reflects co-occurrence, diagnostic overlap or misdiagnosis.

For Black adults, the route into care is different again. Black adults are less likely to be receiving mental health treatment: 8.2% of Black adults in England against 18.4% of White British adults [76], and in the US 43.8% of Black adults with a mental illness against 58.7% of White adults [77]. Yet they are more likely to be admitted or treated without their consent: Caribbean- and African-born young adults with psychosis in Canada were about 1.5 times as likely to be admitted involuntarily [78], Black patients in one Boston hospital were more likely to be committed [79], and in England Black people are about four times as likely to be detained [80]. They are also more likely to be diagnosed with psychosis: about five times as often in England, and three to four times as often in the US [81,82]. Less early support, and more care that starts with detention, point to a pathway that is not working for Black adults.

FIGURE 4

Black or Black British people in England are detained under the Mental Health Act at four times the rate of White people and placed on Community Treatment Orders at more than eight times the rate



Detentions and new Community Treatment Orders per 100,000 people, adjusted for age and sex, England, 2024/25. Rates count uses of the Act, not individuals: one person can be detained more than once.

Source: NHS England (2025), Mental Health Act Statistics, Annual Figures 2024-25 [80].

Workplace experiences

Almost a third of neurodivergent employees have told neither their line manager nor HR [83], and support from their manager, feeling safe to speak up and career satisfaction were all linked to whether they planned to stay [84]. Black employees were more than twice as likely as White employees to have witnessed or experienced racial harassment from managers (28% compared with 13%) in Business in the Community's 2018 UK survey [85]. In McKinsey and LeanIn's 2025 study of 124 large US employers, Black women had the lowest first-level promotion rate of the groups shown, with 60 promoted to manager for every 100 men [86]. Black professionals see code-switching as a way to come across as more professional, but the constant self-monitoring it takes may add to strain and burnout [87]. Very little research looks at Black neurodivergent employees [88], and no study included in this review analysed neurodivergent masking and racial code-switching together.

09 WHAT SCHOOLS CAN DO

What schools can do

01

Look at your data by heritage

Black Caribbean, Black African and mixed-heritage pupils show opposite patterns.

Try this: Break SEN, suspension and isolation figures down by these groups each term.

02

Question every record

Caribbean-heritage pupils are over-represented in SEMH, the need with the highest suspension rate.

Try this: Before recording SEMH, carry out a holistic assessment that considers co-occurring language, learning, coordination, sensory and attention needs.

03

Check learning and language needs in pupils

For Black African pupils, dyslexia and other specific learning difficulties are recorded at a third of the rate for White British pupils.

Try this: Compare reading, maths and language data with referrals; don't assume learning English explains everything.

04

Look again

Black girls are less likely than comparable White girls to receive a new autism record.

Try this: Review concerns and referrals for Black girls; ask whether distress is being read as attitude.

05

Make repeated sanctions trigger a needs review

SEN and Caribbean-heritage pupils carry the heaviest share of sanctions.

Try this: After repeated suspensions, or when a pattern of sanctions emerges, review needs as well as behaviour, and record the pupil's account.

06

Hear the family's first concern

Families of colour describe being told to wait and see.

Try this: Never leave 'wait and see' open-ended. Agree with the family what you will watch for, who will watch, and when you will meet again, and refer if the concern is still there at that review.

What workplaces can do

01

A route that bypasses the manager

Black staff report more harassment from managers.

Try this: Offer a confidential route for concerns and adjustment requests, with clear confidentiality limits, response times and protection from retaliation.

02

Support without disclosure

Almost a third of neurodivergent staff have told neither their manager nor HR.

Try this: Make written agendas, quiet space and flexible communication available to all, and flexible hours where the role allows.

03

Train managers on race and neurodivergence together

Manager behaviour and psychological safety shape whether staff plan to stay.

Try this: Use short scenarios: listen, agree one change, set a review date.

04

Review progression

Black staff expect ethnicity to hold them back.

Try this: Check promotion and stretch work for Black and disabled staff.

MANAGER SELF-CHECK

- ☐ Anyone on my team can raise a concern without going through me.
- ☐ Useful adjustments are available without disclosure.
- ☐ I judge the work, not how closely someone fits a style.
- ☐ We review progression across different identities including Black and neurodivergent colleagues.

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