



# FOOTBALL & NEURODIVERSITY: A GUIDE FOR CLUBS



# ABOUT THIS GUIDE

Neurodiversity refers to the different ways the brain can work and interpret information. It highlights that people naturally think about things differently.

Most people are neurotypical, meaning that the brain functions and processes information in the way society expects.

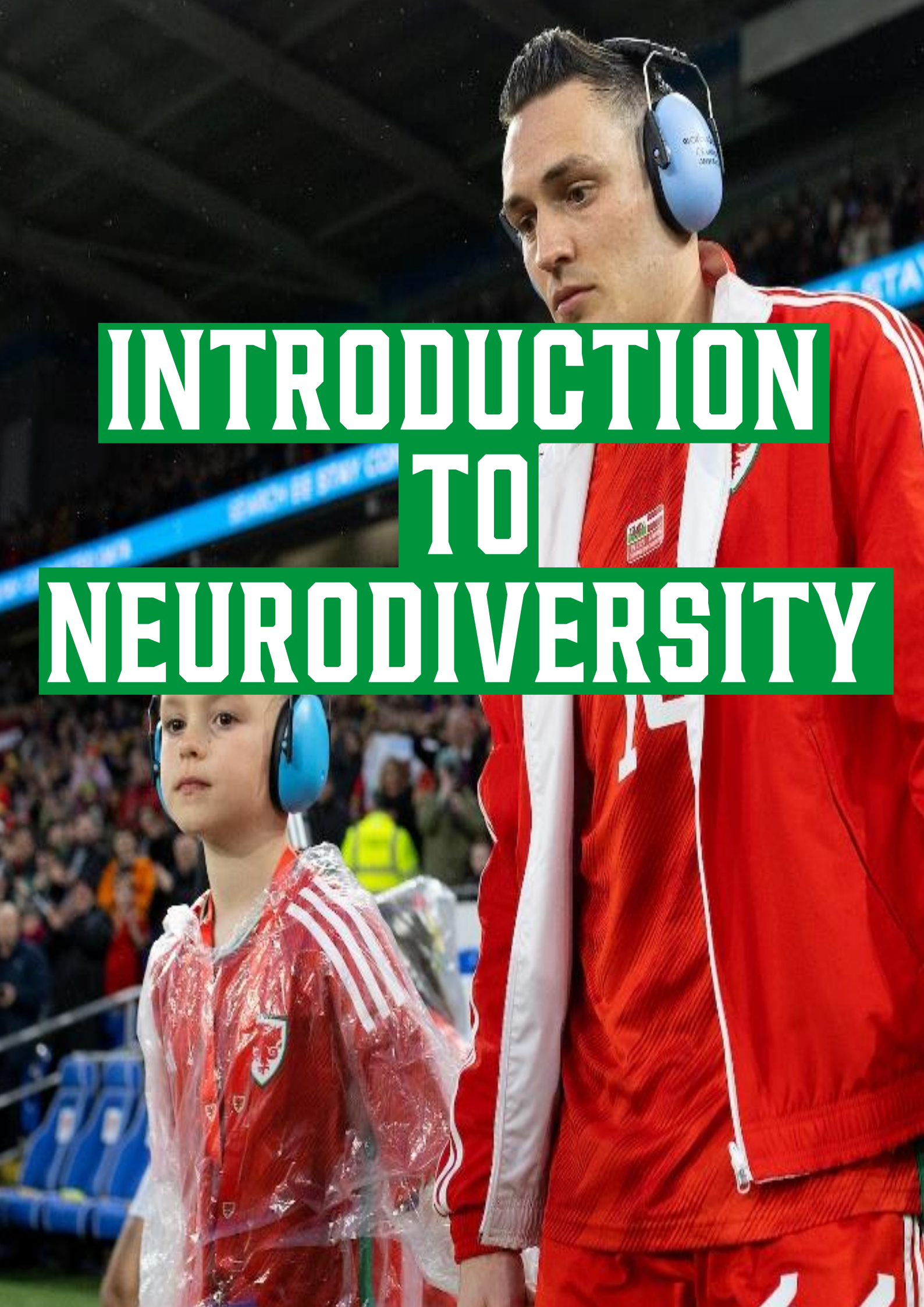
However, it is estimated that around 1 in 7 people (more than 15% of people in the UK) are neurodivergent, meaning that the brain functions, learns and processes information differently.

To create a game that is welcoming for everyone it's important to have a better understanding of Neurodiversity and how to fully support those who are neurodivergent.

The purpose of this guide is to enhance your understanding of Neurodiversity while providing some practical tips and strategies for supporting neurodivergent people in football.







**INTRODUCTION**

**TO**

**NEURODIVERSITY**

# WHAT IS NEURODIVERSITY?

Neurodiversity refers to the fact that not all brains think or feel in the same way and that these are natural human differences. Neurodiversity refers to everyone.

We all have individual differences in the way that our brains work. However, there are also groups of people that process information in a similar way to each other and are referred to as having the same neurotype. This means that there can be big differences between different neurotypes. The biggest of these neurotypes is referred to as neurotypical. This is the most common neurotype. As neurotypical people are in the majority they tend to thrive as the environment is often constructed by other neurotypical people which means that their specific needs are met. **Neurodivergent** people are the minority and **neurodivergence** is the collective term used for a range of conditions such as Autism, ADHD, Developmental Coordination Disorder (DCD- previously known as Dyspraxia), Tic's and Tourette's, Dyslexia and Dyscalculia. It is estimated that **1 in 7 people in the UK will be neurodivergent**.

Frequently neurodivergent people will have one or more neurodevelopmental conditions co-occurring together, this is incredibly common. Autism and ADHD will frequently co-occur, and research indicates that 50%-70% of autistic people also have ADHD. 1 in 2 people with DCD also have ADHD, 4 in 5 autistic people will also have DCD.

It is important to note that not everyone who is neurodivergent will have a diagnosis, this is especially true for adults. Many people will be neurodivergent and not realise this themselves in addition, some people will self-identify as neurodivergent but not seek a formal diagnosis. Neurodivergence often runs in families, if you are working with a neurodivergent child, they will often have a neurodivergent parent or sibling.

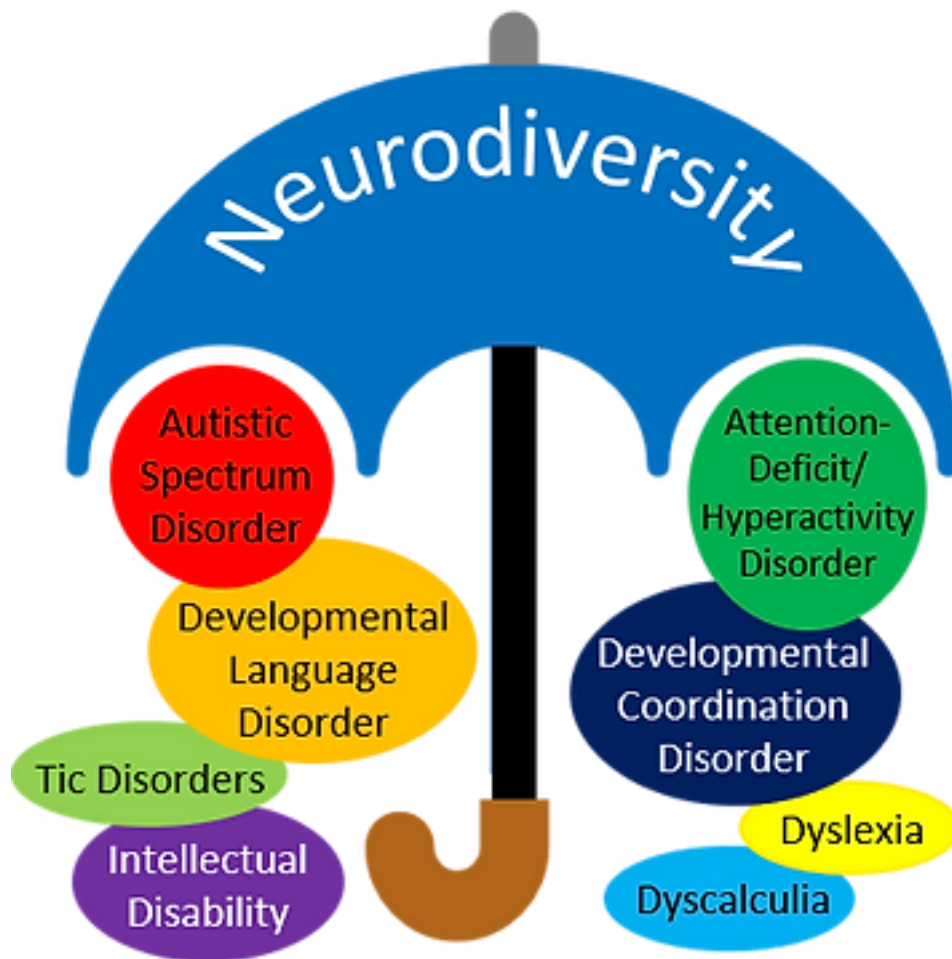




# THE NEURODIVERSE UMBERELLA



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## AUTISM

Autism is a neurodevelopmental condition which means that there are differences in the way that people communicate and interact with the world. It is a spectrum condition and affects every person differently, however, the key features are differences in social communication and interactions as well as repetitive and restrictive behaviour. Differences in communication can include differences in verbal and non-verbal communication, with some people being unable to speak or having limited speech and others who struggle with interpreting tone of voice or taking things literally. Differences in social interaction can make it difficult for autistic people to interpret social situations and be able to recognise and understand other people's intentions or feelings. Repetitive and restrictive behaviours give autistic people structure in a world where things can seem confusing and unpredictable. This can include things like a certain routine in the morning, travelling the same way to work each day or eating the same food for lunch every day. It can also include repetitive sensory movement such as rocking back and forth or hand flapping. Autistic people may also have differences in their sensory processing and can become overwhelmed in certain situations making it difficult for people in very noisy and busy environments.

For further information please see the National Neurodivergence Team's 'What is autism?' video below.

[What is autism? - Awtistiaeth Cymru | Autism Wales | National Autism Team](#)

## ADHD

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental condition characterised by excess energy or inattention and difficulty concentrating. There are three types of ADHD primarily hyperactive and impulsive, primarily inattentive, and combined. People with hyperactive ADHD feel the need for constant movement. They often fidget, squirm, and struggle to stay seated. People may talk non-stop, interrupt others, blurt out answers, and struggle with self-control. People with inattentive ADHD will make careless mistakes because they have difficulty sustaining attention, following detailed instructions, and organizing tasks and activities. They have weak working memory, are easily distracted by external stimuli, and often lose things. People with combined-type ADHD demonstrate six or more symptoms of inattention and six or more symptoms of hyperactivity and impulsivity.

For further information please see the National Centre for Mental Health's 'Let's Talk about ADHD' video.

[Let's talk about ADHD - Bing video](#)

## DEVELOPMENTAL CO-ORDINATION DISORDER (DYSPRAXIA)

Developmental coordination disorder (DCD), also known as dyspraxia, is a condition affecting physical coordination. DCD affects movement and coordination in people who can appear clumsy and have difficulty performing day-to-day tasks. For children, this can look like difficulties with self-care, writing, typing, riding a bike and playing. For adults, these difficulties can continue and may include things like learning new skills such as DIY or driving a car. In addition to these difficulties, people with DCD can also have co-occurring difficulties such as time management, planning and organising.

For further information please see the [Dyspraxia Foundation's website](#).

## TICS & TOURETTE'S

Tourette Syndrome (TS) is an inherited neurological condition. The key features of TS are tics, involuntary sounds and movements, which are present for at least 12 months. Tics usually start in childhood around the age of six to seven years and symptoms often fluctuate in severity and frequency. The nature of tics is that they come and go, although they can be influenced by environmental factors such as stress, excitement, and relaxation. Tics can occur in nearly any part of the body and in any muscle; some individuals report 'internal tics' such as deep abdominal muscle tension and 'stomach tics'. Tics can be divided into simple and complex tics with examples of simple tics being eye blinking or whistling and complex

tics being jumping or uttering words or phrases out of context. It's important to note that physical and vocal tics can lead to pain and discomfort for some people. Up to 85% of people with TS have co-occurring conditions such as ADHD, OCD or anxiety.

For further information please see [Tourettes Action's website](#).

## DYSLEXIA

Dyslexia is a learning difficulty which primarily affects reading and writing skills. Dyslexic people may have difficulty processing and remembering information they see and hear, which can affect learning and the acquisition of literacy skills. Signs can include slow spoken or written language, erratic spelling, poor concentration, difficulty in following instructions, difficulty telling left from right and forgetting words. It can also impact other areas such as coordination, organisation, and memory. Each person with dyslexia will experience the condition in a way that is unique to them, people will have their own set of abilities and difficulties.

For further information please see the [British Dyslexia Association's website](#).

# CO-OCCURRING CONDITIONS

## PHYSICAL HEALTH CONDITIONS

Often physical health conditions co-occur with neurodivergence. Below is information on some common co-occurring physical health conditions which are important to consider in a sporting environment.

## HYPERMOBILITY

Hypermobility is relatively common and is associated with very flexible joints but also linked to pain, sprains, stiffness and dislocation. Improving muscle strength and fitness will help better protect the joints of people who are hypermobile.

For further information please see the [NHS website](#).

## EHLERS DANLOS SYNDROME

A rare heritable condition that affects the connective tissue of the body. Can cause Hypermobility and other issues including significant joint pain.

For further information please click on the links below.

[Ehlers Danlos Syndrome](#)

[Other conditions](#)



## FIBROMYALGIA

Fibromyalgia or Fibromyalgia Syndrome is a long-term health condition, sufferers experience widespread pain all over the body. Other symptoms include chronic fatigue, headaches, IBS and sleep difficulties.

For further information please click on the links below.

[Fibromyalgia - NHS](#)

[Autismaspergers and fibromyalgia – Network Autism](#)

## MENTAL HEALTH CONDITIONS

Neurodivergent people do not necessarily have poor mental health. However, due to social expectations and a lack of support and understanding, neurodivergent people are particularly susceptible to mental health problems - especially in environments where differences are not understood and respected. Research by Autistica has shown that 80% of autistic adults experience mental health issues during their lifetime. The most common co-occurring mental health conditions for neurodivergent people are anxiety, depression and OCD.

Small changes to the environment or the way information is communicated can have a positive effect on the experience of neurodivergent people.

## MASKING- HOW IT CAN SOMETIMES BE DIFFICULT TO IDENTIFY WHEN SOMEONE IS NEURODIVERGENT

It is common for neurodivergent people to mask or camouflage themselves. Masking can be described as hiding, disguising, or suppressing parts of oneself that others may find unusual to fit in better with the people around them. People do this without thinking to connect with other people, however, this can be harmful to people's mental health and wellbeing.

Masking can mean suppressing helpful self-stimulating behaviour such as hand flapping, mimicking others' behaviour, forcing eye contact or using rehearsed social scripts for certain situations. People do this due to pressure to fit in with others.

Masking can however have a harmful effect on people's mental health. It is therefore important to reassure people that they are in a safe space where they can express themselves and be truly themselves.

Please click on the link below for some more information on masking

[Masking \(autismwales.org\)](https://autismwales.org)





# HOW TO SUPPORT A NEURODIVERGENT PLAYER





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Every neurodivergent person is different. It is best to ask the person, or their parent/carer how best to support them. You can ask them to fill out a personal profile which can help to identify their strengths and support their needs.

Below is an example of a personal profile for an Adult and Child:

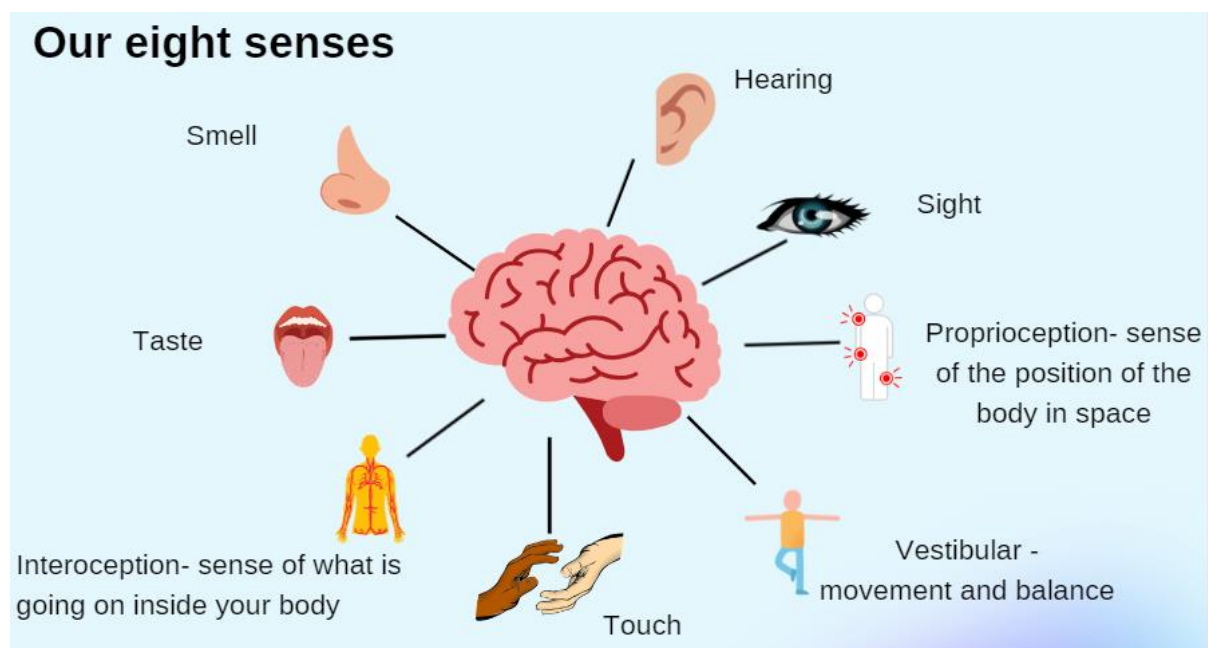
[Adult Personal Profile](#)

[Child Personal Profile](#)

## SENSORY DIFFERENCES

Sensory processing may be different for neurodivergent people, and this can have a large effect on a person's day-to-day life. In order to feel regulated people may be seeking a certain sensory input (hyposensitive) or may be overwhelmed by too much sensory information (hypersensitive).

This can be different across the eight individual senses and in different environments and times.



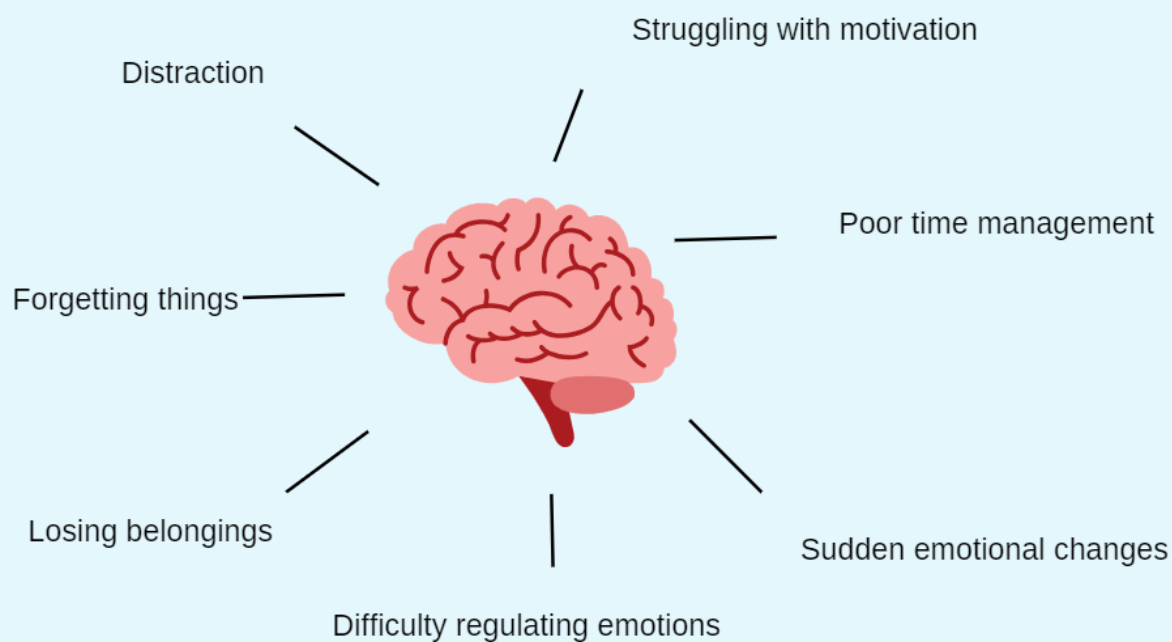
In order to get the required sensory input to feel regulated, neurodivergent people may stimulate, or self-stimulate. This may be doing things such as spinning, rocking or hand flapping. Conversely, neurodivergent people may get overwhelmed by too much sensory input and need to retreat from a certain environment to regulate themselves.



## EXECUTIVE DYSFUNCTION

Executive functioning is the process within the brain that helps us plan, prioritise and execute complex tasks. It helps with organising thoughts and activities, prioritising tasks, managing time efficiently, and making decisions. Many neurodivergent people experience executive dysfunction with differences in their executive functioning.

### How executive dysfunction can present



## TIPS FOR TRAINING SESSIONS:

### UNDERSTANDING:

Remembering that neurodivergence is having a brain that behaves, learns and processes differently, will go a long way in supporting a neurodivergent person in football.

### COMMUNICATION:

Communication in neurodivergent people may be different from non-neurodivergent people. This can include differences in verbal communication, non-verbal communication such as gestures and facial expressions as well as processing time.

Here are some tips to use while working with neurodivergent people.

- Being clear and concise with your communication “saying what you mean and meaning what you say”
- Always start by addressing someone by their name.
- Avoid figurative language, avoid metaphor and idioms “good luck, break a leg!”, “you're on fire”, “Pull your socks up!”
- Allow enough processing time
- Keep instructions short
- Try and avoid gestures
- Use visual communication if appropriate including picture cards and social stories.

Below is a link to some useful videos.

[ASD Videos – Autism Cymru](#)

## **CO-ORDINATION AND ENVIRONMENT:**

Co-ordination and movement in neurodivergent people can be affected. For these people, extra effort is required to undertake movements that neurotypical people may find easy. Poor spatial awareness means more trips, bumps, and bruises.

Here are some tips to use while working with neurodivergent people.

- Be patient, difficulties with fine and gross motor skills may mean that hand-eye coordination is difficult
- Allow extra time for changing before and after training as this may be a difficult task for people
- Repetition is important- providing tasks to be consolidated at home can be helpful
- Exercises that improve core strength will be beneficial.
- Changing rooms can be a difficult environment for some people. Think about the acoustics, lighting, noise and smell. Is there something that you can do to reduce the sensory environment? Is there a quiet area where someone could change? Could you provide someone with a tour of changing rooms in advance so that they know what to expect in advance?
- Clothing or equipment can be difficult for some people to wear. Things like shin pads, football socks, bibs, and goalkeeper gloves can cause discomfort. People may need time to find the right pair of shin pads etc. Being able to test things out and get used to the way clothing or equipment feel may be useful.
- Consider interoception- such as wearing appropriate clothing for the weather if people do not feel the cold/ get too hot. You may need to prompt and remind someone to keep hydrated.

## STRUCTURE YOUR SESSIONS:

- Make sure people know everything they need to bring to a training session or game. Provide a list, and add a prompt to any social media platforms/ groups (neuro-inclusion is helpful for everyone).
- Timekeeping- Make clear in advance, what time and where they are expected to be. Also, advice on allowing time for travelling if an away game.
- Following instructions- Break things down into small chunks, so that it is not overwhelming and allow time for processing before repeating any instructions or commands.
- Turn-taking- Be clear about expectations and if you identify someone is struggling with waiting find them a job to do- putting out flags/ cones, filling water bottles.
- Working memory- It may take neurodivergent people a little longer to process information and remember. You may need to repeat instructions clearly (overlearning) and you may need to support with visuals.
- Using apps such as Spond to send information on training and matches is very useful for neurodivergent people.

Structure is incredibly important to support executive dysfunction. Remembering to communicate clearly, using visual supports if necessary- what, when, who, where and how.

## EMOTIONAL REGULATION

Neurodivergent people may have difficulty regulating emotion. This may manifest with outbursts, meltdowns, or shutdowns. It is advisable to think about all the information already stated to support emotional regulation, this includes the sensory environment, communication, and structure of sessions. In addition, positive words and encouragement will go a long way in helping to promote positive self-esteem and regard.

Here are some further tips to use while working with neurodivergent people.

- If someone is overwhelmed allow them a safe space to calm. This may be coming off the pitch and going for a walk, or accessing a quiet room/ sensory space. Redirecting to another activity for example asking them to help the coach.
- If someone is stimming, such as pacing back and forth or flapping their hands, let them. They are regulating themselves and it helps to cope with the situation. It may also be an indicator to ask them if there is something that they are finding difficult in the situation.
- Promote acceptance in the team. Educating people to understand that the player is having a difficult time and needs space and time to recover.



# WHY NEURODIVERGENT PEOPLE CAN EXCEL IN SPORT

Football can provide a safe and structured environment for neurodivergent people where they can feel included and accepted for who they are. It can help to develop social skills, learn how to play as part of a team and gain self-confidence.

There are many strengths that neurodivergent people bring to football, including:

- a deep focus
- a methodical approach
- attention to detail
- creativity
- tenacity and resilience
- novel approaches
- integrity
- accepting of others
- dedication

**Here are some names of successful neurodivergent footballers:**

- Safia Middleton-Patel Cymru international player has Autism
- John O’Kane, former Manchester United and England player has Autism
- Lionel Messi, Argentinian player has ADHD.
- Courtney Ward-Chambers, former Watford and QPR player has ADHD.
- Steven Naismith, former Everton player has Dyslexia.
- Michael Owen, former Manchester United and England player has Tourette’s Syndrome.

## FURTHER RESOURCES:

To learn further information about autism see the [Autism Cymru e-Learning module](#).

Information on ADHD from the [ADHD Foundation](#).

Information on Dyslexia from the [British Dyslexia Foundation](#).

Information on DCD from the [Dyspraxia Foundation](#).

Information on Tourettes from [Tourettes Action](#).





## FURTHER SUPPORT

If you have any questions regarding this guidance please contact [PAWB@FAW.Cymru](mailto:PAWB@FAW.Cymru)

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