NeuroFX
Changing Minds

FAMILY, PARTNERS AND LIFE ADMIN · 10.4

# Grandparents and Neurodivergence: Bridging the Generational Gap

Telling your parents that their grandchild is autistic or has ADHD is its own conversation. It often goes differently to the ones with friends or school, and not always for the reasons you expect.

FOR
Parents talking to grandparents

AUDIENCE AGE
All ages

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PART OF
The NeuroFX resource library

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IN SUMMARY

# Grandparents and Neurodivergence: Bridging the Generational Gap

## Why it lands differently with the older generation

- **The diagnostic frame has shifted faster than people realise.** Most of what we now diagnose as ADHD or autism was framed as character, discipline or narrower severity when your parents were growing up. Their assumptions reflect what was named in their time, not what existed.
- **The common lines are honest but out of date.** "They didn't have this when I was a child." "It's overdiagnosis." "Discipline would sort it out." Each comes from somewhere; each does not match the evidence on prevalence and recognition.
- **Lived experience often opens the door.** Many grandparents end these conversations with a quiet "I think I might have had that too." That is worth holding space for.

## What helps the conversation work

- **Share the headline and the practicals, not the report.** Diagnostic reports are private medical information about a minor. Most parents share the diagnosis and what helps; few share the full document.
- **Give the script structure.** "Sam has been diagnosed with X. We've been working with the team and the school. The things that help most are A and B. What doesn't help is C." Most relatives follow the structure you give them.
- **Use the language the parent uses.** If the parent says "autistic", say "autistic". If they say "has ADHD", say "has ADHD". Each community prefers different forms; following the parent's lead is the safest move.
- **Ask, don't argue.** Take the diagnosis at face value. The clinical work has been done. The most useful thing a grandparent can offer is steady, undramatic love and a willingness to learn the specifics that help.
- **Where it doesn't land, protect the child first.** Some grandparents will not accept the diagnosis. The realistic move is to reduce the surface area of the disagreement rather than expand it, and to protect your child from the harm of a repeated "you're not really X" message.

## How we can help

- **Patient-org family resources first.** The National Autistic Society publishes information for grandparents; ADHD UK publishes information for families. These are the right first stops.
- **GP for ongoing family-system difficulty.** If grandparental resistance is materially affecting your child (refusing visits, hearing repeated negative messaging), your GP can advise on family-systems support.
- **Adult assessment for grandparents who recognise themselves.** Where a grandparent sees their own picture in what is being described, their own GP is the first call. NeuroFX offers private adult ADHD and autism assessment as a parallel route.


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**WHEN TO SPEAK TO A PROFESSIONAL**

If a grandparent's resistance is materially affecting your child (the child is hearing repeated "you're not really X" messaging, refusing to attend visits, or showing signs of distress), speak to your GP for advice on family-systems support. For grandparents who recognise themselves in the diagnostic picture and want to investigate, their own GP is the first port of call; NeuroFX offers private adult ADHD and autism assessment as a parallel route. The National Autistic Society and ADHD UK both publish family-facing materials that can be shared.

**SOURCES**

Polanczyk 2007; Sayal 2018 Lancet Psychiatry; Russell 2022; NICE NG87; NICE CG170; NAS; ADHD UK

**NEXT STEPS**

## Speak to NeuroFX

Private ADHD and autism assessment for adults and children aged 6 and upwards. CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

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