SenLife

WHITE PAPER

Traits, Not Labels

Understanding your child while you wait, and how to build the evidence that helps everyone around them see them clearly

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> If you are reading this, you have probably noticed something about your child. The way they focus, or cannot. The way they light up at one thing and melt down at another. The way school days end. You may have been told "let's see how it goes", or you may already be on a waiting list that stretches into next year or the one after.

This guide is about what you can do in that time. Not instead of an assessment, and not instead of professional help, but alongside. It is built on one idea that runs through decades of research:

A diagnosis is a label. What actually helps your child is understanding their traits and shaping the world around them to fit.
The label opens doors. The traits tell you what to do on the other side of them.

1 The traits are real, whether or not there is a label yet

Waiting lists for a neurodevelopmental assessment in the UK can run to years. But your child's traits do not wait. They are there every morning at the school gate, every evening at homework time, every time the plan changes. A label, when and if it comes, will describe them in a very one-dimensional way. It will not define them, and it will not change them.

You do not need a diagnosis to start understanding your child, and importantly, to help those around your child understand them. You need a clear, honest picture of how they attend, focus, react, recover and think. And you are the person best placed to build it, because you see more of your child than any professional ever will. As you already know, you understand your child best.

Think of Thomas Edison. No diagnosis existed in his time, so we make no claim about what he "had". What is recorded is a restless boy who struggled in a classroom that punished his pattern, was taught at home by his mother instead, and grew up to work in long bursts of consuming focus. The label did not exist. The traits did. And it was the change of environment, not a change in the child, that shaped what came next.

2 The same traits, very different journeys

Researchers have looked closely at where neurodivergent traits show up in adult life. One striking finding: they are far more common among people who start businesses. Around a third of entrepreneurs in one study reported dyslexic traits, against roughly one in ten in the wider population. In another, 29% of founders reported ADHD compared with 5% in a matched group. Well-known founders including Richard Branson, JetBlue's David Neeleman and BrewDog's James Watt have all spoken openly about their own dyslexia, ADHD or autism, and about how they built their companies and teams around it.

But the honest version of the story does not stop there. The same research shows the same traits are over-represented in tough outcomes too. In the UK, children with identified special educational needs are consistently over-represented in school exclusions. That is usually the first major sign of a child's pattern colliding with a setting that is not designed for everyone.

The traits are the same at both ends. What differs is everything around them: whether the child understood their own pattern, whether the adults around them understood it, and whether home and school were shaped to fit, or left to grind against them.

> **Neurodivergent traits do not predict success or failure. They widen the range of what is possible. The factor that decides which way they go is fit.**

This is not a promise that your child will start a company. Most people do not, and that is fine. It is a reason to take the traits seriously now, because the years before the label can be the years in which fit is made or broken.

3 Every strength has a shadow

The research lets us break the trait profile into pieces you will probably recognise. Each one has a helpful presentation and a tough presentation, the same trait in different settings. The right-hand column is the part that matters: none of it needs your child to change. All of it needs you to fully understand them first.

The trait	When it helps	When it hurts	What the environment can do
Jumps in without hesitating	Brave, decisive, willing to try things	Acts before thinking; struggles to finish, impulsive	Simple routines and "stop and check" moments; a calm grown-up alongside
Gets completely absorbed	Deep interests, real expertise, joy in a task	Forgets everything else; finds it hard to switch; gets exhausted	Warnings before transitions; protected time for their interest; help with the boring bits
Spots patterns and likes systems	Notices what others miss; loves how things work	Finds unpredictable people and unclear rules confusing	Clear expectations; predictable days; someone to explain the unspoken rules
Needs new things; bored quickly	Curious, energetic, full of ideas	Drops things before they are done; easily distracted	Small milestones; variety inside a steady framework
Does not follow the crowd	Independent thinking; stands their ground	Friction with peers; misses social cues	Explicit, kind communication; friendships built on shared interests

Notice how early every one of those supports can start. A "stop and check" moment, a warning before a transition, a predictable morning, a friendship built around a shared interest. This is what environment design looks like for an eight-year-old. It is also, almost exactly, what the adults who thrive later say someone built for them when they were young.

4 The journey, step by step

Here is what the path typically looks like for a UK family, and what you can be doing at each stage. Timelines vary a great deal by area and by service.

Step	What is happening	What you can do
Noticing	You or someone at school starts to see a pattern. It may be hard to put into words, and easy to second-guess.	Start writing things down. Not judgements, just what happened, when, and what came before and after. Small, specific, regular observations beat one big summary.
Raising it	You talk to your GP, the school SENCO, or a health visitor. They will ask what you have seen and for how long.	Bring your notes. A pattern across weeks is far more useful to a professional than a memory of last Tuesday.
Referral	A referral is made for a neurodevelopmental assessment. School may be asked for their own observations.	Keep recording. Ask school to share what they see. Gaps and differences between home and school are common and are useful information in themselves.
Waiting	This is often the longest stage. Your child's traits carry on regardless; support at school does not have to wait for the outcome.	Use the picture you are building to ask for adjustments now. Under the SEND Code of Practice, support is based on need, not diagnosis.
Assessment	A clinician or team gathers information from you, from school and from seeing your child, then reaches a clinical judgement.	Share your structured evidence. It helps the clinician see your child across settings and over time, not just on the day.
Afterwards	Whatever the outcome, the traits are still the traits. The work of fit continues: at home, at school, and eventually with your child themselves.	Keep the record going. It is the basis for EHCP requests, annual reviews, and for your child's own self-understanding as they grow.

5 Where SenLife fits

Everything in this guide depends on one thing: a specific, accurate, longitudinal picture of your child's traits. Not a label, and not a snapshot from one difficult afternoon. A picture of how their attention, energy, reactions and strengths actually behave, across settings and over time.

That picture is what parents find hardest to convey, what schools rarely see in full, and what clinicians receive too little of, too late.

SenLife exists to help you build this picture. The platform lets you capture day-to-day observations in a few moments, in your own words, and turns them into structured, longitudinal evidence of your child's strengths and needs. Evidence you can use with school, with clinicians and with statutory processes. Evidence that is useful as soon as your journey starts, not just at the end of a long wait for diagnosis.

What SenLife is, and what it is not. SenLife records and structures caregiver observations for clinician interpretation. It does not diagnose, interpret or recommend, and it is not a diagnostic tool. Using SenLife is not a substitute for a professional assessment or for medical care. Clinical judgement stays where it belongs, with clinicians. Our aim is simply that they are better informed than a referral letter alone could ever make them, and that you can best support and advocate for your child along the way.

6 What to do this week, using the free SenLife app

- **Record three things you noticed.** What happened, when, what came before, how it ended. No interpretation needed.
- **Record three strengths.** What your child is good at, loves, or does more easily than other children. The record should be as much about strengths as struggles.
- **Ask school one question.** "What do you see that I might not?" Then record what they say too.
- **Pick one support idea from the table in section 3** and try it for a fortnight. Record what changes.
- **Keep going.** A few recordings a day, over months, becomes the clearest picture of your child that anyone will ever have.

If your child is struggling right now. This guide is about understanding over time. If your child is in distress today, please do not wait. Speak to your GP or your school's SENCO. If you are worried about your child's immediate safety, call 999 or contact NHS 111. You can also contact Childline (0800 1111) or YoungMinds' Parents Helpline (0808 802 5544).

A note on what we claim

We claim that neurodivergent traits are more common among entrepreneurs than in the general population; that their effect on how life goes depends heavily on environment; and that understanding a child at the level of their traits, from early on, is the foundation of getting that environment right.

We do not claim that any historical figure had any condition, that neurodivergence predicts success, or that any tool, including our own, improves clinical or life outcomes. Every figure in this guide comes from published, peer-reviewed research or from an individual's own public account. The full references are in the SenLife white paper, Traits, Not Labels (August 2026), available at mysenlife.com.

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