

A Parent's Guide to Using AI Safely When You Have Questions About Neurodiversity

For families exploring autism, ADHD, sensory differences, learning differences, tics, communication differences, or other developmental concerns.



Neurodiversity-affirming



Privacy-first



UK-focused (with notes for families elsewhere)

Produced by BrainDiverse



THE SHORT VERSION

AI can help you find words, understand general information, and prepare for conversations. It **cannot** assess your child, diagnose them, decide what treatment they need, or keep them safe in a crisis.

Use it as a thinking and planning tool — not as a clinician.

1 First: it is understandable to look for answers

When your child is struggling, when a report is full of unfamiliar language, or when you are waiting for an appointment, it makes sense to look for help. Asking an AI chatbot does **not** mean you are overreacting, failing your child, or replacing professional support. It means you are trying to make sense of a situation that matters deeply to you.

The safest way to use AI is to let it help you **get clearer and better prepared**. It should never be the tool that makes the final call about what is happening for your child.



NEURODIVERSITY IN ONE SENTENCE

Neurodiversity is not a problem to be "fixed". It is a way of recognising that brains develop and work in different ways. Your child may have strengths, needs, preferences and ways of communicating that deserve to be understood in context. A label can sometimes help a family access support — but **a chatbot cannot decide whether a label fits your child**.

2 What AI is — and what it is not

AI chatbots are computer tools that produce answers by **predicting helpful-sounding language** from patterns in information they have seen before. They do not meet your child. They do not see how your child is at home, at school, with friends, or when they are tired, hungry, overwhelmed or happy. They cannot ask follow-up questions the way a skilled professional can.



CONFIDENT ≠ CORRECT

AI can be **wrong while sounding confident**. The Information Commissioner's Office describes an AI "hallucination" as content that is incorrect, misleading or made up, even though it may sound plausible. That is why an AI answer should be treated as **a starting point to check** — not as proof.

✅ AI can sometimes help with...	🚫 AI cannot safely do...
Explaining a term in everyday language	Diagnose autism, ADHD, a learning difference, or any health condition
Turning your notes into a short list of questions	Decide whether your child needs medication, change a dose, or stop treatment
Drafting a visual routine, social story or calm script	Judge a new, severe, worsening or safety-related concern
Helping you prepare for an appointment or school meeting	Replace a clinician, school professional, therapist or emergency service
Giving general ideas to discuss with people who know your child	Know your child's full life, history, culture, communication or support needs

3 The traffic-light rule: decide *before* you type

Before opening a chatbot, pause and ask: **"What kind of question is this?"** The answer tells you whether AI is appropriate.

GREEN

Usually suitable for AI

General, low-risk questions

where you need words, ideas or organisation.

- "What does executive function mean?"
- "Help me draft a visual morning routine"
- "Give me respectful ways to explain sensory overload to grandparents."

What to do: use AI as a writing and learning aid. Check anything important before you rely on it.

AMBER

Use AI, then verify

Questions about your child's support, a report, patterns or a possible health issue.

- "What questions could I ask about this sleep pattern?"
- "Explain this report phrase without medical jargon"
- "Help me make a dated summary for the paediatrician."

What to do: remove identifying details. Ask for questions, not conclusions. Check with a trusted source or professional before acting.

RED

Do not use AI alone

Anything urgent, new, rapidly worsening, dangerous or involving treatment decisions.

- Possible self-harm; abuse or safeguarding worries
- Sudden loss of skills; severe distress
- A medication reaction; a possible seizure; a child who cannot be kept safe

What to do: stop searching for an answer. Contact an appropriate health or emergency service **now**.

999 / A&E

Life-threatening emergency, or someone cannot be kept safe (UK)

NHS 111

Urgent mental-health help — select the mental-health option, or seek an urgent GP appointment



Outside the UK?

Use your local emergency number or urgent-care service

4 A safer way to ask an AI question

The aim is **not** to feed a chatbot your child's whole story. It is to ask a **small, general question** that helps you prepare for a real conversation with a person.

1 Describe a pattern, not a diagnosis

Instead of asking "Does my child have autism?", try asking what observations might be useful to note or discuss:

AI PROMPT IDEA

"I am looking for general information, not a diagnosis. A school-age child becomes very distressed by sudden changes at home and school. What neutral observations could a parent record, and what questions could we take to the school or GP?"

A useful description focuses on **what you notice, not on a conclusion**. Think about: when it happens, where it happens, how often, what seems to help, what makes it harder, and how it affects your child's day. Do not assume a behaviour has one meaning — a child who is quiet, restless, upset, repetitive, withdrawn or "not listening" may be communicating many different things.

2

Ask for questions, options and limits

A good safety prompt tells the tool **not to diagnose** and asks it to show its limits:

AI PROMPT IDEA

"Please use plain, neurodiversity-affirming language. Do not diagnose. Give me: (1) two or three general ways this pattern might be understood, including environmental factors; (2) questions to ask a professional; (3) practical low-risk support ideas; and (4) signs that mean I should seek help sooner."

If the answer feels like a long, frightening list, ask the chatbot to reduce it: *"Please give me only three key questions for the appointment and tell me what you are uncertain about."* **You do not need to read every possibility at 1am.**

3

Keep it general and private

Use broad descriptions such as **"my primary-school-aged child"** or **"my teenager"**. Do not give the chatbot details that identify your child or family. The UK Children's Code expects services likely to be used by children to protect their data, minimise collection and use high-privacy defaults — an important standard, but it is still wise to share as little as possible.

5 Protect your child's privacy

A chat box can feel private because you are alone when you use it. It is still an **online service** with its own rules about storage, history, memory and training. Treat it as a space where you only enter information you would be comfortable disclosing more widely.

 **Please do not put these details into a general chatbot**

Do not share	Safer alternative
Your child's full name, date of birth, address, phone number, school or class	"My child is in primary school" or "my teenager"
NHS number, medical-record number, appointments, clinician names or case details	"We have an upcoming health appointment"
A report, letter, school document, photo, video or screenshot with names or logos	Copy a short, fully de-identified phrase only if you genuinely need a plain-language explanation
Detailed family history, a precise location, usernames or contact details	Keep the question broad and use your own private notes for the full record



BEFORE USING ANY TOOL

Look for its **privacy, chat-history, memory and training settings**. Turn off saving or training options if they are available and appropriate for you. This reduces risk — it does **not** make a general chatbot the same as a confidential health service.

If you want AI to help organise observations, first make a **private record that you control**. You can then ask AI for a blank template, or paste a short, anonymous summary rather than the original document. Your child's report belongs in the conversation with the professionals caring for them.

6 Use AI for preparation, not for a verdict

Some of the most helpful uses of AI are practical and low-risk. They can give you words when you are tired, help you organise your thoughts, and make appointments feel less overwhelming.

It can also help to ask for **different interpretations** of a situation. For example, a child who avoids a task might be tired, worried, overwhelmed, confused, in pain, needing more support, or communicating a preference. This does not mean AI knows why — it helps you **stay curious rather than jump to one explanation**.

Helpful use	A safer example request
Understand unfamiliar language	"Explain the phrase 'executive function' in simple language, without assuming it applies to any one child."
Prepare for an appointment	"Help me turn these anonymous observations into five clear questions for a GP, paediatrician, SENCO or therapist."

Prepare for a school conversation	"Draft a respectful email asking school what they notice about transitions, sensory demands and what helps my child participate."
Create a routine support	"Create a simple, flexible visual after-school routine with choices and rest time. Do not present it as treatment."
Find kinder wording	"Help me describe a child's distress without using blaming words such as 'naughty', 'attention-seeking' or 'refusing'."
Organise your own notes	"Give me a blank dated observation table with columns for situation, what I noticed, possible demands, what helped and questions for a professional."

7 Check an answer before you use it

AI is **not a trusted source in itself**. Even when it gives links or sounds certain, check the original information. Use this short check before you change anything important:

- ✓ **Is this a general idea or a decision about my individual child?** Individual decisions need a professional who knows your child.
- ✓ **Where did this claim come from?** Open and read the original source. Do not assume an AI-generated citation is accurate.
- ✓ **Is the source current and relevant to where we live?** Health, education and support pathways differ between countries and local areas.
- ✓ **Does a trusted source agree?** In the UK, this may include NHS information, NICE guidance, your local service, the National Autistic Society or ADHD UK.
- ✓ **What does the person who knows my child think?** This may be your GP, paediatrician, therapist, school SENCO, teacher or another appropriate professional.

♥ YOUR OBSERVATIONS MATTER

NICE guidance says that parents' and carers' concerns about a child's development or behaviour should be **taken seriously**, even if other people have not noticed the same things. AI can help you organise your observations — but it should not speak over you or over your child.

8 A simple "Smart Visit Brief" for appointments

Appointments can be short, and it can be hard to remember everything when you finally get there. A one-page note can help you bring the important parts of your child's day into the room.

You may use AI to make a **blank version** of this template. Fill the actual details in privately and bring the completed version to the appointment yourself.

Section	What to write
What we notice	A few concrete observations: what happens, how often, where, and how it affects everyday life.
What helps	Things that reduce stress or make participation easier: predictability, movement breaks, quieter spaces, visual information, extra time, particular communication approaches, interests or trusted people.
What has changed	Any change in sleep, eating, mood, energy, skills, pain, routines, school attendance or safety. Include when the change began.
Our questions	The three things you most want to understand or decide together.

Our hopes

What would make a meaningful difference for your child and family, even before any assessment or label.



NOTHING TO HIDE

You can say: *"I used an AI tool to help me organise my observations and questions. I am not treating it as a diagnosis. Could we look at what is relevant for my child?"* This is a sensible use of a tool, not something to hide.

9 When your question is really worry

Late-night searching can sometimes help you feel less alone. It can also trap you in a loop: one answer leads to another search, then another possible condition, then another hour of fear. That does not mean you are doing anything wrong — it means your **nervous system may need support more than more information**.

If you notice you are asking the same question repeatedly, try this instead:

-  Write down the question
-  Choose **one** reliable source or one person to contact
-  Set a point to stop — and return to it in daylight
-  Tell a partner, friend, family member or professional: *"I am worried and I need someone to sit with this with me."*

PARENTS DESERVE SUPPORT TOO

A chatbot should not become your only place to put fear, grief, guilt or exhaustion.

10 If your child or teenager uses AI

Young people may use chatbots for homework, curiosity, advice or company. Start with **openness rather than policing** — a shared conversation can be more protective than a secret one. You might agree on three family rules:

Family rule	What it means in practice
"AI can be wrong."	We check important information with a person or reliable source.
"AI is not private."	We do not share names, school details, images, passwords, health information or private messages.
"Feelings and safety come to people first."	If something involves bodies, friendships, bullying, self-harm, sex, fear or danger, we tell a trusted adult or professional.

BE EXTRA CAREFUL WITH AI "COMPANION" BOTS

Character bots that present themselves as a friend, therapist, romantic interest or trusted adult may sound warm — but they are **not a safe substitute for human support**. Where possible, keep use in a shared space, review concerning chats calmly, and make it clear your child will **not** be in trouble for bringing something worrying to you.

11 When to stop typing and seek help

DO NOT WAIT FOR AN AI ANSWER IF YOUR CHILD...

has a new, serious or rapidly worsening problem · may have harmed themselves or someone else · is talking about wanting to die · cannot be kept safe · has a severe medication reaction · may have had a

seizure · has suddenly lost skills · or you have a safeguarding concern.

Contact appropriate urgent help. In the UK, 999 or A&E is for a life-threatening emergency or when safety cannot be maintained. NHS 111 can direct people to urgent support, including the mental-health option. If you are unsure, it is okay to ask for urgent help — **you are not wasting anyone's time by taking safety seriously.**

12 A final word

You know your child in ways no chatbot can. You notice the small changes, the joyful interests, the hard mornings, the things that help and the things that cost them effort. **That knowledge is valuable.**

Use AI, if you choose to use it, to make that knowledge easier to share: clearer questions, kinder language, better notes and more confidence going into conversations. Then bring the important decisions back to people who can listen, assess, respond and stand alongside your family.

♥ REMEMBER

AI can help you prepare. It cannot tell you who your child is.

13 Further support and reliable starting points

This guide is UK-oriented because it refers to NHS services. Families elsewhere should use their own local health, education, emergency and advocacy services.

Need	Starting point
Urgent mental-health support in England	NHS 111, choosing the mental-health option; use 999/A&E if life is at risk or safety cannot be maintained.
Autism information and support	National Autistic Society — guidance on autism, diagnosis, communication and support.
ADHD information and support	ADHD UK — general information and support resources.
Concerns about possible autism	Speak with your GP, health visitor, school or other appropriate local professional. NICE describes a pathway that considers the child's development, different settings, impact and parent/carer concerns.
Questions about AI and health-data use in NHS care	NHS guidance for patients and service users.

A Parent's Guide to Using AI Safely · BrainDiverse · Page 5 of 5 · References cited in the source guide: NICE guidance (1); ICO definition of AI hallucination (2); UK Children's Code (3); NHS urgent-support information (4); NHS AI and health-data guidance (5); National Autistic Society (6); ADHD UK (7). This is educational guidance. It is not a diagnostic tool, medical advice or a substitute for a professional who knows your child.