NEURODIVERSITY-AFFIRMING PRACTICE

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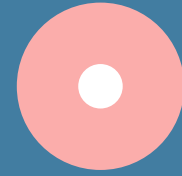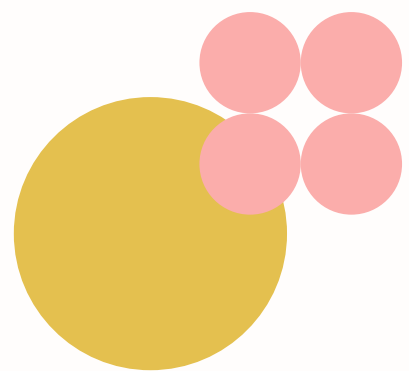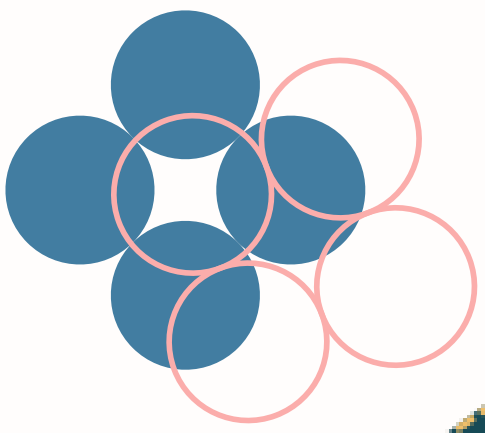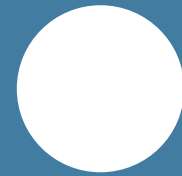
Agenda

Defining Neurodiversity

Understanding ableism and disablism

Reimagining Child Development

Next steps

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What is your current understanding of neurodiversity?

Neuro

brain

+

Diversity

a range of differences

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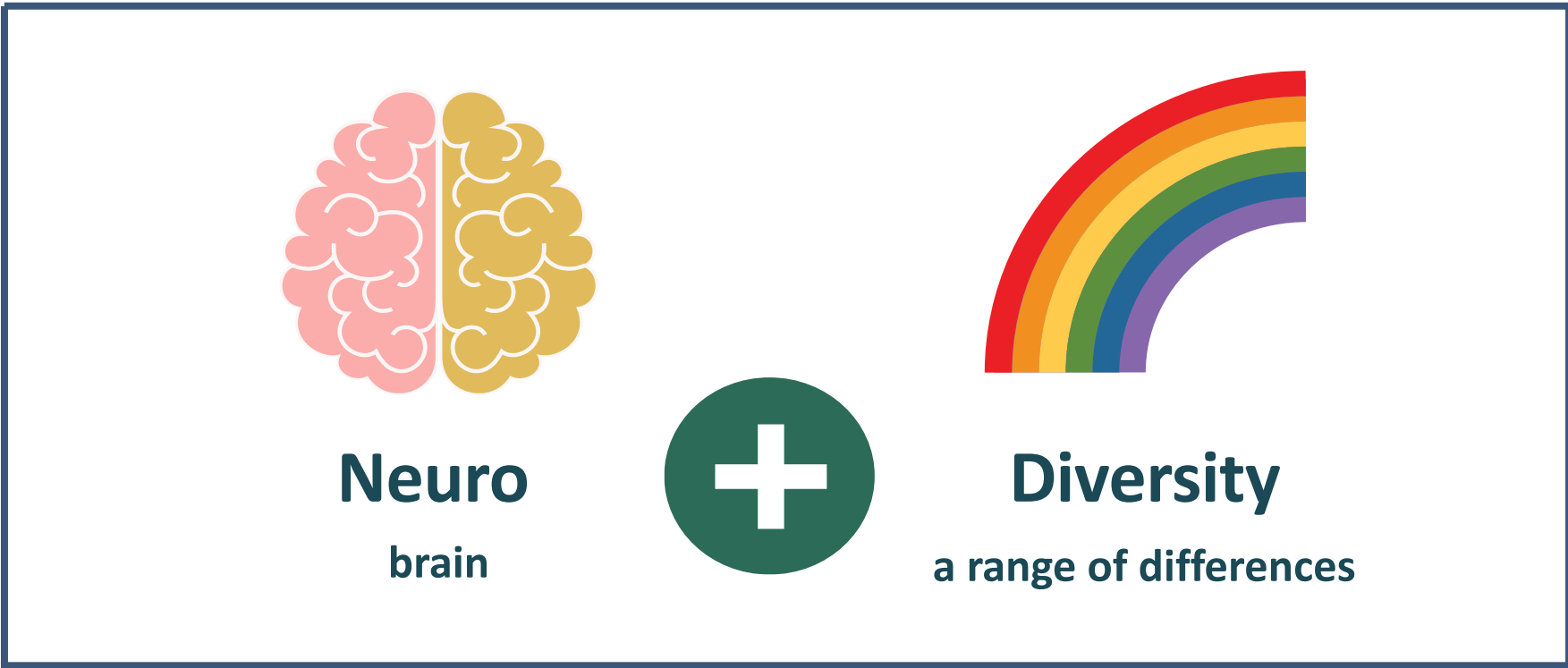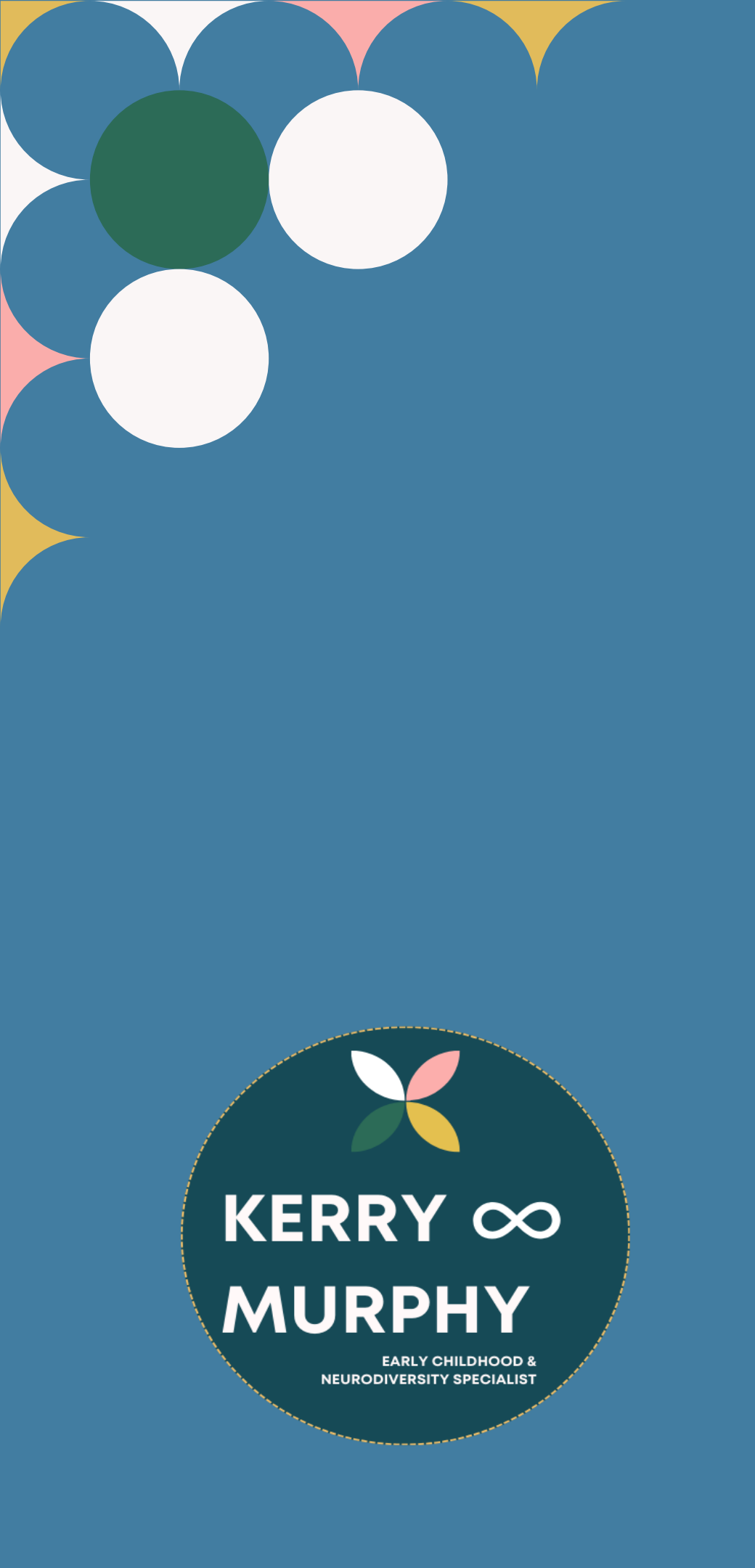
The infinite variation of human minds

"Neurodiversity refers to the variability of human minds and all the unique and different ways that people can exist, think, act, process, feel and function. Neurodiversity is a neutral term that refers to all human minds on the planet. It includes everyone. It is a simple fact that the human population is diverse in our bodyminds just as we are diverse in our ethnicity, gender, sexuality and physical ability" (Wise, 2023)

Walker, N. and Raymaker, D.M., 2021. Toward a neuroqueer future: An interview with Nick Walker. Autism in Adulthood, 3(1), pp.5-10.
Wise, S.J., 2023. We're All Neurodiverse: How to Build a Neurodiversity Affirming Future and Challenge Neuronormativity. Jessica Kingsley Publishers.

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GLOSSARY OF TERMS
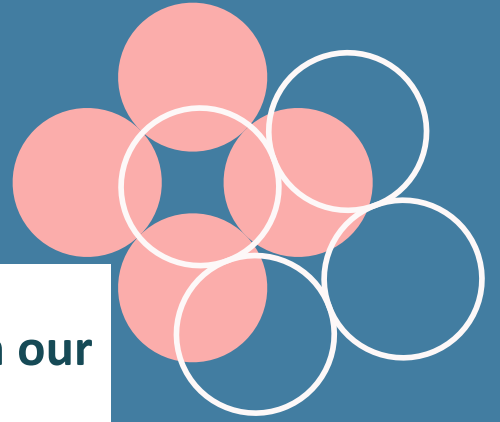
Neurodiversity refers simply to human differences as a biological fact and encompasses all of us. We have limitless variability in our minds and bodies. Our development generally takes different pathways and can be understood through the language of neurodiversity. Today I will be referring to:

Neurotypical

Neurotypical refers to those children whose brain conforms to typically developing expectations. They represent the neuro majority of people whose development follows a similar pathway. We live in a society that favours this neurotypical pathway, which is often seen as the "ideal" or "normal" way of developing.

Emergent Neurodivergent

For those working in the early years, you will support children at the beginning of their developmental journey. They may not be diagnosed and so will be emerging into their neurodivergence. Remember it is not our role to diagnose children, but we should be alert to their possible development pathways.

Neurodivergent

Neurodivergent refers to those children whose development diverges from the typically developing expectations. This is often a lifelong difference, such as being autistic. We live in a society that views these differences as something that needs to be fixed or reduced. However, neurodivergence is
its own way of being and should be respected.

Neurotype

Neurotype refers to the type of neurodivergence you are referring to. For example, you may talk about the autistic neurotype or dyslexic neurotype.

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Murphy, K. (2023). A guide to neurodiversity in the early years. Anna Freud Centre

Asasumasu, K (2015). PSA from the Actual Coiner of Neurodivergent. Tumblr. Access here:
https://shitborderlinesdo.tumblr.com/post/121319446214/psa-from-the-actual-coiner-of-neurodivergent
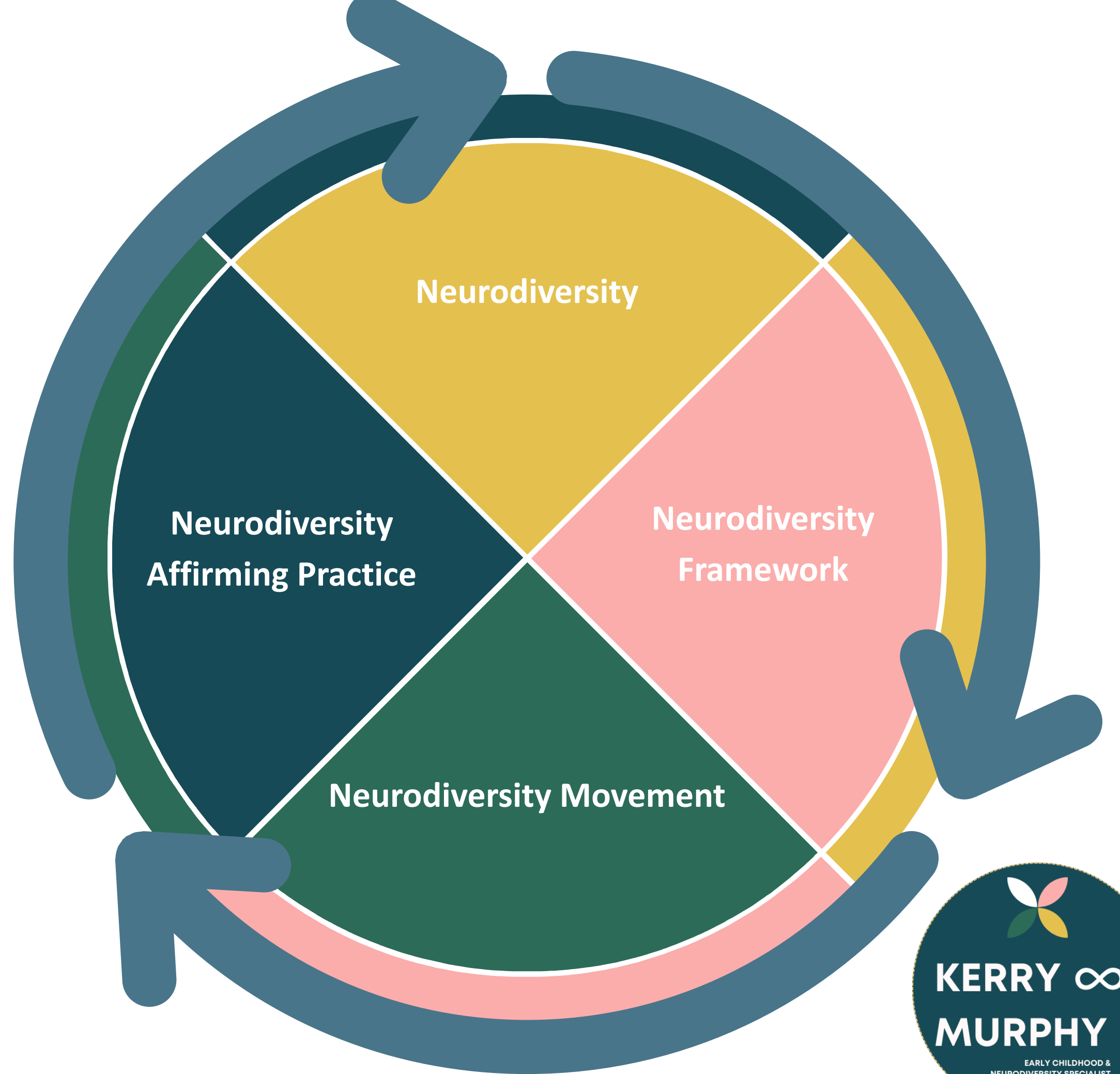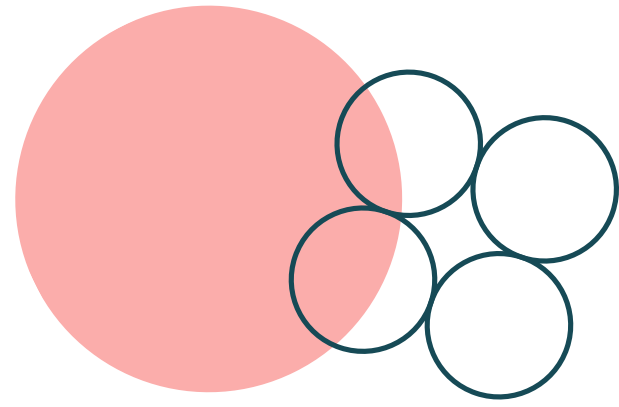
Ableism and Disablism

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Defining Ableism & Disablism

Ableism is the system....

...of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness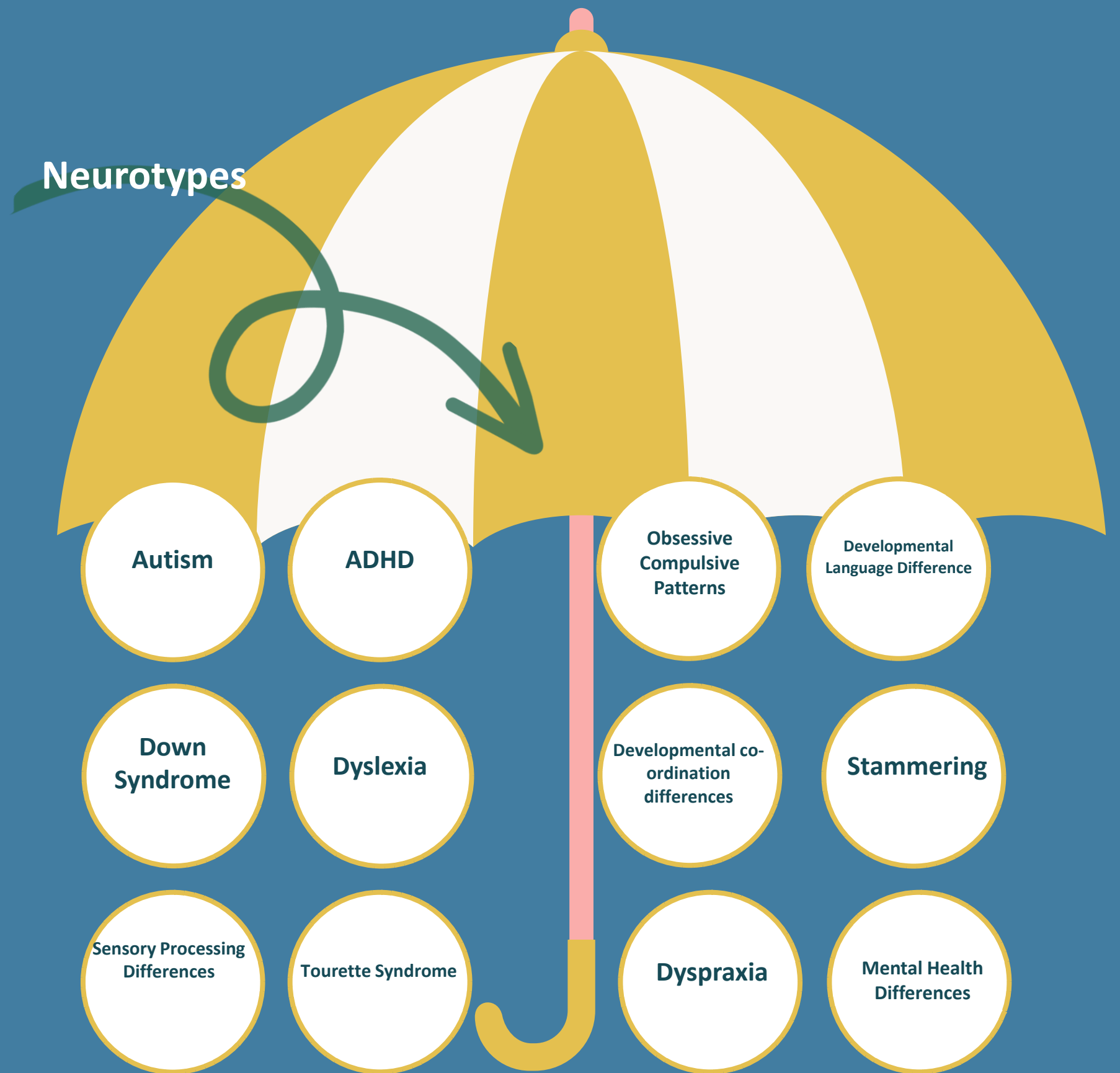. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism. This systemic oppression that leads to people and society determining people's value based on their culture, age, language, appearance, religion, birth or living place, "health/wellness", and/or their ability to satisfactorily re/produce, "excel" and "behave."

You do not have to be disabled to experience ableism. working (Lewis, 2022)

Disablsim is the action...

of discriminatory, oppressive or abusive behaviour arising
from the belief that disabled and neurodivergent people are inferior to others
(Goodley, 2014)

Goodley, D., 2014. Dis/ability studies: Theorising disablism and ableism. Routledge
Lewis, T. A. (2021, January, 1). Working Definition of Ableism. Talila A. Lewis. https://www.talila lewis.com/blog.
Image from: Eliza Fricker https://missingthemark.blog/
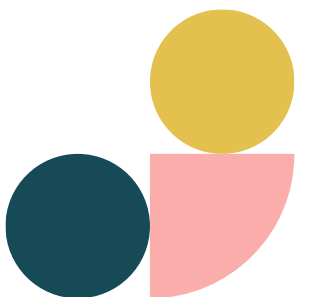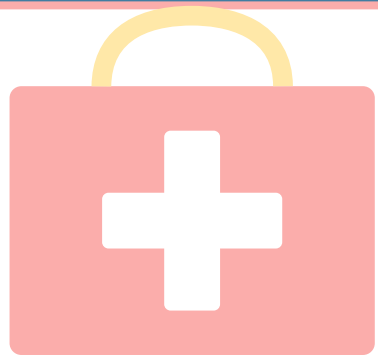
Medicalised Model

- Emphasis on how the child is delayed, deficit, impaired or disordered.

- The problem is within the child as opposed to wider societal barriers.

- Interventions, treatments and therapy are explored through a "neurotypical gaze", meaning the focus is on curing, fixing, eliminating and reducing the child's neurodivergence or disability.

- Outcome measures often focus on how "neurotypical passing" the child is; for example, "the child can now provide eye contact during social interactions". This leads to a behaviour known as masking.

- De-centres the neurodivergent or disabled child for the comfort and convenience of others; for example, "the child now sits still during circle time and no longer disrupts others".

- Focused on saviourism, compliance and lacks an ethics of care such as consent; for example, children not having. choice if they join in with an intervention programme.

Neurodiversity Framework

- Emphasis on a child's holistic profile of interests, strengths, traits, differences and needs.

- Ableism and barriers to inclusion are considered to be the dominant problem for wider participation.

- Support is child-led and focused on affirming neurodivergent traits and ways of being. The child is not expected to mask or change who they are in order to fit in.

- Interventions and programmes, if used, are flexible, honour and affirm differences.

- Outcome measures focus on autonomy, self-advocacy, engagement, wellbeing and belonging.

- The neurodivergent or disabled child is viewed as an expert in their lived experience and their "voice" is heard, valued and advocated.

- There is a clear ethics of care, including consent, dignity and responsiveness.

- A Neurodiversity Informed model does not deny the existence of difficulties and needs. Rather, they are understood within a broader context.

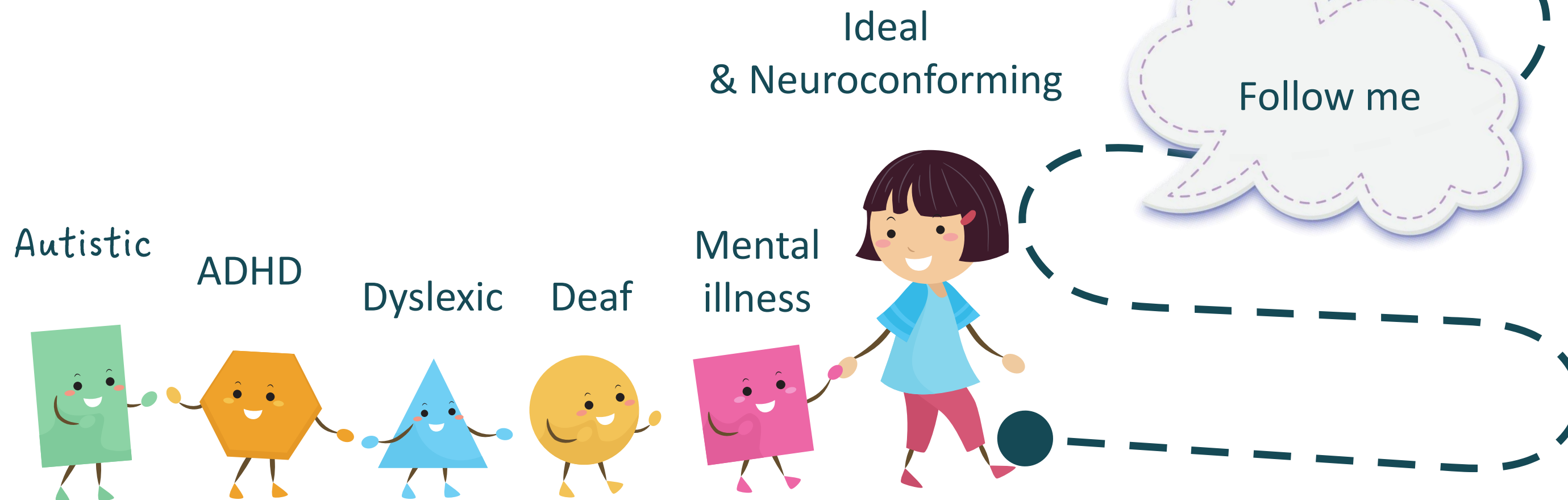| Red Flags	Green Flags
Child development documents that only define and describe typical and non-disabled development suggesting that there is only one universal pathway	Exploring traits and differences to expand upon our ideas of diverse child development. For example, echolalia as a delay versus echolalia as a specific developmental stage for autistic and other neurodivergent children.
Describing development that does not fit into neuronormativity as a "red flag", "alarm bell" or immediately assuming a delay	Using curiosity rather than concern based language such as Indicators, divergent pathway, traits, differences.
Ableist outcomes, for example, an emphasis on speech over other forms of communication & self-regulation being a behavioural-based outcome	Taking a more than one way mentality to understand the different ways in which children develop
An emphasis on teaching children to mask their inherent traits through corrective early intervention. Interventions can also often focus on the inconvenience causes to others rather than for the benefit of the child	Focusing on autonomy, authentic ways of being, wellbeing and not trying to correct children, but to understand them
Targeting children's play as a mechanism for early intervention leading to adult-directed play-based support, and a deprivation of self-directed play	Spend time paying more observational attention to neurodivergent and disabled play patterns and meet children where they are at
Labelling children as "special educational needs" or having "additional needs" which creates a burden based mentality.	Human needs, developmental differences, support needs

Divergent Pathways Of Development

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Stammer

Non-speaking

Cerebral Palsy

Autistic

Deaf

Defining Divergent **Pathways of Development**

Divergent pathways of development recognises that all children are on a unique developmental pathway that may or may not align with peers but will likely diverge as the child's individual identity becomes understood and their lived experiences begin to shape their developing brain and body. While we should support all healthy development, we should not reinforce the idea that there is a "right way to be" and children are not **less than** if they diverge from what is socially constructed as "normal"
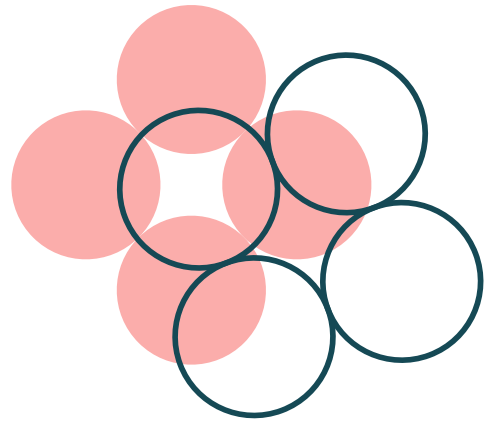
The promises and pitfalls of developmental theory

Discourses about ages and stages became linked to developmental norms, encoded in milestones and developmental delay. Within this framework, childhood is viewed as an apprenticeship for adulthood that can be charted through stages related to age, physical development and cognitive ability: groups of children were organised according to their birth dates, institutionalised in age-graded classrooms with their progress tracked according to predefined key stages (Woodhead, 2008).

Gabriel, N., 2021. Beyond 'developmentalism': A relational and embodied approach to young children's development. Children & Society, 35(1), pp.48-61.

Language Reframes

Current Term	Reframed Term	Rationale
Typically Developing Pathway	Divergent Pathway of Development	Acknowledges that not all development is universal and typical and instead reflects developmental diversity
Developmentally Appropriate	Developmentally Meaningful Experiences	Shifts from biased development and instead recognises that development must make sense and be meaningful to the child
Milestones	Unique Milestones	Rejects the idea that all children will sequentially meet neuronormative milestones and instead recognises that milestones are unique and context dependent
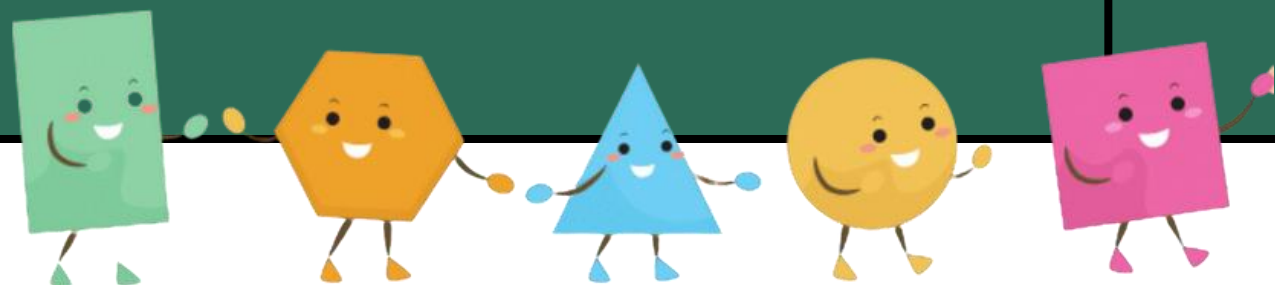
Development Matters Reimagined

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What we need is for neurodivergent and disabled children to be represented within our non-statutory frameworks rather than being viewed as a separate entity to inclusive education

Birth to three – babies, toddlers and young children will be learning to:	Examples of how to support this:	Divergent Pathway of Development
• Make themselves understood and can become frustrated when they cannot. • Start to say how they are feeling, using words as well as actions.	You can help toddlers who are having tantrums (dysreguated) through co-regulation and reassurance. Help toddlers to express themselves through visuals, words or movement. You may use emotion words and talk about sensations to help children to make connections in their interoceptive and developing self-regulation. Be mindful of overloading a child with language when they are dysregulated as this can add to their stress response. Offer side-by-side support, simply language and model your own self-regulation capacity.	Neurodivergent children may experience shutdown or meltdown which is a heightened response to stress or overwhelm. Interoceptive differences will mean that a child may not be able to say or describe how they are feeling due to a mismatch between their sensations and thoughts. Embodied co-regulation can help children to make these connections.
• Start to develop conversation, often jumping from topic to topic. • Develop pretend play: 'putting the baby to sleep' or 'driving the car to the shops'.	Make time to connect with babies, toddlers and young children through quality time. Tune in and listen to them and join in with their play, indoors and outside through responsive interactions. Ensure you are interacting over interfering. Allow plenty of time for natural and authentic conversations. Keep in mind total communication and that back and forth interactions may happen in different ways, not just spoken language. Be attuned to children's funds of knowledge, and take time to learn about their unique experiences and family life. Commenting, pondering and declarative questioning can cultivate meaningful conversations,	Some children may be gestalt language processors and will be utilising delayed echolalia, scripting or mitigating gestalts. Acknowledge all communication attempts, and model scripts through the mix and match of gestalts. Utilise intensive interaction for non-speaking and minimally speaking children. Some children will develop special interests meaning they may like to speak at length about interests. Pretend play may look different in some children. Take time to learn about their specific play patterns.
Observation checkpoint	By around 2 years old, is the child showing an interest in what other children are playing and sometimes joins in? By around 3 years old, can the child shift from one task to another if you get their attention. Using the child's name can help: "Jason, please can you stop now? We're tidying up".	A child may show a specific preference for solitary, onlooker or parallel play. Be mindful of the Double Empathy Problem which may impact whether a child feels comfortable to initiate interaction or play with others. Some children will have a monotropic attentional style meaning they will not switch from task to task with ease and will benefit from adequate transitional support, and time to enter their flow states. Some children may find demands overwhelming. Consider using declarative language to engage children.

"More than one way" mentality.

Green indicates what is considered universal in child development and accepted
Red indicates development that would be perceieved as deficit even if as educators we honour and affirm it

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Communicating	speak	Write	sign language sign to speech	Stammer	Body language	Augmentatively i.e visuals
Paying attention	Stillness	Fidgeting	Montropically	Polytropically	Looking at	Looking away
Regulating	Alerting	Calmly	Moving	stimming	escaping retreating	seeking
Playing	solitary	parallel	repetitive	co-operatively	schematic	via special interests
Moving	Whole body	wheeling	with movement aid or specialist equipment	Stimming	Eye movements	Fidgeting

Holistic Profile

Strengths

All children have unique strengths that should be acknowledged and celebrated

Differences

We should be careful not to assume delays in different neurotypes. In some situations, a delay could be a gateway to a lifelong difference.

Needs

All children have individual needs that will need supports, scaffolding and adaptive practices.

Interests

A core feature of early childhood education is that it is child-led and play-based. In a child's earliest years, we tune into their play to identify key interests, motivations, repetitions and fascinations. We follow their lead and use this information to support their learning and development. A child's interests might not always make immediate sense to use, and can often appear seemingly random but regardless, we know that there is often lots of learning happening within and below the surfaces of their play.

Traits

There is often a focus on symptoms but neurotypes also have traits.

Find out more...

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01

Anna Freud
A Guide to
Neurodiversity in
the Early Years

02

Tapestry
A Beginners Guide
to self-directed
neurodivergent
play

03

The Royal
Foundation
Embracing
divergent
pathways of
Development

04

Famly
Embracing
echolalia and
gestalt language
processing with
David Cahn

Disability and neurodivergence is a teacher. It disrupts our conventional views of what is considered "normal" or "the right way to be". When we reimagine human difference as the "disruption of teaching," only then can our beliefs and practices become the the rich and fertile ground from which we can cultivate the desire to understand difference rather than to eliminate it (adapted from Michalko, 2008. P. 414)

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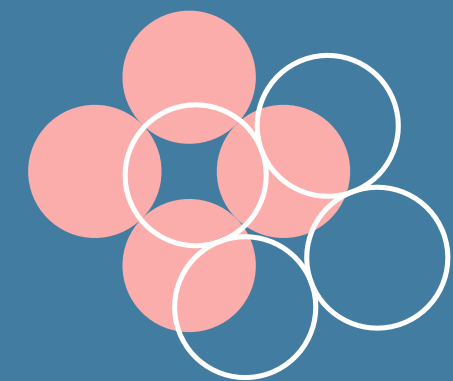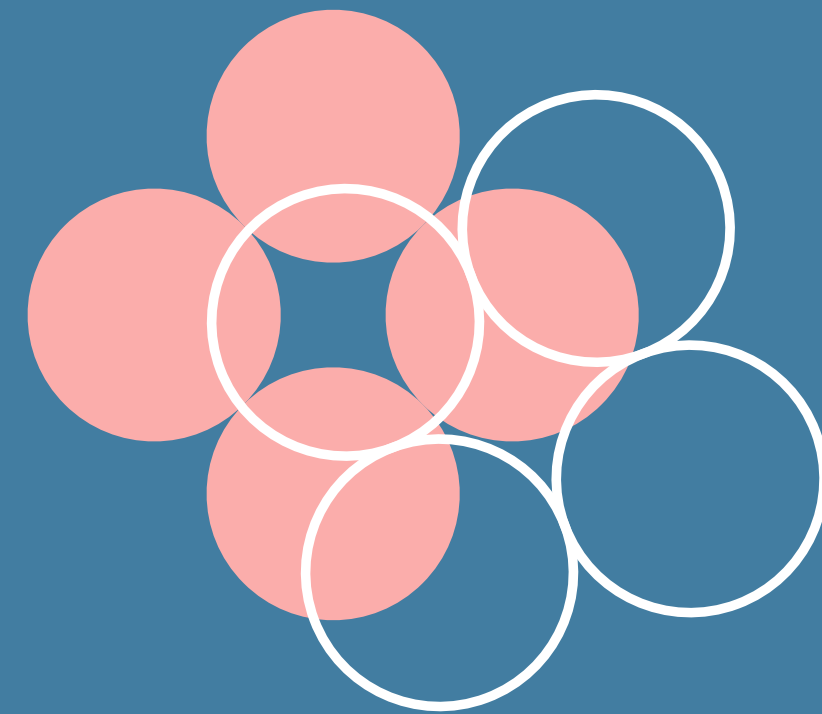
Thank you!

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