

Neuro-Inclusion in Social Work

Jenni Guthrie and Florence Smith



Neuro
Inclusive Solutions
YOUR CRITICAL FRIEND

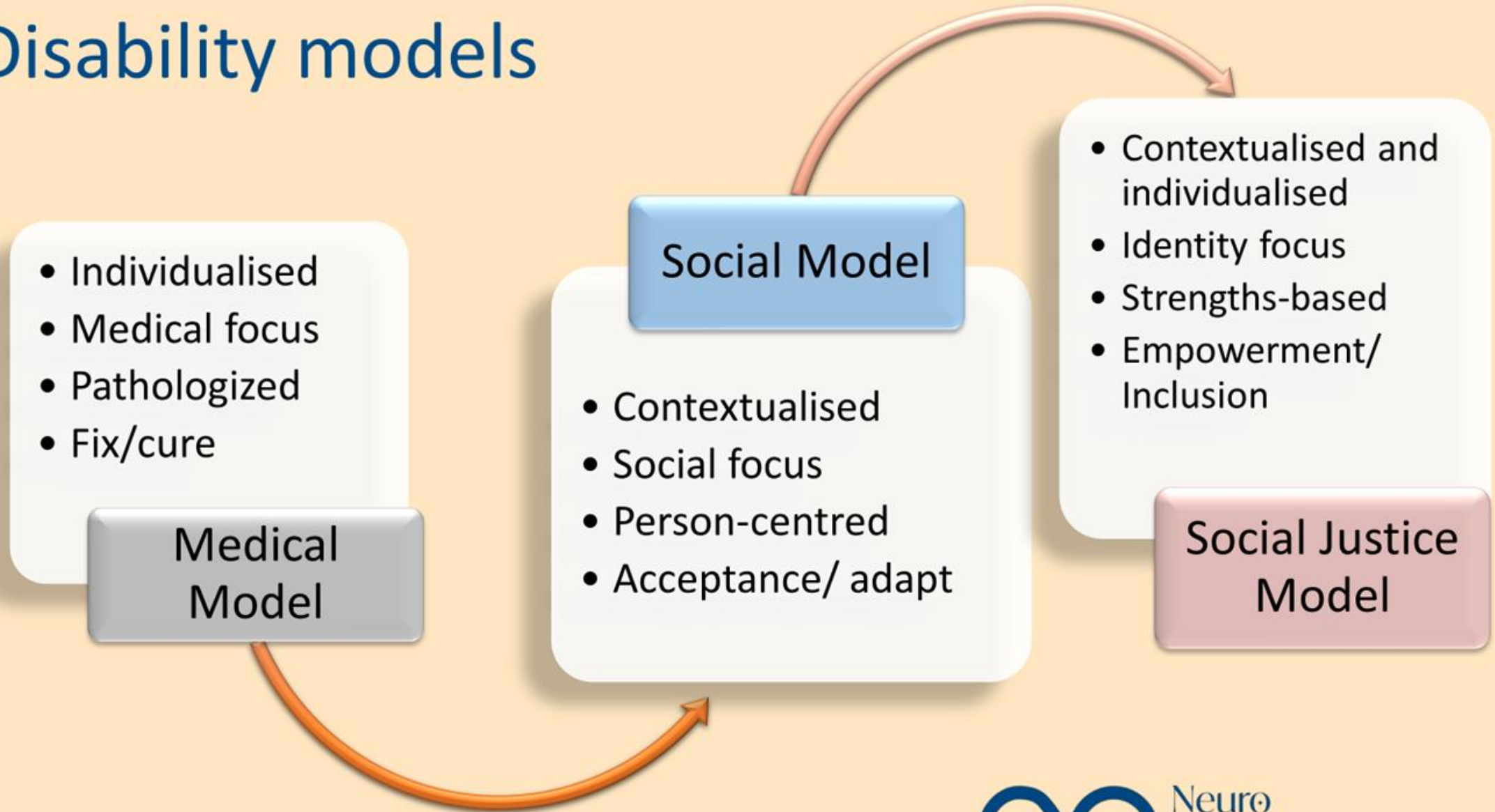
Introductions

- Florence Smith:
 - Social Worker – experience working with children and families
 - Practice Educator
 - Dyslexic, Dyspraxic, ADHD, Autistic
 - Independent Trainer – Neuro Inclusive Solutions LTD
 - Blog/Podcast Host – The Neurodivergent Social Worker
- Jennie Guthrie
 - AuDHD +
 - Parent
 - Social worker
 - Practice educator
 - Independent writer, researcher, trainer (Neuro Inclusive Solutions LTD)
 - Blog/website – Autistic Social Worker

Aims/Objectives

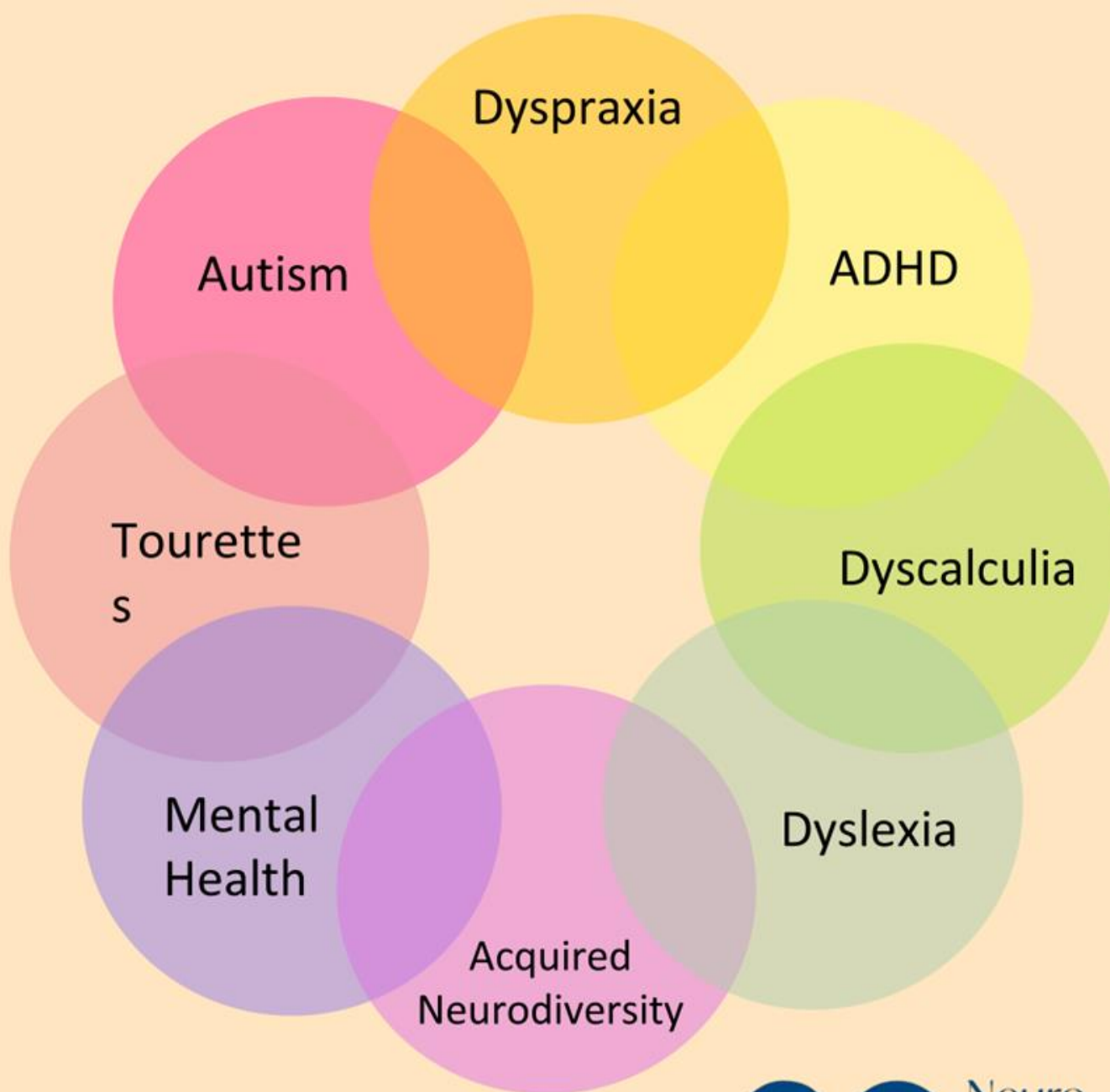
- To be able to recognise a range of Neurotypes
- Understand the challenges faced by Neurodivergent social workers
- Learn what changes you can make within your organisation/practice to create inclusive spaces for Neurodivergent social workers

Disability models



Setting the scene.....

- **Neurodiversity** is everyone
 - Generally, in human populations, there are normal variances in how people's brains work. Some people's brains function differently than others
- **Neurodivergent**
 - People whose brains process the world differently than the socially constructed normative standards
- **Neurotypical**
 - People whose brains process the world within the socially constructed normative standards



It is estimated that 1 in 7 people in the UK are neurodivergent.

Who in your workforce is neurodivergent?

There is a benefit to being “neurotypical”.

adhdaware.org.uk

The myth of homogeny

- Neurodivergence is multi-faceted
- No one solution
- Awareness needs to have a sound knowledge base
- Intersectionality
- From competence to consciousness

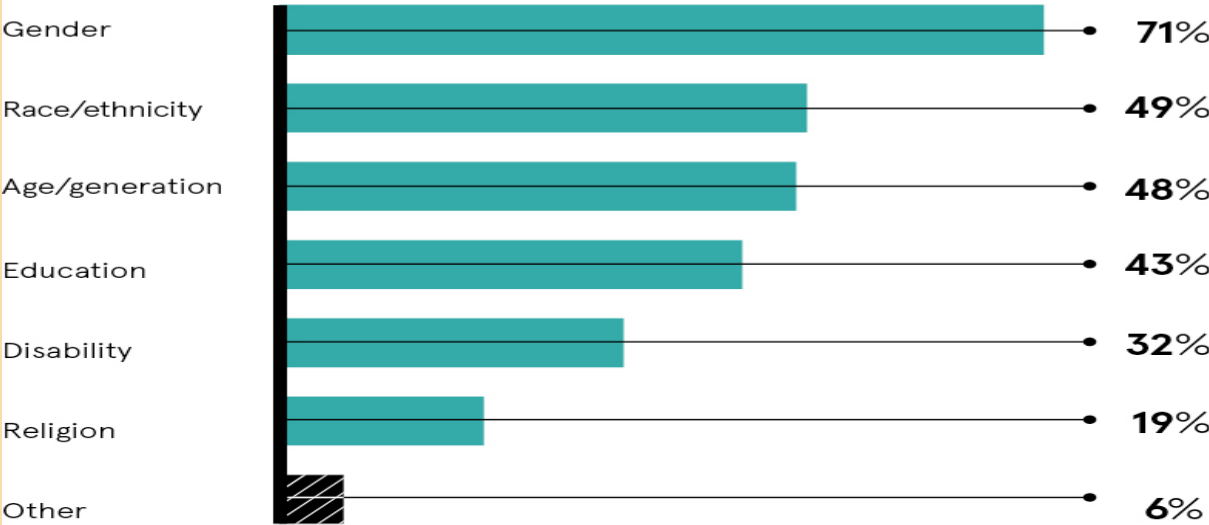


**WHAT
YOU SEE
IS WHAT
YOU GET.**



WHERE COMPANIES FOCUS THEIR DIVERSITY EFFORTS

Less than a third consider disability in their diversity and inclusion programmes

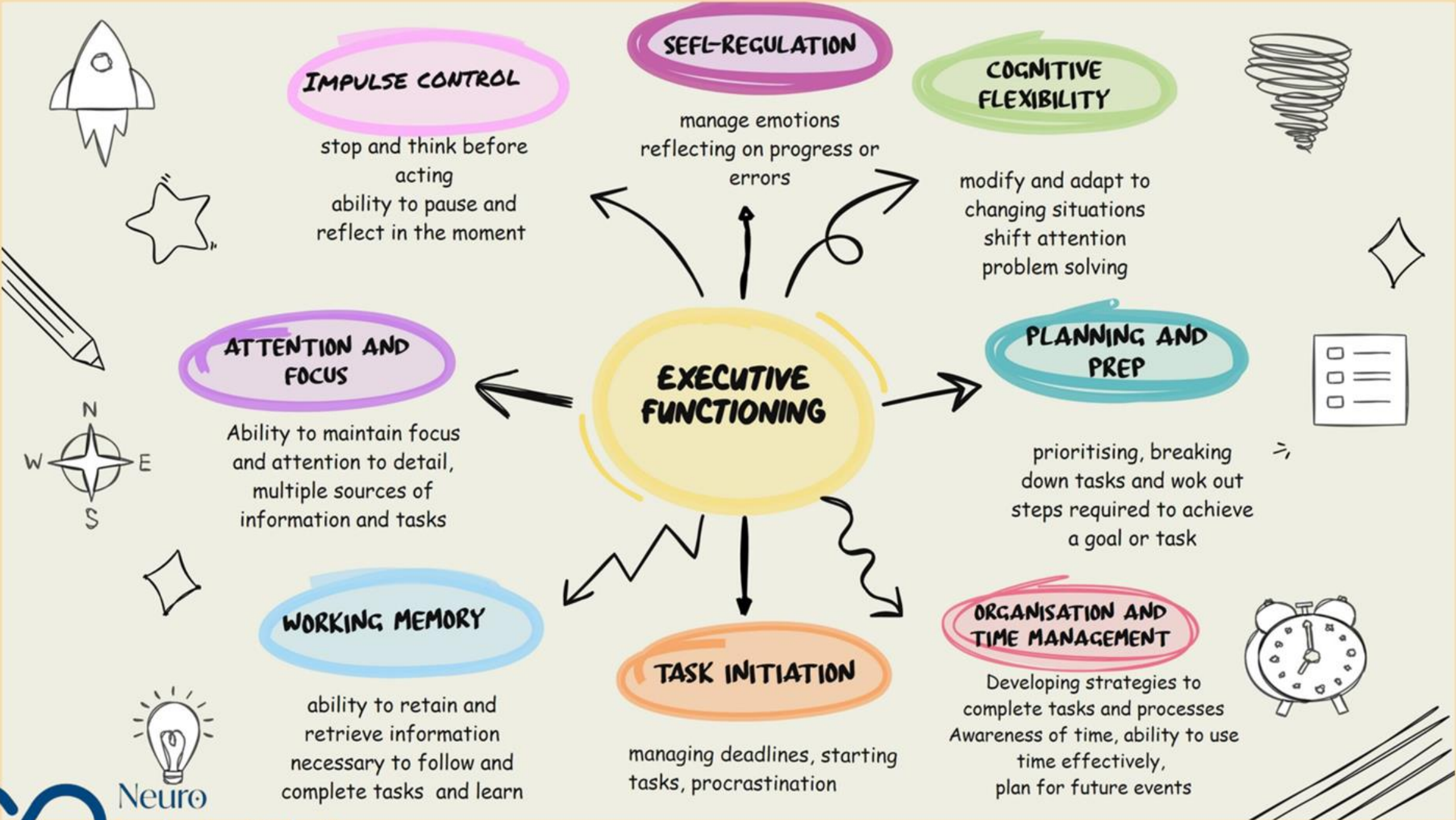


LinkedIn 20

**Social work needs
neurodiversity!**



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The Trauma of the Everyday



- Sensory – contextual safeguarding?
- Communication and the Double Empathy Problem (Milton, 2012)
- Energy levels
- Attitudes
- Bias (Jones et al, 2021)
- Stigma

The power of stigma and bias

- Implicit bias (Dickter et al, 2020, Shaw, 2021, Gant and Hewson, 2021)
- Epistemic injustice and neurotypical humility (Chapman and Carel, 2022)
- Whose 'norm' is it anyway?
- Infused ableism

Higher Education is not immune:

- Neurodiversity as a DEI approach in HE (Dwyer et al 2022)
- Neurodivergent HE staff experiences (Mellifont, 2023)




Internalised Ableism

- “Sorry”
- Minimisation of need
- Silence
- Invisibility
- Shame
- Imposter syndrome

I DO ~~NOT~~.
BELONG HERE




language
reactions
behaviour
clothing



reducing stims
minimising sensory
impacts
own interests
emotions

Suppressing



conversations
stock phrases

Scripting




self-monitoring
avoidance
questions

can be
conscious or
unconscious

Mimicking



facial expressions
eye contact
tone of voice

But.....you don't
look autistic.....

Hypervigilance



people-pleasing
ignoring own
needs

Impact (-ve)

mental and physical health
burnout
diagnosis
support
stigma

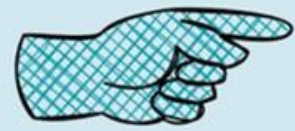


Mirroring

Outcome (+ve)

avoids stigma
"fit in"
identity management

Fawning



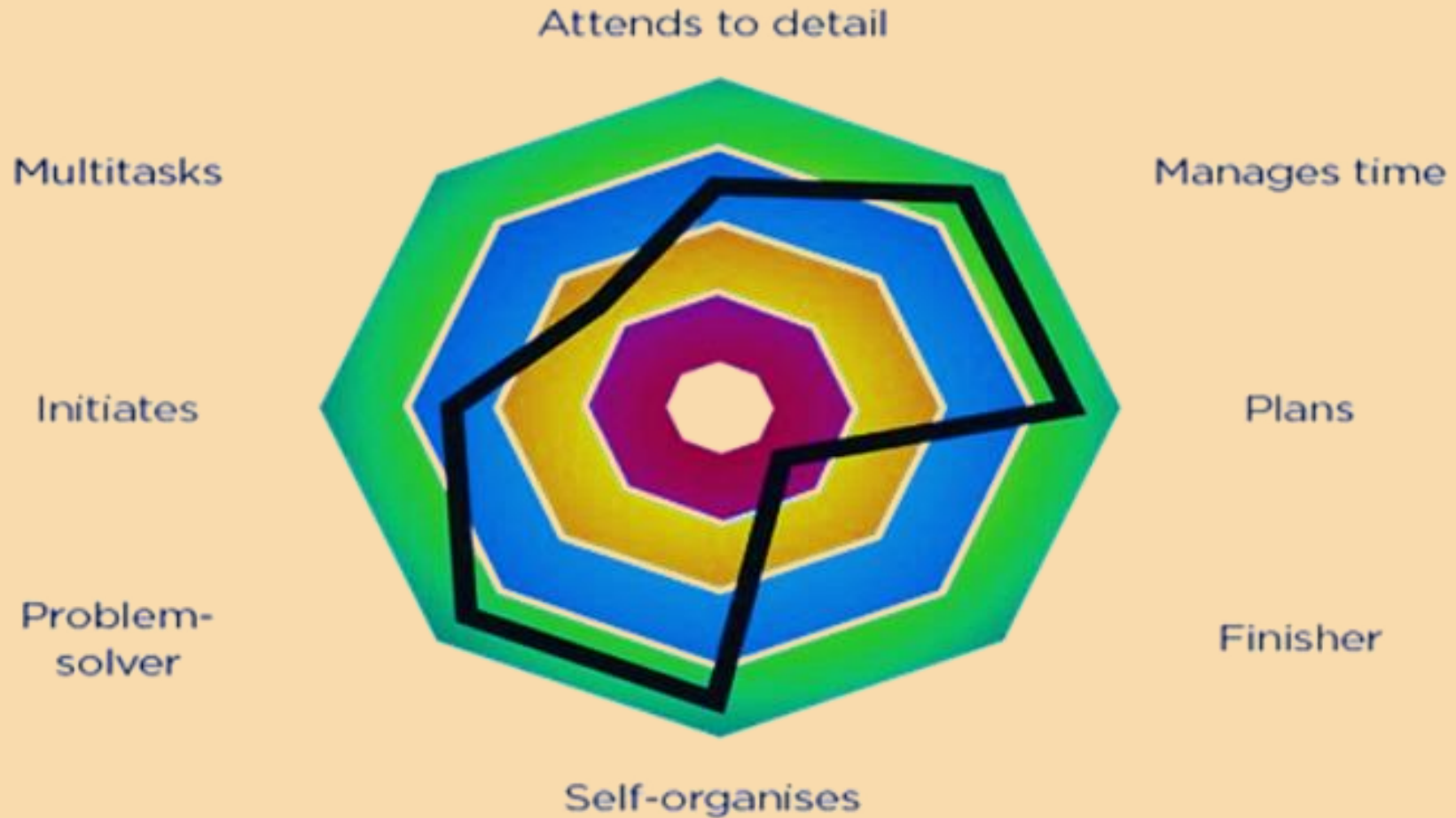
applies to other
neurodivergences

have you considered
double
discrimination?



**What
changes can
we make?**

Spiky Profiles



Safety

Psychological safety is a condition in which you feel

- (1) included,
- (2) safe to learn,
- (3) safe to contribute, and
- (4) safe to challenge the status quo

- all without fear of being embarrassed, marginalized or punished in some way.— Timothy R Clark



Adapt how we do supervision

Tools to support Conversation

1. **Professional curiosity:** Questions to support your understanding of how they experience the world.
2. **Spikey Profile tool:** Understand what their strengths and challenges are as they change over time to support conversation and work allocation.
3. **Genius Within Online Profiler:** Use this to support conversations around individual need and resources.
4. **Clear Communication:** Say what you mean and mean what you say.
5. **Provide an agenda:** provide an overview of supervision template to help them prepare and so they know what they will be asked.



Reasonable Adjustment Ideas

1. **Reduced Caseload:** Either in numbers or balancing the complexity.
2. **Flexible Working:** be flexible on working hours to enable them to work around their energy levels etc.
3. **WFH:** Ensure the option to WFH following visits or meetings. WFH based on individual need rather than a schedule.
4. **Management resources:** Support with: proof reading written work, support planning, logistics (booking visits/meetings or work/submission dates), follow up requests in writing, summarise meetings in writing etc.
5. **Personal resources:** Take short breaks, Task Chunking, Sensory Box, stimming, personal support network

Building Community Spaces

Research questions

What are the experiences of creating a neurodivergent community space within an organisation?

What are the expectations from neurodivergent social workers about their community space?

What is the impact of developing a community space for neurodivergent social workers both within and beyond that space, and related to social work practice and higher education?

Creating the Space

Accessibility

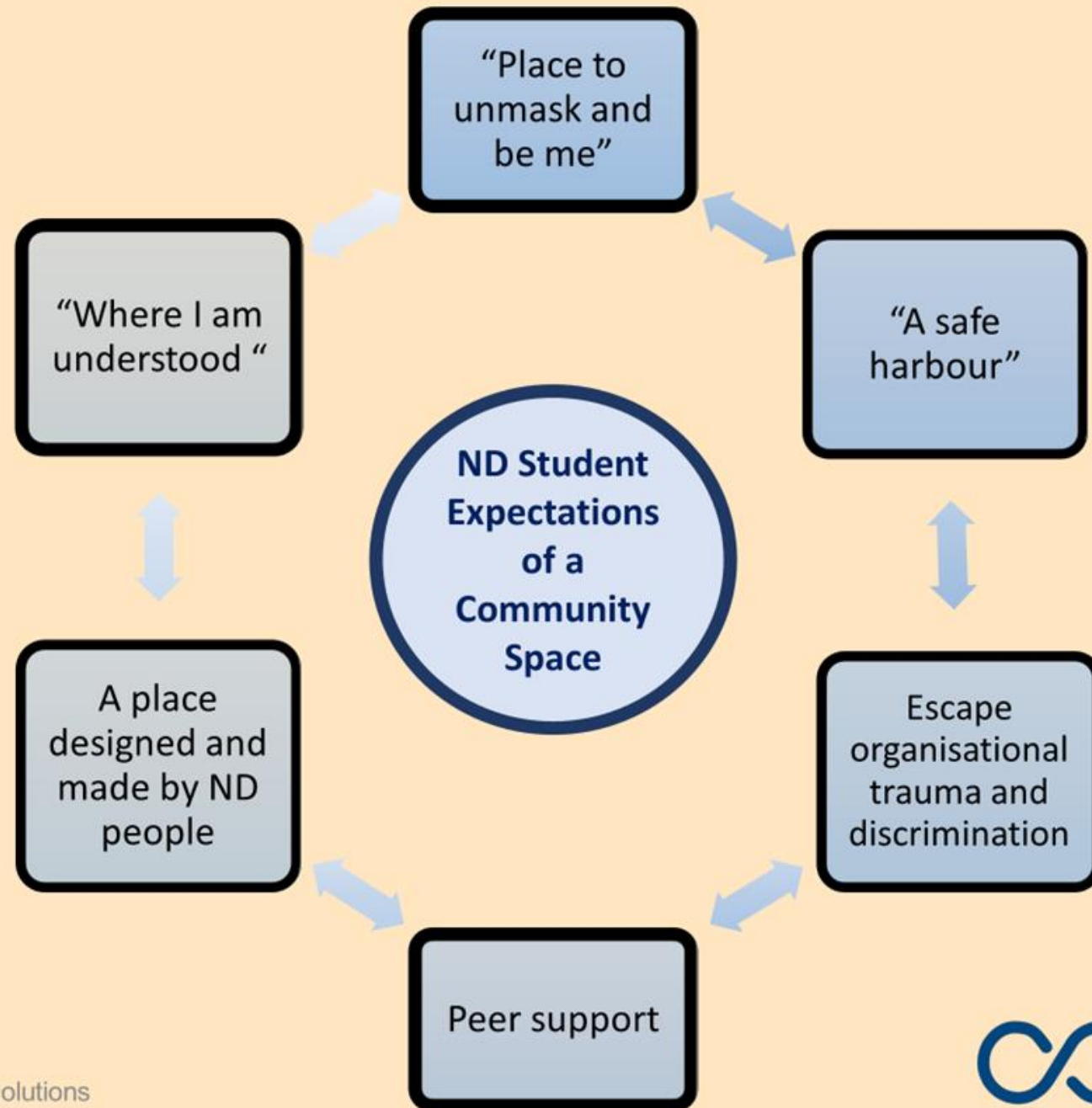
- Online works, but not for everyone
- Balancing diverse needs requires time, resources and creativity

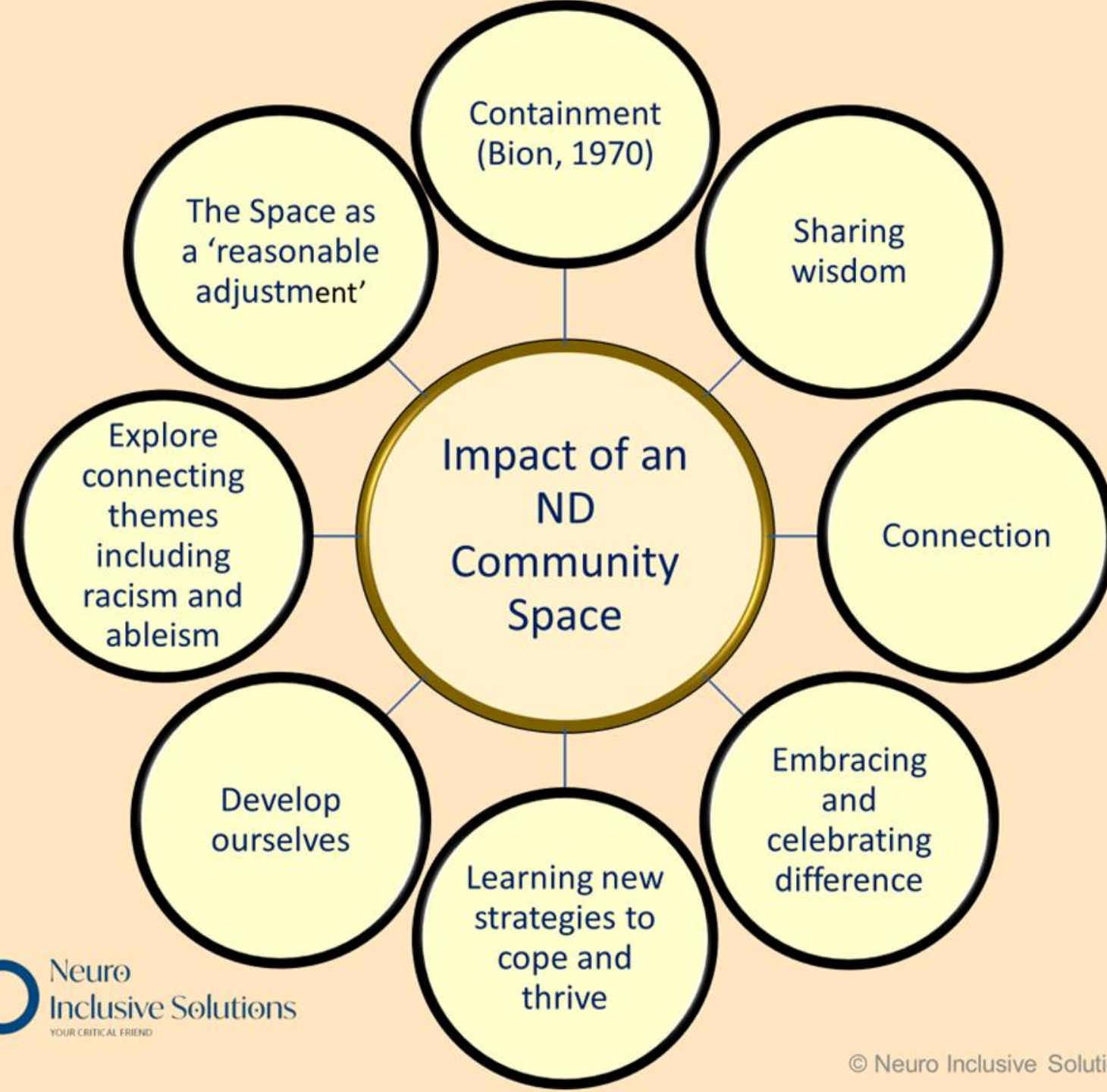
Role

- Facilitator flexibility
- Facilitator as member
- Facilitator as container

Organisation

- Trauma-informed and responsive support
- Organisations must value the Space
- “this is not an add-on”





Commitment to action

Thank You!

- **Contact us:**
neuroinclusivesolutions@outlook.com



What will you commit to doing or change around neuroinclusive practice?



How will you achieve accountability for change?



What do you need to achieve that?