

# A guide to neurodiversity in the early years

**This booklet is for early years professionals working with young children aged five and under in an educational or community setting.**

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***“No brain is the same. No brain is the best. Each brain finds its own special way.”***

Edward M. Hallowell<sup>1</sup>

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<sup>1</sup> Hallowell, E. M. & Ratey, J. J. (2022). *ADHD 2.0: New science and essential strategies for thriving with distraction: from childhood through adulthood*. Ballantine.

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## Introduction

### *What does the booklet cover?*

In recent years, there has been an increasing dialogue about the best ways to support children who have developmental differences. These children are traditionally referred to as having special educational needs (SEN).

While this term was originally designed to ensure that we identify and support those children in a timely manner, it has been criticised for its dominant focus on a child’s deficits and delays. In short, SEN only gives us part of the picture yet it can often become a dominant label that negatively shapes and shifts children’s experiences. This has to change if we are dedicated to improving children’s physical, social, emotional, cognitive and academic outcomes.

There are numerous ways in which this can be done and a key starting point is to recognise that all children have a vast set of strengths, traits, differences and needs. By embracing their holistic profile of development, we commit to the idea that children are unique, diverse, competent and valuable. This brings us to the concept of neurodiversity.

Neurodiversity offers us an opportunity to expand our thinking about development and to embrace the fact that we are all different, and in different ways. Once we begin to do this, only then can we change the landscape of inclusion in the early years.

*The aims of this booklet are to:*

introduce the concept of neurodiversity in an accessible way

consider how ableism is a barrier to inclusion

explore neurodivergent profiles of development

develop practical approaches in becoming neurodiversity-informed within our early years practice.

***“We have to stop assuming that every child is travelling down the same developmental pathway.”***

Kerry Murphy<sup>2</sup>

## What is neurodiversity?

Neurodiversity refers to the diversity of human minds meaning it is expected for brains to be different and unique. Our brain development is influenced by a range of genetic and environmental factors and while all brains have commonalities, they can also differ. Autism, attention deficit hyperactivity disorder (ADHD) and dyslexia are examples of brain differences. Historically these differences have been viewed through a deficit lens, meaning we view these neurotypes as a problem and those individuals are considered less than because they do not fit into ideas of what it is to be ‘typical’.

*Did you know?*

Several individuals popularised neurodiversity in the 1990s, and it is often associated with autism but includes a much broader spectrum:

Jim Sinclair delivered a manifesto, Don’t mourn for us, in 1993, stating that parents should not see autism as something to grieve. Rather autism is a unique way of being.<sup>3</sup> Judy Singer first theorised neurodiversity in the 1990s and argues that it is a biological truism and that our brains have limitless variability.<sup>4</sup> She believes it exists alongside other intersections such as racialised identity, gender and sexuality.<sup>5</sup>

## The neurodivergent umbrella

The neurodivergent umbrella is expansive. The list below is not exhaustive, rather it provides some examples of ‘neurotypes’.<sup>6</sup>

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<sup>2</sup> Murphy, K. (in press). *Developing neurodiversity-affirming play practices in early childhood*. Routledge.

<sup>3</sup> Sinclair, J. (1993). Don’t mourn for us. *Our Voice*, 1(3).

<sup>4</sup> Singer, J. (n.d). *Neurodiversity: Definition and Discussion. Reflections on Neurodiversity*. <https://neurodiversity2.blogspot.com/p/what.html>

<sup>5</sup> Donovan, J., & Zucker, C. (2016). *In a different key: The story of autism*. Crown.

<sup>6</sup> Some scholars such as Dr Nick Walker remind us to be cautious of categorising natural human differences. It can limit our creative human potential.

Walker, N. & Raymaker, D.M. (2021). Toward a neuroqueer future: An interview with Nick Walker. *Autism in Adulthood*, 3(1), pp.5-10.

ADHD, Obsessive compulsive disorder (OCD), Developmental language difference, Down's syndrome, Dyslexia, Epilepsy, Dyscalculia, Sensory processing differences, Tourette's syndrome, Dyspraxia, Mental health differences.

***“The language of inclusion is changing, and we are repositioning children with special educational needs from problems back to learners.”***

Heiskanen et al., 2018<sup>7</sup>

## How does neurodiversity apply to children in the early years?

While special educational needs (SEN) predominantly focuses on how children are not at age-related expectations and making the same pace of progress as their peers, neurodiversity enables us to consider those children whose development will include lifelong differences.

To say a child is delayed or not meeting expectations when they are on a different developmental pathway could be potentially harmful to their wellbeing, identity and outcomes in the long run. Neurodiversity in the early years embraces that some children will simply be different, not less than. Neurodiversity can include some new and seemingly complex language so let's unpick some of this.

### *Meet Nelly*

Nelly's development conforms to a typical pathway. She is meeting milestones when expected, and is similar to other children her age. She is therefore neurotypical.

### *Meet Ned*

Ned's development is taking a divergent pathway. He is autistic, and his development looks different to his neurotypical peers. He is therefore neurodivergent.

Both children have a range of interests, strengths, traits, differences and needs. Ned isn't less than because he is different, but some of his experiences may be harder because our education system is largely designed for neurotypical children.

## Terms to use

### *Neurotypical*

Neurotypical refers to those children whose brain conforms to typical developmental 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.

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<sup>7</sup> Heiskanen, N., Alasuutari, M. & Vehkakoski, T. (2018). Positioning children with special educational needs in early childhood education and care documents. *British Journal of Sociology of Education*, 39(6), 827–843. <https://doi.org/10.1080/01425692.2018.1426443>

### *Neurotype*

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

### *Neurodivergent*

Neurodivergent refers to those children whose development diverges from typical developmental 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.

### *Emergent neurodivergent<sup>8</sup>*

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.

## **Why do we need neurodiversity-informed practice?**

We live in a society that favours typical minds and non-disabled bodies, and this is referred to as ableism.<sup>9</sup> Ableism actively harms disabled and neurodivergent individuals because they are frequently subjected to attitudes, behaviours, policies, language and practices that communicate that they do not belong. Learning about this form of discrimination can create discomfort as we reflect on our early childhood practices, including those that uphold the idea that we all need to be the same to be accepted.

As early childhood educators, we often rely on tools, knowledge and resources that uphold ableism and view developmental differences through a deficit lens. For example, we are often trained to be concerned about divergent development rather than curious. We must identify children who may need support, but we also need to ensure we view their development holistically rather than through a narrow lens. Our early education system must prepare us to empower and embrace children with lifelong differences. We need to become neurodiversity-informed, so we can begin to disrupt ableist practices and transform early childhood experiences for neurodivergent and disabled children. They are not problems to be fixed but individuals to be understood.

## **Models of disability**

It is useful to refer to the models of disability to illustrate why there is a continued deficit view towards those with developmental differences and disabilities. We can also explore the neurodiversity paradigm (set of ideas) to consider how we move towards a neurodiversity-informed model.

### *Medicalised model*

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

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<sup>8</sup> Conkbayir, M. (2021). *Early childhood and neuroscience: Theory, research and implications for practice*. Bloomsbury.

<sup>9</sup> Murphy, K. (2022). EYFS best practice: All about... ableism. *Nursery World*, 10, 16–19. <https://www.nurseryworld.co.uk/features/article/eyfs-best-practice-all-about-ableism>

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

Interventions, treatments and therapy are explored through a 'neurotypical gaze',<sup>10</sup> 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 (see p. 31).

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 and compliance. Lacks an ethics of care, such as consent; for example children not having choice if they join in with an intervention or programme.

### *Neurodiversity-informed model*

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, and 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.

## **Ableism red flags**

It is important to recognise that ableism is a system of discrimination and so we often engage in actions and behaviours that appear acceptable because that is how things have always been done. As we come to know more about neurodiversity, we can begin to explore our practices further and to make decisions about what helps a child to thrive, and what further disadvantages them in their development. Take a look at the below examples and think about the impact that these may have on a child or group of children.

### *Typical development*

Child development documents and frameworks that only define typical and non-disabled development, and view all other development as delayed or not age-related.

For example, excluding non-speaking children by placing an emphasis on speech.

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<sup>10</sup> Goodley, D. (2013). Dis/entangling critical disability studies. *Disability & Society*, 28(5), 631–644.

### *Masking*

Teaching children to mask their natural traits through behaviour management and interventions.

For example, using interventions to promote whole-body listening such as sitting still even though some children may pay attention in different ways.

### *Enforcing normality*

Setting next steps and goals that aim to enforce neurotypicalism on a child so that they fit in and conform to ideas of 'normal'.

For example, using goals that encourage eye contact from an autistic child.

### *Shaming*

Publicly shaming a child in front of their peers for behaviours that are related to their neurodivergence.

For example, moving a child to the bottom of the behaviour chart because their sensory overwhelm is perceived as disruptive.

## **Ableism and intersectionality**

Intersectionality comes from the work of Black feminist scholars and activists including Kimberlé Crenshaw.<sup>11</sup> Intersectionality argues that identities such as gender, race, social class, and other markers of difference<sup>12</sup> overlap and reflect large social structures of oppression and privilege, such as racism and ableism. Children in the early years are not blank slates and come to our settings with complex intersecting identities.

Ethnicity, Social status, Gender, Sex, First language, Heritage, Sexual orientation, Racialised identity, Religion/fait, Neurodiversity and disability, Citizenship, Ethnicity. Visible or invisible, inborn or chosen, changeable or permanent, socially valued or socially marginalised.

We can sometimes fall into the habit of viewing different aspects of identity in an isolated way. For example, we might focus on disability without considering how other parts of that child's identity shape and influence who they are and what they experience.

The reality is that many individuals face multiple forms of either privilege or discrimination based on more than one of their identity markers. For example, a child who is disabled and Black will likely experience ableism and racism combined, creating a deeper well of discrimination. For example, in *Helping young children to think about race*, Hamilton and Showunmi<sup>13</sup> provide the example of a Black child whose behaviour is viewed more harshly than their White peer. This is a common example of racism intersecting with ableism. We often see Black and Brown children being mislabelled as badly behaved due to our unconscious and conscious biases.

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<sup>11</sup> Crenshaw, K. W. (2017). *On intersectionality: Essential writings*. The New Press.

<sup>12</sup> You can read more about 'protected characteristics' and your rights under the Equality Act 2010: <https://www.gov.uk/discrimination-your-rights>. Some protected characteristics are illustrated in the diagram on this page.

<sup>13</sup> Hamilton, P., & Showunmi, B. (2023). *Helping young children to think about race in the early years*. Anna Freud Centre. <https://www.annafreud.org/media/17815/anna-freud-anti-racism-booklet-early-years-230123-final.pdf>

As educators, we must interrogate practices that are potentially racist, ableist or otherwise discriminatory as they hold children back, creating further disadvantage gaps. This has been referred to as creating an educational debt.

## Ableism and racism

Gloria Ladson-Billings refers to children of colour experiencing an “ongoingness” of educational debts<sup>14</sup> meaning they are often subject to a greater presence of discrimination along with a narrower understanding of their development due to poor culturally informed pedagogies. This debt builds up further for those children who are identified as having special educational needs (SEN) and are also more likely to be excluded, mislabelled, and misdiagnosed, meaning there can be delays to appropriate support.

### *Language bias*

Lesser value can be placed on children who do not speak ‘standard English’ despite there being no such thing. Children’s communication identities may be overlooked or go unsupported if they do not conform to typical standards, or they may be shamed for using home languages and dialects.

Lizzy uses vernacular language and despite her parent saying that some of her pronunciations reflect her native language, she is constantly told to ‘speak properly’.

### *Exclusion and segregation*

The very roots of segregation existed due to racist ideas. Children of colour have historically been forced to be educated in special education spaces and are often excluded as they do not conform to whiteness.

Nazreen has been excluded from the nursery for aggressive behaviour. He has sensory processing difficulties and will hit out if overwhelmed.

### *Adultification*

Adultification bias<sup>15</sup> can occur when children of colour are not afforded the same perceptions of innocence as their White counterparts. For example, we may see a Black child’s behaviour as intentional and use more charged language to describe their actions which can lead to harsher consequences and attitudes towards the child.

Leon loves to bang his hands like he is drumming. His dad explains that this is a form of stimming. The key person says it’s disruptive and should be stopped.

### *Diagnostic overshadowing*

Diagnostic overshadowing occurs when we focus on externalised behaviours without exploring what might be happening for a child. For children of colour, this leads to delays in referral, assessment and diagnosis. Children of colour are often underdiagnosed for many different neurotypes.

Farzana has been placed on a behaviour plan for nearly a year, and little progress has been made. She becomes very overwhelmed in busy and social environments and will often experience meltdowns.

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<sup>14</sup> Adair, J. K., & Colegrove, K. S. S. (2021). *Segregation by experience: Agency, racism, and learning in the early grades* (p. 3). University of Chicago Press.

<sup>15</sup> Davis, J. (2022). [Adultification bias within child protection and safeguarding](#). Her Majesty’s Inspectorate of Probation.



***“Offering your children of colour a range of rich, dynamic and sophisticated learning experiences in which they are able to engage their identities and repertoires of practice needs to be normalised so that it doesn’t have to be an act of resistance.”***

Adair & Colegrove<sup>16</sup>

## **Divergent pathways and the celebratory framework**

An important starting point for any educator who wants to develop neurodiversity-informed practices is to begin to embrace that not all children are travelling along the same developmental pathways. We have always been taught to zoom-in on concerns and problems, but we also need to zoom-out to see the bigger holistic picture of development. We should always use a celebratory framework to describe children.

### *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 us, 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.

### *Strengths*

All children have unique strengths that should be acknowledged and celebrated.

### *Traits*

Focus on traits rather than symptoms, as this assumes all differences are problems.

### *Needs*

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

### *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.

## **Prompts for your celebratory framework**

### *Key person ‘voice’*

What do you love about the child?

What do you hope the child will learn?

What defined a good day for the child?

What ways do you communicate with the child?

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<sup>16</sup> Adair & Colegrove, *Segregation by experience*, p. 20

### *Child 'voice'*

- What is the preferred mode of communication?
- How do they express their needs?
- What soothes them?
- How do you know they are engaged?
- What are their sensory and social preferences?

### *Parent 'voice'*

- What do you love about the child?
- What do you hope the child will learn?
- What defined a good day for the child?
- What ways do you communicate with the child?

### *Interests*

- What resources and objects do they play with?
- What areas are they commonly found in within your continuous provision or home?
- Do they engage in any repetitive behaviours or actions?
- Do they have any special interests or fascinations?
- Do they have an affinity with the indoors or outdoors?
- Do they have any special objects or comforters?

### *Strengths*

- What are they good at?
- What do they like to do?
- Who or what do they like to play with? (people or objects)
- Do they return to a particular area of experience?
- What physical skills do they use?
- What can they do autonomously?
- Who are their favourite people?
- How do they self-advocate?

### *Traits*

- What traits are related to their neurodivergence (including emerging) or disability?
- For example, a child may have special interests or enjoy stimming. Historically this has been viewed as a symptom of their neurotype, but is now valued a trait.
- Examples of these can be found on p. 11.

### *Differences*

- How do they do things differently?
- What communication preferences do they have?
- What social preferences do they have?
- What physical preferences do they have?
- Do they use alternative learning methods, for example, visuals or Makaton?
- How they emotionally regulate?

### *Needs*

What are their primary and secondary areas of need?

Use the following areas to guide you:

communication and interaction

social, emotional and/or mental health

cognition and learning

physical and/or sensory<sup>17</sup>

## Neurodivergent traits

Below are some examples of neurodivergent traits. These are not exhaustive, but will help you to reframe how we think about children with developmental differences.

### *Social differences*<sup>18</sup>

Neurodivergent children often have social differences meaning they interact and communicate in different ways. For example, some children may prefer to engage in quiet parallel play rather than chatty cooperative play or they may like to talk lots about their special interests but will find small talk unstimulating.

### *Special interests (SpIns)*<sup>19</sup>

Special or intense interests are very common in neurodivergent children. They may have a particular fascination with a topic, feel a deep affinity to a particular object or objects or they may love to engage in a repetitive behaviour or routine. We should honour special interests, and build upon them. Never divert or 'sabotage' special interest play.

### *Diverse play*<sup>20</sup>

All children have the capacity for play including those who are neurodivergent. They may line things up, have a deep love of the outdoors, collecting things or engaging in repetitive rhythms. It might not always make sense to us straight away but diversity within play is to be expected.

### *Communication identity*<sup>21</sup>

All children have their own communication identity. Some children may be nonspeaking or minimally verbal, meaning they prefer visuals or actions. Other children may use echolalia and repeat meaningful sounds and phrases. Other children may communicate through vocal stimming such as making sounds. All communication attempts are valid and we should not only value speech.

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<sup>17</sup> Murphy, K. (2022). *A guide to SEND in the early years: Supporting children with special educational needs and disabilities*. Bloomsbury.

<sup>18</sup> Milton, D., Gurbuz, E., & López, B. (2022). The 'double empathy problem': Ten years on. *Autism*, 26(8), 1901–1903.

<sup>19</sup> Grove, R., Hoekstra, R. A., Wierda, M., & Begeer, S. (2018). Special interests and subjective wellbeing in autistic adults. *Autism Research*, 11(5), 766–775.

<sup>20</sup> Murphy, *EYFS best practice: All about... ableism*

<sup>21</sup> Blanc, M. (2012). *Natural language acquisition on the autism spectrum: The journey from echolalia to self-generated language*. Communication Development Center.

### *Monotropism<sup>22</sup>*

Monotropism relates to our attention. Research has found that autistic children (and possibly other neurotypes) tend to have a very focused attention funnel. They can become very attentive to things of interest and may be reluctant to shift attention across lots of little things.

### *Sensory differences*

Neurodivergent children often have diverse sensory profiles. The focus is often placed on sensitivities but there can often be lots of sensory joys and craving too. Some children love to spin and swing, while others love gloop and slime. We should seek to find children's sensory joys which can be soothing and regulating.

## The double empathy problem

### Let's meet Nelly and Ned again...

Nelly has a neurotypical communication style. Ned is autistic and has a neurodivergent communication style. Sometimes, when Nelly and Ned play, they can experience some differences in how they interact.

***"I like to chat and I will give eye contact when I am speaking. I use my gestures to communicate and I like to talk about lots of different topics."***

***"I repeat my favourite phrases and sounds. I prefer not to give eye contact, and I like to play alongside Nelly. I like playing with my diggers and that is mostly what I love to talk about."***

Historically, it is Ned who would be perceived as having a deficit in his communication preferences, so Ned would have to work much harder to be understood. The 'double empathy problem'<sup>23</sup> highlights that the problem doesn't lie with Ned. It is that both Nelly and Ned have different and equally valid communication preferences. The key to addressing the 'double empathy problem' is to support both children in understanding these differences.

You can also watch a video on [the double empathy problem](#).

You can read more about [the double empathy problem](#).

## Neurodivergent needs

Children will have a broad range of needs that will be unique to their developmental profile. Below are some of the aspects we might need to consider for neurodivergent children.

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<sup>22</sup> Murray, D. (2018). Monotropism—an interest based account of autism. *Encyclopedia of autism spectrum disorders*, 10, 978–981.

<sup>23</sup> Milton, Gurbuz & López, The 'double empathy problem': Ten years on.

### *Masking*<sup>24</sup>

One of the most significant risks to a child's development is that they learn to mask their inherent neurodivergent traits. For example, the child who learns to stay still despite needing to move to think. Children are often expected to mask in order to fit into neurotypical norms but we must develop spaces and places where they can be themselves. Masking can lead to poor mental health, exhaustion and low self-esteem.

### *Moods*

Neurodivergent children's development is different from neurotypical peers including emotional regulation. The brain and body process information and sensations differently meaning that the usual techniques might not be appropriate. For example, asking a child who is prone to situational mutism to 'use your words', or asking a child how they feel inside when they have interoception (awareness of internal bodily sensations) differences. We must be alert to the fact that children may need different tools to self-regulate.

### *Demands*

When a neurodivergent child is trying to manage all the demands of a neurotypical and ableist world, they can easily become overwhelmed and try to avoid or reduce the demands. This might be perceived as the child being defiant or badly behaved. Often it is an indicator that they are simply weighed down by the demands and they need us to offer emotional, environmental and social supports to reduce the burden. Punishments and sanctions do not work here as they in themselves become demands. Opt for a low-arousal and low-demand space.

### *Energy*

It is all too common for a child to be asked "how are you feeling?" but there is research to suggest that not all children can find the words to describe feelings and may have difficulty distinguishing between feelings. It is often better to consider the child's energy level, for example, are they high energy with high stress or high energy with low stress? The way we would support those energy levels would differ. We might engage in some heavy work to regulate the high energy/high stress or dance to some music to stimulate the high energy/low stress. Autism Level UP!<sup>25</sup> is a brilliant energy supporting tool.

## **Parent collaboration**

Parents are a critical part of a child's developmental journey and at the heart of any practice should be a commitment to collaborate and connect with parents to form respectful and meaningful relationships. Historically parent partnership has not benefited from an equal partnership which has led to parents feeling 'done to' rather than 'done with'. This is a very common debate in the area of inclusion and one that we continue to develop. The starting point for any collaboration is to recognise that between the child, parents and key people, there is a whole network of perspectives and expertise. Everyone's contributions are equally valuable.<sup>26</sup>

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<sup>24</sup> Pearson, A., & Rose, K. (2021). A conceptual analysis of autistic masking: Understanding the narrative of stigma and the illusion of choice. *Autism in Adulthood*, 3(1), 52–60.

<sup>25</sup> <https://www.autismlevelup.com>

<sup>26</sup> Murphy, K. (2022). *A guide to SEND in the early years: Supporting children with special educational needs and disabilities*. Bloomsbury Publishing.

### *Child*

The child has the lived experience expertise. They will be developing an understanding of themselves over time, and should be heard, valued and supported in this understanding.

### *Key person*

A key person offers professional expertise of the child. They have formal child development knowledge and use this to support and scaffold the child's learning experiences in their early childhood.

### *Parents*

The parents offer a personal expertise of the child. They have an intimate understanding of their child across different contexts and will be with the child across their lifespan.

**These types of expertise may also overlap and combine.**

## **Using empowerment to support inclusion**

### *Identify family and child strengths*

Parents can often feel a sense of caution when engaging with settings. They want to be understood and welcomed. Look for the good! Remember your role is to collaborate not to make the parents feel like they are under surveillance.

### *Respect engagement choices*

Parents are part of their own communities. We sometimes assume that a lack of engagement with the setting means a general lack of engagement. Often parents will be engaging with a range of supports from beyond the setting.

### *Enact cultural and linguistic appreciation*

All children and families come with their own funds of knowledge, including through their culture and language. Be curious and open up conversations about the aspects of their lives that are meaningful.

### *Validate parent identity*

Get to know parents and recognise that they too have other identities beyond being a parent. Ensure you use their actual names and show a genuine interest in getting to know them.

### *Acknowledge your own learning*

While you have your own expertise, there will also be situations in which you are still learning. Don't be afraid to share this with parents. Vulnerability can be a source of connection.

### *Ask for and act upon feedback*

Parents will have a range of feelings and thoughts about their experience. Feedback is useful, even when constructive. Regularly check-in and ask for feedback. The solutions often emerge from embracing feedback.

## **Putting your ideas into action**

There are so many ways to begin to put your neurodiversity-informed ideas into action. Below is a starting point, but also remember that this is an active and ongoing journey:

### *1. Nothing about us, without us*

Book or attend neurodivergent-led or collaborated training. For so long, training on developmental differences has been led by neurotypical and non-disabled people.

### *2. Explore your language*

The area of inclusion is notorious for complex language and jargon. This can make people feel deskilled and isolated. However, the language of neurodiversity is an important shift because it has the potential also to transform our practice. Experiment with language, and acknowledge that the change from deficit to affirming approaches will be a long journey. Accept that you might not always get it right, but repeated use leads us closer to respectful and empowering language.

### *3. Reframe your thinking and be curious*

We have all been primed to view developmental differences and disabilities as a problem to be fixed. Begin to reframe some potentially outdated thinking. For example, you might have always thought that 'play doesn't come naturally to SEN children'. Reframe this: 'All play is valid. It doesn't have to make sense to me yet for it to make sense to them'.

### *4. Use the celebratory framework*

Commit to viewing all the children through their holistic development profile, including those who diverge from typical developmental pathways. By seeing the bigger picture, you have a greater opportunity to understand the child.

***“As educators and carers we subscribe to the idea of valuing the ‘unique child’. For me though, something always felt off or missing – I still felt like I was trying to fit some children with developmental differences into profiles not designed for them. After starting my journey along a neurodiversity affirming path, I realised I had been letting these children down – the sentiment I’d previously employed was well meaning but tokenistic for my neurodivergent children. On reflection, these well intentioned previous practices I’d used were actually based on compliance, meaning children would have been more likely to mask and reduce some of the strategies they were using to cope with the challenges of a social early years setting.”***

Lizzie Young  
Early years practitioner

## **Where can I go for more information?**

### *Websites*

[NeuroClastic](#) provides no-cost, ad-free, high-quality articles by autistic writers and professionals.

[Autism Level UP!](#) provides accessible resources, practical strategies and a commitment to consistently incorporating the experiences and perspectives of autistic people.

[Kerry Murphy – Early Childhood & Neurodiversity Specialist](#) provides access to a neurodiversity toolkit with many resources to support your educational practice.

### *Podcasts*

[Two Sides of the Spectrum \(Learn, Play, Thrive\)](#)

[Tapestry Foundation Stage Forum \(FSF\) Podcast](#)

### *Videos*

[An introduction to monotropism \(The Autistic Advocate\)](#)

[An introduction to the double empathy problem \(The Autistic Advocate\)](#)

[Amazing things happen \(National Autistic Society\)](#)

[Every kid needs a champion \(Ted Talk by Rita Pierson\)](#)

### *Social Media*

[Learn, Play, Thrive](#)

[Autistic Realms](#)

[neurowild](#)

The Early Years in Mind learning network is a free network for early years staff and practitioners hosted by the Anna Freud Centre for Children and Families.

The network was developed by mental health experts at the Anna Freud National Centre for Children and Families, and shares practical and clinical expertise, and advice on using attachment-informed practice.

To join the Early Years in Mind learning network, please visit [www.annafreud.org/eyim](http://www.annafreud.org/eyim).

Please contact [earlyyearsinmind@annafreud.org](mailto:earlyyearsinmind@annafreud.org) for further information.