

***“It’s about adapting to the person not the label”*: Exploring social care practitioners’ understanding of neurodiversity**

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Presentation plan:

- The Facilitated Practice-based Research approach underpinning the study
- How the topic for the research emerged
- Key findings from the research
- Practice adaptations and final reflections

Lesley

NIHR | Research Delivery Network





Facilitated Practice-based Research (FPR) (© University of Sunderland), Deacon 2022, Deacon 2023

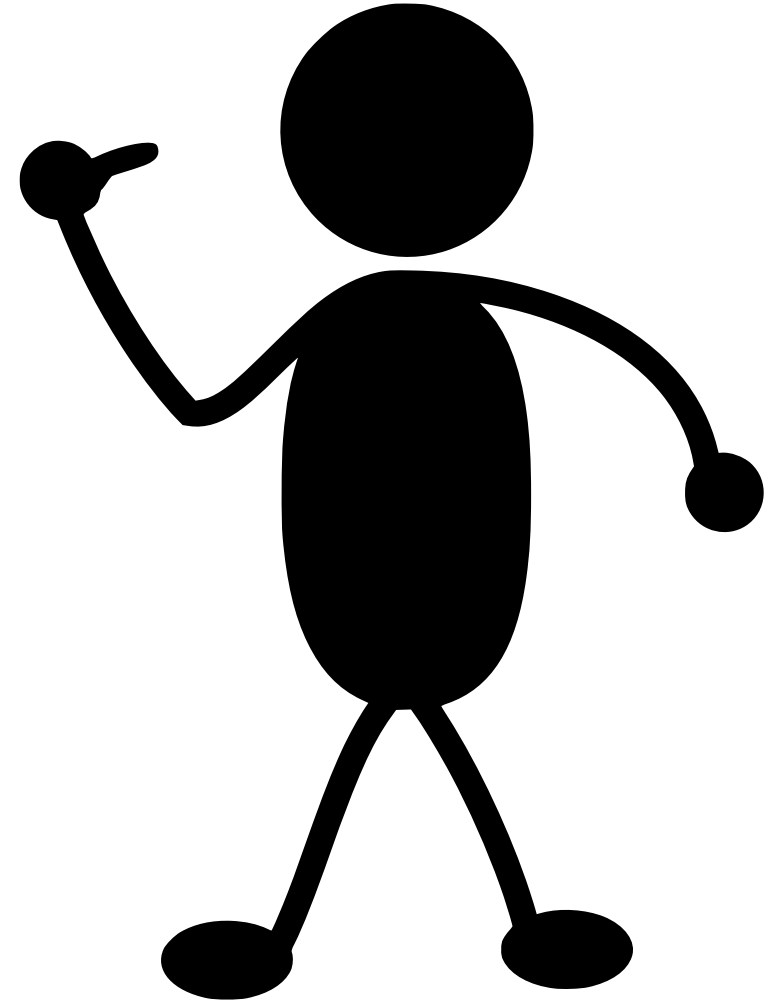
- Model designed to bridge the gap between social work research and practice
- Emerged from my lived experience of being a neurodivergent social worker and researcher
- Eclectic and interdisciplinary approach to engaging practitioners in practice research through **trauma-informed, neuroinclusive approach** (Deacon, Stamp and Keyes, forthcoming)
- Practitioners and academic researchers collaborate to co-design, co-conduct and co-analyse a piece of group practice research relevant to the practitioners.
- This cohort consisted of 9 NIHR Regional Research Delivery Network **Social Care Research Ambassadors** from social care, 2024-25 .
- Neuro-mixed group, some of the group identify as neurodivergent themselves.



Autistic-ADHDer

Positionality

- Whilst the topic emerged from practitioners and their reflections, Lesley was the lead facilitator.
- Autistic-ADHDer with a Sensory Processing Disorder (late diagnosed). Parent-carer to an autistic child.
- Befriending neurodivergent communities – to be neuroinclusive.
- The intention of the research was to understand the *playing field*. i.e. what is **currently happening** in practice to help us understand where training to **enact neuro-inclusive practice** is needed.



Lesley

How the research topic emerged

Loubie



Any ideas?



Possible areas for research	Possible areas for research

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Decision making – how practitioners make decisions, evidence-base, power and perceived power; how to capture the real voice; building narratives; impact of stress.	Neurodiversity – how ND people are dealt with differently; training; ND staff; gap in post-diagnostic services e.g. young people with ADHD.
The nature of practice ; procedural; precariousness of short-term projects; gaps in services; money; how practice is received; working with people.	

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Tell me about some of your reflections on practice following Session 1.

These are initial ideas based on the knowledge/experience of the group, they do not need to be fully formed. We will adapt these as we go...



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Possible topic
Exploratory study focused on Neurodiversity
- Explore the extent of self-reported understanding and knowledge of ND is (in practitioners) - Do they 'see it' in their practice, if so, what does it look like? - How do they adapt their practice to ND needs with service users (across children and adults) - How confident do they feel in their knowledge and practice of ND? - What training have they received e.g. before practice and during practice. - How do they involve ND people in decision making, how much power do ND SU's have in this? Does this feel authentic? Examples of what this looks like. - What services for ND people are practitioners aware of, do they access them? What is on offer? - Participants: Social care practitioners who work in NENC within a social care environment, or do we focus in? Lots of research emerging on lived experience but less on practitioner knowledge.

Possible topic
An exploratory study of practitioners self-reported understanding and knowledge of Neurodiversity
- What is ND, according to practitioners? - Do they see examples of ND in their practice, if so, what does it look like? Are they ND, do they know people who are ND? - How do they adapt their practice to ND needs with service users (across children and adults) - How confident do they feel in their knowledge and practice of ND? - What training have they received e.g. before practice and during practice. - How do they involve ND people in decision making, how much power do ND SU's have in this? Does this feel authentic? Examples of what this looks like. - What services for ND people are practitioners aware of, do they access them? What is on offer?
Participants: Social care practitioners who work in NENC within a social care environment

Research

What do social care practitioners understand about the concept of Neurodiversity?

The aim of the study is to conceptualise knowledge of neurodiversity from the perspective of social care practitioners working in the North East/Cumbria regions.

How confident do practitioners feel in their knowledge of neurodiversity?

What examples of neurodivergence do practitioners observe in their practice?

How do practitioners adapt their practice to ensure the involvement of neurodivergent service users?

What training and/or further research might be beneficial to improve knowledge and practice relating to Neurodiversity.

Specific questions (further probes to be added):

- What do you understand by the terms 'neurodiversity', 'neurodivergence' and 'neurotypical'? (This is not a test, we are just trying to determine your knowledge and/or experience of it.)
- What training have you received in Neurodiversity e.g. in education and in practice.
- Do you see examples of neurodivergent people in your practice? If so, what does this look like?
- How do you adapt your practice differently to meet the needs of neurodivergent people?
- How do you involve neurodivergent people in decision making? How much power do think neurodivergent people have in this? Does this feel authentic? Please give examples of what this looks like.
- How confident do you feel in your knowledge and practice concerning neurodiversity?
- What services are you aware of, for neurodivergent people? Do you know neurodivergent people have been able to access them?
- Is there anything else you would like to tell us?

Methodology and Methods (Deacon 2022, 2023)

- In FPR we utilise an exploratory qualitative approach to understand lived experiences – people we work with, colleagues etc. In this research = social care practitioners.
- Applied Social Science basis.
- Ethical approval (December 2024, 030169)
- **Research question: What do people who work in social care understand about the concept of neurodiversity?**
- Methods: neuro-inclusive interviews/focus groups (in person/online/with support).
- Approach to analysis: three-phase thematic analysis employing quality control measures to ensure rigour (Aspray et al. 2025).



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Research Focus – Neurodiversity in Social Care

Break out Activity 1

- How confident do you feel in your knowledge of neurodiversity?
- What examples of neurodivergence do you observe in your practice?
- How do you adapt your practice to ensure the involvement of neurodivergent people accessing services?
- What training and/or further research might be beneficial to improve knowledge and practice relating to neurodiversity.



Lesley

Participants:

N=15

Data collection:

FG = 7 (online)

I = 2 (in person)

I = 6 (online)

Neurodivergent?

ND = 8

Settings:

Adults = 8

Children = 3

Both = 2

Code	Neurodivergent	Adult / Children & Families	FG/I
P1	No	Adults	FG1
P2	Yes	Children	FG1
P3	Yes	Adults	FG1
P4	Yes	Adults	FG1
P5	Yes	Adults	FG1
P6	No	Children	FG2
P7	No	Both	FG2
P8	No	Both	I
P9	Yes	Children	I
P10	Yes	Adults	I
P11	Did not answer	Did not answer	I
P12	Yes	Adults	I
P13	No	Adults	I
P14	Yes	Adults	I
P15	Did not answer	Did not answer	I

Theme 1 - Understanding Neurodiversity

- **Terminology confusion:** neurodiverse, neurodivergent, neurotypical
- **Positive identity:** a normal part of human variation
- **Organisational inconsistency:** Local Authorities behind with knowledge and understanding of neurodiversity
- **Knowledge development:** tends to be from personal experience or through other professionals' knowledge
- **Discomfort raising it with others:** can be a fear due to conflating with 'learning disabled'

Neurodiverse refers to everyone i.e. the whole population is neurodiverse – with the current largest group referred to as 'neurotypical' and those who have variations as being 'neurodivergent'. (Bertilsson Rosqvist et al. 2020)

Theme 2 – Challenges in Practice

- **Misdiagnosis and late diagnosis:** reported both for practitioners and for people they support
- **Access to support services:** long waiting lists, high thresholds
- **Variability in services:** reported differences in availability for children and adults
- **Experiences of stigma and profiling:** including for colleagues

Theme 3 – Adapting Practice (What Works)

- **Time:** allowing extra processing time or, conversely, shorter but more appointments
- **Tailor communication:** clear, concrete language, short sentences; avoid jargon and figures of speech
- **Be mindful of sensory needs:** consider environment (quiet space, lighting) and tone of voice.
- **Adapting to the individual, not the label:** ensuring not to assume, or ‘pigeon-hole’ people.
- **Focus on interests and strengths:** build a rapport through interests
 - *“find out their hobbies, it can open up a world” (P1)*

Theme 4 – Barriers for Practitioners

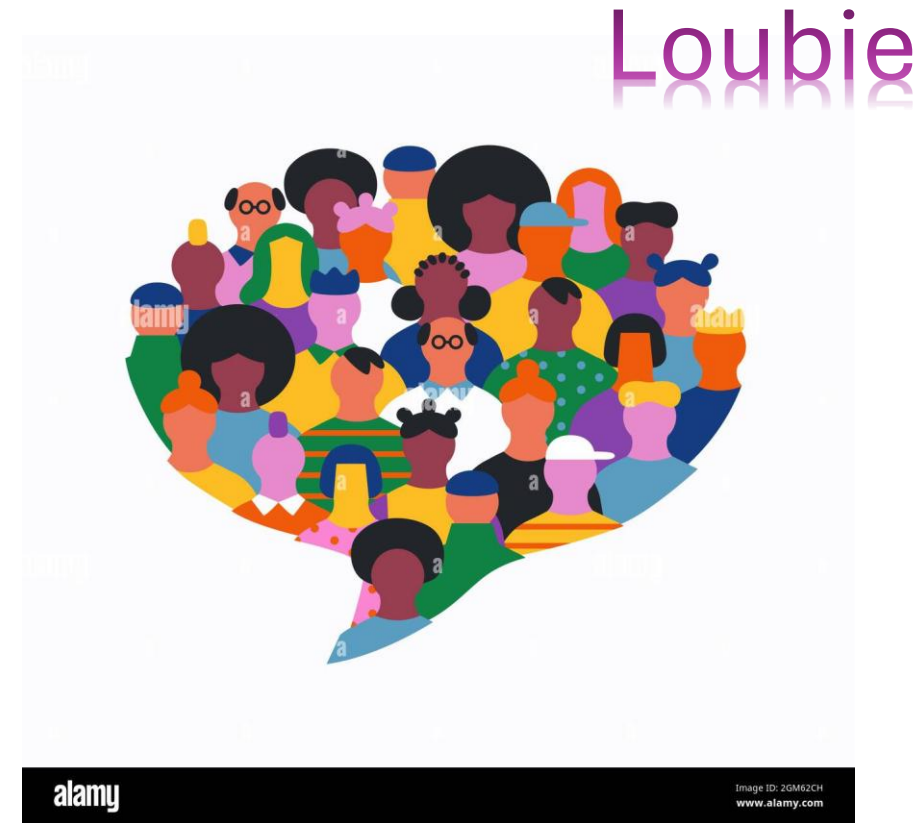
- **Time pressure:** high caseloads at conflict with taking extra time
- **Training gaps:** lack of formal training; many rely on learning on the job.
- **Assumptions and knowledge gaps:** conflating diagnoses, continued stereotypes
- **Organisational constraints:** Resources gaps and rigid systems make adaptations harder

Recommendations

- **Training & Education**
 - Implement comprehensive neurodiversity training for staff (covering terminology, neurodiversity paradigm vs medical labels).
 - Include neurodivergent trainers for authenticity.
 - Provide special sessions for managers to better support staff and people accessing care and support.
- **Practice Adaptations:**
 - Encourage personalised support plans – adjust communication, allow processing time, flexible appointment lengths.
 - Focus on each person's strengths in planning support.
- **Organisational Changes:**
 - Advocate to ease time constraints (reasonable caseloads, longer appointment options).
 - Promote a positive neurodiversity culture – see neurodivergence as a normal human variation to be affirmed, not “fixed”.
- **Further research:**
 - Ongoing research about neurodiversity in social care, that includes the experiences of neurodivergent individuals.
 - Evaluate training programmes.

Breakout Activity 2

1. Understanding & Terminology
2. Challenges in Services
3. Adapting Practice
4. Practitioner Barriers



Based on these findings, what could you apply in your own practice, and how might you do it?

Thank you for listening!

Any questions?

References

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Alternative Resources we have found useful

