

Neurodivergent-affirming Policy	P-06 This Policy should be read in conjunction with our Equal Opportunity & Neuro- affirmation Policies
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Commitment

At STAK.life CIC, we embrace a neurodivergent-affirming approach that recognises the inherent diversity of all human brains and that we are all different. This is known as the neurodiversity paradigm. Further reading here: (<https://theautisticadvocate.com/2019/03/what-is-neurodiversity/> The neurodiversity concept was developed collectively: An overdue correction on the origins of neurodiversity theory - Monique Botha, Robert Chapman, Morénike Giwa Onaiwu, Steven K Kapp, Abs Stannard Ashley, Nick Walker, 2024 (sagepub.com)<https://journals.sagepub.com/doi/10.1177/13623613241237871> [NEUROQUEER • THE WRITINGS OF DR. NICK WALKER](#) - Kassiane Asasumasu - [Neurodiversity - Wikipedia](#))

Neurodivergent affirming or Neuro- affirming approaches and behaviours are those that recognise and embrace neurological differences such as autism, ADHD, dyslexia as well as a whole host of other differences, as natural variations of the human experience rather than deficits to be corrected or cured. This policy aims to create an inclusive environment that celebrates individuality and respects diverse cognitive and developmental profiles. Neuro-affirming behaviours include understanding and accepting these differences, fostering a sense of belonging, and providing support that empowers neurodivergent individuals and promotes compassion and understanding

A Neuro Affirmative approach is incompatible with conformity or a deficits-based approach, which focuses on “fixing” the impairments associated with neurodevelopmental conditions or other identities. The approach highlights the role of the environment and societal barriers in further exacerbating challenges faced by neurodivergent individuals and that it is not the sole responsibility of neurodivergent people to conform to neurotypical expectations. We reject pathologising labels and narratives and instead celebrate that a neuro-affirming approach acknowledges and accepts the unique strengths, skills, interests, communication styles and support needs of everyone. Our commitment extends to both staff and clients, fostering a neurodivergent-centric approach for an inclusive, safe and supportive environment.

Key Principles

1. **Conformity to neuronormative expectations is not neuroaffirmative. The following things are,**

- Seeking to understand the needs of neurodivergent people from their perspective and adapting the environment to meet these needs.
- Understanding and respecting neurodivergent communication styles as equally valid.
- Reduce pressure to mask their neurodivergence by promoting upfront, practical, and literal communication.
- Understanding and accommodating individual sensory needs.
- Low arousal environments, (including people)
- Encouraging neurodivergent rather than neurotypical listening skills.
- Assisting in developing self-advocacy and problem-solving skills.
- Helping neurodivergent people to better understand the emotions, 'behaviors', and communication of other people around them, so they can better choose how they want to respond.
- Validating feelings, helping recognise individual triggers, and assisting in identifying individual calming and regulative strategies.
- Recognising the possible need for extra processing time and safe spaces.
- Encouraging safe self-regulation skills, including stimming.
- Adopting neurodiversity affirming language
- Encouraging and supporting agency and autonomy
- Making people feel that they are enough just as they are

does not involve:

- Expecting conformity to neurotypical ways
- Preventing or reducing stimming 'behaviours'.
- Blaming autistic people for lack of societal enablement.
- Promoting masking, loss of autonomy, or loss of personal agency.
- Developing goals that seek to "Cure" or "Fix" neurodivergent 'behaviours' or make them more neurotypical.

2. **Strength-Based Perspective**

- **Natural Variation:** We view neurodivergence as a natural variation in brain types, not as a disorder. We support the neurodiversity paradigm and champion the rich diversity and natural need for such variation within humanity, just as we do in any other species.

- **Strengths and Challenges:** Rather than focusing solely on challenges and any support required, we appreciate the unique strengths and skills that neurodivergent individuals bring to our community.

3. Individual Rights

- **Positive Valuation:** Every person has the right to be seen positively, valued, and understood within their community for who and how they are.
- **Supportive Environment:** We acknowledge and support the diverse needs of our staff, volunteers, contractors and clients.
- **LGBTQIA+:** We are affirming of all genders, identities and sexualities
- **Pronouns:** We respect differences of all types and the rights of individuals to be their authentic selves and express how and who they are.
- **Self-Identifying:** We recognise the numerous barriers to diagnosis and wholeheartedly support and validate those who self-identify as neurodivergent.

4. Avoiding Linear Labels

- **Complexity of Neurodivergence:** We avoid labelling neurotypes, (e.g. autism or ADHD) as mild/moderate/severe, or high/low functioning. Neurodivergence is multifaceted and can vary based on context and individual factors. Neurodivergence is not a linear concept and as such labels can overlook huge strengths and invalidate struggles and difficulties which may include co-occurring conditions both hidden or physical, diagnosed and undiagnosed.

5. Language Matters (For Language Glossary See Appendix One below)

- **Affirming Language:** We use language that recognises strengths while acknowledging challenges
- **Different, Not Disordered:** Neurodivergence is different, not disordered and narratives should support this ideal.
- **Co-occurring Conditions:** We recognise that individuals may have multiple conditions and need support.
- **Characteristics, Not Symptoms:** We describe characteristics rather than framing them as symptoms and deficits.
- **Non-Speaking, Not Non-Verbal:** We use “non-speaking” instead of “non-verbal.”
- **Situationally Non-Speaking:** We describe what is happening and consider the potential of a hostile environment, sensory, fear and fatigue, as opposed to “selectively mute” which infers a choice
- **Behaviour of concern or Distress behaviour:** We recognise potential responses to distress or other factors without pathologising individuals as “challenging”.

- **Unmet Needs:** We consider some communicative 'behaviours' as unmet needs rather than. "Challenging behaviours"
- **Support Needs:** We focus on describing specific support needs rather than labeling someone as "high/low functioning", or other unhelpful labels
- **Safety in predictability:** Rather than intolerance of uncertainty

6. Intersectionality

- **Intersecting needs:** We commit to better understand and support neurodivergent staff and clients with intersecting needs.
- **Layers of discrimination:** We acknowledge our privileges and appreciate the additional layers of discrimination and inequality that intersectionality, of all characteristics, can bring. (Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation and others not covered under legislation such as class, wealth language, immigration status and other marginalised groups)
- **Vulnerabilities:** Awareness of vulnerable clients with additional intersectional needs.

7. Victimisation, Exclusion and Isolation

- **Victimisation & Exclusion:** We understand the long-lasting effects of Victimisation, trauma and exclusion and the devastating effects this can have on people's lives and we seek to provide safe, affirming spaces.
- **Isolation:** We understand and acknowledge the effects of isolation, marginalisation, and the feeling of not belonging. We aim to provide friendly and welcoming environments where you are accepted as you are.
- **Experience sensitive approach:** We acknowledge and validate the importance of the lived personal experiences of neurodivergent people.

8. The SPELL Framework (Structure, Positive, Empathy, Low-arousal, Links)

All Employees and Volunteers at STAK.life will have completed our, "Understanding Autism – Difference Not Deficit" training, and will be aware of the SPELL principles.

SPELL was initially developed by the UK's National Autistic Society (NAS) and helps provide better outcomes and responses for Autistic people and those who are working with, supporting or caring for them. It recognises the individual and unique strengths and needs of each person regardless of age or level of support needs and that these can vary throughout a person's life.

Structure – allowing each person to take better control and predict events, thereby promoting agency and reducing anxiety

Positive approaches and expectations – that identify and build on strengths, and demand a respectful and progressive narrative

Empathy – the willingness to try our best to understand and embrace the autistic perspective

Low arousal – recognizing the need to accommodate differences and difficulties in sensory processing, and the avoidance of confrontation, against all causes of distress and anxiety

Links – describe the importance of effective communication and consistency between the various agencies, the autistic person, and the family.

9. Dysregulation

9.1 In the event of dysregulation, it is essential for staff and clients that SPELL principles (Low arousal) are used to reduce demand and sensory, emotional and processing input. Staying calm, maintaining a feeling of safety, and preserving dignity must be priorities. Staff must consider what can “they” do and how will “they” be in such a scenario.

10. Other Relevant policies

Safeguarding Children and Young People Policy

Safeguarding Vulnerable Adult Policy

Equality, Diversity and Inclusion Policy

Health and Safety Policy

Privacy Policy

11. Useful numbers

- Urgent Mental health Crisis dial 111 and select mental health option for a trained practitioner
- Risk to life dial 999
- Mental Health Matters dial 0800 107 0160
- Anna Freud Centre Crisis Line - Text AFC to 85258

Any comments or questions regarding our Neuro-affirming policy please email Stak.lifeoffice@gmail.com

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Appendix 4

Language Glossary.

Note: Language frequently evolves and changes for a variety of reasons. It is important to check and keep up to date with these evolutions.

Neurodivergent Affirming Glossary of Key words ([Neurodiversity Affirming Glossary of Key Words - for families and professionals \(thepdaspace.com\)](https://thepdaspace.com/neurodiversity-affirming-glossary-of-key-words-for-families-and-professionals/))

A further extensive resource of language can be found at Stimpunk Foundation

[Glossary Archive - Stimpunks Foundation](#)

Attention Deficit Hyperactivity Disorder (ADHD): a difference in neurology affecting attention, thinking, processing and impulse. (Many don't see this as a disorder, instead see it as having differences).

Alexithymia: difficulties identifying, understanding, and expressing your emotions or those of others.

Autism: - a difference in neurology which means you experience and respond to the world differently to non-autistic people. Differences include social interaction, communication and sensory processing. Autistic needs are fluid and will change depending on impact of the environment and other people.

Burnout - a period of intense sensory, social, emotional, and physical overwhelm which results in exhaustion. In burnout people also experience difficulties with

executive functioning, memory, attention, and there may be a change of capacity in the ability to communicate and regulate sensory input. Burnout generally occurs after long periods of unmet needs, it can lead to anxiety, depression and mental health difficulties.

Dyscalculia: difficulties related to understanding numbers and difficulties with maths

Dysgraphia: difficulties with writing skills, letter formation, can affect spelling and word choice (other fine motor skills may be efficient)

Dyslexia: a specific learning disability that means you have significant difficulties with reading, writing and spelling.

Dyspraxia: difficulties with balance and coordination. It can also affect planning and processing of motor tasks.

Ehlers-Danlos Syndrome (EDS): a group of inherited conditions that affect the joints and connective tissues.

Executive functioning: a set of skills that include the ability to manage yourself, plan, organise and carry out tasks to meet a goal (e.g., washing, dressing, cooking, organising & carrying out work)

Hypersensitivity - a more intense / heightened response to sensory stimuli, to the point it could feel very uncomfortable or even painful (e.g., light / sound / taste / touch /smell / movement/pain).

Hyposensitivity - a lower response to sensory stimuli, may be unaware of pain or not as responsive as you may expect (e.g., light / sound / taste / touch /smell / movement/pain).

Info-dumping: a term often used to describe an autistic person sharing their deep knowledge and enthusiasm of their special interests, often involving communicating on this one topic for long periods of time in a single session.

Interoception -relates to a person's ability to understand and interpret internal body signals and sensations. If you have difficulties with interoceptive awareness then you may not know if you are hungry, thirsty, hot, cold, need the toilet or are in pain.

Masking -the act of consciously or unconsciously suppressing authentic autistic identity and needs in an attempt to fit into the social norms of the people around you. Masking is detrimental to mental health over a long period of time.

Neurodiversity: refers to the collective diversity of human minds across the whole population. It is a scientific fact, society is neurodiverse.

Neurodivergent: describes a single person who processes things and responds to the world in a way that is different (diverges) from the majority. Some people may describe themselves as multiply neurodiverse, e.g., Autistic, ADHD and OCD.

Neurodiversity Paradigm: is a perspective that understands, accepts, and embraces the differences of everyone. Within this theory it is believed there is no single 'right' or 'normal' neurotype, just as there is no single 'right' or 'normal' gender or race. The neurodiversity paradigm rejects the medical model and sees what some may describe as deficits as differences. It recognises the same dynamics and inequalities that occur in society with social, cultural, racial and gender inequalities are also seen in those that are neurodivergent, (see Nick Walker's work, 2021 for further info).

Neurodiversity Movement: social justice movement driving forward the ethos of the neurodiversity paradigm working for equality and inclusion for everyone.

Neuromajority (sometimes referred to as neurotypical -although the idea of there being a 'typical' mind is sometimes debated): often used to describe people that are not neurodivergent.

Neurodiversity affirming: promoting and valuing the ideas behind the neurodiversity paradigm and embracing inclusivity.

Pervasive Drive for Autonomy (PDA) / sometimes referred to as Pathological Demand Avoidance (PDA), although this has negative connotations in the language used: PDA is widely understood to be a profile of autism, where people also "have a need for control which is often anxiety related. This means they may be driven to avoid everyday demands and expectations, including things that they want to do or enjoy to an extreme extent. People tend to use approaches that are 'social in nature' in order to avoid demands." (Adapted definition - <https://www.pdasociety.org.uk/what-is-pda-menu/about-autism-and-pda/>)

Proprioception: also called kinaesthesia, is the body's ability to sense and understand its location, movements, and actions.

Rejection Sensitive Dysphoria (RSD): refers to an intense emotional response related to actual or perceived rejection and heightened sensitivity to criticism/ any negative reaction.

Sensory / social overload (some may refer to this as a meltdown, although the word meltdown may have negative connotations) - a response to experiencing more social / sensory input that a person can manage. It may look like the person is 'losing control'. If an autistic person is experiencing a sensory / social overload they will need time to

rest, regulate and recover in a way that is right for them, it is not helpful to place more demands on a person experiencing sensory / social overload, it may heighten their response.

Sensory seeking: intentionally searching out sensory experiences that make a person feel good.

Situational mutism: a person's inability to produce speech in certain contexts.

Shutdown: a response to stress /sensory / social/ communication overload which may result in a person being unable to communicate, engage in activities or complete executive function tasks, senses may be lowered.

Special interest: an all-consuming hyper-focus for an autistic person that can bring great joy within their monotropic flow state (single channel of thought, which is a natural state for an autistic mind). Engaging in special interests provides opportunities for autistic people to regulate, gain deep knowledge or skills in a certain activity / topic and can be a good opportunity to socialise and communicate with others that may share the same interest.

Stimming: refers to sensory seeking behaviours that can help to regulate the mind and body, express joy or communicate behaviours of distress.