

It's my normal

Looking at how children with SEND do things differently is the first step to exploring and embracing neurodiversity, writes **Kerry Payne**

It is recognised at the very core of the EYFS that every child is unique and develops individually. As a sector, we seem to embrace this principle – until it comes to children defined as having special educational needs or having a disability (SEND).

According to Honeybourne (2018), the moment a group is labelled, they are automatically marginalised, and there can be a tendency to view conditions such as autism and ADHD as signs of abnormal development.

Historically, some models of disability view the person with SEND as a problem to be fixed, but more contemporary approaches recognise that children think, learn and develop in diverse and divergent ways (Crutchley 2017). Therefore, as educators, we must go beyond the myth of the 'normal' child and recognise that inclusion involves us embracing and welcoming all differences.

Viewing SEND through a neurodiverse lens is one way to work towards inclusion. In my everyday practice, I have stopped asking, 'What is the child's delay?', and instead now ask, 'How does this child do it differently?'

NEURODIVERSITY

It is believed that neurodiversity was coined by autism activist Judy Singer in the 1990s and is short for neurological diversity – or differences in the brain. It is an approach and movement which you may have heard of, particularly within the autistic community, and which challenges the idea that neurodevelopmental differences are

abnormal and need to be cured (www.understood.org).

Many developmental conditions have negative associations because they do not fit into a neurotypical world view, and so the neurodiversity movement encourages people to embrace living, learning and viewing the world differently. This is important, especially for neurodivergent people who have always believed they must change to fit society's expectations.

Sadly, these negative beliefs can emerge in early childhood and impede children's daily activities, motivation and behaviours. Ultimately, when we view developmental differences as entirely negative, it can impact children's self-esteem and self-perception (Saigal *et al* 2002), and our feedback about children's differences can also influence this. So, the most crucial question for early years practitioners is: What influence do you want to have on a child?

I spoke with a SENCO who noticed that key people would often talk openly in front of children about their delays, such as during the handover with parents, and she did a lot of training and mentoring with her team about embracing strengths, differences, interests and needs.

A meaningful discussion that arose in these sessions addressed the fact that neurodiversity does not ignore a child's difficulties, but views their development more holistically and acknowledges that society can exacerbate these difficulties.

THE 'FIX IT AND FIT IN' APPROACH

My role involves supporting practitioners in developing

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high-quality early intervention techniques. At times, however, these techniques can be misunderstood and viewed as a means of 'fixing' a child's SEND behaviours, thus rejecting their differences.

Our caregiving, teaching and support strategies should always be shaped around a child's individual needs and optimise unique development. And a fellow SENCO always reminds me that children's differences have actually led to much more innovative teaching strategies. However, if we continue with approaches that focus too heavily on normative developmental milestones, we can overlook the many divergent, creative and unique efforts and abilities of all children (Sakr *et al* 2018).

Case study: Daniel

I also spoke with an autistic adult, who explained that when they were at nursery and school, they worked out pretty quickly that the onus was on them to change.

Daniel told me, 'I was often told off for not giving eye contact, and I had to go off into small groups to take part in interventions that never really attempted to embrace the way I viewed the world. It was



all under the guise of making me normal.'

This practice is known as integration and suggests that children need to change themselves to fit into the setting. While some integrative practices can be beneficial for supporting key skills, as an overall approach, it can lead to individuals camouflaging or masking those behaviours that make them different. This is known to be particularly common in girls (Eaton 2017).

As an adult woman with ADHD, I recall this experience throughout my education and its impact on my mental health as I continually tried to compensate for what I thought was missing. It was also emotionally and physically exhausting, trying to contain so many aspects of who I was.

Even now, I often end up with lots of excess energy when I have been attempting to manage my differences in 'mainstream environments'. This is sometimes referred to as 'after-school restraint collapse' and occurs when a child has worked hard to maintain their energy, mental motivation, emotional containment and physical restraint while in the classroom (Nair 2017).

Only when the child is back in a

space free from fear or judgement can they release all that built-up energy. When working with a setting on inclusive practice, we remedied this risk by reframing our view of the early years setting. We reminded each other that the environment belonged to the children, not the adults, so space had to be designed to meet all their needs, not just our expectations.

CHECK AND CHALLENGE

It is not uncommon for children's differences to be overlooked as a deficit, and one of the key pieces of advice I give to practitioners is to check and challenge their interpretation of the children they are observing. The case study below illustrates the power of check and challenge.

Case study: Zane

Four-year-old Zane is an active, curious and energetic child, who recently received a diagnosis of autism. He is non-verbal but works hard to be understood, and his key person, Samira, describes him as an 'inquisitive explorer who wants to know how things work'.

Initially, she found lots of his behaviours challenging and would often try to stop his explorations. 'I

Close observation of children's behaviour can help adults to overcome their preconceptions

'No brain is the same; no brain is best. Each brain finds its own special way'

Psychiatrist Edward Hallowell talking to his five-year-old daughter

would always say that he was typically autistic, and he would flit between activities not really engaging, but I have since realised that I just wasn't getting to know him well enough,' she says.

One day, she noticed him jumping up and down near the main door and assumed he wanted to go out. The SENCO suggested holding back and observing more closely. Samira then noticed that he was, in fact, drawn to the light switches near the door.

Using his problem-solving skills, he climbed on pieces of furniture to reach the switch, including turning a crate upside down and standing on a chair. Samira says, 'I was trying to decide whether the lighting was agitating for him, but I noticed he would switch them off and on, and directly look up, noticing the difference from light to dark.'

Another practitioner mentioned Zane's fascination with resources that lit up in the sensory room, so Samira moved a few of the items, including a torch and small lava lamp, into the main environment. Zane discovered them quickly and reflected the torch off every surface he could find. 'By holding back, I actually came to see the learning rather than just chalking his actions down to my misunderstandings of autism,' says Samira.

CONCLUSION

This case study clearly shows how our misconceptions about SEND can mean we overlook what is really happening for a child. Seeing neurodiversity allows us to go beyond the surface.

An early years SENCO told me, 'It seems nowadays that if a child doesn't give eye contact or lines things up, then he must be autistic, and I think emphasising common signs and symptoms too much actually impedes our opportunities to fully explore the uniqueness of every child.'

As a neurodivergent individual, I realised very young that I was different, yet small acts of being seen and understood gave me the strength to love my ADHD. As practitioners, we can make all children feel seen, heard and understood; sometimes, we just need to look a little closer. ■

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