Transcript of ‘What is Neurodiversity and why should I care?’ An online panel event hosted by the University of Westminster on 8th December, 2022, with Dr. Elliott Spaeth, Atif Choudhury, Dr. Mary Docherty, and Jill Corbyn. Chaired by Professor Rachel Aldred.

Rachel: I think I'll get started because we're nearly at five past and hopefully we'll have a lot of questions and a lot of discussions. And I'm very pleased to have so many people here and to have such a great panel. Good evening, everyone. Or good morning or good afternoon to people who are joining from different time zones. I know people are here from from all over the world.

And I'm Rachel Aldred, a Professor of Transport here at Westminster University. I'm going to be chairing the event. It's part of the Westminster Conversations series, and it's entitled "What Is Neurodiversity and Why Should I Care?"

So before I introduce our speakers and the event format, I just wanted to say two things fairly quickly. The first is to very briefly define neurodivergent and neurodiversity as a starting point for people who may not be familiar with those terms. And my apologies for being oversimplistic and or opinionated for those who are experts. The way that I understand it is that neurodivergent refers to a range of conditions that involve differences in brain functioning from what we might call a neurotypical norm.

So we're talking about, for instance, conditions like autism, dyslexia, ADHD and many more, although with ongoing debates about what counts as neurodivergent, which we may pick up on later here or at another time. Neurodiversity, by contrast, I see as being about recognising that such differences in brain functioning and processing are a part of human diversity. As a species, we've got tremendous variety in how we think and how we perceive the world. And neurodivergence, I guess, is one part of this.

To me, the concept of neurodiversity is part of creating spaces in which we can all flourish rather than as all being forced into a neurotypical norm. I think neurotypicality, like many binaries, doesn't even work well for those of us who can fit into that supposed normal category more easily.

And our speakers will, I'm sure, add their own perspectives on this.

The other thing I wanted to say was why I'm here doing this. So the end of Summer, I was diagnosed as autistic, and for me this led to many things. But one of them, I guess, stereotypically enough, has involved diving into some of the literature around autism, neurodiversity and disability. And I wanted to help share these ideas and discussions, particularly in as much as they can help make life more liveable for neurodivergent people. And in personal terms, I wanted to clearly identify myself as being autistic and neurodivergent.

Partly because I know that my professional privilege means I don't experience the risks in doing this that a lot of other people might. But alongside this also, I'm aware that my experience as a white, middle aged autistic woman professor is quite different from many other autistic people's experiences. And I should know when to stop speaking and listen and amplify other people's voices, which leads on quite nicely to introducing the panel and the format of the event at this point.

I would also like to thank the University's Equality, Diversity and Inclusion Team and the Colleague Disability Network for supporting the event. And to Chinaemerem and Sadia who are student interns helping with the event organisation. So we've got four great speakers and each of them is going to speak for 5 to 10 minutes on the event theme.

After each of these intros, I will ask one or two questions based on what they've said, and then after all four of them have said their bit, I'll open up the panel discussion with a couple of questions and also ask questions from the audience.

So if you have a question for one or more speakers, please type it in the Q and A and I'll ask as many as I can when we get to the panel discussion. But feel free to type in your question at any point. It would be ideal not to get them all at once at the same time. We will finish no later than 6:30 p.m.

So I'm going to introduce the speakers one by one as I ask them to do their introductions. Unfortunately, Char Bailey had to drop out to die due to illness, but Jill Corbyn has very kindly agreed to be a late replacement to the panel.

So first up, we've got Elliott. Dr. Elliott Spaeth is a Lecturer in Academic and Digital Development at the University of Glasgow, who specialises in inclusive learning and teaching in higher education, which involves helping lecturers think about how they can teach in a way that allows all their students to thrive. He's trans, disabled and neurodivergent. So, I'll hand over to Elliott.

Elliott: Thanks very much. I've got some slides, he said, expecting everyone to recoil in horror. So I will just briefly share those while I have a slight pause there. So I just wanted to share a few things that come up quite a lot in the work that I do and that are particularly important to me in relation to neurodiversity.

So I wasn't diagnosed as neurodivergent until about ten years ago and it made quite a big difference to how I saw myself and that relates to some of the things that are going on in these slides.

So Rachel's already given a definition of neurodiversity, and a way that I quite like to think about it is sometimes in relation to social norms. So people sometimes say, I don't really like the division between neurodivergent and neurotypicality, which is entirely fair. But I think that the language, although perhaps not nuanced enough, can be useful for people who might identify with a way of being that isn't what society expects and pushes us towards.

So within that context, I would use the term neurotypical to refer to people whose brains align with societal norms and expectations and the term neurodiversity for those whose brain function differently. And there's a bunch of diagnostic labels that would be associated with that that you might have heard of, like autism, ADHD, dyslexia, Tourette's syndrome, Dissociative Identity Disorder, lots more. And I don't think the specifics of the label is important.

What's important is that, as has been mentioned, a lot of people perhaps being pushed to interact and behave in a way that might not really suit them. This is particularly relevant within the context of higher education because a lot of neurodivergent traits are highly desirable for higher education, such as intense passion and curiosity for areas of interest, ability to focus and to be really productive when engaged or different ways of thinking that can enable someone to identify patterns and solutions that others might miss.

Our norms about how we expect people to behave are used to define rules and expectations, especially around things like ideas of good or appropriate or professional behaviour and typical workplace practices, teaching practices, research practices that tend to be based on this assumption that everyone's behaviour means the same thing, that everyone has the same needs and preferences, and anyone who does something different might be called inappropriate.

So for example, right now I'm sitting cross-legged and I have been told more than once in my life, that that's unprofessional. But why? Like, what is that contributing to? If my job is helping people understand things? For example, how is me sitting cross-legged preventing someone else from understanding someone? In fact, it makes me physically more comfortable. And so it will probably make me better at it.

So that's just one example. But to give a few more that might help you think about this in relation to your own experiences. Somebody might ask a lot of questions and you might feel like they're doubting your expertise, but it might be just that they really want to understand and make sure that they have the right understanding of what it is that you're trying to tell them. Or somebody might be doodling in a meeting. And so it's frustrating because it seems that they're not paying attention, but it might be that actually their brain can't really focus without having that additional stimulation to keep their attention.

Or it might be that someone really shuts down whenever you give them constructive feedback and it feels like they're just refusing to engage with you, but really they're feeling overwhelmed and just need a bit of space. And the thing that brings all of these things together is the idea about how we should, in air quotes, behave.

It's often defined by rules that just don't really actually make sense for a lot of the population. So perhaps for some people, yeah, if they did ask a lot of questions, that would be because they were they were doubting your expertise. But it's that assumption from them that, of course, that must be what everyone's doing.

And so I think when it comes to neurodiversity, what's really important is not that you automatically know what everyone else's preferences and needs might be in advance, but just that you're open to people knowing what works for them and being able to learn, rather than assuming that you always know what's best for everyone.

And I think that that's all I really have to say. Oh, no, a bit more, sorry. And I think the other important thing is the impact of being repeatedly misunderstood. So it often feels that when the things happen, that I mentioned before, that it's as if someone is saying, Oh, you're just not trying hard enough or you've got poor intentions, like if you just tried a bit harder, you'd be an acceptable human being.

And it's quite hard to push that off when you're being told it like repeatedly every day for your whole life, essentially, like, well, why are you doing it that way? That way is wrong. And it's got an emotional impact in that it's not very fun for self esteem. It's got a practical impact that you have to make this decision between doing things the way that suits you, and enables you to thrive or doing things in the way that other people are likely to prefer, even though it's not necessarily related to them. And so a lot of us might learn things like masking, which is the idea that we're kind of conditioned into changing our behaviours to be considered more acceptable.

Sometimes there's the argument that we should sort of take off the mask, i.e. try and behave authentically, but it's just not really that simple, partly because it’s become part of our personality now, but also it can be really dangerous to take off that mask and behave in the way that actually is comfortable and natural for us.

And as Rachel said earlier, particularly so if you're multiply marginalised, so I'm white, which means that me behaving in a way that society thinks is unusual is less dangerous than it might be if I were a person of colour,as we can see by a lot of the news that comes in.

And on that quite depressing note that is me done.

Rachel: Brilliant, thank you, Elliott. What you started off with, kind of a question popped into my head, as you talked about how higher education in many ways selects for neurodivergent people who are passionate, focused, engaged and so on.

So I kind of wondered, why are so many higher education institutions so bad at dealing with neurodivergent when in a sense they do select for it?

Elliott: My personal feeling about that is that it's because people are focusing more on conformity and control than on the actual outcomes that they might want from a higher education institution.

And that's where questions of power really come into it. And I think if people really - and that's kind of the work I try to do, to try and help people think about what is their actual goal. Because if it does help people thrive or be more productive or whatever, then actually usually enforcing one way on everyone isn't really actually going to achieve that.

But sometimes I think that goal is lost sight of and instead people are just making that assumption that they know that X will be the way of achieving that goal and they can't see whatever X may be.

Rachel: Thank you. I'm sure we'll pick up on more questions from this later. You know, let me ask another one first. Just wondering about potentially impacts on teaching practices. I wondered if you could say something about how being aware of neurodivergence and diversity might or should impact teaching practices, if you have thoughts on that.

Elliott: I have many. I mean, it is the specialist thing I tend to do. I think what's really important about it is the attitudes that come through to your students, often based on how you interact with them and the decisions that you've made. And it's not that you're expected to know magically what will work for everyone, but it's about being open to learning.

That maybe the way that you thought of doing things, might have an impact that you haven't thought of with people.

And so trying to build in flexibility from the beginning. And if someone does feedback to you that something isn't really great for them, not that you immediately, desperately like absolutely have to change it, but just take that on board and go and have a think about whether there is a way of building and flexibility rather than sort of reflexively being like,

"Nope, no!" because it's kind of scary having to deal with that and adapt quickly.

Rachel: Sure. Or "We've always done it this way, so I can't imagine doing it differently." Thank you. Yeah, I'm sure we'll return to some of these issues, but at this point, I'm going to move on to Atif.

So Atif Choudhury is an award-winning social entrepreneur with a background in economic justice and disability inclusion, focusing on the inclusion of marginalised communities. Atif has worked on high profile social development projects across the world. He's the co-founder and CEO of Diversity and Ability and Zaytoun CIC, the world's first Fairtrade and Palestinian olive oil co-operative. Advisor to the World Health Organisation Rapid Assistive Technologies Board and Trustee for Disability Rights, UK. So I'd like to invite Atif to speak for 5 to 10 minutes and then I'll ask him one or two questions based on that.

Atif: Thank you. Thanks, Rachel.

Thank you, everyone. My fellow panellists and everyone taking the time to listen today.

Yeah. I mean, so I probably have a position on this that might be different. But then I suppose we all have a position on this that'll be different. And that's the joy of neurodiversity, isn't it, that we paint the world, we navigate it though love, joy, through celebrations, and often, sometimes through denial and loss.

And those sort of things are how we navigate the world. It gives us the map. You know, trauma adds to that map. And also, of course, the ability just to feed yourself or be part of a family that's able to focus on that comfortably, is a big part of these stories. As I said, you know, as you said, I'm an advisor to World Health Organisation on this work.

I still think neurodiversity has come a long way in these conversations.

But I think it's deeply - and I'm trying to read the atmosphere, the atmosphere, what the room wants. But I also need to be sincere to my own stories here, I suppose. I think that there is a danger in the current way of looking at neurodiversity that we are sleepwalking into. I don't think the intention is to do anything but goodness here.

But the current dialogue on neurodiversity for me very much is Eurocentric in its entirety. It's reinforcing that Eurocentrism at every point. And it's a shame because it's such a missed opportunity of joy and learning and leaning in from other experiences.

And so there's something deep about what we do about that.

I have my own focus on it. I present on this and I've written a course called Neurodiversity, Race and Realities, and it's designed to move this Eurocentric needle from a space that's much more based on curiosity and humility. Rather than the defiance of saying this is what it is and this is our club. And if you want to be in it and these are our rules. Because it's not actually helping anybody. I'm not convinced it's helping a lot of folks.

I think we have a lot to do on neurodiversity to grow into something far more inclusive and mature that recognises that diagnosis is helpful for so many people, it is deeply healing. It was for me in lots of ways. But it's also designed around a particular context and a particular class group and a articular gender, I would argue.

And in that space, we haven't, not only have we not asked what other nation states or people or communities would interpret neurodiversity to be. But we've decided they're less developed if they don't do it our way.

And then we ask ourselves, how come so many brown folks are hard to reach now?

We never hard to reach. We are easy to ignore. And we always have been to a large extent.

And this is a 400 year old conversation, but it is trying to take a real deep breath and say, look, if we don't have an intersectional understanding of neurodiversity, we're probably not going to have a relevant one. What we will have is an illusion of, you're neurotypical.

Until one day you're not.

Because up until someone got the diagnosis and I suspect most of us on this panel, we were neurotypical one day we're not. But what does that even mean? You know. What does it mean to say someone is neurodivergent and someone isn't? And so on.

So I'm probably a lot more excited about what this conversation does to strengthen participation from a global context, what it does for the lessons that we need to learn about inclusion and participation.

From those who have learned to wear labels and are comfortable in them and find healing in them. Those who see those labels as deeply rooted in shame. And with that shame is powerlessness and the confrontation that culturally it's not something you can talk about because your people don't talk about it. Or when you're in a staff group and the people who are talking about autism, they look nothing like you. Or that you recognise that there are repercussions for you because the job opportunities you access are not the same as the job opportunities that other people talking about neurodiversity are able to access.

These things play a tangible role in what we understand neurodiversity to be.

But I think they're largely missing from the conversation. And I suppose that comes with a heavy sigh on my part. You know that. And I also wonder, I sort of think, look, we're in, as I said, but to be kind, it is, this is an intergenerational piece of work. We are going to be taking on these conversations over the next 60 years before they reach a place where we can say, look, so much wrongdoing has happened here. Here is Africa. It's an incredible continent. Not a single border here, you can look at it, was made by Africans. So what do we learn from the perception of neurodiversity, from people who are Ashanti, people who are Masai? And how would they have talked about it?

But we'll never know because as large as that continent is not a single part of it has not been touched by the judgement of European education, what European education standards are. So then if we are then to look at neurodiversity and say, well, this is about a model that's universal.

No, it's not. It's deeply not. So then we are sort of saying, so what have we got? Well, we've got a model of a lot of folks deeply trying to look for belonging. And deeply needing them and deeply feeling lost, be they black or white, rich or poor. That belonging is what they're seeking for. Because sometimes finding a diagnosis, and as I said, from my own experience, that would be true. Finding a diagnosis is deeply healing because it says at last, I've been desperate for this moment in my life, and you come to terms that this was the big jigsaw piece that you're missing.

But I suppose what if it wasn't? I'll end on this.

What if it was one of the jigsaw pieces missing? And there's some really good ones out there that we're yet to find and that this one is helpful, but it's not the only one. And what are we doing that may be preventing other people from accessing the very same support mechanisms that we felt we needed in our own lives?

Because we created labels, we defined our experiences or more importantly, their experiences through those same labels.

I hope that's okay.

Rachel: Fantastic. Thank you.

Thank you Atif. It's really brilliant to have you I wondered if I could, would you be able to say a little bit more perhaps about overcoming those barriers and about what needs to happen, I wondered?

Atif: Yeah, I mean, I suppose, yeah. So I mean, at the heart of what I've just talked about is probably more to do with, you know, historical, structural racism, which plays a big role because, look, if you have to do more in the workplace to get further in the workplace, you're hard-wired to share less.

So when it comes to people coming forward about neurodiversity, it's really easy to say, come forward, talk about it, celebrate it, look at those differences. Not everyone gets that offering, some will. And even if they do, that doesn't mean you will, even if you're in the same workplace.

So it's trying to recognise that the key part of it. There are structural imbalances and I suppose that's really what I'm touching on. How do you look at those? I suppose I've said enough about those structural imbalances being, still preventing the maturity of neurodiversity conversations to really happen ahead of us.

But I genuinely believe and I truly mean that, that I wouldn't be doing this work if I didn't feel that that was going to happen and the role that we get to play in it. So I think the neurodiversity conversation is about, look who has the psychological safety. I'll put things in the chat here for people to pick up on as well. But who has the psychological safety to play at this and to be safe on the other side of it?

Not everyone does, and even those from different class backgrounds don't necessarily do just because they have access to privilege and wealth.

But it is recognising that we move at these psychological safety spaces or the speed of trust. But we do need more folks to be excited by the differences, the talents that come with that but also to take a deep breath and sort of recognise the talent and trauma. They're not diametrically opposing forces. They live sometimes in the heart of the same person, in the same brilliance, all at the same time. How do we get that talent to be seen when that trauma is perhaps needing to still find its voice?

And so those two things sit here consistently, in so many people. But often it takes a lot for us to find that out. We've structured a society haven't we, and we've structured a world on the lenses of powerful elitism. And those structures have come from contexts within the world, particular contexts that have been very brutal in the way they've constructed that.

There's so much of us, I think, I would say everyone on this panel might be an example of that. We're a construct of our survival. And there's joy and beauty in that, that we found that survival. And we even found at times solace and kindness in labels. But we're not necessarily always a construct of our growth, that said this label was helpful. And it's useful, but it's not the sum total of me. It is like this label is helpful and it's useful. But it's not the sum total of that other person either.

And so it goes back to the socio-economics of people participating in these conversations, the class barriers that they're facing, to make these conversations easier. And of course, you know, the extension of that. Of misogyny, they're facing that, and the homophobia.

And the racism and all these things, they will intersect into the realities of who's participating in intersectional realities of neurodiversity and who just never will.

Rachel: Thank you. I think I'm going to be going back and listening to this afterwards. Again, I'd like to now ask our next panellist, Mary, to say something.

So Dr. Mary Docherty is a consultant anaesthetist with over 20 years of experience in health services. She founded the peer support and advocacy groups Autistic Doctors International and Autistic Medical Students. She seeks to improve health care outcomes for the autistic community and to challenge the tragedy, narrative and stigma associated with autism. So, Mary.

Mary: Thanks Rachel. Gosh, Atif. Thank you. I would much rather sit here and think about what you have just said than talk right now because that was fascinating and very, very much in alignment with how I feel about, you know, all of this.

And I think that intersectionality is absolutely becoming a vital part of this conversation. And I agree with you, it was not up until quite recently. And I think, yeah, it's a challenge to all of us and particularly, you know, I mean, for myself leading ADI, which is peer support and advocacy for autistic doctors.

here's over 600 of us at this point.

And, you know, for me, as a middle aged, white, cis, privileged woman, medical degree, you know, and a job, it's really difficult for me to, you know, to even address, address that from my position of privilege.

But I guess the first step is recognising that privilege and that privilege that, you know, that we all do share. You know, intersectionality is something that we're very conscious of in ADI because one thing that I notice about our organisation is that our Zoom calls look very different to the Zoom calls that I have in other autistic or neurodivergent spaces simply because I think medicine is so culturally diverse anyhow.

You know, so we do have a lot of members, from various ethnic backgrounds all across the world. But again, it is still very much Eurocentric, very, very white, you know, very, very, very much cis, very white. Exactly as you say. And it is something that we are we are very conscious of in working together, you know, working to address because those intersectionalities, they multiply for sure.

They absolutely do. And even in our organisation, I mean, while most people are, you know, managing absolutely fine, those members who do tend to run into difficulties, overwhelmingly tend to be the members that, you know are from black or ethnic minority backgrounds.

And, you know, and I remember the first time I ever talked about this, this wasn't at all what I planned to talk about, but it's just, you know, it's just too interesting. I remember one of the first talks I ever gave on neurodiversity in medicine, and it was for the British Medical Association, it was a couple of years ago, maybe three, three and a half years ago.

And that was one of the very first questions that I got asked was from a doctor from South India, I think. And, you know, and he just said, What about us? Whoa. You know. What about people from, you know, the Global South? What are you doing there? I have to be honest and say that at that point in my journey, it really hadn't crossed my radar at all, because I was only just starting out in this work, in this advocacy. And I think I think that's the case for a lot of people.

If people just, you know, come into the world of neurodiversity, and there's just so much to absorb, particularly when, you know, when it's relevant to us and, and it involves that reframing of our entire lives.

The just looking back at, you know, seeing everything that we've experienced up until the point of recognition or diagnosis and just sort of reframing that and viewing it through that autistic or otherwise neurodivergent lens, I think that just takes up a lot of time, a lot of mental energy and a lot of, you know, for several years, you know, for a lot of people, it takes several years to just work through all of that.

And I think as well as that happening on an individual level, I think that's happening on a wider scale in terms of the movement, the neurodiversity movement. And I think it is sort of moving more towards that, you know, neurodiversity, sorry, that intersectional, you know, position where it's just simply not acceptable anymore to, you know, only have panels of, you know, cis white people, for example, or, you know, not to address the issues. you know, by people from other other ethnic groups.

So I think we're getting there. You know, I do think the awareness is increasing. But absolutely. We've got so much more to do. You know, I think of the kids coming behind us and so much of what I do is all around just making it better for the next generation of autistic and neurodivergent people,

you know, and helping people to just grow up with a good, solid self-identity, just knowing that we're perfectly good autistic or neurodivergent people.

You know, we're not failed neurotypicals. And for so many of us that have come to diagnosis late, we've had to battle through that one. Whereas the kids coming behind us, there's a chance to do things differently. And very particularly, I think for, you know, for black kids, you know, who absolutely cannot, they don't, just don't have the privilege, for example, that my kids do, to be, you know, openly autistic and mask, you know, not needing to mask or, you know, openly stimming or whatever. You know. And I agree, it is really important that we recognise those differences.

And I'll stop rambling there for now and leave it at that.

Rachel: Thank you, Mary. Could I just ask you before and before you move on, if you could say something specifically about sort of changes you've seen, perhaps in terms of specifically the medical field, how have things, have you seen things change for the better in terms of neurodivergent people, neurodiversity and just say something about that?

Mary: Oh, my goodness, the difference in three years, it is phenomenal in like three years. Yeah, it was two and a half years ago, I gave my very first talk with a colleague and we did it together because neither of us would have had the courage to do it alone at the time.And we gave a talk on autistic doctors, which we subtitled, not an oxymoron, because it was such a taboo at that point in time that I don't think anybody had ever spoken publicly with the word autistic and doctors in the same sentence that didn't refer to patients.

And that was at a, that was at a medical conference in Oslo, it was a physician health conference. And since that point, we've got to a stage now where neurodiversity in medicine is absolutely the hot topic in medical education circles, both at undergraduate and postgraduate level. So the awareness is just there.

It's everywhere now. Not everybody's on board, of course, but at least everyone's aware of it at this stage. There is an unfortunate sort of an association, which I hope is temporary, because what's currently happening is the recognition that loads of our colleagues are autistic or neurodivergent, that's there. But what's a challenge is because of the stigma, people who are not in any sort of difficulty generally tend to not disclose.

So the ones who are coming out are those who either have to come out because they need reasonable adjustments or they're being outed by their deaneries. For example, they've have been sent off for assessment because they've failed exams or, you know, they're having, you know, the typical challenges that we all run into. So there is this association between being a trainee in difficulty and being neurodivergent, and that's really unfortunate because like that's not the case. I mean, most of our most of our members are managing absolutely fine with, you know, you know, couldn't be described as, you know, a doctor in difficulty at all.

Most people are absolutely fine. But those people, particularly the more senior people tend to generally not disclose. And so I'm hoping that negative association will dissipate, as, you know, as more people do come out. But huge changes, which also has beneficial effects for the wider neurodivergent and autistic community in terms of health care.

Rachel: Great. Thank you very much. And now I'm just going to move on to Jill, our last panellist. And then I can see we're getting a number of questions and we'll be able to have a have a discussion, asking questions of the panel, and you can answer as you wish.

So, Jill, thank you very much. Joining the panel today, Jill is the founder and director of Neurodiverse Connection, a Community Interest Company established to improve support and outcomes for the Neurodivergent population. Jill specialises in working with health and social care teams, particularly supporting improved understanding of sensory and social processing differences.

Jill was the lead author on the co-produced papers, "It's not rocket science, reviewing sensory environments and inpatient services" and "Supporting autistic flourishing at home and beyond: Considering and supporting sensory needs in housing." So, Jill.

Jill: So it's really good to be here and great to hear what's been shared so far.

So I'm going to share a little bit about my experience. Personal and professional. As a teenager, I had a really, really tough time. I knew that I was different, but I had no emotional literacy. I didn't have the words to describe it to myself, let alone to describe it to someone else.

I had a sense of otherness, and I felt isolated and afraid, and I had no sense of what was wrong or what I could do about it. And so I spent a lot of my teenage years dysregulated, hurting myself, trying, trying to avoid conflict and challenge, and had had some time in hospital.

And I found solutions that I think served me and kept me alive. But they also brought problems of their own.

And when I found recovery in my early twenties, I was taught in this recovery forum how to be in the world, as people taught me how to make a cup of tea, and how to greet people, and how to be part of a meeting and how to have a conversation, and how to interact, and how to know and be what was expected of me in the world. And I did pretty well at it for, how long has it been, sixteen years.

And I, you know, when there are clear and explicit expectations, I can often, I can often meet them. But I really exhausted myself and run myself into the ground.

I describe it to people as it’s like I have a different operating system.

Like I'm part of a, I've got a computer or my computer is set to hard and everyone else's is set to easy. And you know, like in every conversation and every interaction I'm needing to translate and, and work it all out mentally before I can engage. And I, I kind of I don't know - I'm sure it wasn't by accident. I'm sure, you know, I think we kind of, we quite naturally find our feet when we gravitate to people that we can be ourselves and be comfortable with.

And I developed an autism program that was reviewing sensory needs in hospitals because some of my autistic colleagues found that, like, they physically couldn't get into the buildings. And so I wondered what that might be like for autistic people who were in hospital.

And we started reviewing the sensory environments and I was following these colleagues around and identifying with a lot of what they were describing. And they were, they were giving words to experiences that I'd never heard described before.

But it took me a couple of years because I had, I thought that a lot of my experience and my way in the world was as a result of trauma.

And so it took a while for me to be open to the fact that I might also be autistic. And I remember I asked a colleague ‘Do you think I'm autistic?’

And he said to me, Jill, ‘I remember the first time we met and I looked at you through these service station doors, these big glass doors. And I could tell by the way you were standing that you were autistic.’

And there's lots of evidence to support that in our work since.

So it's why at that point, kind of actually, as Mary described, like actually I was doing okay in life, like you know, I had a job and I had a house and I was actually, I was passing very effectively, like my masking, camouflaging skills were very well developed.

But I really was, I felt really compelled to get my diagnosis and to identify myself in the world because of how difficult it had been. I thought about my experience as a teenager and how if, if I'd met someone when I was in hospital, or if I'd met someone coming around who also had scars on their arms, who also, you know, had had a tough time but had made it to adulthood and had the dog of their dreams. And, you know, was doing things in my life and felt okay in themselves.

I just, you know, I think that yeah, I really feel the responsibility to speak about coming through the hard times. So I work a lot with, so I got my diagnosis and I work a lot with particularly health and social care teams and really supporting them to understand neurodivergence.

So understanding our sensory processing and how it's different, understanding how social processing is different, understanding how all of these inputs actually can be cumulative. And just because I can tolerate something one day doesn't mean I can tolerate it the next.

I work with teams a lot around understanding the nervous system and regulation, and particularly how sensory and social processing can can really impact what it's possible for us to tolerate and how a lot of the young people that I work with are very dysregulated. And when we when we just treat the symptom, you know, and we just treat the eating disorder, for example, actually, we really miss an opportunity to see the whole person for all their needs.

So, you know, I talk to teams about autism being like a filter through which I experience everything. And if they try and just strip out one part of my life or, you know, one, one challenge and miss the autism informed approach, then the chances are it won't work or it won't last for me. And I think that that's really true of a lot of the people that I'm working with.

So what we do now is we try and support changes to sensory and social environments to make them more predictable, more tolerant, tolerable, and really with that kind of like universal design approach that actually we want spaces that anyone can be comfortable and feel safe and can be regulated then, and spaces where everyone can, can belong.

Yeah. And I think, you know, the "why should I care?" Actually, you know, I, I really, when I got my diagnosis I actually thought that for me, this is going to be a bit of paper. I already work with people who I like. And who get it. And I'm still having those, "OH! this is an autism thing."

Like, I'm still having a couple of years on I'm still having these revelations. It's enabled me to give myself more grace and accommodation and understanding. And to really take my needs seriously and think about what boundaries I need to have in place in order to meet them.

It's helped me to celebrate some of some of the positives.

So the real joy that I got today from being out in the frost, you know, the crunch underfoot foot, the patterns on the leaves and in the grass. And I can really celebrate these, like, small moments in life that I might have diminished or kind of overlooked before.

And it's really given me an incredible connection to a really fantastic group of people. And it's, I kind of, you know, I feel like I'm part of a thread. So I'm able to get support from other people and I'm able to give support to other people. And I think part of that is kind of as simple as sharing. Sharing my experience. You know, and it's yeah, it's really inspiring to hear the ways that other panel members are kind of carrying the message and supporting others to be seen and heard and understood.

I think I've probably spoken long enough so I'll leave it there Rachel.

Rachel: Thank you very much. I'll just ask you a question quickly before I start. We've got a number of questions plus one or two that I was going to ask everybody myself. I mean, so you're talking about working with service providers in terms of creating a more inclusive environment.

So what are the kind of main barriers to getting that change, do you think?

Jill: I think the big one is that people, still there is this misconception of - so particularly I work around autism but actually I think commonly a lot of other neurodivergent folk are similarly adversely affected by challenging environments. But I think the biggest issue that I try to challenge is that this is a behavioural issue. And it's really not understood as a sensory and social processing differences, as a neurological difference. And so I think a lot of the barriers to change are in that misunderstanding.

Rachel: Brilliant. Thank you. I'm just looking at a list of questions. So, yeah, I would just like to really thank all the panellists for their contributions. And yes, as I say, I'm going to have to listen to this again, possibly several times. So thank you all very much. I have a few questions that I would, several questions I just wanted to ask myself. And then there's a number from the floor as well.

So just one, a first question I wanted to ask about was around diversity in neurodivergence.

So neurodivergent people are obviously a very diverse group in terms of a lot of intersectional characteristics, as well as in terms of neurodivergence as well and sometimes potentially conflicting needs. So I wonder if anyone would like to reflect on sort of how we join together to get change, despite these differences. If anybody would like to respond to that. Atif?

Atif: Yeah. I mean, I'll probably I'll just punctuate it briefly, but it is about class. If we really want to see that change, then we're going to have to go to the bedrock of all the things that divide us. And it will be class struggle. The socio-economics speak to the very heart of attitude change because we can have these conversations about how diagnosis matters, but if you are from a social capital that says no, it doesn't, it's not a thing that you want to have with your name attached to it. Then how we how are we going to address that?

And that means looking at barriers, preventing that being a source of confidence or pride or bridge building. Otherwise, we're just going to sleepwalk into this - He's the right kind of autistic person because they can champion it and he's the wrong kind of autistic person because they cannot? The psychological consequences, I'm going to say, I think it's - because the audience deserves it. But it's tough language, right? Black men are more likely to kill themselves than any other group in this country, after that it's Roma, Gypsies. The under-diagnosis perhaps is a conversation for Black men. But I'm actually probably more worried about learning isolation. About what that does, as a travesty, rather than rushing to do a diagnosis.

I know that might be contradictory, but I'm trying to think, how do we build an inclusive learning environment, and a space making environment? If it doesn't build on the legacies of so many communities that have stories to tell? There's no simple answer on this. It really would be - I think we're dangerously being trite if we are going to give a simple answer. But it is saying outright that these conversations deserve going to the class roots that prevent people from accessing positive attitudes around them. And what do we do to own that? And a big part of owning that is also giving way so that some of those stories can be told without reinforcing the conversations that are just comfortable in perhaps in a middle class white settings.

Then we can have a more of a cohesive base around what neurodiversity looks like and fundamentally the richness of what it deserves to look like.

Rachel: Thank you. I think Elliott, you wanted to say something as well.

Elliott: Yeah. It keeps coming and going from my brain because it’s so complicated. But I think, just to echo I guess what you're saying, Atif, like I completely agree. And I think the problem is if it's still down to somebody privileged to decide which types of marginalisation are acceptable or okay, then that's just reinforcing the existing problem. And I think like you were saying about labels, I don't think I realised until like a year or so ago that the reason that I find labels useful for myself is because fundamentally I don't think I feel confident to believe that I'm okay the way I am unless I have language to explain it. And so I feel like, not that this is a particular solution, but I guess, the ideal situation would be to be able to feel ok without the language.

But also for society, higher education. The way we do things, I guess, in our Eurocentric way, to not need to have an explanation to be able to treat other people compassionately, I guess, like not withholding compassion behind - like not gate-keeping it behind understanding or agreeing or like not needing proof before you decide somebody else's needs and experiences are legitimate.

So that's it. But it's not exactly a step by step guide, is it?

Rachel: Thank you. And I have a second question that I wanted to ask, unless Mary or Jill, you wanted to say anything on that?

Mary: Yeah. Can I come in on this one? It's an area that is very close to my heart. And this is where I get controversial. And because I think it is such an important question that we need to address. And it's really not being addressed within the neurodiversity movement in general.

It's not. And I think there are differences within, you know, within the wider neurodivergent community and you know, autistic people have different challenges to those who are not autistic but would have a diagnosis of ADHD, for example. And then people who have a diagnosis of dyslexia or dyspraxia.

They are just different, you know, different challenges. And I think sometimes we can get into a situation where, sort of, individual groups tend to want to just focus on one area and not think about kind of the wider perspective. But then what ends up happening is a sort of conflict and almost competition between, you know, between diagnostic groups.

And I just think that's a real shame because again, and particularly within the autistic community,

I mean, you know, if anybody's involved in the autistic community, I mean, it's like, there's a lot of there's a lot of factions, groupings, you know, like and there's a lot of conflict and to the people to whom we need, we want to appeal in terms of moving the agenda forward, that can just look like a, you know, a massive conflict and it can look like we're just too difficult to deal with.

We're just too difficult to engage with.

And that happens in the research world, that happens in education, that happens in health care, that happens in policy. And I just think until we address it it's an issue that's really difficult to get over.

And I think in terms of moving forward, how do we come together? My - this one movement that I see, you know, see as a sort of an ideal way to do things. And like, you know, it's an Irish, it's an Irish group. So it may not resonate, you know, for a UK or worldwide audience.

But we recently had we had a referendum in Ireland because we had a constitutional prohibition on termination of pregnancy and there was a lot of political moves, you know, activism to try and get that changed. And there was a group, there was lots of different groups who were campaigning on this, all of whom wanted the same outcome, but for very, very different reasons. And the campaign was, you know, looked like it was about to fall apart simply because there was just so much infighting going on and, you know, fighting, you know, between different groups. And then there was a movement that was called Together for Yes.

And it was basically all these groups came together under one single umbrella. Groups that would never be seen in the same room together, never mind sharing a platform. But they all wanted the same thing. And it was an absolute model of how to do a cohesive advocacy with disparate groups.

And I'd love to see something like that happen. How to make it happen, I don't know. But I really do think that that is what we need. If we want to see real, if we want to see wider cultural change, if we want to see, you know, real changes in society to benefit all members of our neurodivergent community, I do think we need to think about cohesion and we need to think about how we move forward together.

And I think that's one of the reasons that we've been successful in ADI, because from the beginning, we've had a set of principles that have kind of guided, you know, the advocacy that we do. And one of those principles is putting group cohesion above individual issues. And it has really, I think, served us very well because we haven't had any, you know, any significant difficulties.

We haven't had any significant splits that are so common to other autistic groups. And I would somehow love to see that just broadened out. And, you know, and for us all in the neurodivergent community to be working together, you know, for the benefit, the benefit of everybody.

Again, it's difficult because we in ADI particularly, we do our advocacy around autism.

And that's very much the what we do. That's very much our brand. And while we do always widen that out, like, you know, I'll always talk about autism and neurodiversity, but I'm usually asked to talk about autism. You know, I'm not usually asked to talk about other conditions. And I'm not, you know, I'm not qualified to talk about other conditions.

And so it is just, it's really difficult. But I do think that we really need to address it and find a way, find a way to work together.

Rachel: Thank you, Mary. And Jill, did you want to add anything at this point?

Jill: I guess just a reflection that this conversation has been really valuable and insightful for me and I've, yeah, I've been reflecting on Atif's concept of this acceptable kind of neurodiversity. I think I've really, I really see that experience in my work and I think in the training that I had in speaking neurotypical and, and in the privilege that I bring in terms of like, my white, my collective privilege, but particularly my ability to speak neurotypical, I think is a strong one.

You know, and being white, being part of an organisation which is known and recognised and you know, the, the connections and relationships that I've been afforded because of that.

What I see is in a lot of the conversations that I have, people say, Oh, yeah, someone else said that, or, Oh, yeah, I heard that. Or - so often actually, what I'm delivering isn't new information, but there's this, but people are able to hear it from me. So and I think that really speaks to that kind of, acceptable, you know, like who will be listened to? Who will be heard, who will be respected? And I see with some of my colleagues that, you know, that if their tone or presentation, isn't what's expected, then you know that they're kind of not invited back.

Yeah.

So I'm really reflecting on my, my role in echoing and supporting the voice of others and in making sure that when I need to take a stand that I do, but also that I move myself out of the way, and I think that it's kind of yeah, an important but quite a tough balance to kind of navigate and I'm yeah I'm kind of I'm, I'm curious and reflective around whether on whether I'm getting this right and how and how to do more better. So I'm grateful for the yeah, the prompts and reflections around that.

Rachel: Thank you. Yeah, me too. And so I've got the questions from the floor. There's quite a few there for different, for different panel members, so I can ask them specifically to one person.

But other people are very welcome to chip in.

But there's one that I quite like that is sort of a bit more personal and I think maybe - well, you don't have to answer it, but it might be relevant to everyone, which is a question from Carolyn about what the panel's advice would be to their younger selves when they were aged 18, helping them fulfil their potential and celebrate their strengths. What - what would you do?

What would you say to your 18 year old self?

Atif: Mine would be an easy one which would be to - well, there's lots, but to start with, would be to make eye contact, something I didn't do at 18, I didn't look at people and it was my, it was something I was deeply unaware that I just normalised, conversations where I'd look at the floor or look away or mostly look at the floor.

And it was a thing that - it was in my twenties that I learnt to stop doing it, but it took a while. But I also think it was a bedrock to lots of things that were happening. That it was just a way of coping. Yeah, there's that. And I suppose like, you know, and I really like saying, be the kind of guy, be the kind of person you needed when you was young. When you were younger. So I suppose it's being open to that. What does that look like? You know, but I definitely think, somebody willing to point out that I just don't look at people and practising with me was, it was a good start.

Rachel: Thanks. Jill?

Jill: Thank you. Yeah, I think my advice to my younger self would be hold on. Like keep, keep going. At I was really, in the depths of having a difficult time and was without hope.

And I didn't have enough life experience at that time to know that things pass.

And people kept telling me like, Oh, you know, childhood or being young, it's the best years of your life. And I was just like, I can't face things getting any worse! And so, yeah, I think a lot in my work, what I see is people between like, 12 and 25, 28, or around that age group,

I think often, is the time when neurodiversity, this isn't true for everyone, but a lot of us really struggle really notice the difference, really fall behind, particularly in the social, emotional processing and engagement. And it took me time to find my groove and to find my place and to find my people.

And at that time, like, my hobbies and interests were not appreciated. And I didn't have other people to share them with, and that's changed with time. So I think, yeah, my advice would be, hold on, it changes, it passes, it gets better. And yeah, like, give yourself an opportunity to find your place in the world.

Rachel: Thank you, Elliott?

Elliott: It's hard because I'm not sure what I could say to make myself believe it. But I think I would probably say something about like, like I'm fine as a person, even if I'm not trying hard all the time.

Like I really it took a long time for me to really believe, for some reason, like, I didn't have whatever it was that one needed to be allowed to judge how I felt about my own behaviour.

I'm not talking about impacts on others. I mean that's obviously crucial. But even if I knew how what I did impacted on everyone else, somehow it would really be up to someone else to decide whether I was still okay as a human being or as a person. And to be able to know at that age that when somebody else said that something was wrong or bad or not okay, they probably meant that they didn't really like it.

And of course, from that, there's decisions about what you want to do and balancing impacts and priorities. But I just, I really honestly, fundamentally was just constantly waiting for someone to point out the way in which I had suddenly done something terrible and inherently bad this time.

And it always felt like there was just something waiting to come out of nowhere. To kind of, I don't know, launch onto the why I was such a terrible person thing. And so I think knowing that that's not real, I suppose, and absolutely different ways of being will have different consequences, but that it's not like other people were sort of better qualified to decide whether who I was, was okay or not.

That would have been hard to learn, but useful.

Rachel: Thank you.

Mary, did you want to give any advice to your 18 year old self?

Mary: Yeah, just wait. Similar to Jill, maybe for a slightly different reason, but yeah, just wait, wait, wait. You will find your tribe. That's what I needed to know back then.

And I didn't know back then. And it did happen. It was exactly what I needed. I also needed to know that it was okay to be solitary. That I didn't have to battle the social expectations.

To be, to be sociable, to be popular, to be part of the crowd. I didn't have to do that. I didn't want to do that. And yet the expectation was that I would. And that just took so much energy and so much effort. I wish I had been told back then. I wish somebody had told me. And it's what I would tell my younger self. It's okay. Stay home with the book. That's fine. Those two things.

Rachel: Thank you. I'm going to move on to some of the questions from the floor. Some of them are sort of, more specifically for more for one speaker or two speakers but other people can potentially jump in, if you like.

I'm going to start with a question that I think is probably more for Elliott and Atif, but equally other thoughts are welcome. So this is from Samir Pandya. He says, to what extent is neurodivergence still responded to in higher education through the deficit model? And in what ways do the panel think universities can respond more effectively, in particular at a structural level, Atif mentioned, to encourage a shift towards a more celebratory and growth mindset.

Atif: So there are two questions there really, no? One is if I interpreted that well. So if maybe Elliott you might do a better job with me on this one. But I think that ultimately there's still a heavy emphasis on proving something.

The emotional dissection itself, again, is, can be leaned into by some, not leaned into by others, and forced to be leaned into because it's the only way of coping in the sense of presence. The psychological harm there is just so profound there. So can HE's do anything about it? Absolutely. I mean, it's really the auspices of the social model to anticipate difference, to recognise that some people won't have the social capital to advocate for that difference.

They're not really profoundly difficult things to do and institutions have research institutions within them that are telling them this all the time. So the struggle is that we have inherited silos and I guess those silos have helped us categorise people and categorise differences. But the difficulties that we have and I'll put resources in the chat and I’ll put free links to everything to help people watching this as well, including free assistive technologies. If I get a book from my library and it's about Agatha Christie, I don't have to prove I'm a detective.

If I get a book from the same library at the same time on kerosene fuel, I don't have to prove I'm a rocket scientist. I don't have to do anything. I'm just going up in the library and taking what I need.

But when it comes to saying, I need assistive technology or a screen reader or something to help me just cope with being at university, I have to prove a whole bunch of stuff. Despite all the work that's gone into being there in the first place or the courage it takes to walk up and down and tell a person that you don't necessarily know, what it takes to be you, and what it is that's frightening about being you.

Now, for others, they can normalise that because they've come to terms with maybe neurodiversity younger in their life and they've had advocacy and support. But there will be white people here listening that've grown up in social care, but they haven't had that agency or that support. And there will be brown people, as I said enough on already, that will not have the conviction to know that this is a safe place to ask for those things, and there are repercussions for them.

Already in the workplace too many people come forward because of job protection, not because of diversity of though or the celebration of that, but because they've been KPI'd, they've been performance indicated. And to come forward is about job protection.

If we think we're still having a neurodiversity conversation in that context, we're not, we're having a mental health conversation with our families and ourselves about whether we can financially this situation we're in.

So it can be done easily. And it's a question of really about what do we lose if we don't? Can an HEI really say we've got a bad reputation? People are leaving us, or they're not comfortable or there's even mental health loss, or something far worse than that which is happening to universities around the country. At times we lose people's lives. So the work there is to be able to recognise that and say, look, so we can have a position here that anticipates that. We can have a position here that welcomes it and we can have a position here as a university.

So every time we support people in this, they're an ambassador for us. And when they support us they go, be they Chinese students afraid to talk about autism. But in terms of global governance, they go back to China and say, this is the university I went to and this is the courage they gave me to talk about differences. And these are the creations I made at this most famous university in the world, and that offering can be to Chinese, to Indian students, as it can be to anybody, regardless of class background, if the institution chooses to make it so.

Rachel: Thank you. Elliott?

Elliott: I mean, I absolutely agree with everything that Atif said. I think the challenges is like, absolutely they could. Will they?

And how could we make that happen? I think there's so much focus on a kind of policing. Students in fear of cheating, like that seems to be prioritised above most other things. So people care a lot about making sure people don't cheat, but they don't seem to care quite as much about making sure people aren't discriminated against or treated uncompassionately or dehumanised. Somehow, one of those things is considered the absolute hard line, which we can't, we absolutely can't ignore, which is are people cheating or lying or making it up so they get extra things?

You can I'm sure tell that I don't particularly value that particular take. That's the way, you know, the idea of that being the thing we should focus on. But it seems like we don't, not us but like, structurally there is less consideration of the importance of not dehumanising people. And I think part of it is that so much of it happens in higher education institutions across the UK at least, that everyone's in denial.

And because at this point, if they accepted the amount of bad stuff that goes on, they'd all be in for a lot of reputational damage. I mean, there's just so many issues with the fact that there are like, I don't know, I don't know what you think, but I think interactions with individuals who are in power over us, like in general, can, I suppose. Sorry.

I'm trying to think of the way to phrase it, and it's complicated, so I'm a bit stuck. But my point is, it's absolutely a systemic issue. But the way that we often experience those systemic issues is through the attitude, behaviour and decisions of people in positions of power. For example, in higher education institutions. And the thing that I find really difficult is like, What do we do?

I don't know. What do we do as - If we could change structurally, if we change things structurally, what can we do? To stop the behaviour that chooses to hate, an uncompassionate and dehumanising approach. Like, how would that be done? Because I absolutely think things are done along the deficit model and I just don't know, obviously my work is trying to stop that from happening, but it seems to be so difficult for people to understand that people being different is not, in fact, inherently bad.

And so many people seem to feel pressured to be classroom managers and to be making sure people behave in the correct way. And I suppose when they're guided by that, that their motivation, that thing that they feel is important, then their behaviour will probably align with that.

And that usually results in really problematic supremacist positions.

So. Yeah, I guess, I think it should change, but I'm not sure how it would, like, systemically. Unless the university is actually willing to be humble. And expect that maybe the ways of doing things whether consciously or unconsciously may have done, be doing harm and actually commit to prioritising not doing harm. I don't think that without that, that anything is going to meaningfully change at a systemic level.

Rachel Thank you. Jill?

Jill: Thanks.

Yes. So I don't have experience myself with higher education. But I just want to speak to the change that I do see. So - and kind of the need for the kind of, the parallel planning.

I really, really echo the desire and the need for structural change. Without that, we're not going to get wholesale change. And I see the power and the the phenomenal difference that individuals are making in adopting our approaches and it shouldn't be down to the individual who's working in spite of the system.

But yeah, I just, I see the difference that makes to individuals and I see how those stories spread and that influence spreads and the opportunity that comes with that. I think often the change is grassroots and kind of bottom up rather than top down.

So I'm kind of yeah, just emphasising the, the need for both and to spot and share and champion those places where that work is happening and where those individuals are making accommodations for differences and the impact that that is having, you know, like Atif said, you know, those first three stories spread and the reputation grows in that way. And it is often down to individuals rather than institutions, rather than systems.

Rachel: Elliott, did you want to say something?

Elliott: Really quickly, you're absolutely right. Like, I completely agree with you Jill. And I think the reason, I'm just realising that, like, because so much of the work that I do is with various individuals, I see the structural barriers that they are facing, like huge amounts of workloads.

And I see them pushing up against things that are barriers for them being able to do more, or be able to stay well while doing things. And I think that's why they're focusing on that. But you're absolutely right that, like the people that I see, you know, working towards a better future for these things are just inspirational and incredible and just because of their compassion and the way that they're treating other people. Yeah, it's incredible.

Rachel: Thank you. I'm going to try and ask at least a couple more questions before we finish. We've got some really interesting stuff, and limited time.

I think there's maybe an interesting one from Rick, who says, a medical diagnosis is a valuable moment for many. As neurodivergent voices and perspectives are so routinely erased, we don't get to see and understand ourselves in the world or the mainstream media. However, it is also deeply pathologizing and adds to prejudice, to marginalisation. Other marginalised groups were historically and incorrectly described as a pathology. What are the benefits of moving to a post diagnosis world and how do we ensure we maintain our rights? Does anybody want to share any thoughts on that on that issue? Atif?

Atif: Yeah. Time doesn't allow that question, to give that question justice really, it doesn't. It's a great question, though, thank you for asking it.

Yeah, look, we are pathologizing things because we've used a medical model and we're currently keeping a medical model well and truly alive. The DSA [Disabled Students’ Allowance] is designed around a medical model, for example, which is why we end up with folks who are able to advocate, or exhausted to, or find out how to because of that stress point, at times. And others still do not use it. I never got, I personally didn't get to even know it existed. Again, it's a story of social capital.

That I managed to not know there was a grant or a fund that could support you, but you'd have to have word of mouth, for knowing. The answer to the question is how do you, well you build inclusive - If you think about higher education, is there a head argument as well as a heart argument to say an inclusive campus creates more participation. It improves mental health. It raises the profile of our institutions. And it shows us how we can be real torchbearers for that diversity of thought in the leading places in the world that we are watching, even elitist institutions, still struggling to fill that student body.

So there's, there is a head argument for that, but it is going to require us to move into a social model that is barrier driven, to recognise it's not the diagnosis that matters, but what are the barriers people face.

Being a single mother is a barrier. It might not be a disability, but it is a disabling situation. If you can't attend a lot of the meetings, to be having to rush early and your career is being hampered because you're not networking. It is putting the context of so many things of what is a disabling situation, not what's the name of something, or the name of something you've got, even if you talked about cerebral palsy, it affects one person differently to another. So what is the barriers they face? What are the roots of that? So we are going to need to move beyond pathologizing it into an idea that, perhaps, you know, this is not necessarily popular, but perhaps we're all neurodiverse. But we just aren't all marginalised because of it.

And that's the work to do, you know, to recognise that we are all collectively losing things.

And it's not just my liberation that's dependent on it. If Elliott for example, isn't doing well, or Jill isn't doing well, or Mary, that my liberation is dependent on them doing well and so is theirs.

Well, at the heart of this is that people are going to want some overnight successes. And I just think we are in an exciting place. And I say this with real grace and hope and enthusiasm. I mean it, this is an intergenerational discussion. And yeah, it hasn't gone nearly where it deserves to be. But like I said, I don't think I don't think this is worth throwing the towel in because it hasn't gone to the spaces that people deserve to see. But it is about saying, look, this is going to take time, but it is pretty exciting what's on the other side of it.

Mary: I might come in on that one. And just say that while I absolutely see the benefits of not pathologizing, and that's very much where my advocacy is focused. I mean, it's for us, it's all around a neurodiversity affirmative approach to autism and other forms of neurodivergence.

But I just want to also raise the, raise the issue of the risks of moving to, moving away from diagnosis and in particular for those people who have significant challenges associated in particular with being autistic. You know, and I think that is one of the things that, you know, it's a challenge for us in the wider neurodivergent community just how to include everybody, because there is that risk of, you know, sometimes people with higher support needs being excluded from the conversations.

And I think it's really important that we collectively don't allow that to happen because there's a significant minority of autistic people who have very high support needs, you know, in various, various domains. And I think there is also a societal and political risk, I think, of, you know, stripping people of those supports and stripping people of benefits and, you know, and social care and access to support that we just need to be very mindful of in that conversation.

Rachel: Thank you. Does anyone else want to say anything on that question? Elliott.

Elliott: I'm aware, it's like a tiny, tiny, tiny bit of attention, but I think, the thing alongside that like a lot. No, I absolutely agree with what you're saying. I just I'm thinking about the question, not about disagreeing with your response. I was thinking about the fact that there are still lots of diagnoses, labels, conditions within the umbrella of neurodiversity that people, that are so pathologized that it would be extremely dangerous for many, like almost anyone to come out with them.

So I'm thinking about Dissociative Identity Disorder there, which is one that people might not be familiar with and isn't talked about as much. But it's not something I'm an expert on. So I apologise if I've got this bit wrong. But essentially, it's the concept of having multiple people existing in the same body and that doesn't need to be pathologized. It's often referred to as plurality or multiplicity.

But it's one of those things that I think people feel they have to be absolutely secret about often because of the way that it's like, represented in the media and the danger that might come of being open about that sort of thing. So I guess I'm not sure quite what, like, clever thing I should say about linking that to the need for diagnosis or lack thereof.

But I think it's just to keep in mind also that there are some diagnoses, diagnostic labels that even in themselves having them can bring harm or danger potentially if it's on medical records. And so I feel I've really rambled. So I'm going to stop now.

I do believe, like - I find my own labels extremely helpful, and I just hate the fact that there are some where they might be met with such a strong negative response.

Rachel: Thank you. And I am really aware that we're coming up to half past and I've promised finish at half past and I there's been so, so many great questions asked, but I'm hoping that they are, you know, I'm going to save them and they're going to be, you know, potentially future events, future discussions, you know, I'm sure we can bring those questions into the conversation. And thank you very much to everyone. Did anybody, any of the panel have anything more brief to say before I sum up?

Atif: I kind of think, I would want to pose a question, which I think has come up a couple of times in this chat. I don't expect an answer, but I'm quite interested in it. I hear it quite often about the neurodiversity community and I have real hope in that, just in the world, the neurodiverse community, but I hear it around me as if it's said in conviction as a tangible community. And I'm interested in that. And I guess where I'm interested in asking as a provocation, but it's meant with love.

Is there such a thing as a neurodiversity community? In which case, what does it look like? And I suppose I just thought that and I am wondering, I suppose to this day I sometimes wonder myself is that I hear it a lot. And I'm not saying it isn't, doesn't exist. I'm just saying, what does it look like? As it will tell us a lot.

Rachel: Thank you.

That is also a great question. I don't know if anybody else wants to attempt to say anything about it in about a minute or if that's a good point at which to leave us all thinking.

Elliott? Elliott: I think maybe it ties in with that idea that when, you know, we're all different, even within the same label. And I agree that the idea of a neurodiversity or neurodivergent community is a very monolithic phrase that suggests that, like, you know, we all are the same because we all fit into this community and it's just this one thing. And of course, I imagine it is much, much more complicated than that.

Rachel: Thank you. And just thank you so much to our panel. I feel like I've learnt a lot and when I go through and listen again several times over, when I'm not kind of worrying about webinar at the same time. So on which note I apologise. People can't see the chat, this is my fault. But I will share those links, Atif, afterwards along with the video to which I will add subtitles, captions.

So that is going to be made available on our Westminster Neurodiversity blog site and that will be shared with people. As I know there were some people who weren't able to make it, but did very much say they wanted to. They wanted to see it afterwards. And just to let you know that we've got an event for which booking is now open as well. On March the 21st, a hybrid panel on neurodiversity, architecture and cities, hosted by my school, the School of Architecture and Cities.

And there will be, there will be more and more happening. But, yeah, just thank you very much all for attending. I'm sorry I didn't get to ask most of your questions, which were all great, but I just thought the discussion was so interesting. I didn't like to shut people up and think, hopefully people got a lot out of it. And thank you. Just thank you so much. I really thought it was great.