Abstract

Purpose – The purpose of this research is to investigate the acceptance and support of neurodiverse people in society, with a focus on autism, and to use this to propose a framework to enhance inclusivity that can inform pedagogy within the education sectors.

Design/methodology/approach – Three case studies from higher education have been presented and mapped onto a multi-dimensional spectrum of characteristics normally associated with autistic people. Further examples have been taken from the general population and these have been used, along with user scenarios to propose a framework for inclusivity.

Findings – A framework, the human spectrum, has been proposed which encompasses all of society, regardless of diagnoses and within which people have mobility in terms of their characteristics. It is proposed that this framework should be incorporated into pedagogy in primary, secondary and tertiary education so that teaching and assessment is inclusive and so that people’s understanding of human nature is built from an early age to counter stigma and herd mentality, or othering.

Social implications – The contribution of this paper could have significant implications for society as the framework provides a structure to enable people to consider others with new perspectives.

Originality/value – The framework proposed provides a new and original way of shaping the way people think within the education sector and elsewhere.

Keywords Autistic spectrum, Inclusivity, Neurodiversity, Higher education, Framework

Paper type Research paper

Introduction

It is well-established that many autistic people have great strengths as well as difficulties and, indeed, some organisations target such individuals during their recruitment processes because of those strengths (e.g. Doyle, 2020; Grenawalt et al., 2020). In particular, autistic profiles are better suited to the more digital workplace of today than some neurotypical people (Walkowiak, 2021). What is considered less, is that autistic people can be as different from one another as neurotypical people. A diagnosis of autism must meet certain diagnostic criteria, but this does not mean that all autistic people have the same strengths and weaknesses.

In this paper, a multi-dimensional autistic spectrum is used, along with case studies and user scenarios, to propose a framework for inclusivity – the human spectrum. The paper argues that if society can change its thinking, through education, then inclusivity for all can be promoted, regardless of whether a diagnosis is present. The proposed framework needs to inform pedagogy from primary through to tertiary education.

It should be noted that the paper does not aim to promote the idea that everyone “is a little autistic” (Doyle, 2021, May, 2021). Its contribution is simply to promote a framework of thinking to enable better inclusion of all within society.

Background

Autism is a lifelong developmental condition which affects how a person communicates with others, interacts with others in social situations and understands the world around them (Baron-Cohen, 2008). Classic autism was first proposed in 1943 by Kanner as a neurodevelopmental condition in which a young child has a will for self-isolation from birth and a fear of change and surprise (Kanner, 1943). Eighty years later, various definitions of autism and autism spectrum disorder (ASD) have been proposed and diagnostic criteria have been refined from a triad to a dyad of impairments, including social communication
deficits and restricted interests or repetitive behaviours. These changes also incorporate the consideration of sensory difficulties in the individual. Currently, a diagnosis of ASD needs to meet these diagnostic criteria within the DSM-V (American Psychiatric Association, 2013) or the ICD-11 (World Health Organization, 2019).

Literature review
Models of disability
Use of diagnosis to identify a person’s difficulties leads to a Medical Model of Disability (Szasz, 1956) as it leads to consideration of that person in terms of what they cannot do, rather than what they can. Use of the Medical Model can be helpful in certain situations, for example, to enable certain provisions for support. However, purely having a focus on a medical model can be very restrictive as it focuses on how to “treat” or “fix” that person and leads to othering (Guevara, 2021). It does not consider abilities, only disabilities.

A more inclusive approach is taken by the Social Model of Disability (Shakespeare, 2013; Oliver, 1990). This model considers that disability is caused by the way society is organised and, therefore, focusses on the way that society can be changed to remove barriers for a person with difficulties (Goering, 2015). The model is not without its faults as some have considered it to suggest that an individual’s impairments should be ignored and that disabilities are entirely due to social oppression (Hogan, 2019).

Over many years, autism has been considered as a spectrum (Wing and Gould, 1979) ranging from “high” to “low functioning” (see Figure 1); terms which can promote the consideration of autism as a set of deficits (Rosenblatt, 2018) and which are now considered inappropriate (Alvares et al., 2020; Kenny et al., 2016). Terms such as these interfere with acceptance and inclusivity in society and reinforce stereotypes and stigma (Hurrell, 2022; Cage et al., 2019). Happé and Frith (2020) argue that autism is better described as several different spectra. Others in the autistic community present a circle of autism (e.g. Birch, 2020).

Demographics
Diagnoses of ASD are becoming more common although these figures vary according to factors such as country (Zeidan et al., 2022, Salari et al., 2022), racial/ethnic group (Roman-Urrestarazu et al., 2021), biases of diagnostic tools (Navarro-Pardo et al., 2021; Baghdadli et al., 2017), cultural norms (De Leeuw et al., 2020) and gender or gender identity (McQuaid et al., 2022). Additionally, it is difficult to say whether an increase in diagnoses is due to a greater prevalence within the population or a change in diagnostic criteria (Hodges et al., 2020; Wing et al., 2011), which may in turn have been influenced by increasing awareness of autism (Huang et al., 2020).

It has been suggested that the proportion of autistic males in the general population is higher than that of autistic females (Tubio-Fungueirino et al., 2021; Nguyen et al., 2020; Baron-Cohen et al., 2011). Realistically this may be because autistic females exhibit different characteristics from males (Russell et al., 2022; Dell’Osso et al., 2021; Mandy, 2019) and so are

![Figure 1.](image-url)

A linear spectrum used to represent those with ASD

Source(s): Author’s own creation
less likely to receive a diagnosis, or because diagnostic criteria have been based around autistic males (Russell et al., 2022). Autistic females can exhibit greater empathy which may be a natural state or a learnt behaviour, or both (Harmsen, 2019). They are also known to be better at camouflage or masking and are more likely to do so to “fit in” with those around them (Russell et al., 2022; McQuaid et al., 2022; Tubio-Fungueirino et al., 2021).

Intellectual disability is more prevalent in the autistic population than in general society but autistic individuals are also 1.5 times more likely to have an intelligence that scores in the superior range than compared with the general population (Billeiter and Froiland, 2022). Equally, it is possible to have a superior intelligence score in some cognitive abilities but a below average score in others (Wechsler and Kodama, 1949). For example, a person could have a high score in reasoning but a very low score in phonological processing, or a low score in verbal reasoning but a high score in mathematical reasoning, i.e. a Spiky profile (Doyle, 2020). This paper exerts that it is simply not adequate to consider anyone as fitting along a linear continuum with respect to their “functioning”.

The autistic spectrum

Autistic people have traits that can vary considerably not just from one person to another, but also from one situation to another, e.g. different mental loads or sensory input (Vogan et al., 2018), or in different stages of development (e.g. early childhood, puberty or adulthood) (Wozniak et al., 2017). Figure 2, adapted from Norwood (2022), shows autistic traits plotted around a platter. The figure allows us to consider autism, not as a linear spectrum but with

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**Figure 2.**

Traits associated with autism

*Source(s):* Adapted with permission from Norwood (2022)
additional dimensions. An autistic person may be “placed” in different areas of the platter depending on the trait being described and according to their current circumstances. For example, an autistic person may be placed towards the outside of the anxiety triangle when they have increased anxiety, and this may impact their motivation levels which may sit more towards the inside, representing reduced motivation to engage in the outside world. That same person, on another day, may feel more relaxed, perhaps if they have fewer deadlines and their anxiety levels and motivation levels may swing in the other direction.

Diagnoses of comorbidities – or other labels you can collect

It is not uncommon for a person on the autistic spectrum to have co-morbid conditions (see, for example Hodges et al., 2020). Figure 3 presents some of the comorbidities that can exist alongside autism but it does not include mental health problems which are also common (Keating et al., 2021).

Whether the development of mental health problems is related to an autistic person’s experience of “fitting in with society” remains to be determined, although studies suggest that acceptance within society can strongly predict mental health problems such as depression (Cage et al., 2018). Autistic individuals are impacted by factors that are external to themselves, such as societal views and acceptance, which can be disabling (Shakespeare, 2013) and this need not be the case. Research studies have proposed different figures for occurrence of mental health problems in the autistic population with figures reaching as high as 47% prevalence for depression and 54% prevalence for anxiety (Keating et al., 2021) and with a greater risk of suicide (Cassidy and Rodgers, 2017).

Obtaining a diagnosis can help an individual understand their life experience and it can help those around them to better understand that person’s needs and how to support them. However, there is a danger that applying a “label” to someone can lead to others judging that person in terms of what they can’t do, rather than what they can (the Medical Model). This can have a significant impact on the level of acceptance within society of that person and consequently their mental well-being and can even lead to them concealing their disability depending on the social circumstances (Riddell and Weedon, 2014).

A diagnosis doesn’t always lead people in society to support the diagnosed person in a way that they need, however well-intentioned that support. Whilst autistic people have difficulties with Theory of Mind (Frith and Frith, 2005), Milton (2012) described the Double Empathy Problem which suggests that there is at least as great a problem in the other direction; with a non-autistic person’s ability (or lack of) to understand what is going on in the mind of the autistic

![Figure 3. The autistic spectrum and some co-morbidities](Image)

Source(s): Author’s own creation
person. This can lead to misunderstandings of the autistic person because of an incorrect perspective being taken of them. In other words, misunderstandings in social situations do not always originate from the autistic person. These misunderstandings can lead to incorrect assumptions and consequential confusion and incorrect beliefs regarding a situation which can make circumstances worse not better. Indeed, Milton suggests that the autistic person may, out of a need to fit into society, have learnt to be more insightful of the non-autistic person rather than the other way around. However, there is still a tendency for this “label” on the autistic person to encourage others to place the “problem” within them (Said, 1978).

Inclusivity and masking
It is common for autistic people to feel that they either don’t fit in with those around them or that they have to fit in and expend a great deal of effort doing so. This is known as social camouflaging or masking (Dell’Osso et al., 2021; Sullivan et al., 2021; Mandy, 2019) and can range from suppressing certain behaviours in public to learning how to mimic others. Masking involves a great deal of mental workload which in itself can lead to mental ill-health (Botha et al., 2022; Hull et al., 2017; Cooper et al., 2017). Autistic individuals often feel under pressure to mask their identities to “blend” in with others in social situations or in the workplace. Lack of inclusivity puts pressure on individuals to mask to a greater extent, which may increase the risk of depression and anxiety (Keating et al., 2021).

The need to mask is driven by an overall view within society which is more aligned to the Medical Model of Disability. This viewpoint is also common in the research community (Black, 2022), and so risks the voices of autistic people not being properly considered or represented by researchers. It leads to an increase in stigma (UK Ombudsman, 2022), and reduces inclusivity within the workplace and the population as a whole. Governments are trying to redress this with the aim of supporting more autistic people in education and consequently entering employment (Cervantes et al., 2021; HM Government, 2021). Research is ongoing into mechanisms for enhancing inclusivity of autistic people including education within the general population (Jones et al., 2021; Goldsmith, 2021) and studying acceptance (Kim, 2020) and misconceptions (Sanz-Cervera et al., 2017). However, if education were made more inclusive for all, regardless of diagnosis, this would lead to fewer struggles gaining support (Stentiford and Koutsouris, 2022) and provide an example for people moving forward into society.

Methodology
Three case studies of student experience at university were examined with respect to the characteristics presented in the spectrum in Figure 2. Differences in their presentation regarding each characteristic of the spectrum were observed throughout their degree, according to their level of well-being. Each case study and the differences observed were plotted on the spectrum.

Further case studies were examined from the general population, to look for common behaviours and feelings, which were plotted on the spectrum. Some very specific examples from these case studies were also plotted. Finally, user scenarios were used to understand how people in the general population might “move around” the spectrum based on their day-to-day situations. These results were used to propose a framework for inclusivity.

Results
Case studies from university
Figure 4 presents three case studies of university students in terms of their movement around the spectrum, which was driven by their circumstances. The figure presents a brief synopsis of each student’s situation. In the figure, it can be seen how these students varied with respect
to each characteristic, depending on whether they were relatively well, or very unwell. The case studies are very different from each other but each can be seen to vary across the different characteristics. Each student required adjustments to their assessments during their degree, at different times. When the students felt more well or regulated, many of their characteristics were different from when they were struggling with their studies and feeling dysregulated. It should be noted that there may have been a degree of masking taking place when relatively well, which may then have become harder to achieve when unwell.

Case studies from the general population

Figure 5 shows the spectrum of traits associated with autistic people, as seen in Figure 2, but with commonly seen traits within the general population mapped to each characteristic. Figure 6 shows the same spectrum of traits with specific behavioural examples exhibited in the case studies from the general population.

The human spectrum

Having considered examples of characteristics exhibited in autistic people and then compared these characteristics with examples from the general population, a framework has been put together (Figure 7) showing mobility within the spectrum. This framework has been named the human spectrum. Figure 7 shows three sets of user scenarios which have been mapped to the human spectrum. Each characteristic sector shows how the three users might move back and forth within it depending on level of stress, pressure from society, tiredness, boredom, social environment and level of activity. It should be noted that this is not intended to be exhaustive, but is intended to propose a framework to allow all of society to consider and understand people regardless of whether they are neurodiverse or neurotypical.

Table 1 shows yet another alternative way of thinking about human characteristics in terms of characteristic spectrums. Again, each characteristic does not have to be named as suggested below, but the idea of variation within characteristic spectrums depending on situations is important to consider if we want to better understand people.
**Discussion**

*Inter-relatedness?*

As we have seen, an autistic person’s difficulty in one particular area can vary depending on the demands that they are currently experiencing on their other cognitive functions. An example given by Burgess (2019) explains that an autistic person may be good at conversation, but if they are put in an environment which is noisy and crowded then their ability to converse may be considerably affected.

This, however, raises the question – can those who are not on the autistic spectrum relate to this? For example, sensory processing can be very different between individuals in the population (Ayres, 2005) leading to considerable difference in sensory seeking or avoiding, such that, for example, some people love to ride rollercoasters and other people hate it. Everyone within the population has a profile of cognitive abilities and, for those who don’t have a diagnosis, a lot of these variations are not considered notable.

In looking at Figures 5–7, can we not recognise elements of ourselves in these? Whilst it is a myth to describe someone as “a little autistic” (May, 2021), we all have our own traits and difficulties and they vary depending on circumstances. The autistic person, however, meets a particular profile of traits which collectively impact their social communication and

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*Figure 5.* Common characteristics in the general population

Source(s): Author’s own creation
imagination. The aim is not to minimise the impact that these collective traits can have on an autistic person, but to create a meaningful connection between all of society to promote acceptance and inclusivity.

It is suggested here that society, as a whole, fits on the human spectrum. Within this spectrum, humans have different cognitive abilities and our cognitive functions change, depending on our activities and state of mind. It is also suggested that the next time an individual apologises to an item of furniture when bumping into it, or refuses to walk under a ladder, they should consider themselves as part of the human spectrum.

**Thriving or coping?**

Organisations such as those in higher education may consider themselves to be inclusive but may be less so than they think (Koutsouris et al., 2022). If society could be more introspective this could enable it to be more accepting of diversity. Behaviour needs to change (Beardon, 2018). Figure 8 below proposes how a person’s ability to function in education, work and society depends on their inclusion.

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**Figure 6.**

Specific examples witnessed in the general population

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**Source(s):** Author’s own creation
Movement in the direction of the arrow can be blocked or even reversed by a number of things (Stevenson and Farmer, 2017). One of the blockages is related to herding (Raafat et al., 2009) which, ironically, is driven by the need for acceptance within a community (Kameda and

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### Table 1.

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<th>Characteristic</th>
<th>Dysregulated</th>
<th>Impatient</th>
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<th>Patient</th>
<th>Sensory seeking</th>
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<td>Social use of language</td>
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*Source(s): Author’s own creation*
Hastie, 2015). Herding, or othering (Brons, 2015) separates people into sub-groups that then view other groups as outsiders. Characteristics that are very different from the herd can cause alarm and even be considered a threat in some form. Autistic people can have some characteristics that don’t “follow the rules” of the herd and so may not be understood and may worry those around them. For example, an autistic person might choose not to hold a conversation about an issue that is trivial to them, leaving a neurotypical person not knowing what to do and feeling uncomfortable.

A framework such as the human spectrum could help reduce herd mentality or othering. If people within their “groups” look around them and take the time and effort to learn about others and understand them, this could beneficially increase awareness and hence inclusion. The starting place for this is in education.

Higher education
Different cultures have different societal values and beliefs, and cultural norms can vary considerably, particularly in regards to autism (De Leeuw et al., 2020). Societies have seen a gradual change in focus and acceptance of autism, but this has taken years (Dever, 2021) and very much depends not just on culture but on our herd mentality.

Research to date has focussed more on autism with respect to the Medical Model of Disability rather than the Social Model and autistic people need to be heard. Research needs to re-focus and to work with autistic people at its centre (Black, 2022; Crane et al., 2020). Within the political landscape, the focus also needs to take more of a societal viewpoint (Hogan, 2019). Starting this process in the education system is fundamental.

University populations have a significant proportion of neurodiverse individuals (Clouder et al., 2020), not all of whom will have a diagnosis, but many of whom struggle to get the support they need (Dwyer et al., 2023). The case studies shown in Figure 4 illustrate how people within the education system vary in their need for support, and this does not just depend on having appropriate processes in place. There is resistance to support and inclusivity in some areas of society which is affected by understanding. This can only be addressed through education.

Models of disability vs the human spectrum
Autistic people may well need support to integrate into education, social and work environments. The Social Model of Disability can be a useful tool to promote this. However, considering our place within the human spectrum may help us to examine our unconscious bias and further understand the sources that fuel stigma, enabling us to counteract our herd mentality. The way that we view other people affects them, regardless of their cognitive profile. The way that we communicate can impact mental well-being of both ourselves and others; when we are kind to others, we also benefit ourselves (Rowland and Curry, 2019). It stands to reason that inclusivity would benefit all.

Recommendations for inclusivity
Education from primary, secondary, through to tertiary sectors, needs to have a framework by which to think about people. Such a framework needs to promote understanding, acceptance and compassion. Models of disability have been shown to have flaws. National Autism Awareness Days are, whilst well intentioned, not necessarily helpful to the autistic community as they can create stigma and barriers (Dever, 2021). Awareness does not necessarily lead to acceptance (Black, 2022) but it is required to enable inclusivity and is still lacking (McAuliffe et al., 2022).
Increasing knowledge about autism, in the right way, can still help to promote autism acceptance (Kim, 2020) which can, in turn, promote inclusivity, but this needs to be done through an all-encompassing framework. Schools and universities are the starting point for incorporating the human spectrum. This means appropriate and accurate communication and practices. Autistic people are getting more of a “voice” (Benevides et al., 2020) but this needs to go further and society needs to listen to this voice because the best way to support an individual is to understand how they function.

Education also needs to be provided within the scope of the human spectrum framework. In other words, it needs to adapt its teaching and assessment to cater for the human spectrum, and this will move society towards inclusivity and acceptance (Hopkins, 2023). Education needs to shift in focus and in practice (Hamilton and Petty, 2023). The appendix contains a piece of work from a young autistic person, written as part of a school assignment. It is very poignant in its directive.

Conclusion
Our well-being is highly dependent on how we are treated by others. We are all different, but some of us have labels or more obvious hooks to which labels can be hung and these can lead to stigma or bias rather than acceptance. We need to change our approaches to be more adaptive to those around us, whether they have a label or not.

This paper contributes a framework called the human spectrum which accommodates everyone, irrespective of labels. The position of this paper is that adaptation within society starts with communication and education. Communication needs to include listening to those with different abilities in terms of how they themselves wish to be considered and supported. Adaptation enables good mental health and allows others to play their part in society with confidence and good self-esteem. Communication is a precursor to education and can be influenced by our perception of those around us. Perception of others can be changed by focussing on the human spectrum, not the autistic spectrum. Inclusivity needs to be assimilated into pedagogy. The implications for society are significant as the framework provides a structure to enable the gap to be narrowed between those on the human spectrum and to encourage more acceptance and inclusivity.

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Another time with a different teacher I forgot to take my medicine that morning so I know I have ADHD and ASD? it the same way over and over and over, so I spoke to them at the end of the lesson and I said "do you believe me? I can't concentrate I am not aware that I can't concentrate so I can't tell anyone. I was sitting there thinking to myself how I was right and I shouldn't have gotten that negative point for something I couldn't control. And recently I went to the doctors to get my height, weight and blood pressure and the doctor asked me to put my arm up ... So I did, I put my arm up in the air like I was asking a question in class, and the

Appendix

“Special needs

Hello students and teachers of [ ... ] school, welcome, I am here today to talk to you about special needs. Ever since I was young, I have always struggled to concentrate and understand some instructions, I can also take things quite literally, but I also have a brother and sister with more special needs than me. 1.49 million pupils in the UK have some kind of special needs, me included. I have had a few incidents where teachers misunderstanding what I have to do in class, that can be hard but it is even worse that people don't believe me. A few weeks later on parents evening she spoke to my parents and they said "If she can't concentrate she cant listen" and the teacher said I could have told her at the beginning of the lesson and they also explained to her if I can do anything differently as I found it hard to deal with daily tasks sometimes, I have ADHD (attention deficit hyperactivity disorder.) Which means I find it hard to concentrate, I can be relentless and act on an impulse and that can be hard to deal with for me and people around me, I have been taking medicine for it since year 8 and it has helped but there are some days were I forget to take it or have ran out of it and that makes it nearly impossible for me to concentrate and do any work. I also have ASD (Autism spectrum disorder) which has made it hard for me to communicate and I have a different way of learning which means sometimes I don't understand what I have to do in class, that can be hard but it is even worse that people don't understand what I am going through especially school kids. There are only 377 schools in the UK that have a SEN (special educational needs) unit out of 32,028 schools in the UK! I have had a few incidents where teachers don't understand even though they are supposed to be trained for this kind of thing. I once had an incident with the teacher were I didn't understand the work on the board and the teacher kept explaining it the same way over and over and over, so I spoke to them at the end of the lesson and I said “Miss do you know I have ADHD and ASD?” They said “yes I know but this powerpoint is for all autistic people” and I said "miss the main thing about Autistic people is we all learn differently” and that really annoyed me. Another time with a different teacher I forgot to take my medicine that morning so I couldn't concentrate all lesson, they spoke to me at the end of the lesson and said that they were going to give me a negative point because I wasn't doing my work, so I explained to them that I couldn't concentrate and they said “ok but you still weren't listening” and I was like “miss if I can't concentrate I cant listen” and we had a huge argument going round in circles because she didn't believe me. A few weeks later on parents evening she spoke to my parents and they said “If she can't concentrate she cant listen” and the teacher said I could have told her at the beginning of the lesson and they also explained to her if I can't concentrate I am not aware that I can't concentrate so I can't tell anyone. I was sitting there thinking to myself how I was right and I shouldn't have gotten that negative point for something I couldn't control. And recently I went to the doctors to get my height, weight and blood pressure and the doctor asked me to put my arm up ... So I did, I put my arm up in the air like I was asking a question in class, and the

References


doctor looked at me and said “I'm sorry I should have explained it differently, I meant put your sleeve up.” And that is an example of how literally some people like me, can take things. So I am here today to ask you to try and learn about special needs and understand that people learn differently and some people can take things literally and I am asking schools to teach about this in citizenship and psychology so that one day, one day people will understand and be able to help! Thank you for listening.”

By Tilly, age 14 (reproduced, with permission).

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