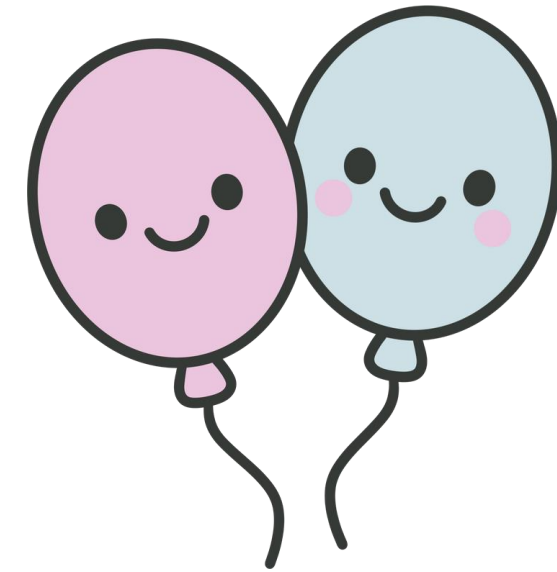


# Neurodivergent Children and Young People - Safeguarding in School Webinar

10th June, 2026

Southwark Children's Wellbeing Practitioner Team

# Who are we?



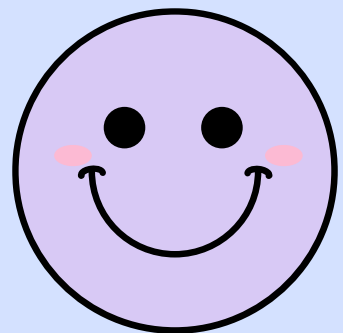
We are a team of Children's Wellbeing Practitioners that work as part of the Children and Adolescent Mental Health Services (CAMHS) in Southwark.

We used guided self-help approach based on Cognitive Behavioural Therapy (CBT) to work with children and young people aged from 6-17.



# Ground rules

- **Confidentiality** - No identifying details shared of pupils.
- **Triggering topics** - Some materials may be triggering, please look after yourself and take a moment if needed.
- **Break** - 1min break every 30mins.
- **Participation** - Cameras and microphones encouraged to support engagement.

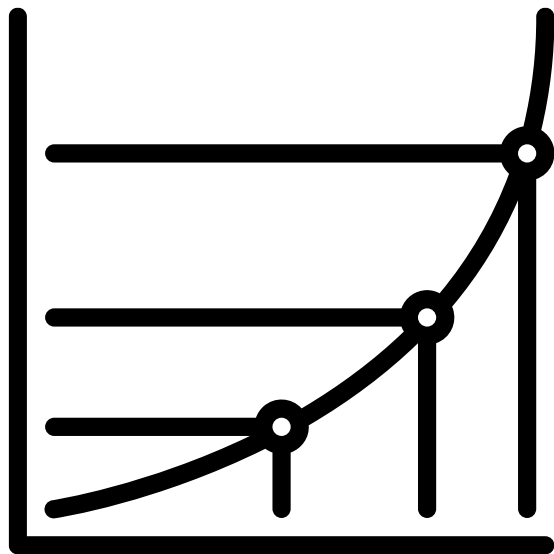


# Check in



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# Impacts



Increased rates of MH difficulties across adolescence, creating long-term risk for mental illness across lifespan



50% of autistic adults can experience MH difficulties; 30% of those with ADHD experience depression and anxiety.



Autistic CYP up to 28 times more likely to think about or attempt suicide than non-autistic peers.

(Pearson & Rose, 2023)

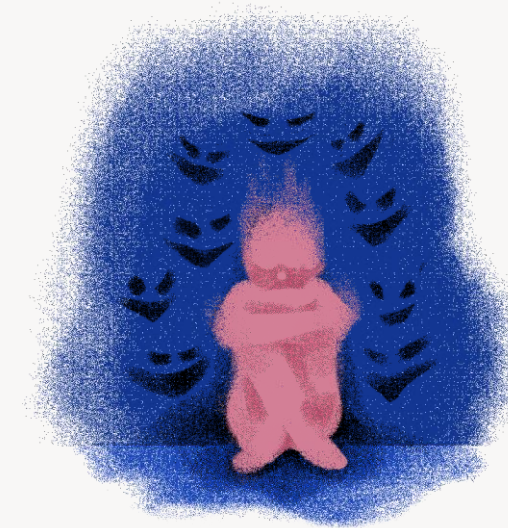


# School Distress within neurodivergent CYP

Increased school absence since COVID-19



52% of pupils identified having a negative impact on mental health



83% of students experiencing 'school distress' were autistic

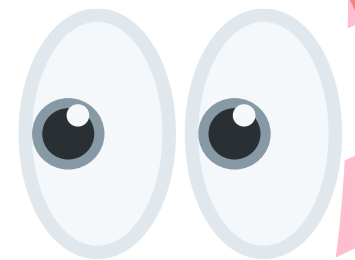
# The Double Empathy Gap

Autistic people experience and express emotions, communicate and interact, and sense the world around them very differently to non-autistic people

- Difficult for non-autistic people to recognise displays of emotions and empathy by them



- Neurotypical ways of communicating or experiencing the world seen as correct, while autistic presentations seen as wrong.
- **Reinforced behaviours based on rewards and punishments**
- Often rewarded for not showing signs of being autistic, e.g. having good eye contact.



(Milton, 2012)

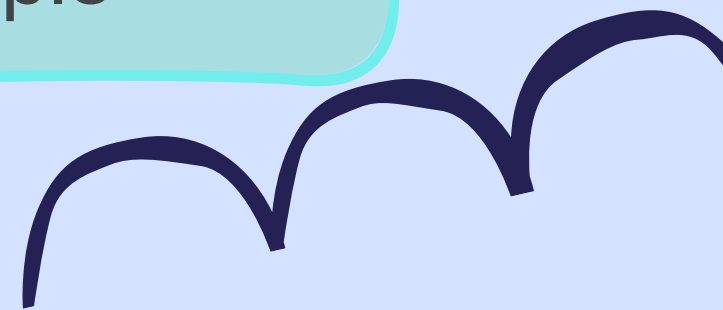


- However, at no point are non-autistic people expected to understand autistic perspective or culture.
- The idea that **autistic people have to do all the work to be accepted by non-autistic people.**
- Basic accommodations have to be fought for or are often prescribed incorrectly, or behaviours are pathologized and need to be corrected.

Non-autistic people hard to empathise with autistic people

**Empathy Gap**

Autistic people hard to empathise with non-autistic people



# Medical Model to Social Model



## Medical Model

Abnormalities/ Disorders

Deficit-based language

Neuro-normative goals

Looking for a 'cure'

Behavioural Modification



## Social Model

Differences

Strength-based language

Neuro-affirmative goals

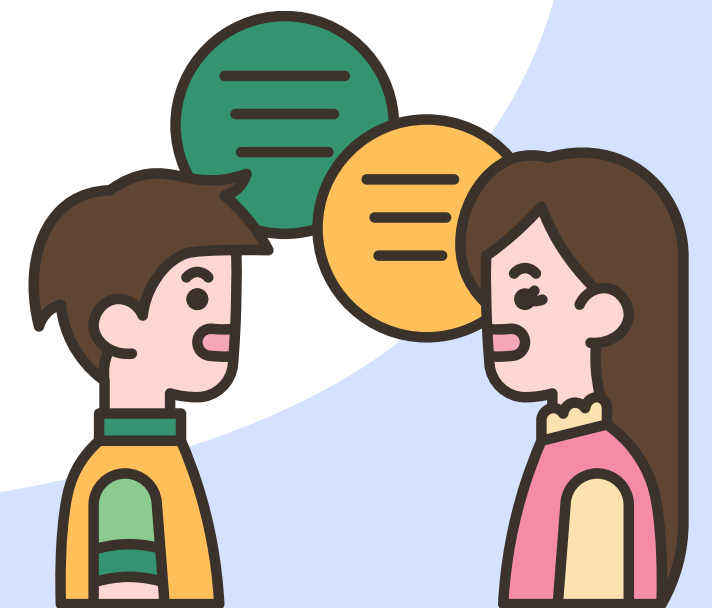
Adequate Support

Adaptations /Accommodations

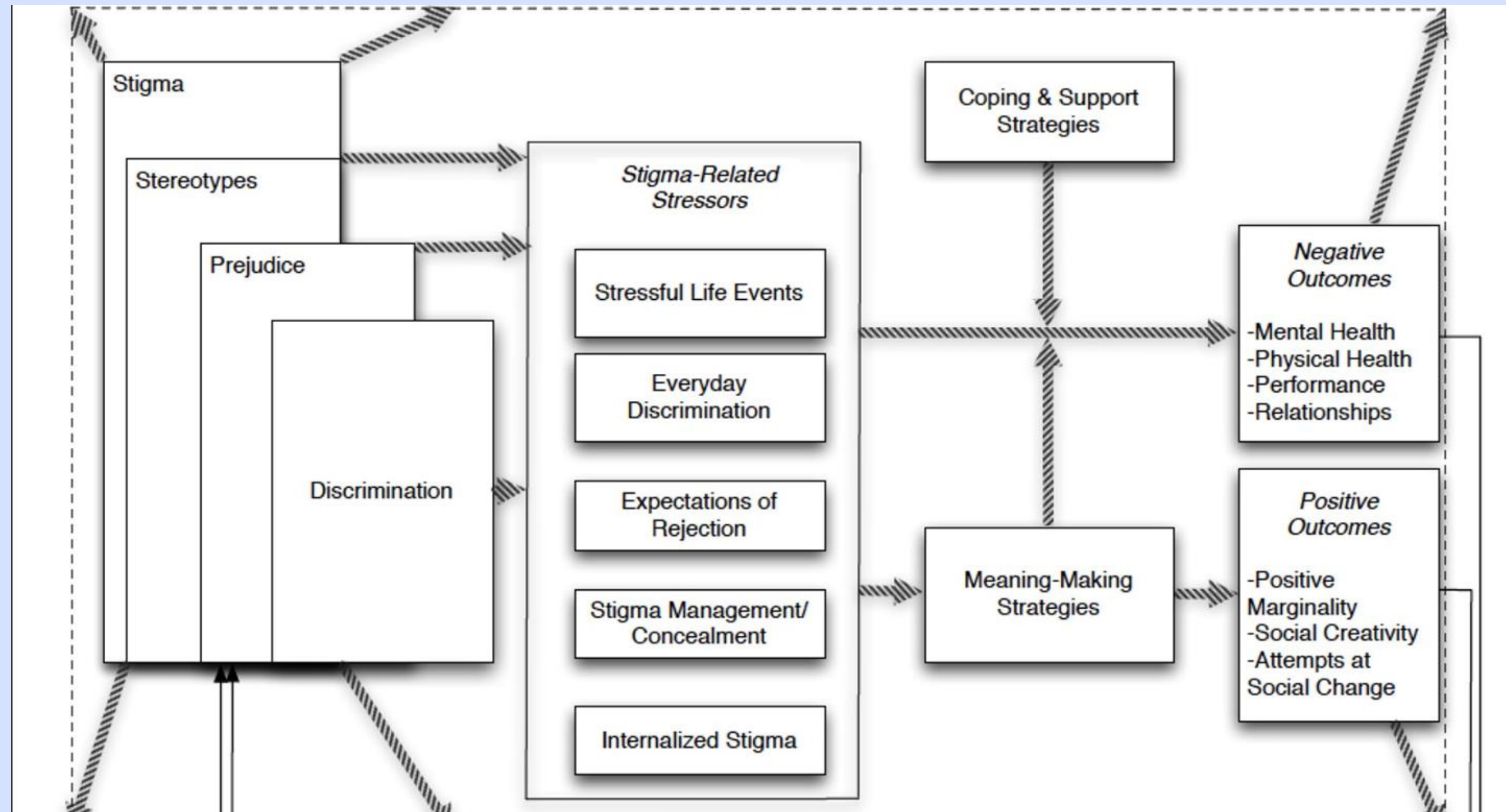


# Language Matters

- Professionals tend to use 'with autism' because they are taught to use person-first language during their training
- The autistic community advocates for the use of **identity-first language**
- **An autistic brain cannot be separated from an autistic person** as it defines the way in which they perceive the world
- The Autistic community does not see themselves as disordered and are proud of their neurology.



# Social Stigma & Consequences



Frost's (2011) process model of social stigma and its consequences.

# Stigma in Minority Neurodivergent CYP



- **Black children** are 5 times more likely to receive incorrect diagnosis for **adjustment disorder and conduct disorder** compared to White children (12% VS 2%; Mandell et al., 2007).
- Traditional approaches failed to involve Black families in decision-making process contributing to the distrust in services and disengagements.

**Girls and women** tend to receive misdiagnosis as **borderline personality disorder and bipolar disorder**.

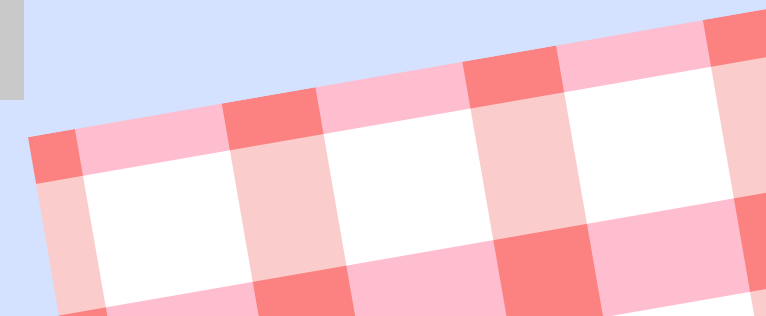
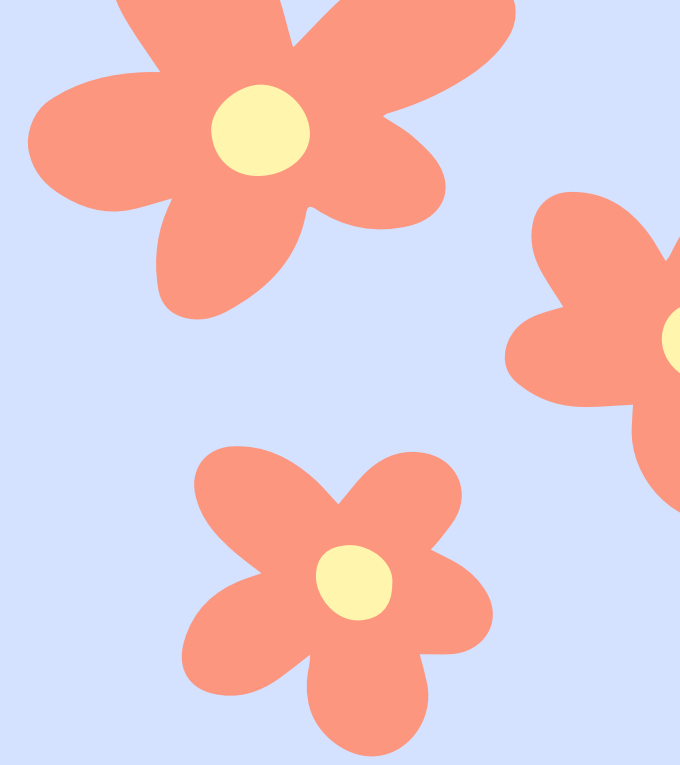
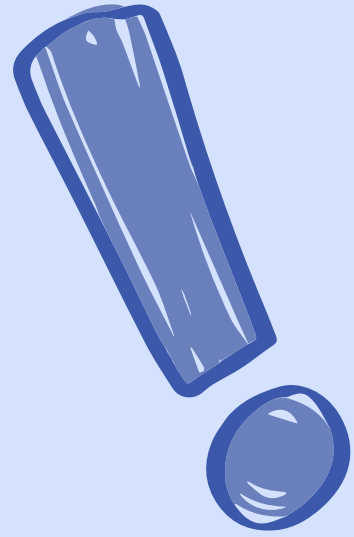


# Cont.

- Evidence suggests that Black children are already punished much more harshly and at higher rates than their white counterparts, whether or not they are neurodivergent.
- Their disadvantages in the classroom are exacerbated when they are black and neurodivergent. (Ramey & Freelin, 2023).
- We also need to explore co-occurring presentations – e.g. dyslexia, dyspraxia, etc.



# Sensory Differences



# Environment



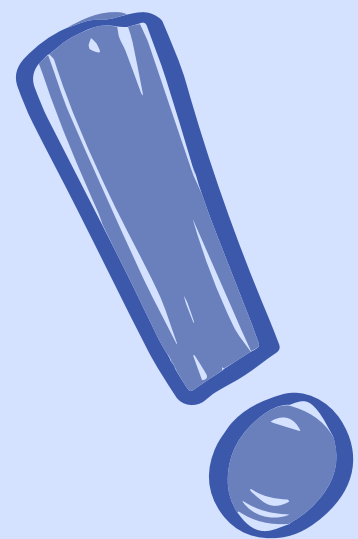
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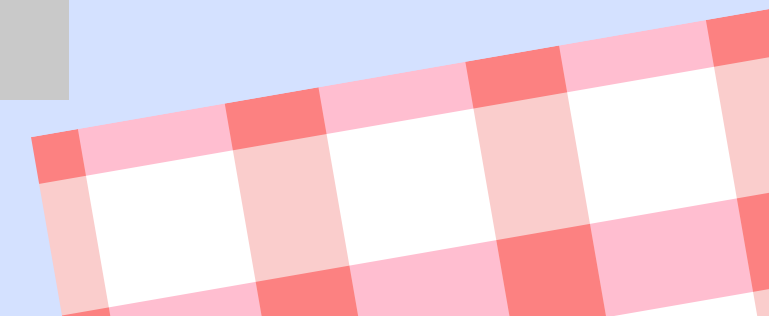
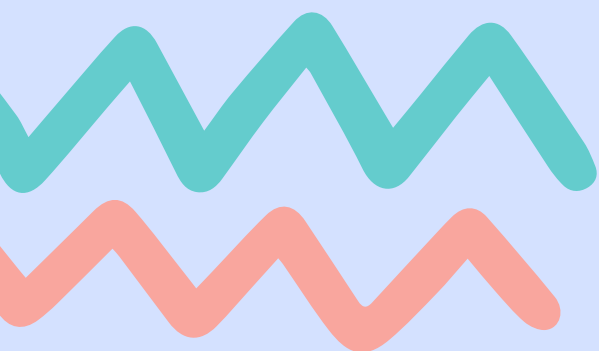
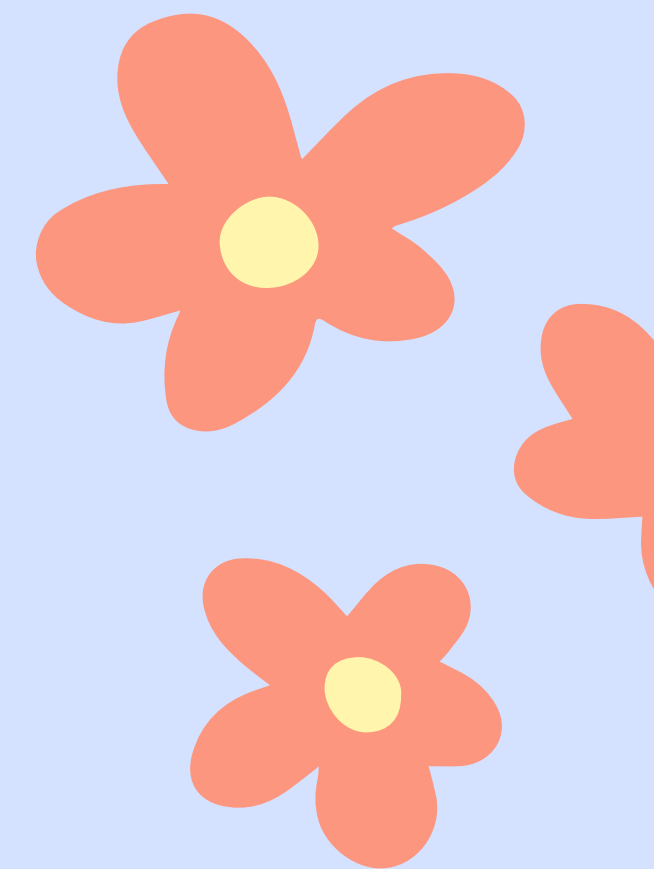
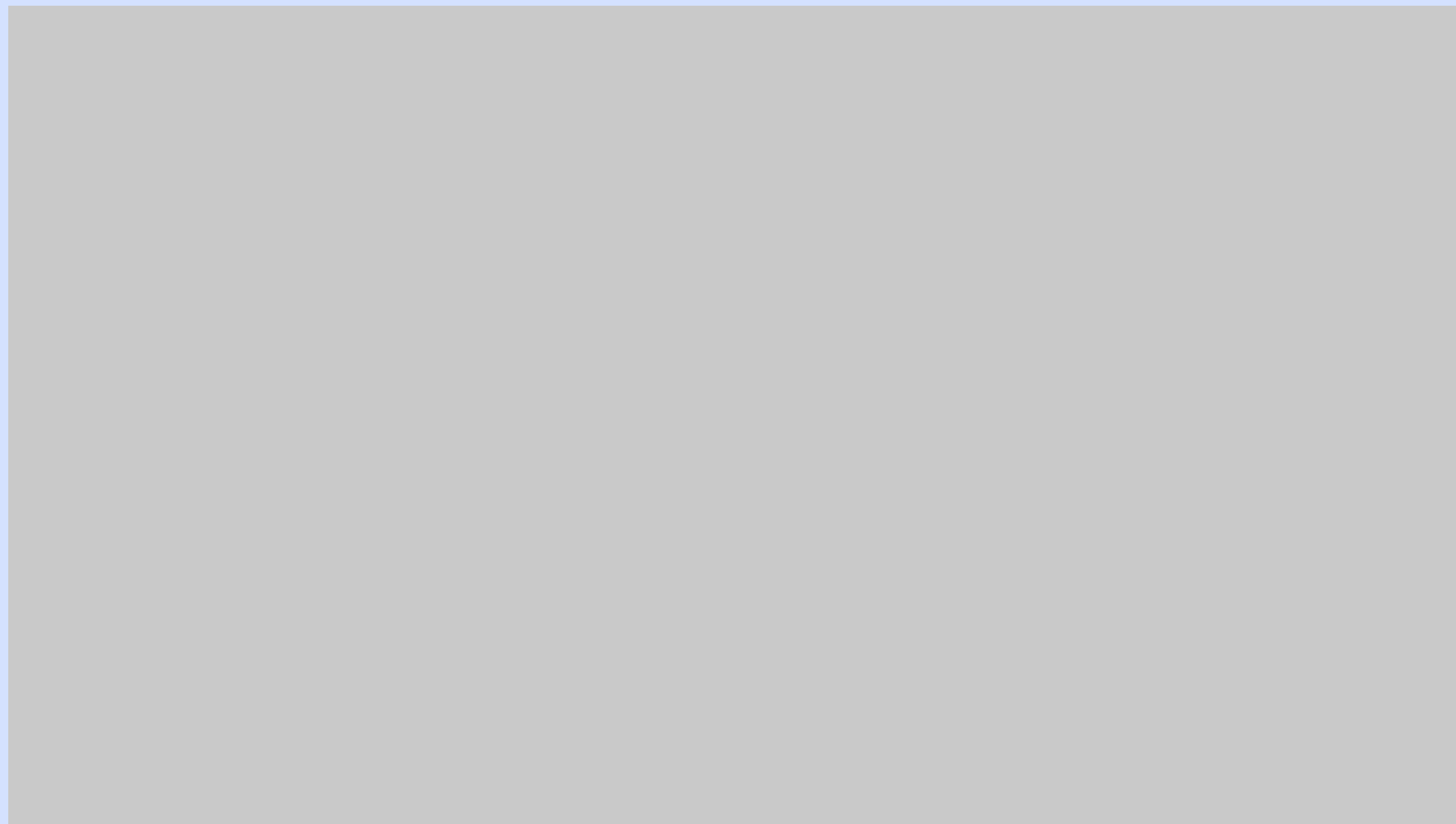
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**It's important we adopt the social model and make adaptations to suit the CYP needs for better outcomes**



# Monotropism



# 1-Minute Break



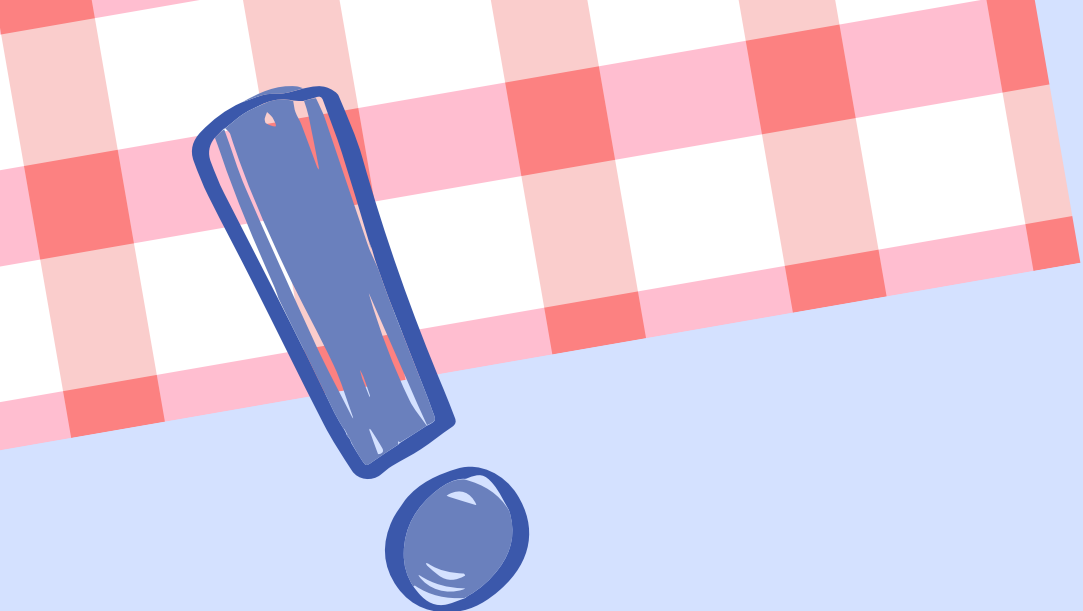
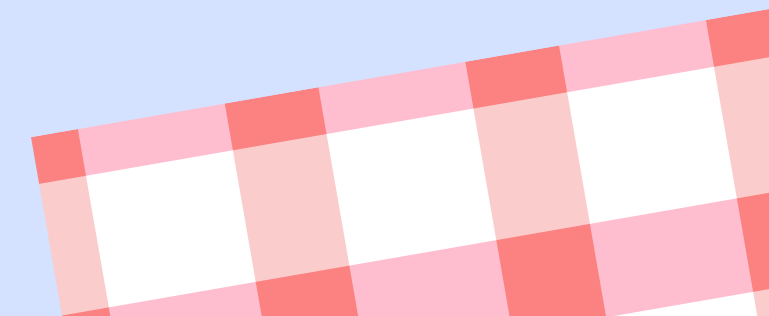
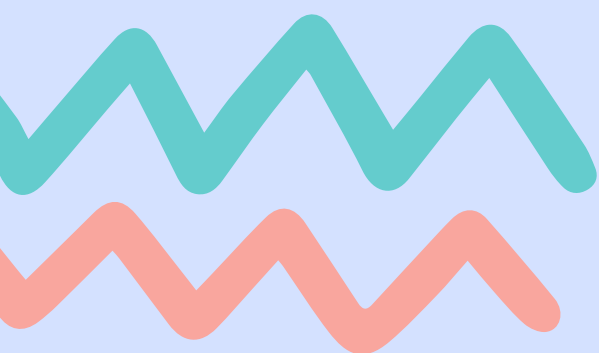
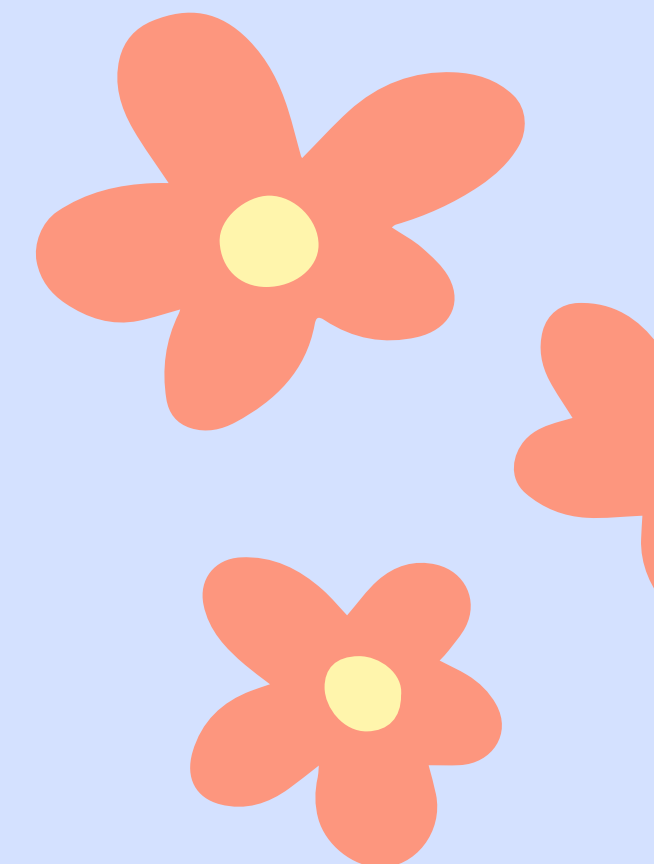
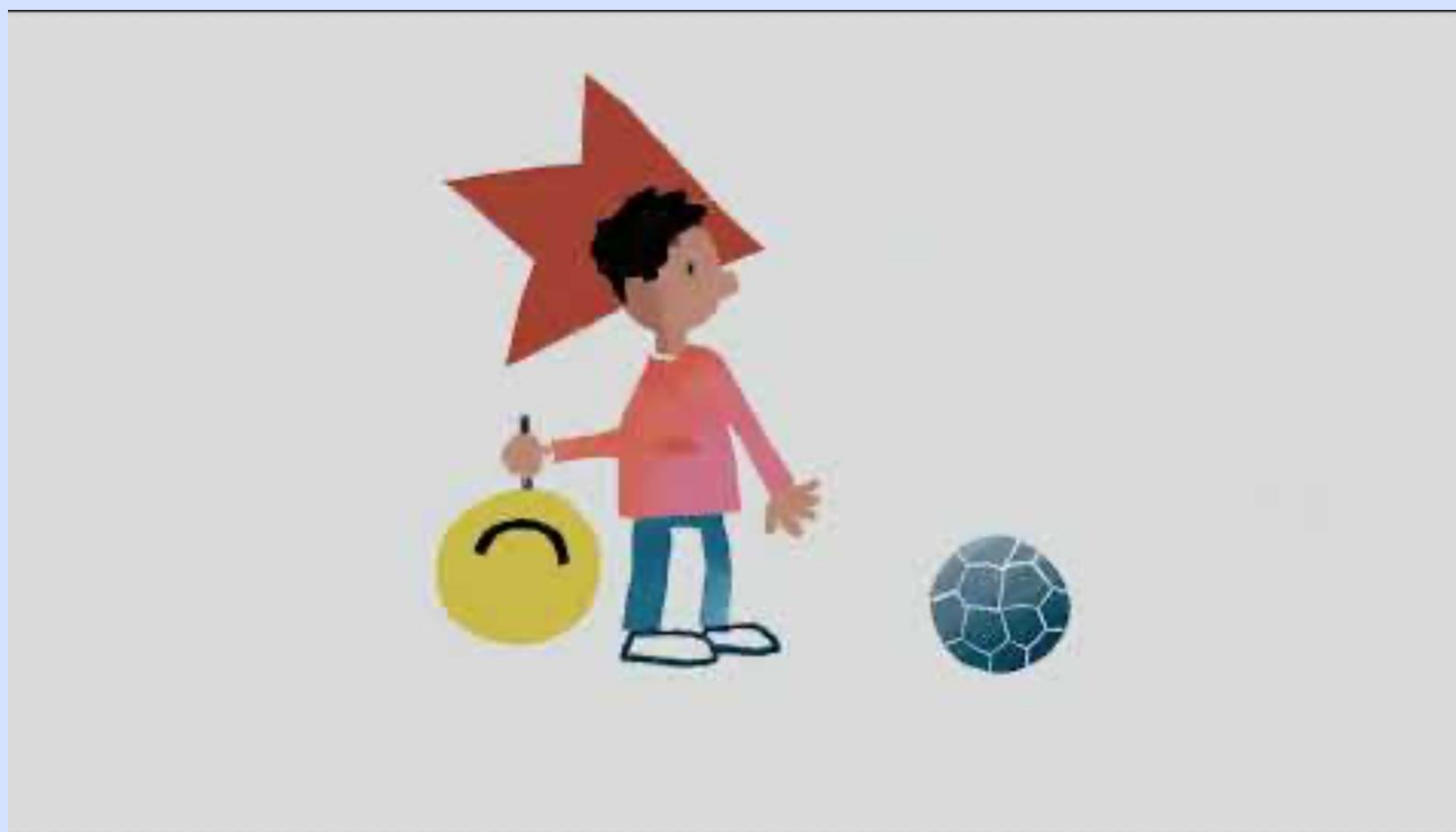
# Masking

- Developmental response to **stigma and trauma** involving supressing and projecting aspects of identity in order to maintain safety.
- You might not see the trauma because they are acting like non-neurodivergent people – **“The perfect child”**



Conscious or Unconscious

# Masking



# BIMS

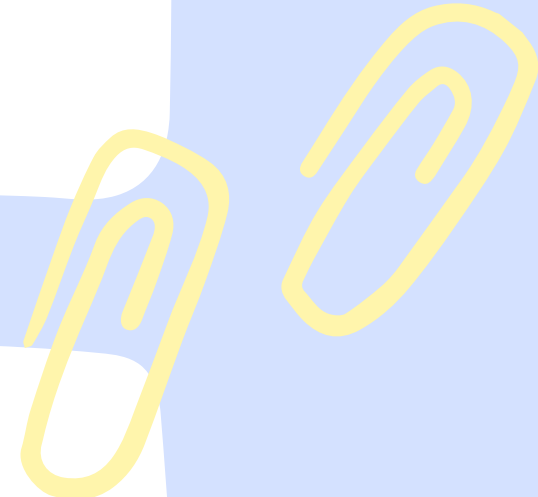


**Burnout**

**Inertia**

**Meltdowns**

**Shutdowns**





# Burnout

- A distinct source of severe and chronic exhaustion.
- The experience reports that **ONE** of the main causes is **MASKING**.
- Chronic tiredness, decrease in skills, and reduced tolerance to stimulation.

‘Just feeling drained, like I don’t have the energy to get up.’

‘Difficult to snap out of it.’

‘It feels like my blanket is 500 pounds and it’s weighing me down.’


- When neurodivergent people talk about burnout, they are describing something far more pervasive and often life-altering.
- It's about a deep and sustained collapse of functioning that touches every part of life.



A decorative graphic in the top-left corner featuring a red and white plaid pattern and a blue pill with a white cap.

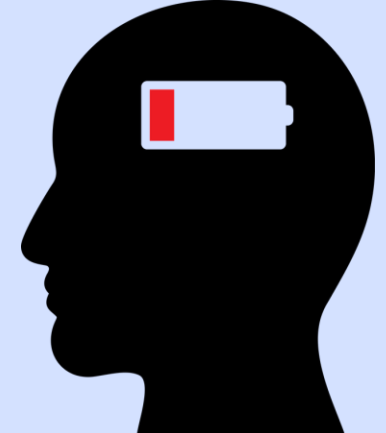
# Depression VS Burnout

## Depression

An illustration of a person with dark hair, wearing a purple and white checkered shirt and blue pants, sitting on the floor with their head buried in their arms. A blue scribble is above their head.

Marked by a persistently low mood and a loss of pleasure

## Burnout

- 
- A black silhouette of a human head in profile, facing left. Inside the head is a white battery icon with a red bar on the left side, indicating low energy.
- More about depletion of energy
  - Affects coping capacity and daily functioning



# Inertia

- A prolonged mental state of being stuck
- Resulting in the physical inability to engage in activities that the individual wishes to do.
- It can be debilitating.

‘Having trouble getting started with something’



‘Trouble getting the ball rolling actually getting to work on something.’

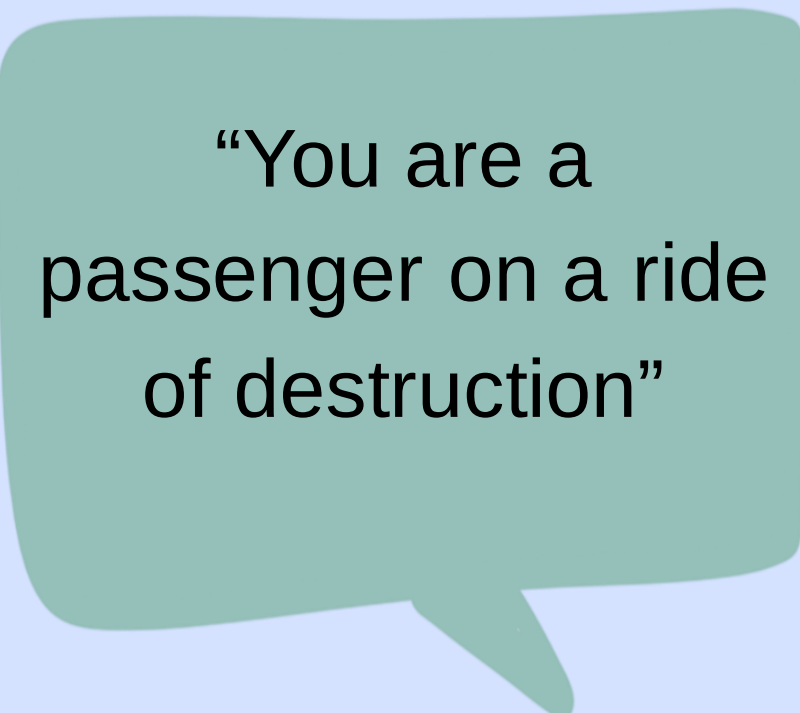


# Meltdowns

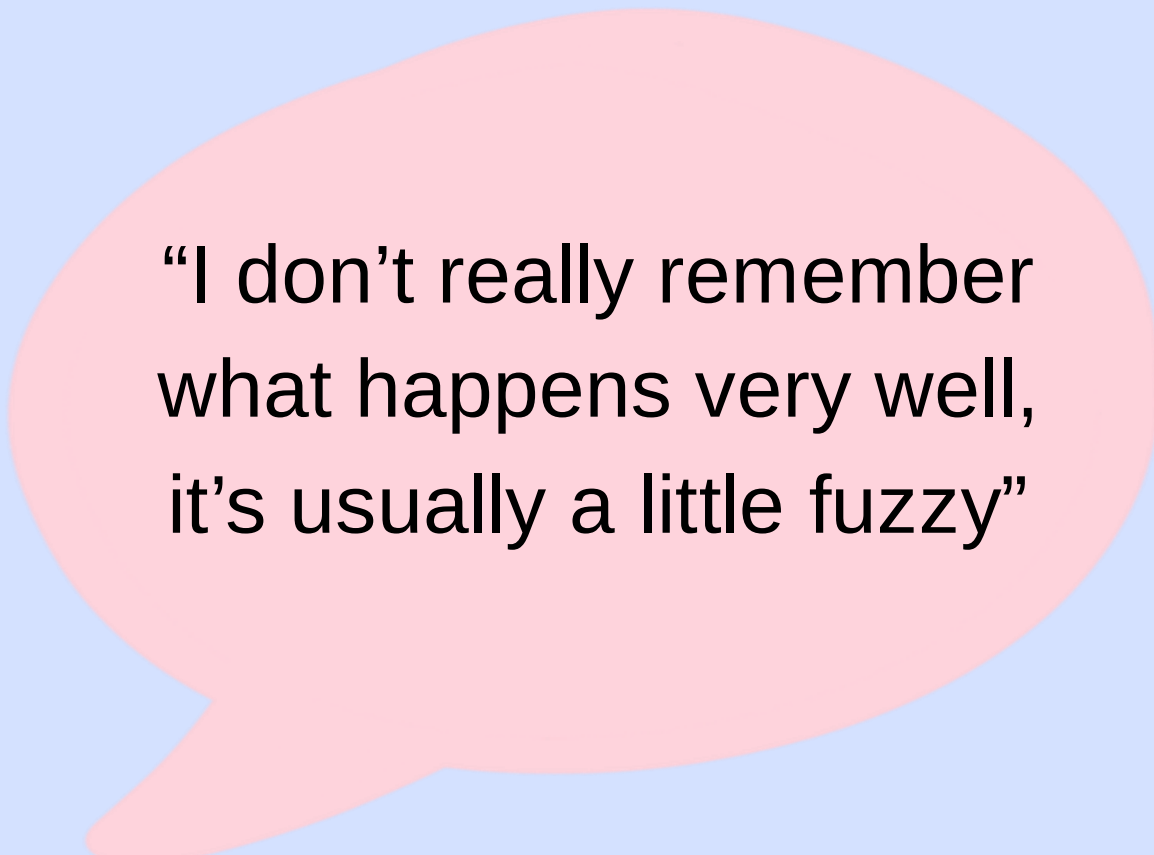
The feeling of being overwhelmed, accompanied by a lack of control and cumulative stress.



**Unintentional and Uncontrollable**



“You are a passenger on a ride of destruction”



“I don’t really remember what happens very well, it’s usually a little fuzzy”

# Shutdowns\*



- A meltdown but inward - sensory overload and internal experience of fear and paralysis.
- Overloaded by the environment.
- Some children learn to replace meltdowns with shutdowns to avoid negative consequences.
- These children put much more emphasis on meltdowns than on shutdowns as disruptive factors in their lives, whereas this weighting is not observed in accounts from adults



“Shutdown is just, like, usually because of stress, I’ll just completely freeze up, I can’t really talk, I’ll stutter, I’ll like literally freeze up. I’ll sit down or something, I’ll make weird noises that’s basically just the sound of my mind straining to work.”

# Let's Brainstorm some ideas

How do we best respond?



How do you know if they are  
distressed?

What is your experience  
observing distress?

# SPELL Framework

**Structure**

**Predictability/ Positivity**

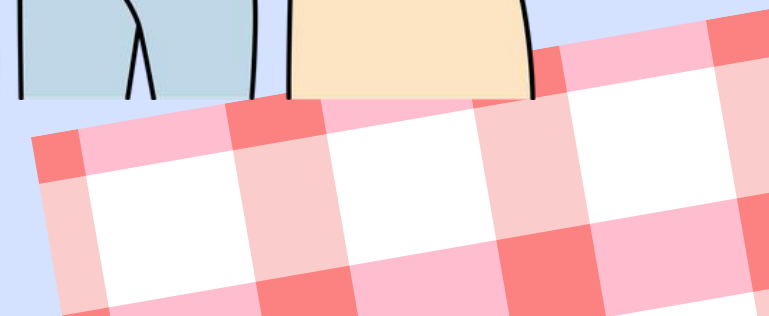
**Empathy**

**Low Arousal**

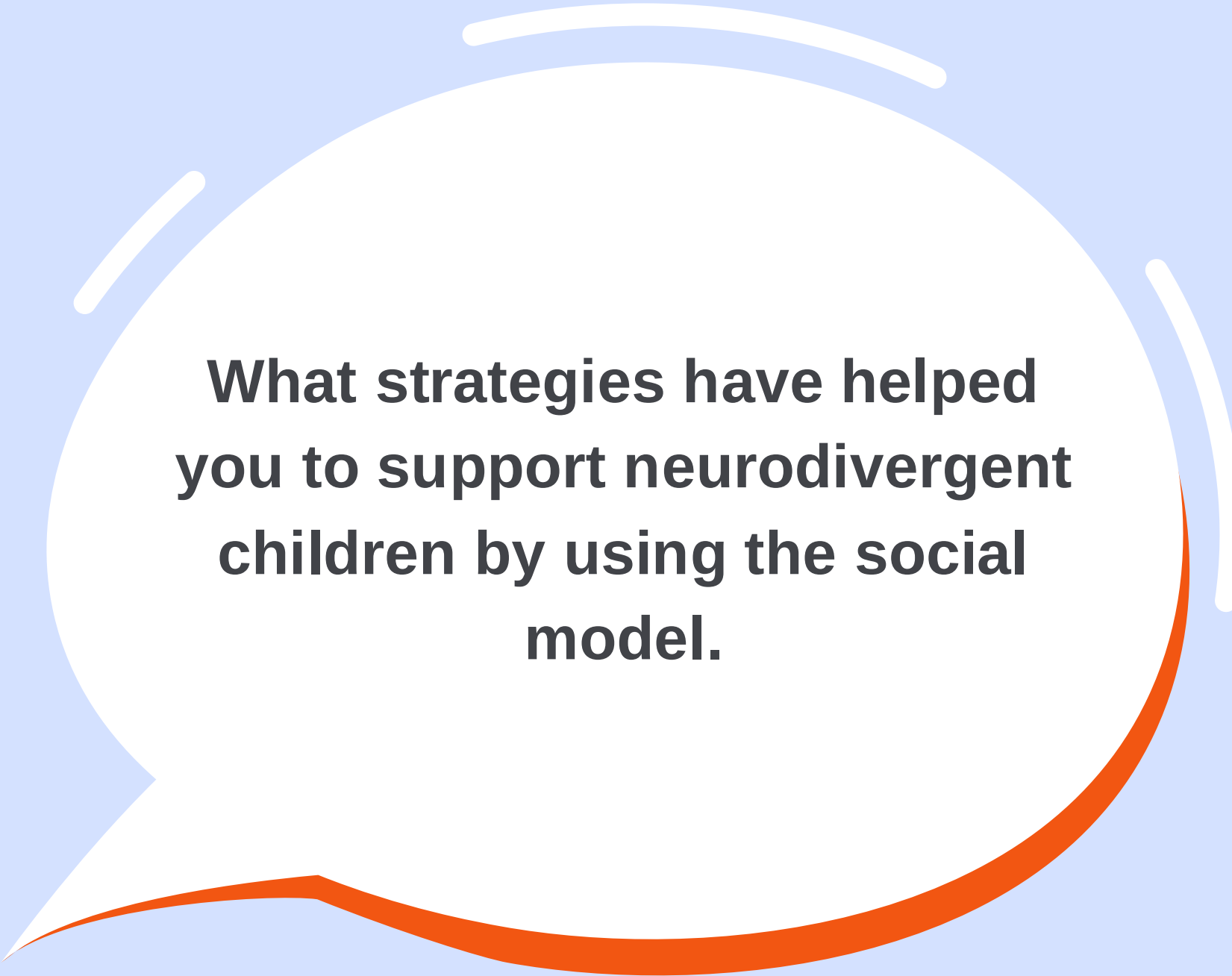
**Links**



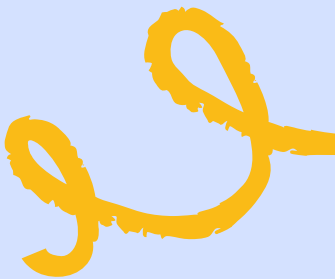
Lets practice  
SPELL!



# Let's Think



What strategies have helped you to support neurodivergent children by using the social model.



# What helps preventing experiences from being upsetting

Being around kind  
people

Being around  
neurodivergent peers

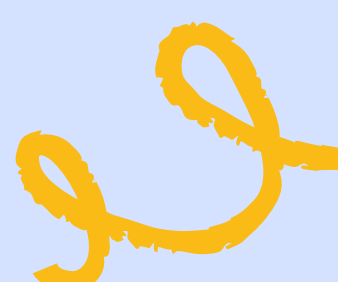
Staff understanding &  
accommodating needs

Having personal  
space

Predictable  
environments

exercising  
self care

# What helps preventing experiences from being upsetting



Feeling valued &  
validated

Friendly & calm  
learning environment

Neurodivergent staff/  
authority figures

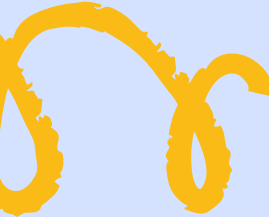

Feeling connected  
with others

Acceptance & loyalty  
in peer groups

Engaging learning  
environments

A horizontal strip of red and white checkered patterned ribbon.

# Some Ideas

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- A yellow decorative curly line on the left side of the slide.
- 
- A blue decorative swirl on the left side of the slide.
- **Validation**
  - **Co-regulation** - E.g. Thinking about how you could facilitate and support them to connect with each other
  - **Working with family and friends** - E.g. Believing parents and family when they talk about distress at home

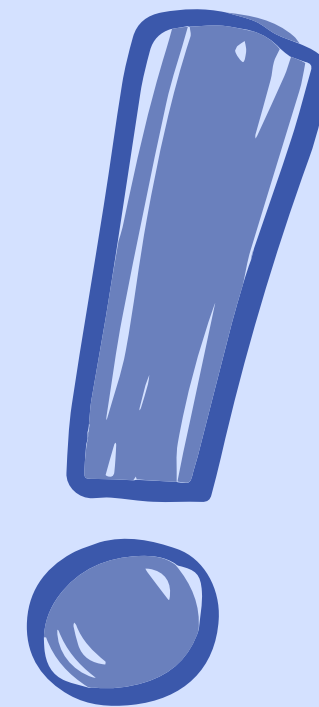
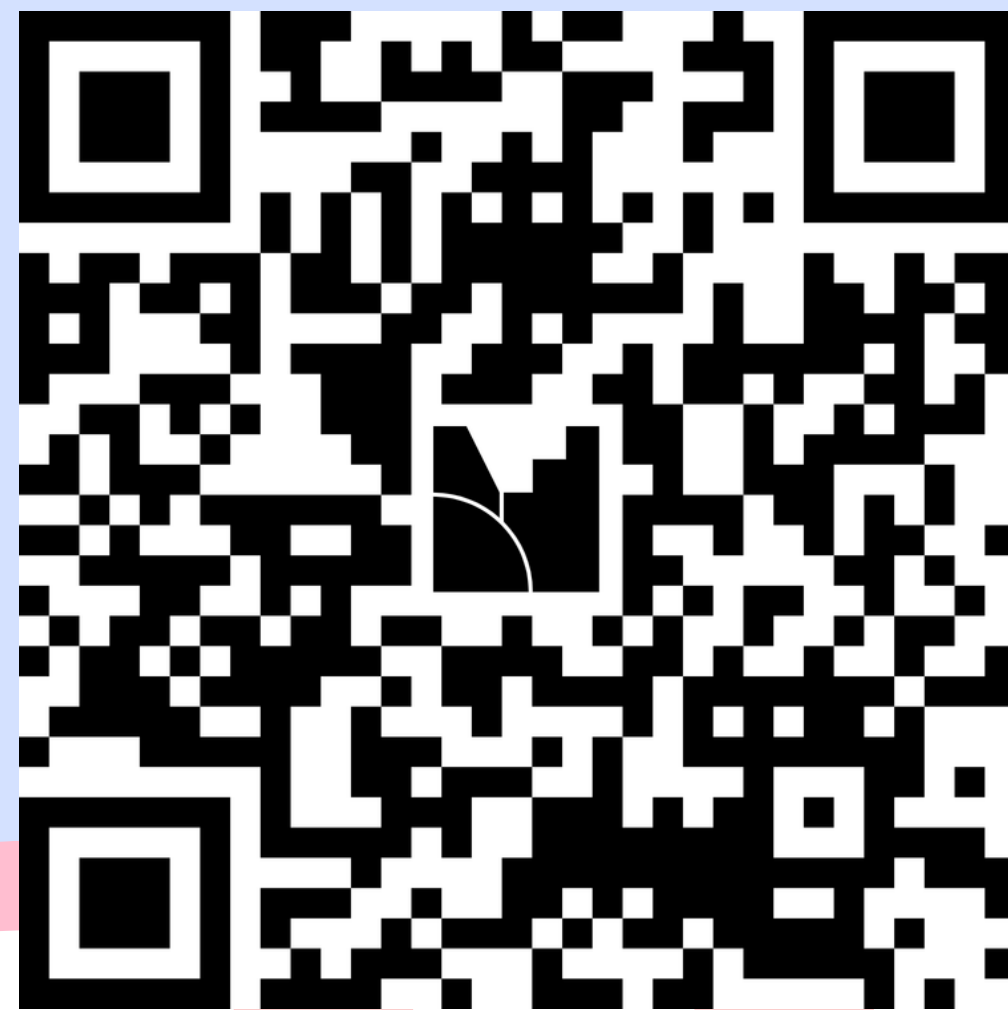


South London  
and Maudsley  
NHS Foundation Trust

# Questions and Answers



# Excited for the change!



**Menti: 3518**

**8744**