Hi,

I saw a video on Facebook asking the public to share information around their thoughts for SEND education in NI.

I've recently published a book called 'An Autistic Teacher for Autistic Pupils', and I think there are a few points in there that might be useful.

Chapter 4 compares 3 secondary school SPiMS (1 in an Affluent area, 1 in a socio-economically challenged area, and 1 in the countryside), a primary SPiMS and an SLD school, it also included the results of a survey I did of teachers who work in SPiMS.

Chapter 5 comments on Autism and Mental health, with some statistics (which you may already know) such as Autistic children are 28x more likely to think about or try suicide.

Also the fact that a study showed Autistic children are 160x more likely to die by drowning. This makes me believe that SEND pupils should be given swimming lessons until the age of 16 or 18, rather than the current age of 11. I spoke with a woman who runs a company that specialises in teaching neurodivergent children to swim, and she had said how she would be happy to advise the EA on how best to provide safe swimming lesson for SEND pupils in NI.

I've attached a copy of the book, and a link to the amazon site, and I would mostly recommend reading chapters 4, 5, and 8, as these are the most relevant, (although feel free to read it all if you want).

If you've any questions please feel free to contact me.

Many thanks,

Kaitlyn Reid-Girvin

[redacted]

An Autistic Teacher for Autistic Pupils

Written by Kaitlyn Reid-Girvin
Edited by Aisling Hughes

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This book is dedicated to the person who taught me to accept my Autism. Thank you.
In memory of *Andrew Sharkey, Alan McCullough, and Caroline Brown.*
"How you make friends, is you just sit down beside someone and start talking."

Acknowledgements

A special thanks to all the schools, and individuals who have helped with my research, and everyone who participated in my surveys, I couldn't have done this without your help.

Also, thank you to all my colleagues, mentors, family and friends, who supported me in my journey to becoming a teacher.

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Introduction

If you bought this book, feel free to write notes on it, underline things, put post it notes in it. It's yours to use as you see fit. Also, you don't have to read it all in order, skip to a good bit, or skip a chapter if you find it too technical or not relevant to you, I'll not judge you!
I am a 26-year-old, female, secondary school maths teacher in the UK. I have Autism level 1/High functioning Autism (formerly Asperger's) and I would like to use this book to help my fellow teachers, educators, and anyone who works with young people, to learn a little more about ASD (Autism Spectrum Disorder). You see, I'm sure we've all done mandatory training and/or CPD around helping our Neurodivergent pupils, and don't get me wrong that training is very useful and necessary. However, in this short book I hope to provide a more personal, anecdotal, type of narrative to help you put yourselves in the shoes of Neurodivergent people, not only the young people we teach, but also our colleagues, and other adults in the world. If you are an experienced SEN teacher, this may all be old news to you, or things you have done for years, although you might be able to add another string to your bow.

I have a perspective others may not, I may not know as much as my fully trained colleagues with masters' in SEND, but I do feel a pupil's pain when something isn't going their way, as I have often felt the same way.
Also please do not be misled by the title, I do not work in special education schools, I work in mainstream schools, as such I do not only teach autistic pupils, I teach a wide variety of young people. Also note that I do

not have a masters in SEND, I am not a qualified SEND teacher, and this work is based mostly on my year teaching during my teacher training, my time as a substitute teacher, and my personal experiences and knowledge.

Who is this book for -

-Teachers with Autism for some helpful tips about being a Neurodivergent teacher

-Teachers or support staff who work with Neurodivergent pupils (so most of us!) to see education from a neurodivergent person's perspective.

-Parents who want to know more about Neurodivergence in general, from a neurodivergent person's perspective.

-Anyone who's interested.

Chapter 1 – Why you may hear ‘Everybody is Autistic these days.’

‘It seems like everybody is ADHD these days’, ‘It’s like a fad, like it’s popular.’ These are sentences I heard during a discussion of some teachers on the topic ADHD and Autism. I lacked the confidence to correct them at the time… but perhaps ‘correct them’ would be the wrong turn of phrase on my part. These people discussing this were all highly educated teachers, with many more years’ experience than I have. And their observations weren’t incorrect, there has been an increase in diagnoses of Neurodivergence in the last 10-15 years. Although it is not because people want to be different, people are sheep, we DON’T want to be different. I’ll outline below the reasoning for the increase in diagnosis.

The DSM is the ‘Diagnostic and Statistical Manual of Mental Disorders originally created in 1952, and we’re currently on the 5th edition of this text. This is the standard used by medical professionals to diagnose all ‘mental disorders’ but we’ll specifically be considering Autism. Each different edition brings about a new diagnostic criteria. For example, if I had been diagnosed in my childhood, when DSM 4 was still in use, I would probably have been diagnosed with Asperger's Syndrome, however, I was not diagnosed until I was 24 years old in 2023, and at this time DSM 5 dictated that I be labelled as ASD Level 1. The change from using DSM 4 to DSM 5 happened in 2013. In fact, not just

Asperger's, but 4 previous conditions with different names now fall under the ASD category, which may contribute to why there seems to be more autistic people these days.
The Diagnostic Standard manual is primarily used by the United States of America, and internationally, in the UK the NHS uses the International Classification of Diseases, 11th revision (ICD-11).
The DSM-5 is only available to clinicians, whereas the ICD-11 is available online.

The main noticeable difference between the DSM-5 and the ICD-11 diagnosis criteria is that in the DSM-5 Criterion C states that 'symptoms must be present in the early developmental period'. Whereas in the ICD-11, it states that it occurs typically in early childhood, however they specify that characteristics might not fully develop until later in life because of increased social demands.
Another noticeable change may be the rise in the internet and social media, that has happened from the 2010's – Present, it's worth noting here that, although not where I had my first idea I may be Autistic, it was where I heard testimonials from other Autistic women, who were able to describe exactly what I was going through, right down to the doctor's misdiagnosis of 'mild social anxiety.' It was through YouTube and Facebook where I learnt enough about Autism to have the confidence to pursue a formal diagnosis. Even in the

1990's and 2000's we had the internet, but it had not yet morphed into the creature it is today where we can easily access anything we want/need, and algorithms even show us what we're already interested in based on what we've previously watched.

Autistic content creators, who have opened up about their personal vulnerabilities have helped so many people across the world realise that they aren't just 'weird' but they are Autistic and there are other people like them. It helps us feel less alone, in a world that was designed by, and for, Neurotypical people, that we 'adapt to' and 'fit in to'. Neurodivergent people 'mask' to make neurotypical people feel more comfortable. Masking is when Neurodivergent people alter themselves to be more palatable to others, this included, but isn't limited to, hiding/suppressing stims, mirroring body language, and not expressing their own personal thoughts, feelings, or opinions. They hide autistic traits or behaviours, this can be done consciously or unconsciously.

This creation of Autism with differing levels poses an interesting concept that people with 'high functioning' level 1 Autism, technically have the same diagnosis as those who are low functioning, with significant learning disabilities, and may be non-verbal. You could quite easily have two people, both with Autism, have a one hundred point difference in their IQ's of say 50 and 150. Yet I think it's important to recognise that, even those on the lower end of this scale may have a personal skill set that may far exceed their higher IQ counterparts. A quick

example of this may be that I, as a maths teacher, am very capable at mathematics. I have taught pupils who have dyscalculia, however these pupils often exceed my abilities in English, or they may excel in drama, or art. What I think is that my skills in mathematics aren't any more valuable than another person's skills in a different area.

In my research I came across statistics from the Office for National Statistics in the table below (Figure 1) they show the percentage of people in different age groups, with long term disabilities who have Autism. The percentage clearly decreases dramatically from the 16-19 group to the 35-64 group. There was a decrease of 95%. Although the reasoning for this is not given, it could be because, of the reasons mentioned above, the change to the DSM and the rise of information sharing on social media. With social media being typically more popular with younger people.

Another point worth considering may be the fact that Autism is somewhat 'taboo', with words like 'retard' or 'spastic' being widely used as an insult. Also, those who are in the later end of the 35-64 bracket may remember a time when people where institutionalised for learning disabilities. Also referring back to the 'people are sheep' idea, where we don't want to be identified as 'different.' If a person has lived 50+ years of their life without a diagnosis, they may feel that they don't need one.

A formal diagnosis at an early age provides more opportunities for Autistic young people, such as a place in a SPiMS, which I will discuss in more detail later in the book. The diagnosis process for Autism is, like many medical diagnoses a lengthy process. Certain

things are easy to diagnose, like a broken leg, or anemia - there is a definitive test/scan which can give you a yes or no quite quickly. Autism is more complex, currently the diagnosis process involves a multidisciplinary team, including a licensed psychologist. Temple Grandin, a world leading expert in Autism, and an Autistic woman, wrote in her book 'The Autistic Brain' how she hopes that the next steps in the future of Autism diagnosis is using brain scans. She, along with other specialists have identified the fact that Autistic brains have an enlarged amygdala, which is the part of the brain which controls fear. I was personally quite happy to hear this as it helps me to realise that I am not 'weak' or 'sensitive' - my brain is actually over producing a fear reaction.

If we were able to have brain scans instead of the current system, this might help with reducing waiting times for diagnoses… but the current system is what it is. The majority of people wait years for a diagnosis through the NHS.

Figure 1 -Considering the diagnosis process for children with Autism in NI.

Table 1: Prevalence of autism among people with a long term health condition aged 16 to 64 years, by age bands

UK, year ending December 2020

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	Estimate %	Lower 95% confidence limit	Upper 95% confidence limit	Unweighted sample
16-19yrs	17.6	15.7	19.6	294
20-24yrs	10.1	8.7	11.5	204
25-29yrs	6.6	5.5	7.7	149
30-34yrs	3.2	2.5	4.0	96
35-64yrs	0.8	0.7	1.0	246
16-64yrs	2.9	2.7	3.1	989

Source: Office for National Statistics - Annual Population Survey

Notes:

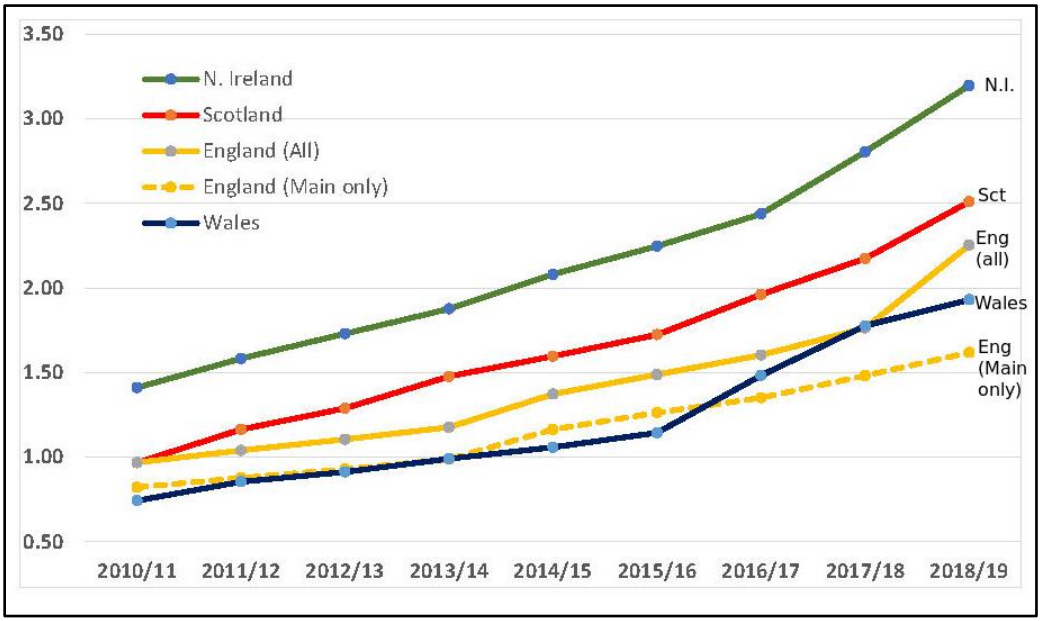
1. Respondents are first asked if they have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more. Only if they say 'yes' are they asked what conditions/impairments they have from a list, more than one condition/impairment can be chosen. 'Autism (including autism spectrum condition, Asperger syndrome)' is one of the response options.

Referrals -
From June 2014 – June 2015 there were 2,476, from March 2023 – March 2024 there were 6,218 accepted Autism referrals. According to the Department of Health's (DOH) Strategic Planning and Performance Group (SPPG). This is nearly a 2.5 times increase in 9 years.
Diagnoses -
From June 2014 – June 2015 there were 1,164, from March 2023 – March 2024 there were 3,538 diagnoses of Autism in Northern Ireland. This is a nearly 3 times

increase in 9 years.
In Northern Ireland, in the 2022/23 year approximately 5% of school age pupils had a diagnosis of Autism, that is 1 in 20 pupils.
And over the period of time I was writing this book, more statistics came out, stating that in the 2024/2025 year approximately 5.9% of school age pupils had a diagnosis of Autism.
In the year 2008/2009 there were 3,278 pupils with Autism, 1.17% of pupils.
In the year 2022/2023 there were 15,212 pupils with Autism, 5.03% of pupils
Now, I don't think in the space of 14 years there has actually been nearly 5 times as many autistic young people. It's more likely that we have gotten better at identifying those who need some extra help, and diagnosing these people to enable them to get this help.
Also, it's worth noting that if we compare this to the England statistic of approximately 0.7 in 35 pupils (in 2023). This comes from the fact that there were 182,493 autistic pupils, out of 9,092,073 pupils in England. Meaning that 2% of pupils were autistic. There is quite the difference. Is it an infrastructure issue England has a higher population density than Northern Ireland, so more patients per doctor?
Or is it a cultural issue, Northern Ireland is smaller and families live
closer to each other, communities are smaller and may notice signs of Autism in children earlier?

The reasons behind this remain unclear. Ron McConkey created a report in 2020 about how the Prevalence of Autism in Schools across the UK has gone up between 2010 and 2019. Figure 2 shows the rates of severe autism across the UK between 2010/2011 and 2018/19. It is clear to see the upward trend in all the nations, and it is noticeable how Northern Ireland is the largest, followed by Scotland. There are many cultural and social similarities between Scotland and Northern Ireland, compared to England. I was unable to find any additional research into the differences. In the abstract of R. McConkey ‘s report they state, ‘The increases in prevalence and intra-country variations may be linked to a greater appreciation of ASD occurring alongside other developmental difficulties. Greater reliance on school rather than statutory assessments may also contribute to increases in pupils with ASD. More in-depth research is needed to establish the reason for the variations across years and countries.’

Figure 2 The prevalence of Autism up in schools across the UK



From The National Council of Severe Autism (2020)

On the topic of diagnosis, a big question also arises, 'What causes Autism?'. The short answer is we don't know for sure...yet. The general consensus seems to be that there is a significant genetic component at play here. As we don't know the cause, this may lead many parents to wonder what they did wrong, but it's quite clear to me, that the parents of Autistic children did nothing wrong, they did nothing to cause their children's condition. Even if it is an external factor (as in the nurture concept), as we don't know what this factor could be, there's no way of preventing it.

Considering how Autism is currently assessed, it is impossible to assess a baby, the youngest a child can be diagnosed is 2 years old. Therefore, we can't really tell whether it is present at birth or if it develops in the early years. However, you don't hear of a child 'catching Autism' at age 9 or 10 (or at least I haven't heard of this), therefore if there are any external factors, these would generally only affect children at a very young age.

Many people are now under the impression that Autism has a strong genetic component, which is why many people realise that they themselves have Autism only after their child is diagnosed. Or alternatively, parents may raise children, and not get them tested for Autism as they are very similar to how they were in childhood, and they are unaware (or in denial) that they have Autism.

'Everyone's a little Autistic' this definitely makes the top three things on the list of annoying things people say, when you tell them that you have Autism (others being 'but you don't look autistic' and 'you're fine, you don't need a label'). And if you have Autism you may disagree but struggle to communicate your argument effectively. So here are a few reasons why this statement is incorrect and offensive.

Yes, everyone can have traits of Autism, such as special interests, feelings of burnout or overwhelm, preferring a quieter space, or being sensitive to certain sensory inputs.

The difference is how many of these traits you have and the severity. For example you may have a special

interest of a favourite TV show which you just love, you may be really tired after work, and not enjoy going out for a meal because it's in a loud restaurant… this doesn't make you autistic, this makes you human.
But if your favourite TV show is the only thing you watch, and you talk about it all the time to anyone who will listen, if when you're tired and get home from work and need to lie down and do nothing for an hour or so. If being in a loud restaurant makes you want to scream… then yes this is a little more like Autism.
Neurotypical people may assume that when an autistic person is describing their burnout, that it sounds a bit like what they experience as burnout sometimes, and yes it may be similar, but it is not the same. Also, Autistic people have a more difficult time describing pain. Possibly due to their nature of literal thinking. If you consider the 1-10 rate your pain, style of scale, having spent life with people saying things like, 'it's not that bright' 'it's not too warm in here' or 'those shoes aren't uncomfortable' this, often unintentional, gas lighting can cause autistic people to be unsure of their perception of issues. So when asked about a pain scale, if we're in a lot of pain we may only say a '6', because others have said, ' oh that shouldn't hurt that much', whereas others who are in the same amount of pain may be more inclined to say a '9'. This might give the mistaken idea that autistic people have a higher pain threshold, whereas it's more likely that they're just used to dealing with pain quietly.

And on the topic of gas lighting, even when autistic people say that they are autistic, if they are high masking, people may be inclined to say ‘Oh you’re not autistic’. Also, similar people have a tendency to gravitate towards each other. If you move to Spain, you may make friends with other British ex-pats who live near you because you have something in common. So you may find that people with Autism tend to gravitate towards each other in a similar way, they are able to understand and empathise with each other, so if your argument is ‘well all my friends are autistic, so surely everyone is a LITTLE autistic?’ you may be, or even borderline, autistic, but everyone certainly is not.
‘It takes a village to raise a child’, this is a very well known saying, and for a good reason. Humans are a pack animal (for want of a better term), throughout evolution, humans (and their predecessors) lived in groups, and in these groups tasks would have been split or shared. We leave our children with a few trained and experienced adults, in nurseries or schools, while we go to work. Without childcare single parent families wouldn’t be able to earn an income and couldn’t survive (without government aid, or remote employment). Also having children in nurseries schools, and youth groups forms an integral part of their social development.
If a child’s Autistic tendencies are only visible when they are interacting with other children, then parents may not be able to identify this. Also, the parents may be skilled electricians or artists, but they, generally

speaking, are not trained in child development, or Neurodivergence. School/Nursery staff go through training, and often have years of experience in their fields. Yet they may be discouraged from advising parents of their professional opinion on the child's development, for fear of upsetting the parents. Or these staff members may lack the confidence in their own opinion as they are not medically trained. Of course if a child has issues in school, the class teacher brings this to the attention of the schools SENCo (Special Educational Needs Coordinator) and this SENCo can then progress things such as including the involvement of an educational psychologist, who cannot diagnose Autism but can refer the child for a diagnosis. Let me draw your attention to the sentence four lines up '...if a child has issues in school…'. How many children are falling through the gaps because the type of Autism or Neurodivergence they have doesn't bother anyone else? I didn't bother anyone in school. How many of my teachers knew, or suspected, that I had Autism between the ages of 4 and 18 and didn't say anything? If I had of known sooner, it would have saved me from thinking I was just 'weird'.

And more importantly how can we fix this?

Well by doing what you're doing now, educating yourself as a teacher on Autism, and how it affects our young people. We can't save every child, there will be young people who have undiagnosed mental health conditions (not just Autism, but also anxiety, depression,

eating disorders, and many more), and these young people will suffer because of their conditions and also because the condition is undiagnosed.
Apologies for the mildly depressing comment there, but excuse me while I let the maths teacher in me shine now! If 100 teachers read this book, and they teach say 100 pupils a year (secondary teachers mostly) for lets say another 20 years, that's 200,000 children, if 5% of those have Autism that's 10,000 children. That's a lot of young people. Unless you read this and think its utter nonsense and don't change anything about the way in which you treat your autistic (or suspected autistic) pupils...

Chapter 2 – The differences between males and females with ASD

An NHS England survey ' Estimating the Prevalence of Autism Spectrum Conditions in Adults -Extending the 2007 Adult Psychiatric Morbidity Survey' stated that - 'The overall prevalence of Autism, combining data from the APMS 2007 and learning disability study, was 1.1 per cent (95 per cent confidence interval 0.3 per cent to 1.9 per cent). The prevalence of Autism was higher in men (2.0 per cent) than women(0.3 per cent).' This shows that even in my lifetime (I was 13 when this data was produced) males were 6.67 times more likely to have an Autism diagnosis.

There was, and is still, a gender bias around Autism. There are several main differences in the way in which Autism presents in males and females. Please note here how I say males and females rather than boys and girls, this is because many, if not all, of these traits carry on into adulthood.

In the early days of Autism, or more specifically Asperger's, it was believed that only boys could have this affliction. This is because Autism in boys often presents in a very noticeable way, such as stimming by hand flapping, spinning, or rocking, and special interests such as collections of objects and/or facts, being ignorant of social cues and etiquette, and covering ears at loud noises. What I've described above is a

stereotypical young boy with Autism. Now let's consider this, a young person, twiddling their hair, staring off into space, being very shy and quiet, collecting a series of dolls or toys, wincing or flinching at loud noises. The second child I have described here is a female with Autism. Biologically speaking females are more prone to a desire to please others, in the case of Autism this presents as masking, hiding their Autistic traits in public. The female traits are often very subtle, and they don't inconvenience us as educators that way some of the more noticeable male traits may. This means that females with Autism often slip under the radar as 'A good girl, very quiet and well mannered, a pleasure to teach.' I know this from both personal experience and also hearing from other autistic women, how they have also had similar experiences where their autistic traits have been 'praised' by teachers.

This is by no means a criticism of you as a teacher if you don't realise that these girls have Autism, especially as they are oftentimes undiagnosed. It is very hard to tell the difference between 'just shy' and 'Autistic'. Although when we consider how providing accommodations for dyslexia, by printing exams on yellow paper (Yellow, or off white, paper is often easier to read for dyslexic people), this helps not only our dyslexic pupils but all the pupils. So if we have a classroom that is 'neurodivergent friendly' it would benefit not only our diagnosed neurodivergent pupils, but all pupils (and indeed people) in the room.

Throughout history medical studies were done on men much more than on women. This is thought to be because women's cycles affect their bodies, so if you're testing a drug on women, you would need to take into consideration what phase of their cycle they were in. This takes more time, which means more money, which is why studies were done more so on men… it was cheaper. This is referred to as the 'gender data gap'. And when you take into consideration the difference in male and female bodies, such as the symptoms of a heart attack, this is concerning.

Possibly some of the more mature colleagues among us may remember a time where pupils were hit in school for misbehaving. I don't doubt that classrooms in that time were very disciplined compared to what they are now -but I was a pupil that was terrified at the prospect of even being shouted at as a class, let alone the idea of being hit. 'Leadership is based on inspiration, not domination; on cooperation, not intimidation.' This is a quote by William Arthur Wood, and I think it speaks volumes as to what I am trying to explain here. You may be able to control a class by shouting at them and dominating them, but that isn't leadership, that is intimidation.

A personal rule which I am trying to maintain in my teaching is not to shout at an individual pupil (unless it's to stop them doing something dangerous or destructive). A study which we will look at in more detail in chapter 5 discusses the impact of bullying on early to middle

adolescences. This study is particularly interesting as it comments on how boys and girls deal with bullying differently and the effects which it had on the young people differ. Social dynamics between groups of boys and girls can often differ, resulting in different peer support, and different outcomes from bullying.
A common thought is that Autistic women and girls are just 'shy', and yes to a certain extent this is often true, but I think a better way to describe it is, a strong dislike of being perceived. I personally don't mind public speaking, but this is when I have prepared a speech, and I know that for a specific length of time I will be looked at, but crossing a crowded room, or speaking in a group… just no. It's so uncomfortable!
The concept of internalised ableism, affects Autistic people, of course this will affect both genders, however, I feel that with the difference in autistic traits between males and females, the way people act towards autistic males and females is different. Therefore females are more likely to experience ableism from external sources, whether this is family, friends, or school. And if you experience enough ableism, you will start to internalise this. We often hear things like 'It's not that loud', 'It's not that bright.' 'Don't be so shy.' 'Just get on with it.' This internalised ableism is something that can be addressed with a diagnosis, if a person is aware that they have Autism, then they can make a conscious effort to be kinder to themselves. Undiagnosed autistic people may consider themselves 'weak', or 'less able'

than their peers. However, with a diagnosis we can change this thinking into, ‘No, it’s OK that I’m finding this difficult, this is hard for me and that’s OK’. So, the take away from this is, don’t be ableist to anyone, but especially young people, who may internalise these thoughts and carry these words with them for years to come.

And while we’re talking about ableism, it’s a good time to mention that there are many different types of ableism. There is internal ableism, as mentioned, there is also structural ableism, when buildings don’t have rams, or other accessible features, cultural ableism, no representation, or representation that highlights negative stereo types. Medical ableism, when symptoms are dismissed or blamed on one pre-existing condition without proper investigation. Benevolent ableism, saying a disabled person is ‘an inspiration’ for living their lives and completing common tasks, or pity, charity, or condescending attitudes.

It is harder to diagnose females than males, due to the great deal of internalising of the symptoms and traits, but what can we do about this? Well I first realised that I was autistic when I was 18, when I was taught a little about working with children with Autism, through the youth group I volunteered with. So let’s assume that no one in my life had ever realised that I was autistic (which is unlikely but we’ll go with this for now). When I understood what Autism was in females, it all clicked, I then did independent research and it continued to

make more sense. So if all pupils were given a 30 minute to 1 hour lesson, teaching them about Autism, and how it presents in males and females, and what we can do to help autistic people, this may help undiagnosed children and teenagers, realise they are not alone. And even if it doesn't, and these young people do not realise that they themselves have Autism, what this can still do is help to create a better more inclusive school environment for autistic pupils. Of course making any such lessons age appropriate, there are many picture books on the market aimed at helping younger children understand Autism. And as pupils progress into secondary school, possibly a more factual lesson, giving some real world example of situations when an autistic person might become overwhelmed. This is something that I think could be very attainable, and very beneficial for all our pupils. However, it seems highly unlikely that anything like this would be introduced as mandatory into the national curriculum, meaning that it would be dependent on individual schools, and more often than not, the schools that would benefit most from this sort of education have little to no interest, and it would be schools that would generally be considered quite autism friendly places that would be keen to do this in their schools.

Chapter 3 – My experience teaching a SEND class in mainstream education.

I'm sure that we've all heard of the concept of special schools. These schools serve the purpose of providing a tailored education to their pupils who would struggle in mainstream education. These schools employ qualified SEND teachers, and their whole system works with SEND pupils in mind. Due to funding, there are more pupils wanting places in these schools than there are places available for them. This results in pupils entering mainstream education. A SEND pupil in a mainstream class, in a mainstream school may struggle for a variety of reasons, socially, emotionally, educationally and more. An interesting solution to this is the concept of nurture units/social and communication units. This concept is referred to as SPiMS (Specialist Provisions in Mainstream Schools). This is a class in a mainstream school which is specifically for SEND pupils. These classes are smaller in size, have classroom assistants, are taught by their form teacher (a SEND trained teacher) for several topics, and then are taught by other teachers for different lessons, such as practical subjects like science and music, and core subjects like maths and English. When these pupils enter their GCSE years at age 14, they become more integrated with the rest of the school, doing everything from GCSE's to OCN's and essential skills. Having been a maths teacher in a

school that offers these classes, I have been able to teach a few of these classes. And in my opinion it works very well. The pupils are well adjusted, and have sufficient support from their form teachers and other staff in the school. The pupils get out of lessons 5 minutes early for lunch to ensure they can go to the canteen when it is quieter. Also I have found that the other pupils in the school are very understanding of the situation, and they are not bullied for being SEND. This may even be a good option for pupils who may qualify to attend a special school, however their parents want to put them in a mainstream school.

I decided to go to some other schools in my area which offer this style of class.

There may be many among us reading this book, who have never taught a class full of SEND pupils. It may seem like a daunting prospect at first. When I began thoughts like ‘Surely I’m not trained for this?’ or ‘What if something goes wrong?’ crossed my mind. However, I I quickly realised that I love teaching these classes!

It is often a room full of people with very unique ways of thinking, who will surprise you every day. And I think that this is a good moment to mention my upmost praise that goes to classroom assistants, particularly in the SEND classes which I have taught, their ability to diffuse a situation before it starts to really upset pupils, and the way in which they know how their pupils work best is admirable.

I am personally a very softly spoken person, and for

certain classes, with big numbers of pupils, and classes with big personalities, it required me to use a 'big' voice. I make an effort to speak up to a volume which can be heard by all. When I'm teaching SEND classes I have found that I am able to speak at my normal volume level, for several reasons, they are generally smaller class sizes, with more classroom assistants than average, to help.

An amazing moment happened when I was teaching a SEND class, my classroom assistants happened to not be in the room at one point, and I realised that this was the first time in my life where I have been in a room where everyone had Autism. When I was still in the process of accepting my diagnosis, this made a difference for me.

I taught these classes instinctually. I taught these classes how I would like to be taught, by a calm, patient, sometimes funny, teacher. I'm tempted, now, to describe exactly how I teach these classes, and state that this is the recipe for success for teaching a SEND class, but I'm not going to do that. I don't have a masters in SEND education like several of my colleagues. Also I'll not even pretend that I was their favourite teacher, it's possible, but it was never confirmed, and also I have the slight disadvantage of having one of the most academic of subjects, with little to no opportunity for practicals (although I do love creating maths games). I'll briefly describe how I teach these classes, and how it differs from how I teach mainstream classes, and feel free to

pick and choose any pieces of advice which you find useful.

• Be patient, allowing pupils extra time to stim, organise things, or follow a routine will make them happy, and more willing to work for you.

• Try not to take a 'groan of frustration' personally, they are often overwhelmed at the situation, or the work, it's not necessarily about you. Break it down and help with step by step instructions.

• A brain break can help, I like to get pupils moving around the room whenever possible.

• Encourage teamwork in group activities, but don't force it. Sometimes it's better a pupil works well alone than not work at all with a team.

• Give crystal clear instructions, and write them on the board so pupils can refer back to them.

• Be a bit silly sometimes, a joke can lighten the mood and help pupils to let their guards down.

• Be the adult and remain calm - especially during miscommunications.

• Time out cards, these are cards that pupils can use to leave the class and take a 5 minute walk in the corridors if they find a class too over stimulating (more often used by SEND pupils in mainstream classes), you can invoke the services of your classroom assistant to go find the pupils if they are away from the class for too long.

•Praise, praise, praise! I hate being corrected, it

makes me want to bury my head in the sand and never surface (even as a professional adult!).
Of course a teacher's job is to correct mistakes. So whenever I correct I always try and use the 'good news sandwich' (which is a method for delivering bad news, it goes, good news, bad news, good news). An example might be 'Oh Timmy, well done. I see you've worked really hard on this, and the first part of all those are correct. You've just accidentally been dividing by 2 instead of multiplying by 2, so if you try it like this… so can you retry these by yourself again? Keep up the good work!' Some of the synonyms I use are – Brilliant, excellent, good, well done, fabulous.

• If someone says they don't know how to do something I tend to go 'Oh that's ok, let me show you.' in a very upbeat manner. And if they don't understand the way I am trying to explain it, I try to teach them in a different way. We tend to teach the method that WE find easiest, but this method might not work for some pupils, so try a few different ways of explaining to try and help them understand.

• Give them control and options whenever possible. I try to implement this in my work with pupils on a 1-1 intervention level, by offering the option at the start of every lesson 'Would you rather work on Mini whiteboards, or paper?' This is a fairly 'low stakes' way of giving them control…

before you then tell them what to do for the next 30 minutes to an hour.

• Often times, the older we get, the better we become at recognising and regulating our own emotions, this is true for both neurotypical and neurodivergent people. Although I believe that regardless of intellect, a neurodivergent persons emotional intelligence, is sub par to their neurotypical counterparts of the same age - although neurodivergents also have good empathy capabilities.

• A small reward rather than free time, could be sorting objects. I happened upon this idea when I gave my SPiMS class some pens to colour something in with, then at the end of the lesson, they all wanted to sort them back into the correct coloured sections. (I love doing this too!)

• Don't use set times unless you are 100% sure that you can stick to them, as it is frustrating for a neurodivergent person when someone says something is going to happen, e.g. we will leave at 1pm and then we don't actually leave until 1.13pm. Instead say. We will aim to leave between 1pm and 1.30pm.

• I take the blame for something. If a pupil doesn't understand something I may say 'Oh sorry, maybe I didn't explain that well enough, let me try again.' Here we are modelling good behaviour, taking responsibility, and showing that we are willing to continue to try (My boss did this

with me once, I made a small mistake and I apologised, then they said ‘No it’s not your fault, I didn’t explain it enough, and didn’t give you enough information.’ This made me feel so much better!)

• A little trick I use is, I walk around the room and see where all the pupils are at in answering the questions, and if for example I know that Timmy only got the first 4 questions done out of 20, I will ensure that I ask him to answer one of the first 4 questions, which I have also checked that he had gotten correct. Some may see this as molly coddling the pupils, by only asking them to answer questions which I know they have gotten correct, I, however, see it as a confidence boosting exercise, that helps them enjoy my lessons and not feel quite so nervous about being asked a question (as they don’t have bad experiences answering questions previously).

• Gameify things, whenever possible, make it fun to do and people (not just autistic people) are more likely to want to do it.

• Autistic people often take things literally. For example, I was teaching a SPiMS class some averages, I said ‘Right, now let’s do the mean.’ to which a pupil replied, ‘I hate you!’ I was a little surprised but carried on with my lesson. At the end of the lesson the classroom assistant explained that he was being ‘mean’ because that’s

what I said we were going to do. It then made sense to me why he said that, and I was glad that I didn't overreact to his statement mid lesson. He didn't have any ill intent in his statement, this is just another example of a miscommunication caused by Autism.

• When dealing with big emotions, give them some time before trying to talk about it again, they might only need 5 minutes, maybe an hour, a day, a week, or a month, to calm down. You will have a much better, more productive conversation when everyone is calm (this goes for non-autistic people too).

Another thing that's worth noting is compromising, we need to do this as the adults, and we also need to try and teach our Autistic pupils to do this too. A rigid mindset is often the case with Autism. Well naturally, if I like my way, and it's better than your way, then I'm going to do it my way. Unfortunately the real world is a bit less forgiving than the school environment can be, and insisting on doing something 'my way' can result in things like getting fired from jobs, or losing friends.
So how do we teach compromise? Well you can start by explaining why something needs to be done in a certain way. Maybe if a pupil is struggling with compromising, you could work on small compromises, as in it's still 90% their way, but with a small change. Then you could increase it until it's a 50-50 compromise, which is how

the best real world compromises work as well. If you want to take it even further, you could work on a compromise based on trust, doing it the teachers way one week, and then the pupils way the next week, and alternating this way. This may seem very child like, especially to teachers who are used to teaching older and/or more mature pupils, but this is just a guideline for if you happen to be struggling with this issue with a pupil.

Additionally, on the topic of compromise, it might be not even that they want to do it their way, but that they don't want to do a task at all. Let's take an example of a child not wanting to brush their teeth. You could compromise here by suggesting just 1 minute instead of 2, or even just 30 seconds instead of 2 minutes, alternatively you could suggest dry brushing, with no toothpaste or water, or even just a 30 second swish of mouthwash. Of course none of these alternatives are as good as properly brushing your teeth for 2 minutes, however, they all are superior to not doing anything at all. And for a more school appropriate example, if a pupil struggles with the noise in an assembly, consider allowing them to sit at the edge of the room, or near a door, rather than in the middle of hundreds of other pupils. Compromising and accommodating is better than shutdowns/meltdowns and nothing being done at all.

I also discuss in one of the above points modelling good behaviour. I want to re-emphasise this particular point

because of a particular phenomenon known as mirroring. This is when a person basically copies the person they are with, in order to put the other person at ease. It can be done often by salespeople, for example if you're buying a car and stand with your hand on your hip, the salesperson may take the same stance as you, sometimes this is done consciously and sometimes it is done unconsciously. People with Autism, but especially those who mask their Autism, would be prone to doing this, it may be that an autistic girl tries mirroring a popular girl in her class or someone she admires. If an autistic young person decided that they admire you, then they may begin to mirror your mannerisms. They may watch the way you treat people and copy it. So, we are role models and as such should model good behaviour whenever possible around our pupils (well, be nice as much as you can, even when you're just around adults as well).

I'd like to go into a topic which I mentioned in the last chapter, classroom atmosphere. People with Autism often have associated anxiety, this can make them wary of others reactions. And I'll not speak for all Autism people here, but I feel like I remember every time anyone has been mean to me and why.

Misunderstandings often occur in the life of a person with Autism. Since my diagnosis I have found out what rolling your eyes looks like. And this explains why a teacher shouted at me when I was 11. I was being told off for something, and I looked away from the teacher

as it was making me uncomfortable looking her in the eyes as she was telling me off. As I looked away to the ceiling, she then shouted 'DON'T YOU ROLL YOUR EYES AT ME!' I was very confused by this, because I hadn't rolled my eyes? I just looked away. Rolling your eyes is when you look around your whole field of vision in a big circle. Well, that's what I thought anyway, but it turns out that rolling your eyes is just looking up to the ceiling/sky. I only learnt how to roll my eyes at age 25! So, this whole miscommunication could have been prevented, not even by that teacher knowing that I had Autism, but simply knowing that not all pupils know how to roll their eyes properly, and it was a genuine mistake. Of course, the problem now is that many young people do know how to roll their eyes, and do so in an intentionally disrespectful manner. For a teacher the best thing you can do in these situations is remain calm. Possibly asking 'Did you roll your eyes at me?' and of course the answer will probably be 'No' either way, but if the answer is 'NO!' then it was probably intentional, or if the answer is 'No?' then it was probably a mistake. I've mentioned a few things you can do to help your SEND pupils, and these can be used in both classes of mostly, or exclusively SEND pupils, or in mainstream classes, where only one pupil is SEND. So I'll consider accommodations. If a pupil in a class is SEND, and they struggle a great deal with copying down notes from the board, a reasonable accommodation might be to have a classroom assistant copy down their notes for them, or

to have their notes printed out to stick in. Some pupils in a class may see a pupil getting an accommodation and feel jealous or like it's unfair. And it's no surprise that our young people feel like this sometimes, especially when they don't fully understand a person's disability. A similar comparison would be how some people judge others for using disabled car parking spaces when 'There's nothing wrong with them.' People who don't have one, often forget about hidden disabilities.

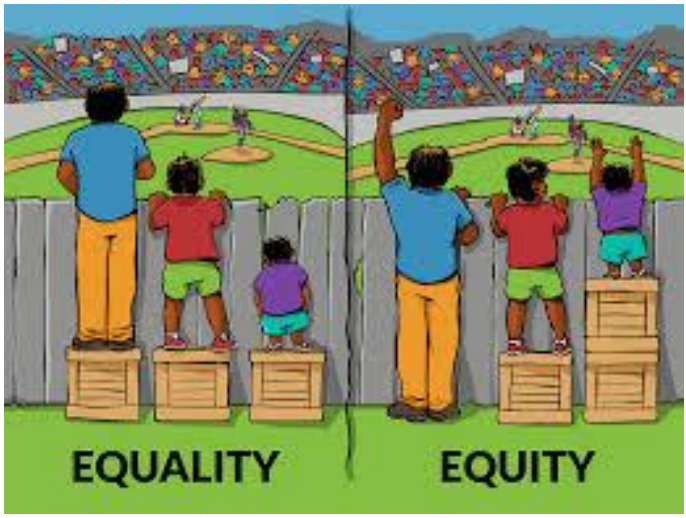
I think a contributing factor as to why I enjoy working with these classes is my empathy. I don't ask people to do things that I wouldn't be willing or able to do myself. For example, when teaching GCSE, you wouldn't attempt to teach a topic until after you fully understood it and were able to complete the same questions that you were giving your pupils. The same goes for the SPiMS classes, I don't ask them to do anything that I wouldn't do myself, and I'd like to think that a lot of teachers think like this. The difference being that because I have Autism, what I would be willing to do varies slightly from my neurotypical colleagues. Even based on the fact that I prefer to work in a slightly less well lit room, rather than one with harsh fluorescent lights on.

You may be aware of the differences between equality and equity, but in case you're not, let me remind you. Equality is treating everyone equally, for example not discriminating against a pupil because they are a minority.

Equity is giving different people different things so that

they can all achieve the same level. Such as one pupil having glasses so they can see as well as any other pupil in their class. Here is a quick visual aid to represent this. Amusingly enough, I was with some young people watching a school sporting fixture and some of the shorter pupils couldn't see, so they stood on the bench… the tallest pupil then also stood on the same bench.

Figure 3 - Illustrating equality vs equity



From Interracial institute for social change (2016)

I'll comment briefly on the SEND paperwork used in schools. There are IEP'S (Individual Education Plans), these are created by either specialist teachers or the schools SENDCo, they are reviewed with the parents. And used as guidance for all the staff in the school who work with the pupil.
PIP's (Pupil Information Profiles), these also provide key information about the pupil's learning needs. They are generally used specifically when moving between schools. IEP's and PIP's are not legal documents.
A statement of Special Educational Needs (often just called 'a statement') is a legally binding document,

which is created by the Education Authority with an educational psychologist. These are created for pupils with greater needs, they are more detailed, and may even suggest a school which would be better suited to meeting the pupils needs than the current educational setting the pupil is in.
This is not my area of expertise, as a class teacher I merely read IEP's of the pupils I teach, and use the information to assist in how I teach the pupil. If you are interested in learning more about these documentations I advise you speak with your SENDCo or local Education Authority.
And finally I'll finish this chapter with a light hearted anecdote from when I was teaching a SEND class. I was teaching Algebra to pupils ages 12/13. I was going round the class asking for answers, Q1 answer was 2B, Q2 answer was 6V and so on until I asked a pupil to answer question 8. It went something like this (not actually called Jessica) -
'Now question 8… Jessica can you answer this one?' I said
'ok' Replied Jessica
'Great! Go ahead then.'
'ok' Jessica said again.
'Ummm….' I was confused at her answer for a moment then I got it.
'Oh!!! You mean the answer is Zero K!'
Our whole class had a good giggle at that for a bit, I'm pretty sure she meant it as a joke, and it was a good one.

That was my second favourite joke that I've heard in teaching so far.
And in case you wondering what my favourite joke was, it was -
'Miss, I didn't do my homework because my Goldfish drowned.'

Chapter 4 – SPiMS -What I have observed

The school we choose to send our children to is very important, as it will shape their education for years to come. Different schools will have different priorities and goals and even offer different subjects and qualifications. I had to choose which school I was going to do my teacher training in, this required me to be in the school for a year. I chose the school I did my training in, based of the information on the school website, which stated how they were 'immensely proud of having an Autism unit within the school…' having Autism myself I realised that this place was going to be kind and nurturing towards these children, and I felt that this was a place where I wanted to work.

Specialist provision in mainstream schools (SPiMS) are a relatively new concept in education which aren't widely known about. I know this because I worked in a school with one for over a year before I learnt what it was actually called.

The Education Authority for Northern Ireland have an article on their website explaining this in more detail if this interests you.

https://send.eani.org.uk/statutory-assessment/information-schools/establishing-specialist-provisions-mainstream-schools

Why did the schools that created SPiMS departments introduce this in their schools?

I spoke with a principal from one of the SPiMS I observed, and, in the principal's opinion, schools often create SPiMS in order to survive. Meaning that if schools have low admissions levels, they may be forced to close. However, by creating SPiMS departments in these schools they can increase the number of pupils that they have, as places in SPiMS are in demand, due to the rising levels of SEND pupils in NI, and the limited places in special schools. In fact since the introduction of the SPiMS in one of the schools I observed, the number of pupils has more than doubled. That isn't to say that the school now has SPiMS department that is 50% of the school, but rather the combination of the introduction of the SPiMS and other changes in the school have resulted in improving the reputation of the school, thus increasing demand for places, and eliminating the threat of closure. Also schools consider the financial aspect of SPiMS, with the fact that they get £20,000 per class for initial set up costs, and then £5,000 per year, per class in funding. It's worth noting that the creation of a SPiMS affects the entire school, not just the individual classes. Some mainstream teachers are required to teach some SPiMS classes, often with little to no additional training. Other pupils in the school will inevitably be spending time with the SPiMS classes during all school, or year group events. However, in all of my time working in and observing SPiMS, I can't actually recall an incident of mainstream pupils mocking any SPiMS classes, or

pupils. In fact I have witnessed the pupils engaging well and often being very supportive of their SPiMS peers whenever they interact. I'm sure the negative reactions and events exist, and I simply haven't witnessed them. I have, however, heard adults make unkind comments about SPiMS, most of these comments come from a lack of understanding (although one was intentionally nasty). If the schools with SPiMS were to introduce some additional training for all teachers, including some advice on how best to teach the SPiMS classes, with some tips and tricks, this may help to de-stigmatise the SPiMS departments in some of the schools where the department is not very included in the schools and this may help to improve staff attitudes towards the SPiMS.
One of the main problems I have found with this type of education is the lack of understanding and the inconsistency of the terminology. There are several different names for these types of classes. Social and Communication Unit (SCU), Nurture Units, Communication Resource Centre (CRC), Centre for Autism Resilience and Empowerment (CARE), to name a few.
There are seven different types of SPiMS, that vary in the support they provide for the pupils, class sizes range from 8 to 14, which is well below the national average for class sizes of 26.2 pupils.
Regardless of whether or not a pupil is in a SPiMS, there are 3 stages of the EA SEN code of practice which are followed, which I will briefly outline below -

Stage 1 – School delivered support, where the school provides additional strategies or reasonable adjustments, most SEN pupils receive this level.
Stage 2 – Special educational provision is made by the school AND additional external provisions.
Stage 3 – Statement of SEN, all of the above support AND any relevant treatment or service identified by the health and social care team.
There are both pros and cons to these SPiMS. An argument against them I heard from a special school teacher was that they don't provide adequate support for the pupils, and that they would be better off in a special school. But equally an argument for SPiMS may be that, if Special schools are over subscribed, and therefore the only other option for many pupils would be a mainstream school, this would be the best style of support available for these pupils when they are in a mainstream school.
I attended some Autism training, which briefly discussed stimming, and explained how this is the repetitive movement (there are also other types of stimming) that a person with Autism does when they're overstimulated. The training discussed strategies on how to calm young people down when this happens. Yes if the young person is upset or distressed then helping them to calm down and regulate their emotions would be a good thing, but I would argue that stimming isn't necessarily a 'bad' thing that needs to be prevented, because happy stimming is great! And I say that honestly as an Autistic

person myself. By trying to prevent pupils from stimming we are effectively teaching them to mask. When we have one pupil with Autism in a mainstream class, they may mask in order to fit in, and not be considered the 'weird one' who sitting and rocks, or flaps their hands. However, masking is tiring, the best way I could describe it masking to a neurotypical would be only using your non dominant hand when you're in public. Writing, drawing, cutting with scissors, using cutlery, opening zips or buttons, all these tasks now require you to use extra brain power to do them. And at the end of a day using your non-dominant hand you would be tired. This is what masking is like for people with Autism.

If we now put this child with Autism in a class of other pupils who all also have Autism, then their traits, or quirks are no longer something which they will be ridiculed for. When they don't have to mask all day in school they are able to concentrate more on their education and what they are learning.

Now some people may argue that these children will grow up and leave their school with the SPiMS, and have to enter the real world, so they shouldn't be 'molly coddled' while they're in school. And to a certain extent I understand that this may be coming from a place or kindness, wanting these young people to be prepared at age 16 or 18 to leave school, but what I say to this is that they are 11 years old, they are children. Do they really need to spend 5 years of their life preparing for

the ‘real world’? We don’t teach 11 year olds how to drive, we don’t teach them how to do taxes or get mortgages, so why should we teach them to mask to fit into society? We introduce these pupils into mainstream classes at GCSE Level, when they are 14 years old. They are able to spend 2 years working alongside their mainstream, neurotypical, counterparts, and this is how we help to prepare them.

In order to consider all the pros and cons of SPiMS I decided to observe a variety of both SPiMS and a special school. I observed 5 schools. I looked at 3 different areas in my county, an affluent area, a socio-economically challenged area, and a rural/countryside area. In each of these areas I observed a secondary school SPiMS. I’ll abbreviate these schools below.

Primary School PS1

Affluent area Secondary SPiMS – A2

Socio-economically challenged area Secondary SPiMS – B2

Country/rural area Secondary SPiMS – C2

Severe learning disability school - SLD

Here is a link for the education Authority website which has a list of all the schools providing SPiMS In Northern Ireland - https://send.eani.org.uk/Specialist-Provision

An interesting observation which I have made during my research was that the majority of primary school SPiMS are in areas which you would describe as more socio-economically challenged areas. I had difficulty finding a Primary SPiMS in an affluent area. Looking at

an area which has 9 primary school SPiMS, 4 of these were in the countryside, 4 were in council estates, and 1 was in a town in a more affluent area. Does this mean that a pupil's geographical location will affect whether or not they have access to SPiMS? Well, no, because pupils are recommended for SPiMS by the EA based on whether they have a statement or not. Also pupils with statements are entitled to transportation to/from their schools, such as taxis or specific smaller buses.
There is a small overlap in these categories, in that there are pupils from, other areas attending the schools, e.g. there are pupils from socio-economically challenged areas attending the countryside schools and the affluent school, and there are pupils from the countryside attending both the affluent and the socio-economically challenged schools. In fact it is challenging even to call A2 affluent, as it has a higher percentage of pupils receiving free school meals (41%) than the country side school (30%), and B2 having (50%). However, it was difficult finding an affluent secondary school SPiMS, as, firstly several schools did not want to participate in my research, and secondly, even the schools in nice areas tended to have relatively high free school meals percentages. (27%) (34%) (40%) (54%) (62%)

According to the Education Authority website there are 35 Primary SPiMS in Belfast. I noticed an interesting observation, 11 of these schools with a Unionist background, 22 with a Nationalist background, and 3

would be undefined or integrated. The population of Northern Ireland is split fairly evenly between these two backgrounds, yet one has twice the number of Primary SPiMS.

Of course I have only looked into the grouping of the SPiMS in Belfast, and this is one of 11 different regions which the EA have listed. So the statistics of other regions may very well balance out the statistics of the Belfast region, making approximately 50-50 overall.

The reason I've done these observations is to be able to see the progressions from right from ages 4 to 16 (or 18/19), in SPiMS and a Special school. I'm also considering whether or not a person's socio-economic class has any effect on the quality of special education they can receive.

I would like to take this opportunity to thank all the staff and pupils at all the schools which I went to. Without their help none of this research would be possible.

I have also created a survey for school staff to complete which asks a series of questions around their opinions and observations as the people who work closely with these young people.

Schools in Northern Ireland follow the national curriculum, but within this curriculum there is a certain amount of leeway given to individual schools in order to provide the best education for each pupil.

'Everyone is a genius. But, if you judge a fish by its ability to climb a tree it will live its whole life thinking it is stupid.' Albert Einstein.

In the school C2 the pupils aim to achieve a pass at GCSE Maths and English, however, this is a significant challenge for some pupils. The school therefore also offers pupils the opportunity to complete essential skills exams, level 1 and level 2. With the level 2 being equivalent to a GCSE. If these pupils went to a school that didn't offer Essential Skills courses, then they might leave school with no qualifications in maths and English. Also in addition to the GCSE options the school offers, they also offer occupational studies courses. They have 12 optional GCSE's and 7 optional Occupational studies courses.

When looking into the qualifications CCEA offers, I was able to see that they offer Entry Level Qualifications (ELQ's). They currently offer 12 of these, including maths and English, and it's great to see that the EA is aware of the need to diversify the qualifications they offer, although the problems I see with this may be accessibility, in the sense that, are schools with SPiMS going to be willing to offer these subjects? For example a Home Economics ELQ would realistically need to be taught by a Home Economics teacher. Of the three Secondary schools I have observed one had made good progress in this area, however, the other two still require their schools to improve the integration of the SPiMS units, and essential to this is the training of all teachers in the school with the SPiMS, not just the SPiMS form teachers.

A problem with the SPiMS, which is a problem that

may be faced in all special schools as well, is the fact the some Autistic people struggle with other Autistic people. I personally find it quite difficult to be around people who are very loud for any length of time. In a SPiMS class you may have one or two pupils like this.
I had the opportunity to work in a SPiMS, not as a maths teacher, but rather as a form teacher for the SPiMS class. This was on a temporary basis to cover for another teacher's absence. This provided me with a much more in depth look at the day to day life in a SPiMS class. I noted several things during this time. Classroom assistants make a world of difference! A class that has a classroom assistant who they have had for a while, will be well supported, and then in the event that this class has a different teacher for any reason, the classroom assistant will be able to advise the teacher on the pupils routines and normal way of doing things. Whereas, if a class doesn't have a classroom assistant, or a variety of temporary classroom assistants, they won't have the knowledge on how to best support this particular class. And then if this class's teacher is absent, then the class has no continuity, and little to no routine, which is important for all pupils, but especially our Autistic pupils.
I have mentioned previously about the gender discrepancies in Autism (chapter 2), and how more males are diagnosed then females. I was able to see this in the SPiMS class which I taught as a form teacher. Taking the Secondary schools that I have observed as an

example (A2, B2, C2), looking only at the KS3 classes.
A2
Average - 21% female and 79% male
B2
Average – 28.6% female and 71.4% male
C2
Average - 35% female and 65% male
PS1 (KS1 and KS2)
Average – 17% female and 83% male

Now let me consider what I have observed in these schools. I'll break this down into different categories.

The Primary School SPiMS
Funding and facilities – The primary school I visited, commented on how they have relatively good access to their funding. However, they have had additional help in the form of donations of toys/playground equipment from parents, and also fundraising events. Also staff have spent their own money on some small things to be used with their classes. They commented on how 'TickTok Shop' was good for finding reasonable prices equipment they needed, compared to the price of the equipment when you go through the EA procurement site. The pupils have access to iPads and chromebooks, and from P5-P7 pupils have a dedicated (ipad or chromebook) which is just theirs to use in school, as they often have work which needs saving.
Most of the classes have a small kitchen in the

classroom, which pupils can use to bake or cook things (with supervision).
There were 2 sensory rooms, one large room in the KS1 corridor, and another smaller room in the KS2 corridor.
Each class had a toilet which was accessed either from inside the classroom, or directly opposite the classroom. There was also a large elevated changing table, with a sluice, in a room, this is similar to what I observed in the SLD school.
The classrooms had sensory friendly overhead lighting (which I love) so it's just a large bright square in the ceiling, rather than being able to see a lightbulb directly.
The corridor had a specific play room, similar in size to a classroom, which keep all the toys, and sensory items, such as sand/water tables. This was good as it helped to separate the learning environment from the play environment, and helped reduce clutter in the classrooms.
The school also had 2 'parent rooms' (one of which doubled as a board room) where parents were able to wait if their child was maybe only attending school for an hour, or the child was unsettled.
The school also has a garden, with a poly tunnel, and some raised beds, and some small trees, this is a very pleasant and calming activity for the pupils to be able to participate in.

Behaviour – I didn't observe any lessons and therefore can't comment on the behaviour of the pupils in the

primary SPiMS, however, as they have both MLD and SLD classes, there may be some variation.
Academic abilities – Pupils tend to work to more personal targets, whereas their mainstream counterparts may be more likely to do standardised testing. One of the standardised tests which this SPiMS completes is the PTM and PTE (Progress tests for maths and English), this is not done by every pupil, rather those who the staff deem would benefit from it, e.g. there is no point putting a child through a PTE if they can barely read. Another noted flaw with these tests was that they are multiple choice, meaning that a child can select answers at random, and occasionally end up with an above average score, that doesn't accurately represent their abilities.
General – In secondary SPiMS pupils get out 5 minutes early from lunch to go to the canteen when it is quieter, in the Primary school SPiMS, the classroom assistants bring the school lunches to the classrooms for pupils to eat, as the canteen is too overstimulating an environment for them.
I was pleased to hear that from P4-P7 (Ages 7-11) the pupils spend half the school year attending swimming lessons once per week (see chapter 5 for why this pleases me).
The school has a room called the nurture room, this is where pupils from mainstream, who may be struggling with school, and not wanting to attend, these pupils are in a separate class from around 9.10 until 12.30pm 4

days a week, this is for KS1 pupils, and usually only done for around a year. These pupils are then able to fully integrate back into their mainstream classes, after the additional support they have received.
Integration- This primary school has 9 SPiMS classes, 3 of which are SLD. The other 6 classes are fully integrated into the school, participating in assemblies, school sports days, and even getting some leading parts in the school plays! And the P6/P7 SPiMS classes participate in the school residentials and field trips.
The school also does some shared education with another local school, the SLD special school I visited. It is a lovely opportunity for the pupils from both schools to get to meet new people and do new things.
The primary school SPiMS has 83% boys, this may be due to girls often being diagnosed at a later stage than boys, this means that girls are often missing out on support from a younger ages than their male counterparts.

<u>Comparing the three different Secondary School SPiMS</u>

Funding and facilities – SPiMS schools receive £5,000 per year, unit class in additional funding. This additional funding goes into the schools budget as a whole and is controlled by the schools principal and the schools board of governors. SENDCo's, SEND departments, and principals therefore need to ensure that they are communicating effectively to ensure that the funding goes to providing the pupils with the equipment they

need, and that this money is not just absorbed into the school as a whole.
The facilities in the different SPiMS were somewhat similar. The classroom of A2 was large and spacious, with large windows, B2 had fairly normal sized classrooms, and C2 had classrooms ranging from small to large, and also a newly built portable classroom beside the school car park .
A2 and B2 had chromebooks and tablets (respectively) enough for each the pupils to use at once, whereas C2 only had a certain number of chrome books for the whole school which needed to be borrowed from another area of the school.
A2, B2 and C2 all had a designated sensory rooms for the pupils to use. However A2 and B2 had a corridor specifically for the SPiMS classes, and a sensory room where pupils could use this whenever they needed (with permission from the teacher), in C2 the sensory room was at the other side of the school from the SPiMS classes, and was kept locked. B2 also had a small kitchen for the pupils to use. A2 had some kitchen facilities to use in the classroom. A2's classroom was the only classroom I was in that had a sink in it, and I think that this was a very useful feature, as during the short time I was there it was used twice by pupils to wash their hands due to sensory issues (I would have done the same after handling glitter filled play-doh as well). A2 had a bell in the classroom (it was quite loud), whereas B2 have disconnected their bells in the whole

school, and C2 just had standard bells in the hallways. A2, had some ‘wobble boards’ for pupils to put their feet on during lessons. I never witnessed any of these being used, although it is good to have them available if needed. There was a small number of these in B2 (maybe 1 or 2 in the whole department), and C2 had none of these.

Behaviour - I observed the pupils in B2 ‘rough housing’ and using ‘bad language’ more than the pupils in C2, and in A2 there was some bad language, although no physical rough housing. However, having had the opportunity to observe other classes in the schools, the behaviour seems fairly consistent/in line with other pupils in the mainstream part of the school, possibly slightly better in the SPiMS, but this may just be due to smaller class sizes.

Something I noticed in all three secondary school SPiMS, was the fact that there was usually one pupil in each class who tended to put their head down for the duration of the lesson, and was very reluctant to do work. If these pupils did not have 1-1 classroom assistants then they would not have gotten any work done during the day.

C2 had the best phone policy, not just of the SPiMS I observed, but of any school I have worked in. The pupils’ mobiles are collected by the form teacher during registration, and then returned at the end of the day (during an afternoon registration), as such pupils never had to be told to put their phones away, as they didn’t

have the distraction on them (apart from the odd exception for personal/medical reasons).
Academic abilities - There are no academic requirement for entry to SPiMS (either high or low), however, pupils do need a diagnosis of Autism (depending on the type of SPiMS class), and many, but not all, people with Autism also have learning difficulties. Not all the pupils in the classes I observed were diagnosed Autistic, this may have been due to the fact that there are different types of SPiMS classes, with classes capped at 15, not needing a diagnosis, and classes capped at 8 do require a diagnosis. In my observations I noticed some of the pupils were unable to read and write (beyond the level of a 4-6 year old). School C2 utilised classroom assistants to provide intervention for pupils for either numeracy or literacy, this was given based on the pupils PTM (Progress Test for Maths) or PTE (Progress Test for English) scores. 100 is the national average, any pupil who achieved below 85 received intervention, either 1-1 or 1-2/3, and any pupil who received below 70 received 1-1 intervention. Schools A2 and B2 also provide similar intervention schemes.
In school A2 this was the only school I observed were KS3 pupils were able to go to mainstream classes if they chose to. They all had the usual circumstance of HE, PE, technology, science, with mainstream teachers, however, in A2 there were individual pupils who chose to go to mainstream classes for ICT or history.
Smaller class sizes in A2 mean more attention for the

pupils. The ratio for the duration of my visit, was mostly 1-2, whereas with B2 and C2 the ratios were more often 1-6 or thereabouts (not including myself).
Pupils in A2 were better prepared personally, with only 1 pupil needing to borrow a pen (compared to 4 or 5 pupils in B2), also in A2 there were pupils who had their own scientific calculators, some pupils in C2 did also, however, there were no pupils I witnessed in B2 had this.

Comparing the SLD Special school to SPiMS
Firstly, there are two different types of Special school, MLD- Moderate Learning Disabilities, and SLD- Severe learning disabilities. Having spent some time in a SLD school I understand that the facilities that these schools can provide are significantly greater than any SPiMS school would be able to provide. They are equipped with hoists, and climbing frames, and swings that are wheelchair accessible. They also work with the Health and Social Care Department, and can provide physical therapy and speech therapy. The senior school, pupils aged around 16-19 have a kitchen, with an oven and stove top, a washing machine and tumble dryer, and these pupils are taught life skills required for independent living. The SLD school had a therapy dog!!! I'll not name him to respect his privacy, but I will say that he was adorable, and giving him a hug or pet would definitely make me feel better!
A way in which the school helps to keep the young

people safe is by having doors that you need a fob to get through for going outside, and also the internal door, the length that is hinged to the wall has a long stretch of fabric over it to prevent anyone getting their fingers caught if the door closes.
The children are given more outdoor free time then I have seen in any of the other schools I have observed, with younger pupils playing with small scooters, or on the playground equipment, and the older pupils playing football. I was able to have pleasant conversations with many of these young people, they were all very polite with me.
All the staff in the SLD school were called by their first name, due to the fact that many of the pupils often struggle with speech and language difficulties as well.
In the mainstream schools, the SPiMS are a way of providing smaller class sizes and additional support to pupils who may need this, these are sometimes referred to as nurture units. Even within the SLD school there was a nurture class, of pupils who needed additional support to what was being offered in the general age group class.
Pupils who need this level of support, both academically and physically, are in the best place in the SLD school and would struggle significantly, even with a 1-1 classroom assistant in a SPiMS class.
In the special schools' pupils also stay in school until the June they are 19, compared to the June they are 18 in mainstream schools.

As far as comparing the facilities, behaviour , and academic abilities of the pupils, these really are very different to SPiMS and it would be difficult to compare them.

I mentioned in chapter one how people can have different skill sets regardless of their IQ, I was able to witness this in my time at the SLD special school. I was with a class of around 16-19 year olds and there was an end of term party. I, being a socially awkward person, was a little uncomfortable as everyone was rushing around sorting things out and setting up. These young people seemed to be in their element, they were all keen to help and they had the room set up within a matter of minutes, and I could argue that their social skills exceeded mine as well, with several of them initiating conversations with me (and initiating conversations is something I have always struggled with), and inviting me to join in. I enjoyed my time with the class and wish them all the best!

Also, this is a good place for a compliment. I am a competent mathematician who is able to complete quite complex mathematical problems by everyday standards, however, I was VERY impressed by my colleagues in SLD who were able to entertain, teach, and keep the pupils safe in the special school. Several of whom seemed to have an unlimited level of enthusiasm and energy even after a long and tiring day!

I found that SLD schools were a positive environment

with excellent facilities. As an autistic adult, I personally found it to be quite overstimulating as an environment, between the occasional shouting of the pupils right beside you, to the very tactile nature of some of them, hand holding, hugging and grabbing, constant handshakes and high fives. I found that I was much more drained after a day here, then I have been in other schools. So, it's great, it's just not for me.
A teacher I spoke to at one of the SPiMS commented on how many people think the idea is to make most schools SPiMS. And this led to the interesting point that, although many schools do have SPiMS, grammar schools are yet to participate (as far as I am aware). The logic behind this probably being that SPiMS are designed to help pupils with Autism who struggle academically in school. And if a pupil is capable enough to get into an academically selective grammar school, then even if they do have neurodivergence, any additional support they may need in school can be provided by a IEP created by the school's SENCo. However, if I had been given the option to go into a class in my school (I attended a grammar school), that was smaller in the number of pupils, and the pupils were generally quieter than those in the other classes, I think I would have flourished in this environment. I personally found school overwhelming at times and I was bullied for being 'weird'. As long as this class was able to provide me with the same level of academic challenge that the other classes in the school had then it would

have benefited me. And it would only have been for 3 years, as at GCSE level the classes change around anyway. But then the problem with this is that I was undiagnosed when I was in school. If I take a large grammar school as an example, with 200 pupils per year, if 5% of pupils have Autism, that is 10 pupils in the year group. And let's say another 5-10 pupils who are undiagnosed, but would struggle with the social aspect of secondary schools. Now many people may be opposed to this due to the fact that it may be seen as segregation, and limiting the pupils chance to interact with other neurotypical pupils, and I understand this point of view, and much like in the current SPiMS systems in high schools, if your child is in a SPiMS class you are able to request that they be moved to a mainstream class (I've seen this happen), and equally visa-versa if a child is in a mainstream class then they can be moved into a SPiMS class, even if they are not diagnosed Autistic at the discretion of the school (I have also seen pupils move classes into a SPiMS and then thrive).

I have also witnessed a pupil in a grammar school who has selective mutism. They seemed to be struggling with the social aspect and routine change of secondary school, perhaps a smaller class with more support may benefit this pupil and help them flourish in their school life.

I would tend to theorise that a SPiMS may even improve the academic results of the school as pupils

who are better supported, would be more likely to achieve higher academic results.
Although the problem with a SPiMS in a grammar school would be finding teachers who are willing and able to teach the subjects required to the academic standard of a grammar school, and who also have enough understanding and experience of SEN to be able to adequately deal with the more pastoral side of this. Alternatively, what if this class went to all the specific subject teachers? This would limit the need for the SPiMS for teacher to deliver multiple subjects, yet still provide the pupils with the smaller class size.
I had the opportunity to speak with the SENDCo of a grammar school, where they are introducing a new SEN support system called 'Learning +'. The idea behind this is that pupils are in a mainstream form class, but come out for either 1-1 intervention, or small group work with a designated 'Learning +' teacher. These pupils may also have a reduced timetable to allow for this extra support, and they also have access to a morning club, before school which is specifically for Autisitc pupils. I was also pleased to hear that they have an Autistic parents support group, that meets monthly, facilitated by the school, where the parents can discuss any issues or ideas amongst themselves. This 'learning+' set-up is not being funded by the EA, as it is not a SPiMS class, rather the funding is coming from the additional funding that is provided for pupils with statements who will be benefiting from this support.

When I brought up the idea of a grammar SPiMS class, in the sense that I mentioned above, the main concern raised was how these classes would integrate into the school. If the school treats a SPiMS class as a normal form class, and included them in every activity offered to the other mainstream classes, then I have found that these classes can be very included in the school, and it is very beneficial to the pupils. However, the onus here has to be with the schools SLT, they need to ensure that the whole school staff are prepared to include the SPiMS classes, they need to ensure that all staff have sufficient training to feel comfortable and confident in including the SPiMS classes in any activities they are running.

We need to consider the partnership that should be established between the EA and the schools, some schools may only have 400 pupils, while others may have 1,500 or more. What may work for one of these schools, in relation to a SPiMS, may not work for another. The EA and the school need to work together to create a specific action plan for how the SPiMS classes will work best within the school

An additional issue, with the SPiMS as it stands, is that, there are a rigid set of rules and guidelines that schools must follow to ensure that the SPiMS class a school are creating is approved by the EA and then funded. If a school wants a SPiMS, but does not agree with these rules/guidelines, then they would not get the £20,000 set up fee or the £5,000 per class, per year.

As it stands SPiMS are still a relatively new concept, there may be a day in the not to distant future, where a successful pilot program of a SPiMS class in a grammar school may result in an alternative class set-up/arrangements specifically for grammar schools to follow.

Also, might I just say, for any of you currently reading this who are opposed to the idea of SPiMS, I wonder, are you Autistic? Do you know what it feels like? Walk a mile in my shoes, or the shoes of an autistic child first before judging.

General comments -

The point of the SPiMS is to provide the additional support needed to help the pupils thrive in a mainstream school. I observed a minor incident in one of the SPiMS I observed there was a sporting activity organised for the year group. The SPiMS class weren't included in the email to the staff. This oversight meant that the pupils in the SPiMS class weren't told about the event and heard about it from other pupils in their year. They were told the same day as the event that the PE teacher would put them in a team if they wanted to play. Another teacher in the school commented 'Well, they probably wouldn't want to do it anyway.'. I was upset and angry on behalf of the pupils. They weren't directly excluded, but they were forgotten about. This wasn't the only occasion when some of the mainstream teachers have underestimated the abilities of the SPiMS class. I think the reason why this upset me so much was that I spent a

lot of my own life being forgotten about, or ‘unintentionally’ excluded, and I know how much this can hurt a person’s feelings, as such I don’t want these pupils to feel like this.
Of course, this isn’t to say that all schools exclude the SpiM’s classes, and keep them separate from the rest of the school, there are also cases where all staff in the school are fully aware of the SpiMs, and interact with them often. With the technology department working with the SPiMS class teachers to help build physical resources which will benefit the pupils. If you have a relatively large school, with a small SPiMS department, then there is a greater risk of these classes being overlooked than if you have a smaller school with a good sized SPiMS department.
In school A2 as it is a newer SPiMS, only in its second year, they are still figuring out how the SPiMS fits into the school, they are invited to all year group events, but don’t necessarily attend them all, they do not attend assemblies, rather the member of SLT gave the classes the assembly just to the SPiMS pupils, previously in their classroom and more recently in the assembly hall.

The percentage of pupils in the schools who are SpiMs pupils is as follows,
A2 -2% (This SPiMS caps class sizes at 8, and only has 2 year groups so far)
B2 – 7%
C2 – 15 %

(Using the 2024-2025 numbers)

And on the topic of integration into the rest of the school, we should also consider which classrooms the pupils are in. Of course, we know that the SPiMS classes go out to practical classes, such as Art, Science, Technology, HE. And for the remainder of the subjects they are taught by a variety of teachers, depending on the form teachers abilities and confidence teaching these topics. In A2 and B2 pupils stayed in their classes, with the SPiMS form teachers sometimes taking each others classes, for example, in year 8,9,10 classes, one of the form teachers may be a trained and experienced English teacher, and another may be a trained and experienced Maths teacher, in this case the Maths teacher may take, all 2 or 3 SPiMS classes for Maths and the English teacher may take 2 or 3 SPiMS classes for English. Or alternatively a mainstream Maths or English teacher may come to the SPiMS classes to teach these lessons. However in C2 all the lessons that were not taught by the form teacher, were taught in the mainstream areas of the school, with the SPiMS classes moving around the school like their mainstream counterparts. This has the benefit of the classes being exposed to a wider variety of environments, which may (but not necessarily) be better equipped, again using maths as an example, a maths room will have, protractors, compasses, mini whiteboards, and various other maths specific items in the room. Also, I have found that moving around the

school helps with the transition period between the lessons, a short walk between classes is better than just swapping books but staying in the same seats. Although I understand the counter argument, as some classes may greatly dislike moving rooms and find it very disruptive, and may even not like walking in the busy school corridors. It is a decision that schools can make for themselves, depending on the pupils, classrooms, and staff.

I was very pleased to see that in A2 they had a mental health organisation come in to work with the pupils by doing a workshop. This workshop was about helping pupils with understanding their feelings, and having resilience, the provider also commented on how they were going to adapt their program slightly to better fit the needs of the pupils. If you read chapter 5 you will understand why I feel like lessons like this, on mental health is so important for our autistic young people.

The minister for education in Northern Ireland attended a meeting on education in February 2025, this was recorded and published on the internet. He made some comments regarding the SPiMS. He said how the idea should be for SPiMS to use special schools as a source of information, that the schools should work together to ensure the best possible education for all our pupils. I can't comment on all the schools in Northern Ireland (obviously), but I asked the SPiMS I observed if they liaise with special schools for any advice on matters, and the schools I spoke with said they didn't. Apart

from the primary SPiMS who work with an SLD special school in part of a shared education program. We should be working together as a community.
The minister also commented on how resources are a challenge, and that we need better interdepartmental connections with the HSCNI (Health and Social Care Northern Ireland) for physical and speech therapists. I also understand where this logic is coming from, pupils in the SLD special school I observed, had much better access to speech and physical therapists, although this is understandable given their greater need for these. The SPiMS I observed reported that they have never had either a physical or speech therapist in the school to help the pupils. If even a speech therapist came into the schools for one day per month, or even once per term, to help the pupils in the SPiMS with the most challenging speech difficulties, then this would make a difference. The SPiMS form teachers and CA's work with their pupils for a large percentage of the time. However, the mainstream teachers that teach the SPiMS classes may only see the pupils for 1 or 2 hours a week, and as such, if a pupil has difficulty with their speech, then the mainstream teacher may not be able to understand what the pupil is trying to say. This would add to the risk of miscommunications between pupil and teacher, that already exists. If SPiMS pupils who had difficulty with speech were given help in this area, they would be able to communicate more easily with others, both in school and in the world in general.

I understood the benefit of the format of secondary school SPiMS classes right from the beginning. The basics is that, pupils have most lessons with their form teacher, and go out to other mainstream teachers for practical subjects, such as HE, Science, Technology, PE, This provides these pupils with more routine, consistency, and stability, then if they had a different teacher for every subject. From my experience being a SPiMS form teacher, I have realised that the form teacher, is able to know who came into school late and why, which pupils in the class shouldn't be put in a group to work together because they had an argument last lesson, which pupils' weak literacy skills will affect their ability to take notes in another lesson, the form teacher knows their timetables, so why they might be tired and unenthusiastic about a lesson, since they've had a busy day.

Survey of teachers who work in Primary or Secondary SPiMS -

I created a survey which had 12 questions, the results were generally speaking what I expected, I will summarise the results to the questions, and comment on what is working well, or they tell us may need to change.

The survey only included teaching staff who work in a SPiMS, either Primary or Secondary. Of the teachers who participated in this survey, 63% were secondary school staff and 37% were primary school staff.

Question 3 and 4 asked about opinions on funding levels for mainstream pupils and funding levels for SEN pupils. The answers varied depending on whether the teacher was a mainstream teacher or a SPiMS teacher.
For question 4, is there sufficient funding for SPiMS, of the SPiMS teachers who answered, with 80% said NO and 20% said Yes.
Of the mainstream teachers that answered, 26.6% said NO, 46.6% said yes, and 26.6% said maybe.
So 80% of SPiMS teachers think there are insufficient funds for SPiMS, while only 26.6% of mainstream teachers think this.
If we only looked at the two graphs below, figure 4 and Figure 5, you might think that teachers think that SPiMS pupils are better provided for than mainstream pupils. However, when we break the data down we see that the opinions of non-SPiMS teachers impact these results. Figures 6 and 7 show the opinions of the SPiMS form teachers without any opinions of mainstream teachers.

Figure 4 -

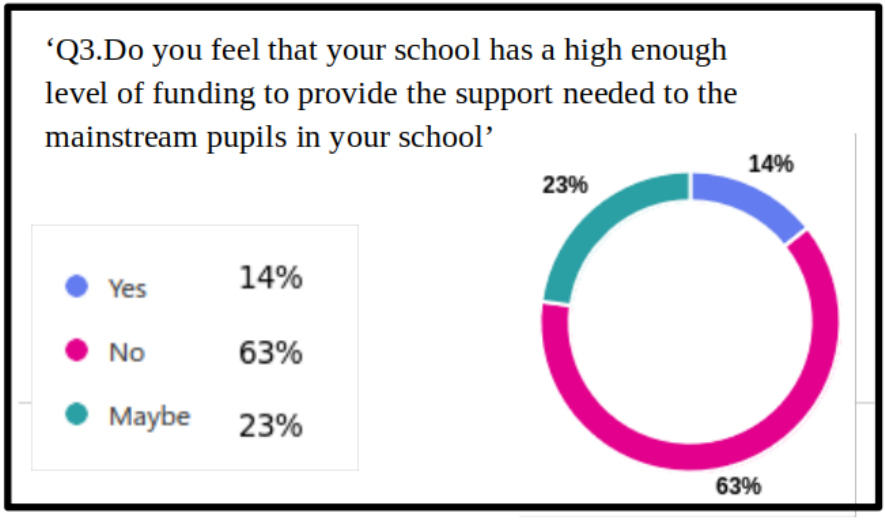

‘Q3.Do you feel that your school has a high enough level of funding to provide the support needed to the mainstream pupils in your school’
Yes 14%
No 63%
Maybe 23%
14%
23%
63%

Figure 5 -

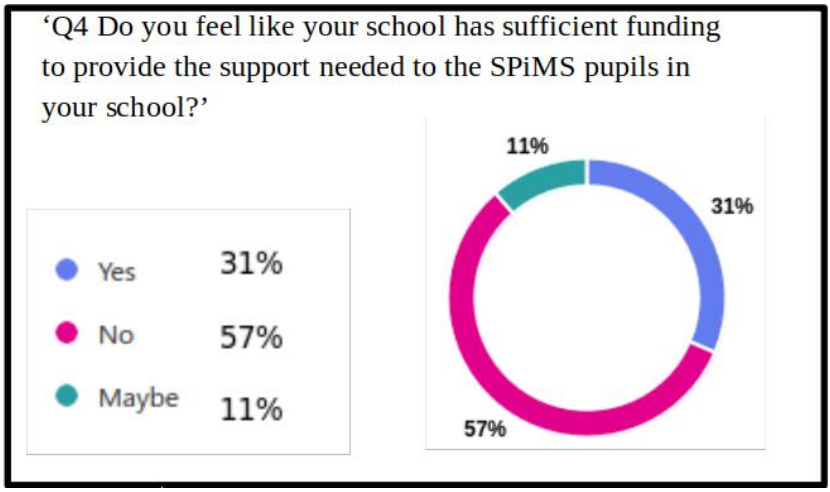

‘Q4 Do you feel like your school has sufficient funding to provide the support needed to the SPiMS pupils in your school?’
Yes 31%
No 57%
Maybe 11%
11%
31%
57%

Figure 6 -

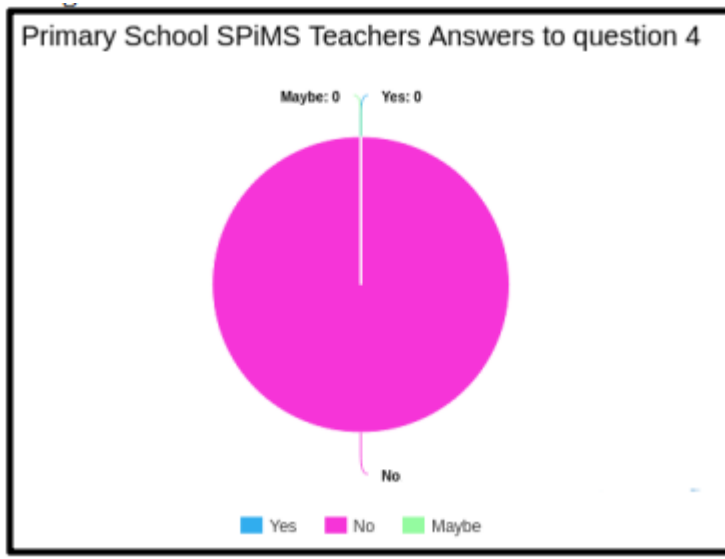
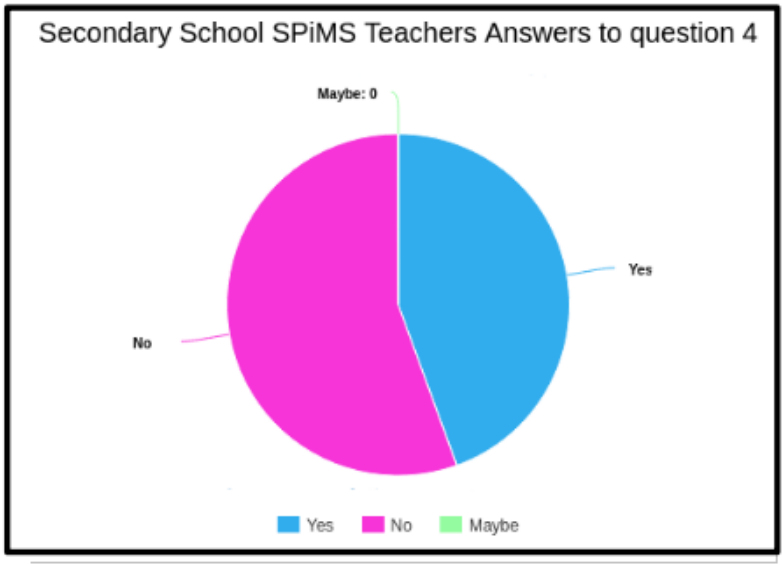
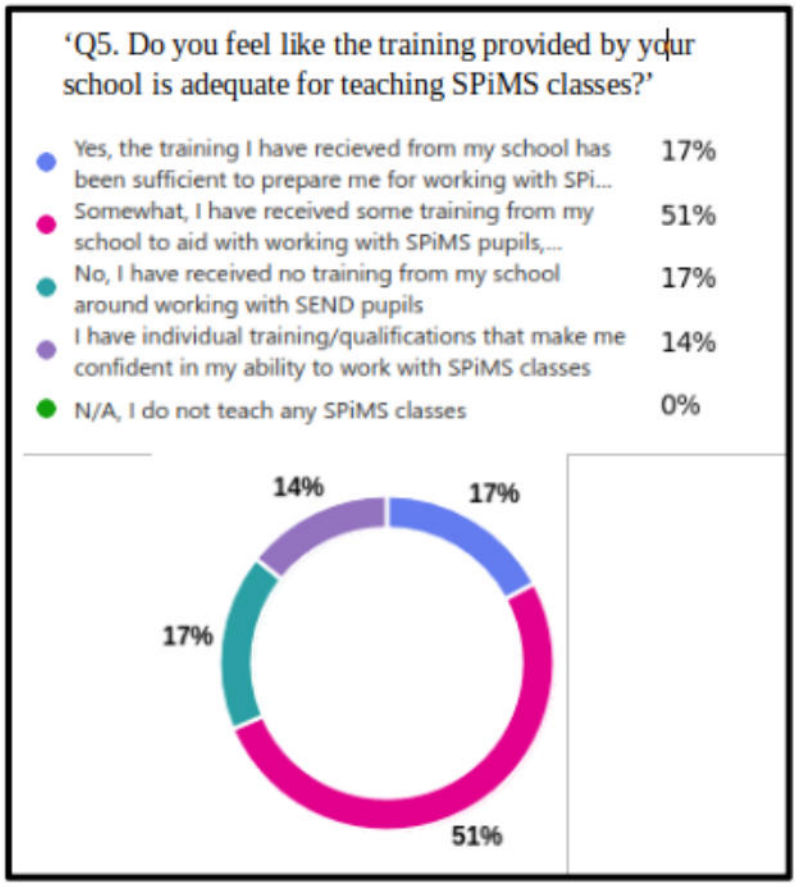

Primary School SPiMS Teachers Answers to question 4
Maybe: 0
Yes: 0
No
Yes
No
Maybe

Figure 7 -



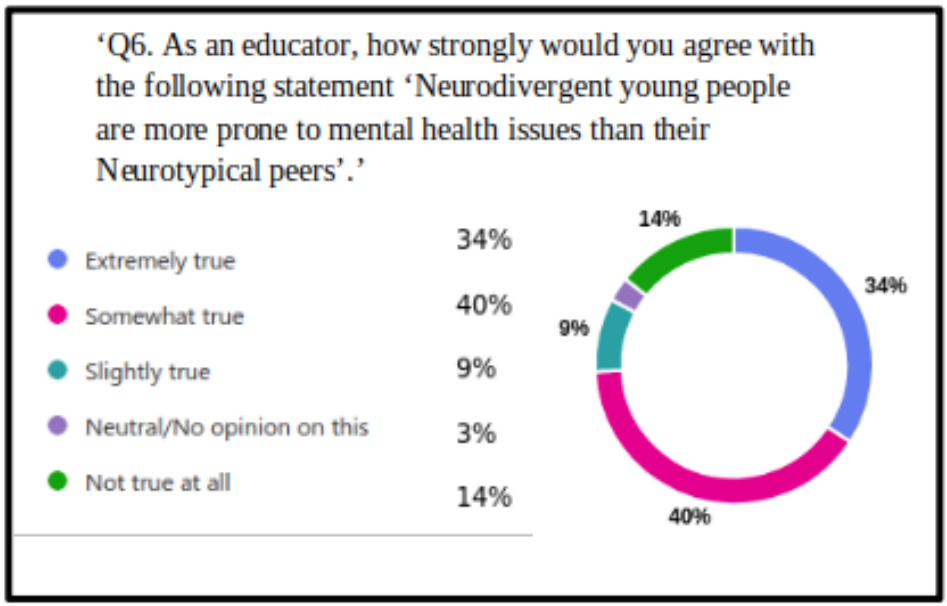
Question 5 asks about what training staff have for working with SPiMS classes. The answers to this question provided interesting results, showing that 68% of teachers have either received no training, or have received some training but would like more. As shown in Figure 8

Figure 8 -


'Q5. Do you feel like the training provided by your school is adequate for teaching SPiMS classes?'
Yes, the training I have recieved from my school has been sufficient to prepare me for working with SPi... 17%
Somewhat, I have received some training from my school to aid with working with SPiMS pupils,... 51%
No, I have received no training from my school around working with SEND pupils 17%
I have individual training/qualifications that make me confident in my ability to work with SPiMS classes 14%
N/A, I do not teach any SPiMS classes 0%
14%
17%
17%
51%

Question 6 looked at teachers' thoughts on this statement 'Neurodivergent young people are more prone to mental health issues than their neurotypical peers.' The majority of teachers said that this was true (either slightly, somewhat, or extremely), however, 3% had no opinion and 14% of teachers surveyed said this was 'Not true at all'. Chapter 5 here will highlight the mental health of autistic people, and it is, generally speaking, worse than neurotypicals. This also shows a need for additional training for our teachers who work in SPiMS. Interestingly, when I looked at the data, I was able to see that the teachers who selected 'Not true at all' all but 1 were mainstream subject teachers within a SPiMS school.

Figure 9 -


‘Q6. As an educator, how strongly would you agree with the following statement ‘Neurodivergent young people are more prone to mental health issues than their Neurotypical peers’.’
Extremely true
34%
Somewhat true
40%
Slightly true
9%
Neutral/No opinion on this
3%
Not true at all
14%
14%
34%
9%
40%

Questions 7 and 8 discussed how confident teachers would be in identifying neurodivergent pupils without an IEP of being told of their condition. 98% of teachers surveyed said they were either somewhat or extremely confident in identifying MALE pupils, however, this fell to 80% were somewhat or extremely confident in identifying FEMALE pupils, with 9% neutral, and 11% somewhat not confident. This highlights the gender discrepancies which I have mentioned previously. At least teachers are aware of the difficulties in identifying neurodivergent female pupils. Again additional knowledge and training, specifically pointed at how Neurodivergence presents in females may help with this.

Figure 10 -

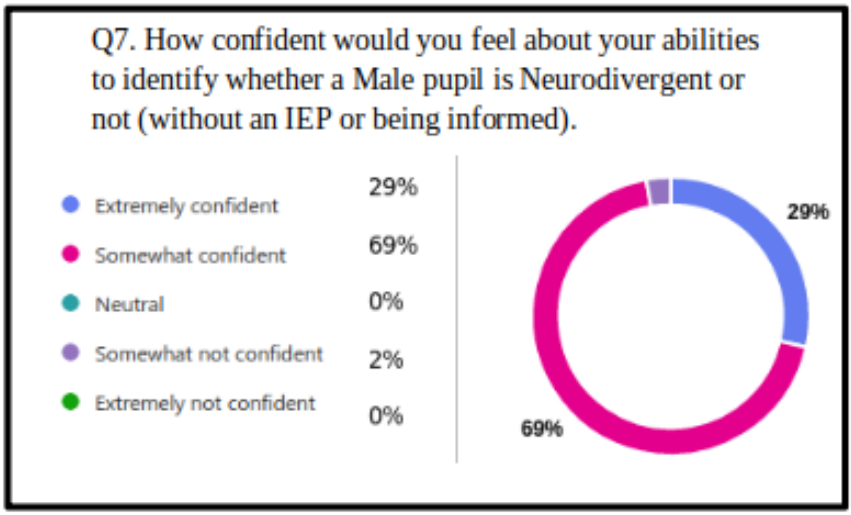
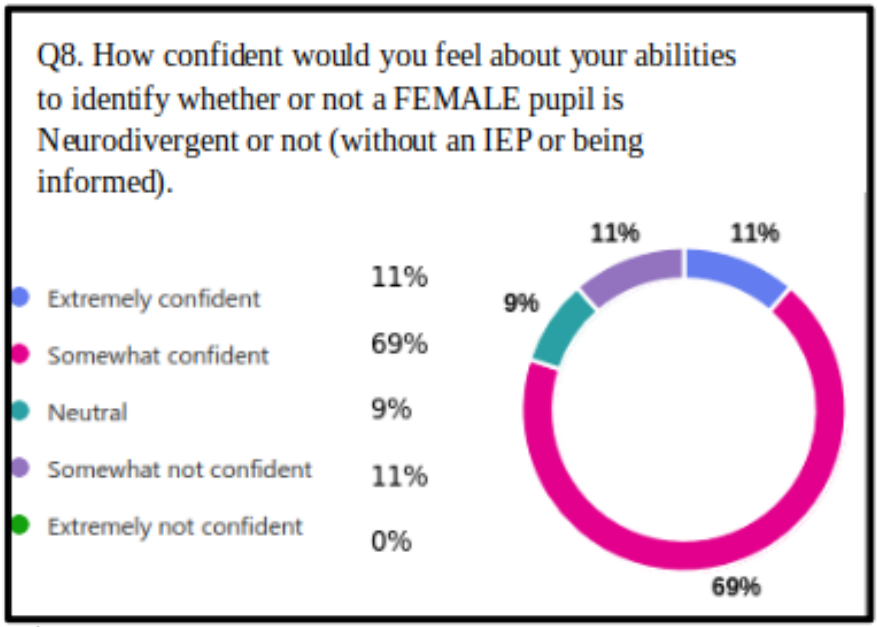

Q7. How confident would you feel about your abilities to identify whether a Male pupil is Neurodivergent or not (without an IEP or being informed).
Extremely confident
29%
Somewhat confident
69%
Neutral
0%
Somewhat not confident
2%
Extremely not confident
0%
29%
69%

Figure 11 -


Q8. How confident would you feel about your abilities to identify whether or not a FEMALE pupil is Neurodivergent or not (without an IEP or being informed).
Extremely confident
11%
Somewhat confident
69%
Neutral
9%
Somewhat not confident
11%
Extremely not confident
0%
11%
11%
9%
69%

Questions 9 and 10 look at how concerned teachers are about the future of their SPiMS pupils when they leave schools. Now, as teachers we are all naturally concerned about what will happen to our pupils after they leave, whether they are going to another school, a university, or off out into the world of work. The difference here I would say is the level of concern. For teachers in schools only up to KS4, 45% of teachers were 'extremely concerned', and in schools with a KS5, 50% of teachers were 'extremely concerned'.

Figure 12 -

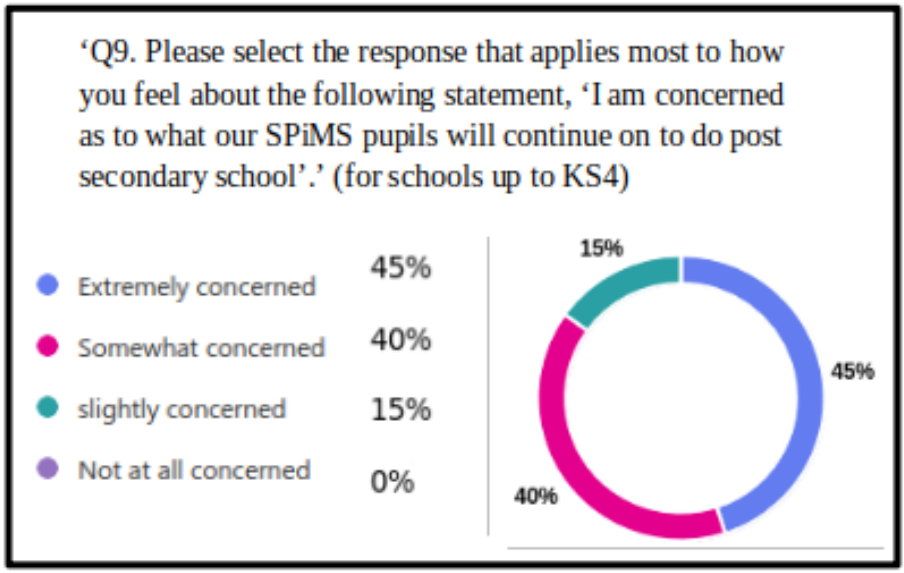
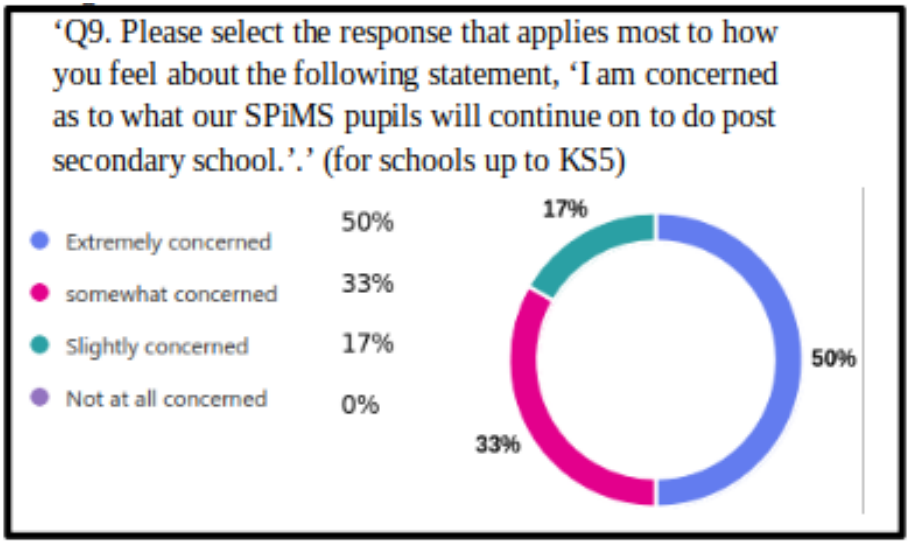
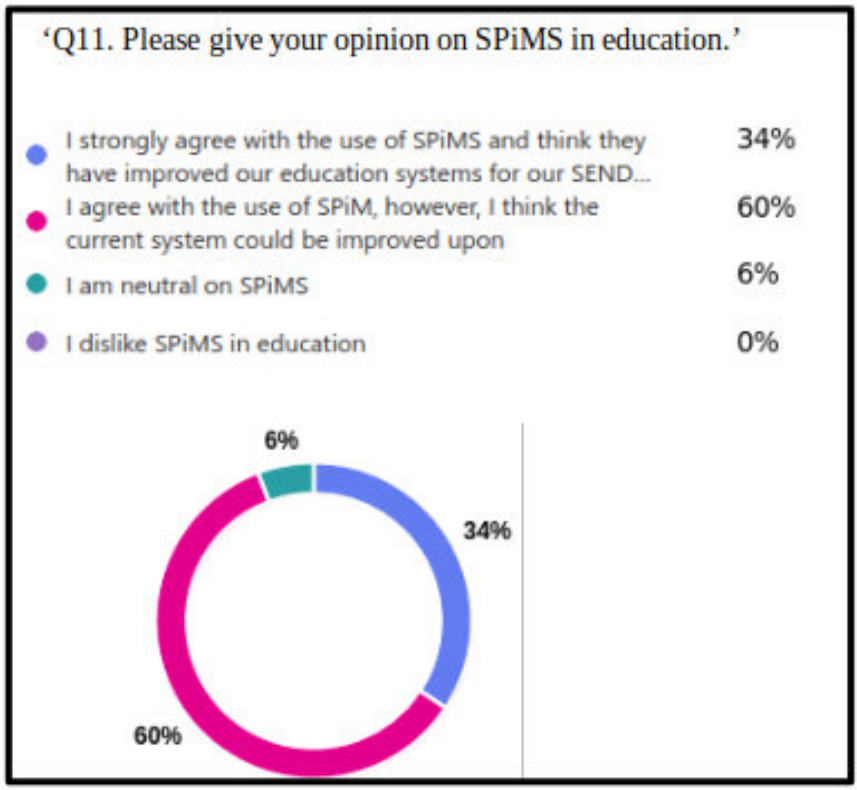

'Q9. Please select the response that applies most to how you feel about the following statement, 'I am concerned as to what our SPiMS pupils will continue on to do post secondary school'.' (for schools up to KS4)
Extremely concerned
45%
Somewhat concerned
40%
slightly concerned
15%
Not at all concerned
0%
15%
45%
40%

Figure 13-


‘Q9. Please select the response that applies most to how you feel about the following statement, ‘I am concerned as to what our SPiMS pupils will continue on to do post secondary school.’.’ (for schools up to KS5)
Extremely concerned
50%
somewhat concerned
33%
Slightly concerned
17%
Not at all concerned
0%
17%
50%
33%

Question 11 ‘Please give your opinion on SPiMS’ – I am pleased to say that no one voted that they dislike SPiMS!

Figure 14-



6% were neutral, 60% agree with SPiMS but think that the current system could be improved upon, and 34% strongly agree and think that they have improved our education system.

In Question 12, I asked for any additional comments from the teachers.
Some of the comments include thoughts of -
SPiMS Teachers need more PPA time that is protected.
SPiMS is a bad name for it.
SPiMS classes need more funding for more classroom assistants.
The EA provides insufficient training. Mainstream, practical subject teachers often do not feel that it is their responsibility to meet the needs of these pupils, SPiMS can feel isolated in the school. Additional support and monitoring is needed from the EA.
Training needs to be more in line with special schools.
SPiMS shouldn't be used as a replacement for Special schools.
I also found in my research that some SPiMS teachers aren't getting paid the extra SEN point (extra pay received for additional duties and responsibilities, such as teaching a SEND class). Some teachers aren't receiving this extra money, and don't want to ask for it, for fear of rocking the boat. Teaching a SPiMS class is more challenging than teaching a mainstream class, this is why these teachers receive additional pay, and they shouldn't be afraid to ask for what they deserve.

Chapter 5 - Autism and Mental Health

Trigger warning -
In this chapter I am going to go into more detail on mental health and its statistics. The rest of this chapter will include details around the topics of self-harm and suicide. If you think this may upset you please skip to the next chapter.

I remember when I started to hear people in the media discuss and mention 'mental health' and I wondered why they were referring to it as mental health, because surely if people are having problems mental illness is a much more fitting terminology, as health implies good and healthy. Well, I guess that's just my logical brain over thinking it.
Mental health is an important area to discuss when talking about Autism and Neurodivergence, as people with Autism are more prone to these types of problems then Neurotypical people.
A common problem is a lack of services available to people in need of mental health support. And when people don't get the support they need, they are more likely to reach a point of crisis. If you consider what a hospital environment is like for a moment. The bright lights, the noises, the people moving about, the uncertainty of everything. Then times this by 10, and consider how an Autistic person may feel in a hospital. I think we're all aware that autistic people are different

from neurotypical people. Autistic people are in the minority, often the ‘odd one out’. These differences often make Autistic people the target of bullying. This is the case of most Autistic people I have spoken to. Of course in school we need to pay attention to signs of this with all our pupils, not just SEND pupils. I went to a good school, academically selective, in a good area. This had no effect of the morals of the pupils, if anything it made smart bullies in my school. I’ll not bore you with the ins and outs of the matter, but I think It’s worth mentioning that when I was 12, eating lunch with around 15 girls from my class, two girls told me to go stand in front of a bus and kill myself. And the other girls laughed. This was when I realised that sometimes it’s better to be alone than to be with unpleasant people. And of course this wasn’t reported to the teachers. So this is the sort of incident that can go on in a school without staff knowing.

Bullying is not good for a person’s mental health, and can have long term repercussions even years after the event.

I even had a physical fight when I was in school, anyone who knows me will be surprised at this as I am generally a very patient, and calm person (if I do say so myself). However, in an incident similar to above, I was being mocked, which wasn’t unusual. But this time was different as I was physically pushed, and I wasn’t going to stand for this, I pushed back, (well it was honestly more of a shoving match then a fist fight, but still) and

again, no teachers saw this, it went unreported… I don't like to say that I won, because I can't even 100% remember the outcome, but what I do remember was that I stayed standing upright, and I wasn't pushed again after this incident.

In a separate incident I was also grabbed from behind by a boy a year older than I was, and I pushed him over as well. And indeed, this is a reflex problem that has continued into adulthood, if I'm grabbed or pushed (intentionally) I have to try very very hard and use all my will power to stop myself from reacting. But then the argument with this is, why am I the one having to restrain myself? Surely fully grown adults should have the ability to control themselves and not intentionally grab/push other adults? Shouldn't other people respect my personal space?

It is generally considered that people with Autism have a slightly reduced life expectancy, this could be due to the physical issues, like GI Issues, and epilepsy or the psychological issues like anxiety and depression. Those with a learning disability have a lower life expectancy than those without a learning disability. The National Autistic Society published an article about the life expectancy of people with Autism in the UK, they said;

'For autistic men with a learning disability, the life expectancy was seven years shorter than the non-autistic comparison group. For autistic women with a learning disability, it was 15 years shorter than

comparison women. This last finding could demonstrate that many autistic women are undiagnosed unless they have high support needs (which might negatively impact life expectancy).'

Suicide -

What are the suicide rates of autistic people compared to NT's?

Suicide rates vary from country to country, and they vary within different regions of the country, and they can even vary within a city, as deprived areas have worse suicide rates.

Research by Dr S Cassidy et al shows that of people who committed suicide there was evidence of Autism in 10.8%, and when considering those who had evidence of possible undiagnosed autism, this became 41.4% of group. They also note how this is significantly higher then the national average prevalence of Autism of approximately 1.1%

So, if you have a class of 15 pupils in a SPiMS and all 15 pupils have Autism, then statistically speaking, there is a much greater risk that one of these pupils will die by suicide, then their mainstream/neurotypical counterparts.

There is little to no support for people who have been diagnosed with Autism. And even when they do reach out for help from medical professionals they are often dismissed. This may be due to the fact that neurotypicals tend to exaggerate more than autistic

people. For example, a NT person may say ‘It feels like I’m being hit in the head with a hammer.’ Whereas an autistic person may find it more difficult to describe a pain and may say ‘My head hurts’ therefore the NT person will get stronger painkillers, or more detailed medical investigations. We will later discuss Alexithymia, and this may also have an impact on how an autistic person accesses healthcare. I can back up the logic that autistic people tend to be dismissed by medical professionals because it has happened to me several times, now I’m sure this often happens to neurotypical people as well, and I have also dealt with some very good doctors who have really listened to me and validated my concerns. However, unfortunately most doctors don’t know a great deal about communicating with autistic individuals.

Drowning is a leading cause of death among autistic children . Children with autism are 160x as likely to die from drowning according to an American study. Autistic people are often drawn to water due to the sensory aspect of it. With water you can hear it, smell it, taste it, and feel it. Meaning that water is able to satisfy many aspects of sensory seeking behaviours. This study goes on to recommend swimming lessons for all children after a diagnosis of Autism.

In my research I found that not intellectually impaired women are the most at risk group among the Autistic group for death by suicide. This may be down to the often later diagnoses, resulting in living without

supports in place and as such high masking.
Statistics about ASD women and suicide – This article states that ‘up to 35% (of autistic people) have planned or attempted suicide’. This is one in every 3 autistic people, this is a shocking statistic that should concern us, and be an indicator that we need to improve support for the mental health of autistic people.
Data created by ‘Autistica’ who describe themselves as ‘the UK’s leading autism research and campaigning charity’ and published by The Royal College of Psychiatrists (RCPSYCH) states that Autistic women are 13x more likely to die by suicide then non-autistic women.
‘Autistic people make up approximately 1% of the population, but 11% of suicides.’
‘Autistic children are 28x more likely to think about or try suicide’ as a teacher to many autistic young people, this is quite an upsetting statistic.
Autistic people can be quite good at masking their autistic traits, whether this is intentionally or sub-consciously, I would argue that this would make them better at masking any suicidal thoughts or feelings that they may have, or any self -harm they may be committing. Meaning that we may not know that anything is even wrong until it is too late.
If we know that drowning and suicide pose big threats to our Autistic young people, I would argue that the logical answer to this is to provide swimming lessons, and increased mental health education, to try and

prevent as many preventable deaths as possible. I didn't forget about epilepsy, I just couldn't think of any ways in which we could improve this.

Swimming was not taught in any of the secondary schools SPiMS I observed, one of the principals commented on how this was due to costs, however would consider introducing swimming lessons for the SPiMS classes, given the information I shared with them.

Mandatory swimming lessons and mental health lessons for all the SPiMS might be a way forward, and mental health lessons should, in my opinion, be mandatory for all pupils in schools, obviously these lessons need to be age appropriate. But we also need to be aware that children can commit suicide from a surprisingly young age.

I personally didn't even learn to swim until I was 15, and that was because I paid to go to adult swimming lessons, where no one could swim a stroke, and it was a very calm environment, especially compared to school swimming lessons, and at the end of the 8 (or maybe 10) weeks I could comfortably swim on my back. The problem with the school swimming lessons was that I was one of only 1 or 2 pupils in the class of 30 who couldn't swim, meaning I was often just given a floatation device and little to no further instruction. And if we were able to have swimming instructors who understood how autistic people learnt best (possibly by reading this very book?) then these instructors would be

the best people to teach these children this essential survival skill.

If you're wondering why autistic people are generally speaking so bad at swimming, I would argue that it is to do with Sensory Processing Disorder. Often autistic children have difficulty with sensory processing, and this continues throughout life, however, we often become more used to being uncomfortable, as such autistic adults often seem less bothered by sensory issues than autistic children. Swimming is a sensory nightmare, fluorescent lights, other children screaming and shouting, the smell of chlorine, water getting in eyes, ears, mouth, being damp and cold getting in and out of the water. These sensory challenges may make it more difficult to learn and follow the instructions. And when you also consider the fact that many people with autism have coordination difficulties, with some having diagnosable dyspraxia, this will make moving your arms and legs at the correct time and in the right way, slightly more difficult. Obviously there will be autistic people who are great swimmers and love it, this is more of a general observation that autistic people tend to struggle with swimming.

Interestingly enough I spoke with another autistic adult who also, like me, can only really swim on their backs! I considered this to be a massive coincidence, so I added this question to my survey of neurodivergent teachers in the UK, and the finding showed that around half considered themselves average, or good swimmers, with

the other half considering themselves as ‘Weak swimmers’ or not being able to at all. So my results were inconclusive.

If you are a parent of a child with autism, and you would like to teach your child to swim, I came across a company here in Northern Ireland that specialises in teaching autistic and neurodivergent children how to swim. Swimming Buddies has been running for 8 years, and offers 1-1 lessons of 30 minutes at 3 different locations in Belfast. Their staff are trained by Autism Swim, which is an Australian charity, that focuses on wandering and drowning prevention, they offer training on an online platform internationally. I spoke with the founder of Swimming Buddies, and she told me of how, although water safety is the priority, they don’t just teach children to swim, but also include the sensory aspect of water, which can be very therapeutic, and help to regulate the young people, after what may have been an overstimulating day at school, and this can in turn help the young people sleep better. It was disheartening to hear that often the children that they work with, don’t have swimming lessons at school, either from being excluded as staff don’t have the ability to teach them safely, or due to the pupils not wanting to participate.

The leading cause of death for people with Autism is epilepsy, the second leading cause of death is suicide. The average life expectancy for someone with Autism is lower than their neurotypical counterparts, this may be because of a variety of factors, including co-morbidities,

and mental health issues. But they say that knowledge is power. So, don't panic! If you can look health issues in the eye, and address them, this is how we deal with them and change things.

So, after all that, here's a few final thoughts. You and I aren't able to change the healthcare system, but we can change what WE do.

What is being done to fix this?

I think some schools have certainly introduced more support in the way of lessons about mental health, but there is still room for improvement. I think young people should be taught more in school about mental health, and how depression, self-harm, and suicidal thoughts can happen to anyone. They should be taught what to do if it happens to them, at any stage of life, not just who to talk to when they're in school. As the above data shows, I think that particularly classes of Autistic pupils need to be taught all of this. Even younger pupils like 11,12,13 year olds, who you may think are too young to hear or learn about this. You need to teach them coping mechanisms before they start self-harming at age 14,15,16… Although of course we can use our professional judgement and give 11/12 year old classes a more age-appropriate lesson than say a 17/18 year old class.

If you want to know how someone is, ask them 'How are you?' You will probably get a response of 'Fine thanks.' As most people (not just autistic people) don't want to bother others with their problems. Then ask

again, ‘How are you?’ I find that asking three times is a way to get an honest response, they may actually start to tell you how they are, they may laugh and find it funny, or they may get frustrated with you. But whatever their response is, by actually asking in a genuine way like this, the person will know that you care, even if they don’t want to talk there and then, they will know that they’re able to talk to you if they need to.
Sometimes it’s nice to be ‘alone together’ with someone. Company is often appreciated. There is a concept called body doubling, or parallel play, which is where two (or more) people do different things together, just to be together, or to increase productivity in some cases.
Also ‘Autistica’ says that up to 50% of people with Autism have a history of self-harm. I think this is a fairly accurate estimation given the information in discovered in the study which I will outline below.
There was a study done of 103 Autistic people on the topic of self-harm. Of this group 61% scored as having clinical levels of Alexithymia (see chapter 10 for more info about Alexithymia), with a further 8.7% being just below the cut off for clinical level Alexithymia. The study states ‘Of the 76 current and historic self-harmers, 60 could recall the onset of self-injury at an average age of 15.1 years (SD = 10.8). Seven others also estimated that they began self-harming in childhood or early adolescence.’ This is very much school age children. Interestingly enough, they have a table which highlights the most common locations of

where the self-harm occurs. And the majority of these would be in relatively visible locations, such as hands/wrists, face, arms, legs. They also discuss the reasons why they self-harmed and the top 5 reasons were (in descending order)–
Angry with self,
Accidentally discovered it- had never seen or heard of it before,
Upset and decided to try it,
Angry with someone else,
It felt good.
When asked if 'The fact that I intentionally hurt myself is a problem in my life' only 51% of people of self-harmed agreed, meaning that 49% didn't think it was a problem.
Also, it's worth noting that anxiety related stimming, such as lip biting/skin picking may be confused with self-harm, however I think the difference is intent, if a person is self-harming, they are doing so intentionally, if a person is stimming it is often done without realising that they may be hurting themselves.
Self-harm can be seen a little bit like an addiction. It is bad for you, but the individual often can't see why it is bad for them, it is hard to stop, you may still get cravings for it long after you have quit.
I listened to a You-Tuber say they were 'Two years clean from self-harm'
Additionally, someone commented on how people with addictions can relapse during particularly stressful times in

their lives. So I think this is worth bearing in mind if you are supporting someone with an issue like this.

I considered the work of Dr Tony Attwood, and he commented on Autistic women being victims of abuse, and also Autistic women as mothers.
Women are more likely to be a victim of domestic abuse. Both physical and emotional. Women with Autism are less likely to have close friends, and as such they may be more likely to enter relationships which have an uneven power dynamic, as they are flattered by the attention, and may be unaware of what is considered 'socially normal' in a relationship, particularly if they have not had much experience with relationships.
Women with autism are often naturally very caring and empathetic. This can often lead to them being good at working with children, or caring for others in professions such as nurses. However, women with Autism often lack confidence, and particularly mothers who have autism may need reassurance that they are a good mother.
Bullying is a big problem for schools, but particularly for Autistic children. Autistic people in general (not just children) are more prone to bullying, this may be because they appear 'weaker' or 'shy' and as such an can be easy target. Also, difficulty understanding social cues, and communication issues.
An important thing to note, is we need to make sure that our young people know what bullying is, and that there

is a line between a joke and making fun of someone. This can be taught in school by lessons, or workshops.
SIDE NOTE – when I google 'Suicide and bullying' for my research for this chapter, the first thing that you see is the Samaritans phone number and a line saying 'Help is available.' This is great to see, and, in my opinion, how the internet should be. It has a similar message on YouTube.
Another issue to consider when discussing mental health is substance abuse. I mentioned above how self-harm could be considered something of an addiction. Neurodivergent people tend to be more prone to having an addictive personality, a person might be inclined to channel this energy and passion into something healthy, like a passion for exercise or sport. But often times people tend to find themselves in a state of mental distress, such as depression, and they may turn to substances as a distraction, or a sensory seeking activity. With addictive substances, people can get addicted to them. And of course this doesn't only apply to illegal substances, there are also cigarettes, vapes, alcohol, gambling, even food. None of these are illegal, however, if a person becomes addicted to them and uses them to excess then this can cause serious health problems.
Neurodivergent people struggle with their autonomic nervous systems. The autonomic nervous system controls the amounts of norepinephrine we have in the brain. And this norepinephrine regulates dopamine

levels in the brain. So, this is how
Neurodivergence can cause reduced dopamine in the brain. Dopamine is responsible for prioritising tasks, regulating your emotions.
The above-mentioned things (alcohol, cigarettes, etc...) cause a dopamine spike in the brain, which is nice, I'm sure most of us feel a bit happier after eating some chocolate.
A late diagnosis provides an issue here, because if a person knows that they have Autism or ADHD, then they may have better support and not feel the need to participate in the sensory seeking/dopamine seeking activities, which can lead to addictions.
Consider this scenario, an undiagnosed teenager, or young adult, struggles with social situations like parties all through their life. But then suddenly, these parties, change from having bouncy castles and face painting, to vapes and alcohol. They may vape because their friends are doing it and they want to fit in. They drink at this party as well, and suddenly, they don't feel quite so socially awkward anymore, they enjoy themselves more, and are able to talk more freely without worrying about what other people are thinking. They then drink at every party they go to. But they may become more and more reliant on alcohol to be able to socialise. At what point do we say that this person is now addicted to alcohol? When is it a problem?
What if someone is a functioning alcoholic? This is a person who can carry on with their life as normal,

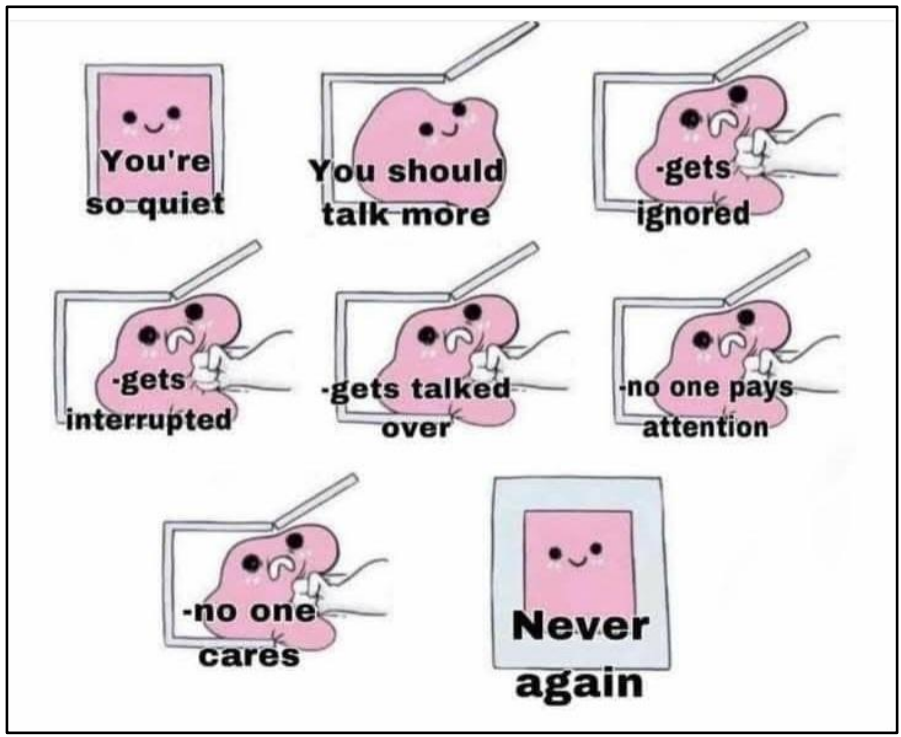
while having a drinking problem, maybe drinking every single day. As much as this person isn't a detriment to society, they are slowly hurting their livers, and other parts of their body, and this may ultimately lead to their untimely deaths.

Drinking can make you feel 'normal'. I think the trick is to find friends that you don't need to drink to be around. Most of my friends I am very comfortable with, and it makes no difference to me whether I drink with them or not. There are some social situations where I drink and it does help with my social skills. Personally, I stick to 1-3 drinks a night, there's a sweet spot where you can enjoy the evening without social inhibitions, yet you can also walk in a (relatively) straight line and get home safely at the end of the night.

We can help balance dopamine levels, (without substances) by getting enough sunlight, moderate exercise, good quality sleep, gamifying task (such as 'Can I get the laundry on in 2 minutes?') and managing your simulant intake, such as coffee.

People are often surprised that I have Autism, because I mask quite a lot. The reason why I mask can be explained by the image below.

Figure 15 – ‘Never again’ meme, image from Pinterest



So now that we have discussed a lot of the impacts of mental health problems on Autistic people, let’s discuss some positives! You know the saying prevention is better than cure, well people are becoming more aware of their mental health, which is great, but there is more to be done.

If you are a teacher, then you may be used to being overworked, due to the pressures put on teachers in the current climate. These pressures may be paperwork and results based, or they may be dealing with large class

sizes, or budget cuts. And school is a bit chaotic, just in general, but in the best way!

But remember to put yourself first… this may seem counter intuitive, as we get into teaching to help young people, and we WANT to put them first. But if you burn yourself out, to the point where you are unable to work, then you won't be able to help anyone.

So, if you're sick, take a sick day.

If you're under pressure, ask for help!

If you're tired, take a nap.

Your PGCE year is intense, I was working 50+ hours a week, while studying at a post graduate level, and I also bought and moved into my first home, so it was a very busy year for me! When I was nearing the end of my second term I got home from school and I laid down for a minute and I had a nap-ccident! (I had an accidental nap), and woke up an hour later, 5 minutes before I had a zoom uni tutorial meeting.

So, my advice is be patient with yourself, it's hard, but worth it in the end.

Many autistic people may struggle to work a full 40 hour working week, for a variety of reasons. The exhausting aspect of masking for this length of time. Being overstimulated for this length of time. Or other reasons that are more specific to the job itself. Although not the main reason I went into teaching, I find that this is a good profession to help with this. You work 32.5 hours a week rather than 40, and there are often school holidays as a break to have a rest. Also, it is quite easy to

work part time as a teacher, if you find that 5 days a week is a struggle. It is a personal choice that we must make as autistic adults. Would you rather work more, and have more money, or work slightly less and have slightly less money, but more time?

So, rest is very important. But rest means more than simply sitting down and physically resting, there are 7 different types of rest (that I know of)-

Physical rest- sit down, or lay down, you're doing too many steps in a day and your legs or feet hurt.

Mental rest- You may notice you start to make more mistakes than usual, take a mental rest by putting books, and work away and trying to forget about it for a while.

Sensory rest- your eyes may feel heavy and loud sounds bother you? Avoid the phone! Doom scrolling won't help here! Sit in a calm space and close your eyes for a few minutes.

Social rest – Finding it draining spending time with people? Take a nice walk alone, or spend some one on one time with your favourite person, could be a partner or best friend.

Emotional rest- express your feelings, don't bottle things up

Spiritual rest – meditation, or being involved with your community

Creative rest – are you busy creating something? Take a break, to rest and refresh, and you'll have better ideas when you come back.

But the big takeaway here is, you're doing great! Keep

going! You can do this!!!

A mental health crisis, is often caused by a person hitting the limit of what they can handle, it is a persons breaking point. And yes, this is different for every person, and yes, unfortunately, an autistic person might have a lower threshold of what they can handle. This can be dealt with by knowing your own mind, if you know you are stressed out and have, say, five things on your plate right now, and someone asks you to do a sixth thing, you need to know that you can't do the six things at once. You need to either say no, or stop doing something else in order to have the time and energy to do the extra thing. You may really want to just say yes. I know I tend to be a bit of a people pleaser at times, and I have had to learn how much I can handle, and how to say no (politely).
And remember, if you ask someone to do something, whether it's an adult or a child, it may just be the sixth thing on their plate today.
A hot topic currently is phones in schools. There was a documentary on channel 5 called 'Swiped, The school that banned smart phones' that took the electronic devices, phones, tablets, and similar, away from a series of volunteers, both students and teachers. They all reported feeling better at the end of the experiment. We all know that phone and social media are not good for our mental health, yet we all continue to use them any way?

I have worked in several schools and the best phone policy I have come across is one where the form teachers took the phones off the pupils in the morning registration and then gave then back at the end of the day. This means that teachers are not constantly saying 'put the phones away' and pupils talk to each other at break and lunch times. Of course there are always one or two that keep their phones on them, but as they know that it will be taken off them and they will be sanctioned if they are seen with it, there is significantly less using of phones in the school.

When you see a group of people, either young people or adults, it isn't a far stretch to say that a phone is a pacifier, a comfort item for us all. It can be used to keep people quiet. But we often remove actual pacifiers from babies/toddlers at a relatively young age, because we don't want it to impact their health by affecting way in which their teeth grow, or their speech… I think people are somewhat unaware of the negative impacts phones have on our health.

I was also at a weekend residential with young people aged 8-14, where they weren't allowed to bring their phones, and the adults generally speaking lead by example and didn't use their phones in front of the young people. I personally found it delightful to not use my phone for 2 days, such a refreshing change and a break from the rat race that we call life.

Another thing worth noting in this chapter, isn't really mental health related, but its (it's) a bit of a bummer, so I

thought I'd tie it in here.
Victor Perez was 17 years old with Autism and Cerebral Palsy, he was non-verbal. He went towards the police officers while he was holding a knife, there were 5 police officers, and a fence between the police and the teen, he was shot 9 times by police in his yard in America. He died. I would like to say that this was an isolated incident, but it was not. Even here in the UK, our Police are often not trained to deal with Autistic people, particularly those with high support needs who may be non-verbal.
The problem is people with Autism struggle with eye contact, and aversion to bright lights, can often have quite monotone speech patterns, not responding to questions, among other things. These could be confused for signs that someone is on drugs. And generally speaking it's not good if a police officer thinks you might be under the influence of a substance of some kind.
Also, autistic people often struggle with authority. We would tend to question things we disagree with. With the thinking of why do we have to follow
rules if they are stupid rules? Additionally, if I do something wrong, I would tend to explain why I did what I did, I would give the reason, but in the past I feel like people may consider this as me trying to make an excuse.
The PSNI (Police Service of Northern Ireland) did a podcast with Autism NI, which was

published on their social media's. They discussed Naomi Maxwell's report on police interactions with people with ASD, which found that Police Officer struggled with asking interview questions to people with ASD. 'How did the crime occur?' is a very vague question, that could be open to interpretation, and those of us with ASD may struggle to answer a question like this, especially in stressful situations. Someone during this podcast commented on feeling 'intimidated' by Autism, before learning about it, and I think this might be true of a lot of the general population. This may even be coming from a place of kindness, it's not so much of a 'I'm afraid this autistic person will hurt me.' it can be, but more often it may be more like 'I'm concerned that I will say or do something to upset this autistic person.'. There are webinars which PSNI officers can use to learn more about Autism.

A person on this podcast discussed how they had a walk through of getting pulled over, with their local police station.

The PSNI also have 'sensory packs' for victims and witnesses, including things like fidgets and similar. The PSNI have an Autism (and other neurodivergence) support group for their staff with over 250 members. They also comment on how disability hate crimes are under reported.

This podcast was put on YouTube and it had a total of 226 views in the first 6 weeks. Upon enquiring with the PSNI they informed me that they also shared this

podcast on an internal platform for officers, and this received 54 views, and the transcript was viewed 1125 times. There are approximately 6,289 current members of the PSNI in various ranks.

I contacted the PSNI to discuss how their police officers are trained to deal with autistic members of the public. I received a response which explained their training in relation to Autism.

Student officers, probationary support officers, custody Sergeants and Civilian Detention officers all receive online training. And there is also neurodiversity training for Trainers given in a classroom environment.

They also include a missing person scenario in relation to Autism in the Student Officer Development Program. Which, considering the high rate at which autistic children elope, and the risk involved in that especially near water sources, is particularly useful.

Also, the PSNI has a National Police Autism Association Co-ordinator who shares guidance from the National Autistic Society. It is clear that there is very good progress being made within this very important sector of our community, who deal with members of the public on a daily basis, especially when they are at their most vulnerable.

To finish the chapter on a more positive note, I also watched a video of an interaction between an American police officer and a young autistic man who was driving and came across a road closure. Initially the police officer told the man that the road was closed and that he

had to turn around. After he said that he had Autism, and the police officer noticed that he was anxious, they changed their tone, and proceeded to give clear, step by step instructions, and said that he wasn't in any trouble. This reassurance, and calming manner, helped this driver be able to carry on with his journey without too much unnecessary distress. This video has gone viral, with many people praising how the police officer handled this.

Chapter 6 - Academic pressure in Education

This is an important topic, not just for neurodivergent students, but all students. Where the majority of what I have discussed in this book focuses on my work as a maths teacher in secondary schools, this chapter will focus more on my own educational experiences, as an undiagnosed level 1 autistic in a grammar school.
Academic pressure, can occur to anybody, at any age, and at any level of education. A few common times may be, primary 7 pupils (Northern Ireland age 10-11) preparing for their SEAG's (Schools Entrance Exam Group) formerly AQE, formerly 11+, Pupils sitting G.C.S.E's, Pupils doing A-Levels, and anyone studying further or Higher education.
Although of course it's not limited to these occasions, and can happen at any time.
I was fortunate enough to have a very supportive mother, who, although encouraged and helped me to study and prepare for my AQE, she never put any unnecessary pressure on me, stating that it was ok if I didn't get into the school I wanted. I did get into the school I wanted.
The school I attended had a large selection of G.C.S.E.'s to choose from and so I was able to pick subjects that interested me, with many number/science based subjects.

I only had 1 moment of major academic pressure at GCSE level which I can remember. When my teacher was discussing with me a target grade. This was a subject which I was quite good at, the teacher suggested that I target an A*, I said I didn't want to and that I'd rather target an A. I was given the target grade of A*. I sat at my desk and have a minor panic attack (it may have been an autistic meltdown, it's hard to tell the difference). I was very fond of this teacher and I understand where they were coming from, even at the time, I knew they only wanted what they thought was best for me, however, I think at this time I was pushed/encouraged just a bit too far for me personally. What I think the real takeaway from this is that a pupil can be sitting in your class in distress, whether it's from a meltdown or something else, and you could be none the wiser. You are probably expecting a great piece of advice now, on how to spot the subtle hints that an autistic pupil is in distress, but the truth is with high masking individuals it can be very difficult to tell, and it may vary from pupil to pupil. My only advice here is consider making sure pupils know it's OK to go to the bathroom in your lesson (without getting scolded or criticised for it), autistic pupils can often get 'time-out Cards.' However, an undiagnosed autistic pupil would not have this, so the ability to take 5 minutes to step out to 'go to the bathroom' may be just the respite they need.

A-levels were where I began to struggle with school. I

moved house the summer before starting 6th form, when this was combined with the change in the social aspect of 6th form (I still had the same friends and went to the same school, but there was still a lot of change for me to deal with.). And then the academic difference between GCSE and A-level remains the largest shock to me in education to this day.

Shortly after starting 6th form, I realised that I was unhappy, I was struggling to cope with everything, and I was 16, a child still. I did some research online and I realised that I most likely had depression. A big part of me was in denial, surely this was something that happened to other people? I wasn't old enough to get depression? I had nothing to be depressed about? So, I tried to ignore it for quite a while. I waited from September to Christmas, and then I had the thought of 'I'll not be at school for 2 weeks, I'll not have anything to worry about during that time, maybe I'll feel better then?'. Well, after the Christmas holidays passed and I went back to school and I still felt like a sack of potatoes, I decided it was time to deal with it. I went to a large school which had a counsellor which we, as pupils, were able to contact ourselves via an email address in the front of our school homework diary. After talking to our school counsellor a couple of times, I felt better. It was good to talk about it and explain how I was feeling.

Another pivotal moment in my getting over depression was a piece of advice from my brother, who's 2 years

older than I am and went to the same school. I explained that I was stressed with school, and his advice was 'Give up. Once you stop caring it'll bother you a lot less.' Now I know as teachers this seems like an awful thing to say, counter to everything we have been taught to teach, but this advice actually worked quite well. Combined with speaking with the counsellor, I felt practically back to my old self by February. I think this was the point in my life where I realised that, despite how much I LOVE education, it is not worth it at the expense of your health, either physical or mental.

A good thing to come out of this experience was that I am now aware of what depression feels like. I have since been able to sense when I am entering something of a 'pre-depression' state, this for me would consist of excessive apathy, tiredness, and irritability (I am usually a very patient person). When I sense this, I consider what has changed recently in my life and what may be the cause of this. If I can identify something, I am then able to address it, I eliminate it when possible, or give up on it emotionally (like I did with the A-levels) and this has been somewhat effective at preventing any depressive episodes like I had at age 16/17.

A colleague of mine told me once that 'Maths teaches us to struggle well.' And there are often times I remember this when working through a problem, whether it's a mathematical problem or a personal problem.

You might think that it is 'brave' of me to discuss my depression in a book which is available to the public,

but I think we, as a society still need to work on destigmatising mental health. We have come on leaps and bounds in the last few decades, however, people are often still very reluctant to talk openly about the topic. I understand why, it can make you feel vulnerable talking about a time you felt weak. But how can we expect our young people to be able to talk to us about depression if we as adults can't even talk about it. We need to lead by example, and model good and healthy behaviour.

And despite, my above comments on how the academic pressure of school affected me, interestingly enough, my school was a major factor in developing a love of learning. I wanted to be a teacher, because I had so many great teachers to look up to. The real question here is, do I think that an academically selective school, with a strong focus on academic achievement is a good place for Autistic pupils? If diagnosed, there is probably sufficient support in place to help these pupils. But, with the current attitudes and misunderstanding of people about Autism, an undiagnosed pupil in an academically challenging school will struggle. Then again, an undiagnosed Autistic pupil may struggle in other schools for different reasons, a school that is less academic, but more sporty, the undiagnosed Autistic pupils may deal better in these classes, with less pressure but may struggle more socially.

And if I went to a school which had less academic pressure, would I have achieved the GCSE and A-level results which I did?

This also seems like a good time for me to mention how stress affects your body physically. We are all prone to being stressed out from time to time, however, Autistic people are more susceptible to stress and anxiety than neurotypicals. Here are some ways in which stress can affect you physically -
Acne
Autonomic nervous issues (difficulty regulating temperature, and excessive sweating)
Bruxism (grinding teeth in sleep)
Fatigue
Gastrointestinal issues (such as IBS, IBD or similar)
High blood pressure
Insomnia
Lower your immune system (so more colds and sicknesses)
Migraines (*top tip – Drinking Indian tonic water can help, supposedly it's the quinine in it)
Muscle tension
Nausea
Nightmares
Panic Attacks
Self-harm
Skin picking (Dermatillomania - skin picking disorder)
Stress related rashes (such as eczema/rosacea/psoriasis)
Trichotillomania (hair pulling disorder)

If you're affected by any of these, and it has a negative impact on your life, I recommend visiting your GP.

In addition to stress, autistic people often suffer from anxiety. A specific branch of this anxiety would be health anxiety, also known as hypochondria. This might be down to the previously mentioned enlarged amygdala increasing fear and anxiety. Or another thing to consider might be the fact that Autistic people are often misdiagnosed, dismissed and invalidated, by the very medical professionals designated to helping them, as I mentioned earlier. And we are also not just dismissed by medical professionals, but also others in our lives...such as teachers at times.

A tip for tackling hypochondria, would be writing down any concerning symptoms, along with a date. This means that you are able to keep track of what is going on in your body and you don't need to try and rely on your own memory. If it turns out you're fine, then you just move on, or if it continues to be an ongoing issue, then you have dates of when it started. And the writing down of the issues helps you feel better about them as well.

So, in keeping with the theme of anxiety, another way in which it manifests, is anxiety at going to new places and/or doing new things. Ways to tackle this are planning ahead and researching. But sometimes you can do all this and still feel anxious.

There are of course other ways to help with anxiety, such as meditation, talking about it, or if you want to turn to medication, there are many options. If you want

to go to your doctor, you may be able to receive a prescription for a medication which might help. Or if you don't want to go to the doctors there are many over the counter medications, such as Kalms, St John's Worts, Rescue Remedy, and others. Although please note these may have side effects and should be taken with care.

I think an interesting thing to note is that, despite A-levels being a level 3 qualification, my maths degree being a level 6 and my PGCE being a level 7 qualification, I had the greatest amount of academic pressure and related stress during my A-levels. I don't necessarily think that this is because they were harder than the level 6 or 7, I think it's more personal than that. When I was completing my A-levels, it felt like they were so important that my life would be over if I failed them. I was doing A-levels with a future career in mind. When I was doing my maths degree, yes I was doing it so that I could have better career options than I had without a maths degree, but I wasn't focused on a career. In fact I had no idea what I wanted to do with my maths degree, I was mostly doing it because I was a bit bored after a year out and not studying. I did a maths degree because I wanted one, it was fun (most of the time), I wasn't being pressured. It was great!

When I decided I wanted to become a teacher, I was in a position in my life where I was quite happy. I was in the process of buying my first home, and ultimately, I knew that I didn't need to be a teacher, I didn't need it for the

money, I didn't need it to be happy, I had a job working as an admin clerk for over a year and I was quite happy. So, during my level 7 qualification, I wasn't too stressed and I didn't feel too much academic pressure, because the worst-case scenario was that I failed, and I knew that it wouldn't be the end of the world if I failed. Yes, it was hard, but quite manageable. With all this in mind, when I am teaching I will say 'Yes, your exam is important, and you should try very hard… but don't panic, it's not the end of the world if it doesn't go your way.'

Chapter 7 – How we can support our Neurodivergent colleagues or ourselves.

Many people I meet don't realise that I have Autism. This is because I mask and I am high functioning, in public, sometimes this is consciously, but more often it is unconsciously. The problem here is, people see me masking for a few hours a day, and don't realise that this takes a lot of energy, and they don't see how exhausted and Autistic I am the rest of the time. The prep time and the recovery time are fairly quiet and not noticeable, but they do exist.

When I first started teaching, I was told that there are many teachers with Autism, as it is a good profession and has certain benefits that suit a neurodivergent person.

Here are some of the reasons why I think teaching is a good profession for a person with Autism. There is a good amount of routine in teaching, you usually have your break and lunch at the same time each day, you teach the same classes, the same times each week. And after your first year, you generally have done a lot of the things before, like parent teacher interviews, school concerts or events. Yes, there are new things that happen, but most things are repeated yearly. Empathy, many people with Autism may have had difficult experiences in school, so being teachers means that we can help pupils in circumstances where no one may have helped

us. Also, I was a very mature child, and I am now somewhat of an immature adult (this is quite common among autistic people). Of course, I am a teacher, so I am in charge of the classroom, I am mature and responsible when necessary, but on occasion I get to play games with my pupils, I GET TO make up maths games to play with the kids. I mean I actually get paid, to play games with the pupils, who could imagine a better job than that!

If you are fortunate enough to be diagnosed with Autism, I'll mention below some ways in which you might consider accommodations in your workplace to help get the best out of you. Alternatively, if you are neurotypical, and have a colleague who you know, or suspect (as not everyone is comfortable discussing this) is neurodivergent, then you may like to bear these in mind as well.

For yourself -

• Using your preferred method of communication, whether this is in person, phone calls, or emails.

• Knowing plans in advance. Particularly if you are new to a job, knowing, what is going to happen, when, and where, in advance is very helpful, and it's good to have this written down so you don't forget.

• Try your best to socialise, but not at the expense of your sanity! Yes, the staff room may be a great place to chat with colleagues at break and lunch, however, if you need that 30 minute break in the

middle of the day to sit alone in quiet, take it, no one will judge you.
• Wear clothes that suit you, not necessarily what everyone else is wearing. Any clothes that distract you and are uncomfortable are not a good idea to be wearing for 7-8 hours a day (just remember to follow your schools staff dress code).
• Adjust your environment whenever possible, if you're a teacher and have a room, don't be afraid to make it your own, turn the heating up or down, adjust the blinds, only turn on 2 out of 3 lights, whatever makes it better for you, may also make it better for your pupils as well. The exception to this being, if you're cold but have a room with 30 pupils saying they're too hot, adjust the room temperature to suit the majority (one person can easily put on a jumper).
• Having a mentor is very helpful, often this can be your supervisor, but it doesn't have to be. A person who you can ask questions to about anything work related, you can express concerns and they can help you with your problems. You often get a mentor as an ECT (early career teacher), however, there is no age or experience limit to needing support. (My mentor asked if he was going to be in the book, so here's a shout out just for him – you were a great mentor!)
• If possible, try and find a quiet workspace. You

might be fortunate enough to have your own classroom, however many schools share rooms around several teachers, if you need somewhere to work maybe ask your mentor if there are any spare offices/workspaces you could use.

•Group work! This can be difficult, I can talk to one person very well. I can speak TO a group or crowd (I actually LOVE public speaking!). But speaking with a group can be difficult, because how do I know when it's my turn to speak? And even when I do try to speak sometimes no one hears me. Group work needs to be done at times for staff training. A tip might be, pick one person whose name you know in your group and when you have something to say don't just quietly say,'Well I think…' as this can get lost in the noise, rather try saying clearly 'Hey Jeff, I think…' Hopefully others in the group will hear your idea as well, and if not, Jeff might help you by agreeing and including this within the group ideas.

• 'Just be yourself' is a generic platitude often used when starting a new workplace. And yes, if you are comfortable being yourself, then go ahead. Or be the version of yourself you are comfortable with, it's ok to mask.

• Don't be afraid to ask for help! 99.9% of the time others just want you to be happy and productive and want to help you (people like feeling needed).

• If something seems hard or scary, it's ok to 'Do it scared' remember this quote - 'Bravery isn't the absence of fear, it is the overcoming of it.'
• Derren Brown said once 'No one cares about you.' not in a bad way, but rather in the sense that we're all so wrapped up in our own lives, that no one cares, what you wear, of if you wore it last time they saw you, or who you date, or what you do. Wear clean clothes, don't be a jerk, and don't date a jerk, and generally then most people don't care.
• If you don't have the energy to cook and you just want a comfort food… eat the comfort food. You'll not die if you have chips for dinner 3 days in a row (try not to make a habit of it as it's not a healthy balanced diet, but it will do no harm in the short term). It's better than not eating.
• In your PGCE, and with CPD, you need to read a lot of non-fiction things, such as books, articles, or similar, if you go into settings on your device, and accessibility, there may be an option called 'select to speak' or 'talk back'. These settings mean you can have the device read aloud, whatever is on your screen. I found this helpful when having to read long texts during my studying. It is also helpful for writing assignments, as when it reads what you have written aloud, you can hear any typo mistakes you may have made.

• If you are attending an event, such as a party, dinner, or conference, remember you can accommodate yourself, bring emergency sweets or biscuits with you, have earplugs in case of sensory overload, maybe sunglasses, or whatever you need to help you enjoy your event. And plan, plan, plan, you can use google maps to look at road layouts, buildings, car parks, venue websites for internal pictures, or menus. For anxiety around these events you could use Kalms tablets, or other anti-anxiety remedies such as rescue remedies.
Also please note, most people won't notice what you do, and even if they do, most won't care.

How you can support your colleagues -
• Give advance notice of change or events whenever possible
• Give a standing offer of support or accommodations, someone asked if I needed any accommodations, I said no thank you, but then 13 months later I took them up on the offer with a small accommodation that I realised would help me.
• Be direct. A subtle hint won't get you far with a person with Autism.
• Everyone likes a joke, Autistic people included, but maybe wait to get to know your colleague a

bit before joking around with them, as they may not understand that it's a joke. Or maybe even clarify that you're joking.
• This might seem obvious, but don't grab your colleagues, or push and pull them around.
• Invite your colleague to any work social gathering, they may not want to come, but its always nice to be invited.
• Don't make fun of someone stimming (that goes for colleagues or pupils), or mock and make light of saying 'that's my 'tism' when discussing your personality traits that may overlap with Autism… Trust me you don't want this.
• See above point on group work, and be someone's Jeff.
• Masking at work can be tiring. Also, Autistic people can do everything (or almost everything) that Neurotypical people can do, but it can sometimes take a lot more effort for them. Understanding this can help you to understand why your neurodivergent colleague might be too tired to go out for a drink after work, or why they may make more small mistakes later in the day/week (this can be true for everyone). Sometimes people with chronic illnesses can have 'bad days', as much as Autism is not an illness, we can still have bad days because of it.
• Feed them chips… it's a stereo type for a reason.
• If it's not on an Autistic persons radar it doesn't

exist in their mind. I worked in a school for over a year and I had never been to the canteen, why? Well, I've never been told to go there, and I have no interest in going.

•Some people need to be told, or shown, how to have fun. Autistic people may hesitate at new things. Possibly saying 'I'm going up to get a bun (from a table of free food), do you want to come get something with me?' that subtle, little encouragement might just help, your socially awkward Autistic colleague. Or even 'come dance with me.' at a party with dancing, offer once or twice, but don't try to force them if they say no. We often need a specific invitation to do things.

•Give them time. Extra time to process thoughts. Extra time to cool off and calm down after anything upsetting. When dealing with big emotions, give them some time before trying to talk about it again, they might only need 5 minutes, maybe an hour, a day, a week, or a month, to calm down. You will have a much better, more productive conversation when everyone is calm (This goes for non-autistic people too). This is the same point as I said for helping SEN pupils in chapter 3. It applies to all ages.

These are just some guidelines that may help, by no means are these hard and fast rules, that people must

follow. And there may be things that aren't listed here that help you or your colleagues, different things work for different people.

Accommodations don't have to be big things, they are just things you do to help other people. For example, I considered the fact that other neurodivergent people may read this book, so I ensured the line spacing is adequate (1:1.15 rather than the standard 1:1), I have made the cover of the book matt rather than glossy to reduce glare and I also included an index at the back so if you find a particular part of the book interesting it will be easier to refer back to it. Just try and think what might make the other person's life a little bit easier.

Some spaces you go will feel very accessible, and this is often due to the efforts of the people involved in organising. For example, if you attend a disability rights meeting, you will most likely find that this is very accessible and accommodating, however if you compare it to a casual night out with your work colleagues, unless your colleagues know about your condition and what you struggle with, then you won't be accommodated. Autistic related accommodations on a night out may be as simple as stepping outside for 5-10 minutes to get a break from the noise inside the venue. It doesn't have to be a big thing, it can simply be whatever you need. I recently had the privilege of attending a conference for 400 teachers in England. In the paperwork for going to the conference I mentioned that I have Autism and I was given the accommodation of

being placed in the nearest hotel. There were three possible hotels you could be allocated to stay in, and I was given the one which was connected to the actual conference centre. This took such a weight of my shoulders, in that I knew that if I forgot or needed something, it would take me less than 5 minutes for me to nip up to my room to grab it. Also, it meant I didn't have to worry about walking back to a different hotel by myself at night in a strange city.

Other accommodations at this conference included not just 1, but 2 quiet rooms! One with big round tables for quite chilled conversations, which also had events from the main room streamed to this quiet room with captions to read what was being said, and another with no one talking in it. The people who organised that conference really took the time to consider the needs of their neurodivergent colleagues, for which I am very thankful.

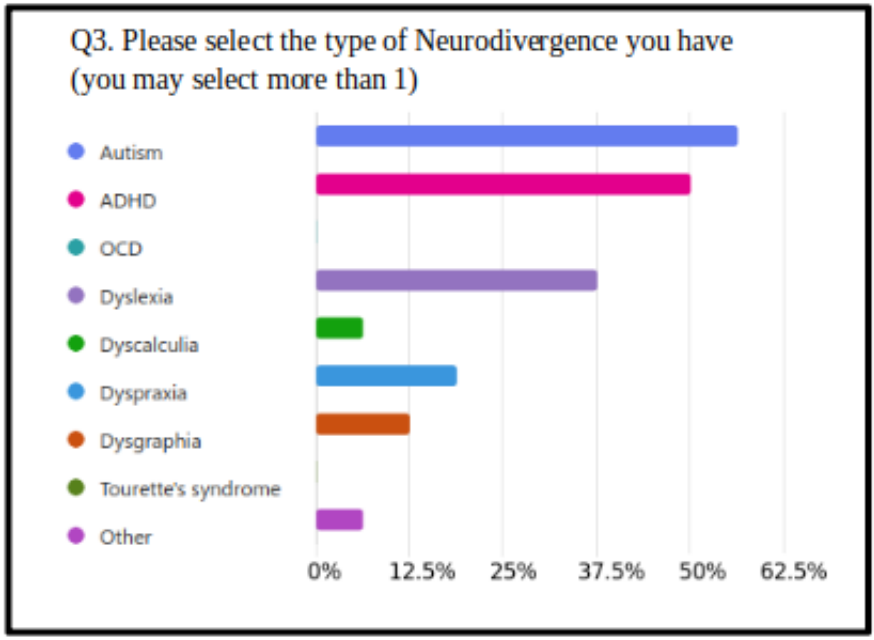
I also attended a training session for Autism and Anxiety, delivered by the charity Autism NI. This was again an event where the organisers realised their attendees were going to be neurodivergent people, and as such accommodated for that by sending out an email in advance with good clear instructions of things such as, stating that the venue has car parking, there will be a short break with light refreshments provided, and that the attendees were able to email with more questions if they like.

Survey of Neurodivergent teachers across the UK.

In this survey I wanted to find out how neurodivergent teachers found the experience of working in a school. I asked a series of questions which I will summaries below.

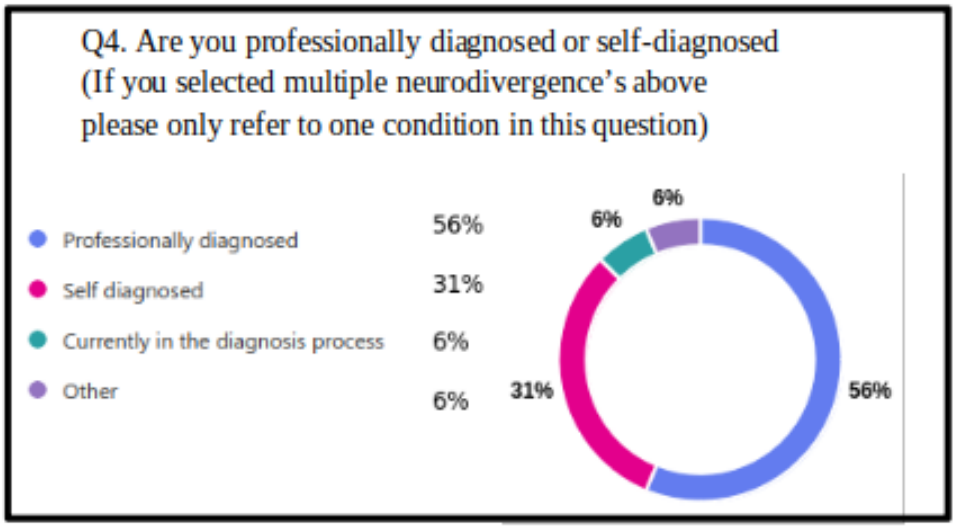
Question 3 asked about the individuals type/s of neurodivergence. The majority were Autism and ADHD, with dyslexia also being quite common.

Figure 16



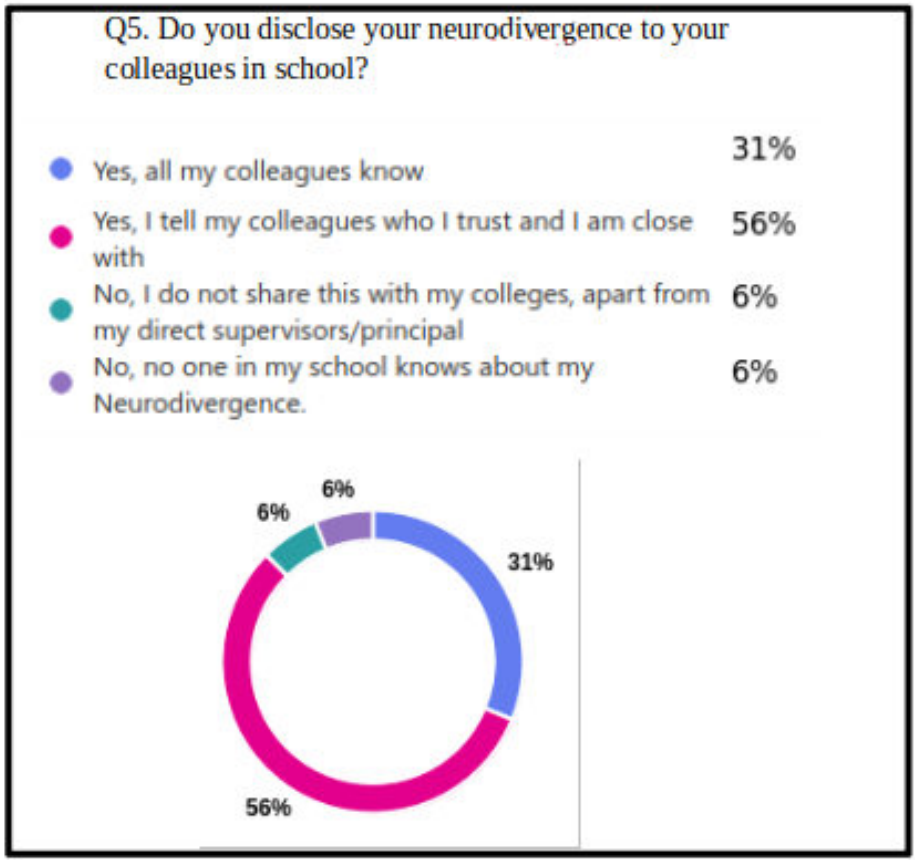
Question 4 asked if the individual was professionally diagnosed or self-diagnosed, and just over half were professionally diagnosed.

Figure 17



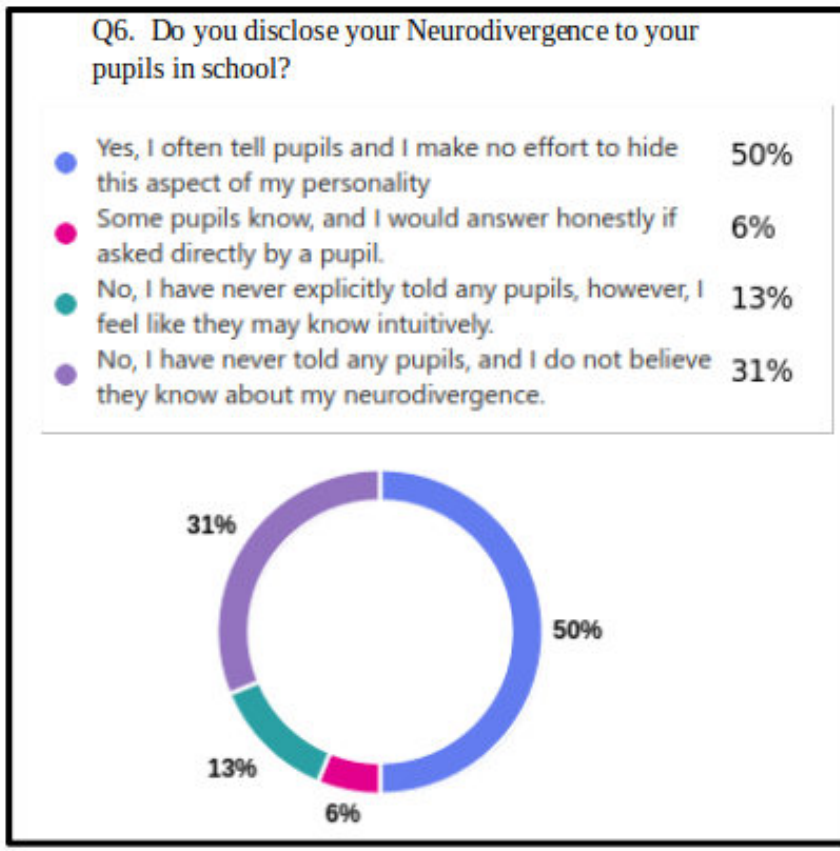
Question 5 asked about who they disclose their neurodivergence to in school, the majority, 56%, said that they disclosed to trusted colleagues, with 31% saying that all their colleagues know.

Figure 18


Q5. Do you disclose your neurodivergence to your colleagues in school?
Yes, all my colleagues know 31%
Yes, I tell my colleagues who I trust and I am close with 56%
No, I do not share this with my colleges, apart from my direct supervisors/principal 6%
No, no one in my school knows about my Neurodivergence. 6%
6%
6%
31%
56%

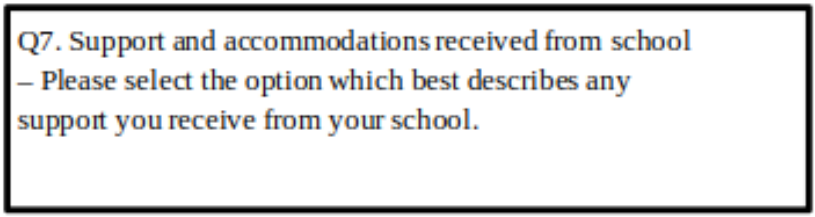
Question 6 asks about how the individuals neurodivergence is disclosed to the pupils they work with. It was nice to see that half of people surveyed tell their students and make no effort to hide it. However, 31% do not tell their pupils and do not believe that they know.

Figure 19



Question 7 discussed accommodations, the most common response to this was that the individual had no accommodations as they did not want any. Of those who had accommodations, the most common accommodation was ‘having another member of staff who I am comfortable going to for help with any neurodivergence related issues’ closely followed by wearing earplugs in meetings and training.
Unfortunately, 9% of people surveyed asked for accommodations but did not receive them as they were not professionally diagnosed.
Of the ‘other’ accommodations, these included ‘Occasionally allowed to do PPA from home’, ‘They (workplace) paid for ADHD coaching’, and Unfortunately, a teacher commented on how they filled out a form about their accommodation needs as requested by their workplace, however this has not been fully followed.

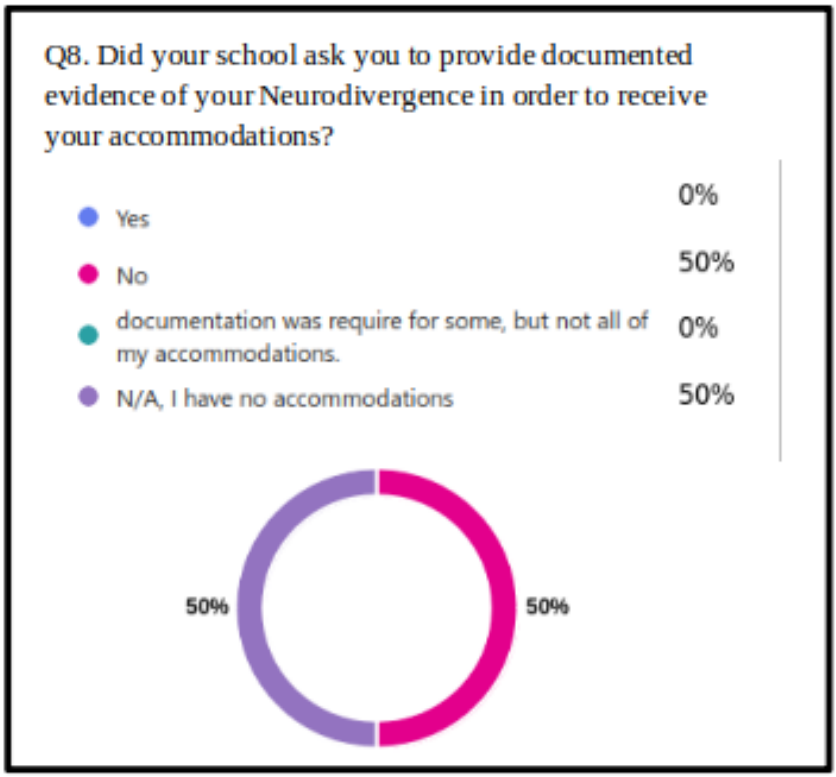
Figure 20


Q7. Support and accommodations received from school – Please select the option which best describes any support you receive from your school.


I receive no accommodations or support. As I do not want any currently
I have been given extended deadlines to complete my work
I have been given additional PPA time
Any break/lunch duties are in a quieter area of the school.
I am allowed to wear earplugs (such as loops) during staff meetings or training.
I have another member of staff who I am comfortable going to for help with any...
I am able to utilize assistive technology (such as text-to-speech readers)
I receive no accommodations or supports, I have asked, but I have been denied because...
Other
0%
14%
28%
42%

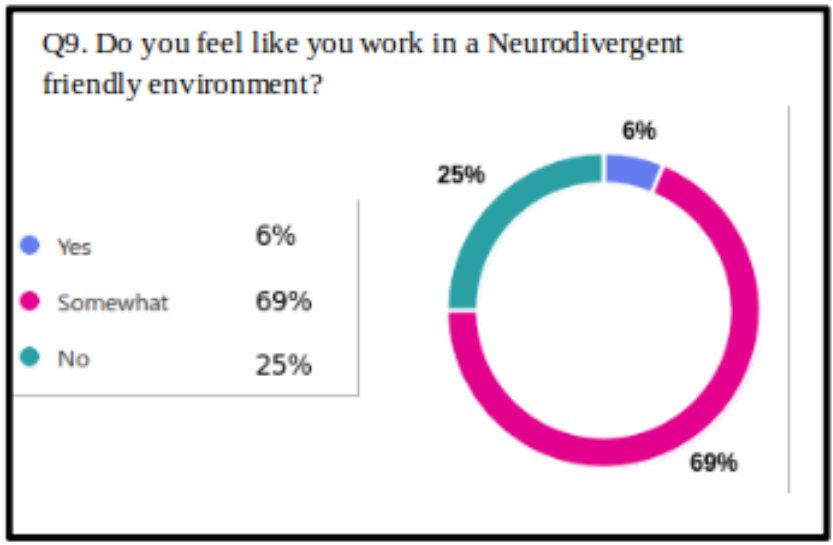
Question 8 discussed whether or not documentation was required for the accommodations, half said no, and the other half stated that they had no accommodations, however, it is not shown in this graph, but it is shown in the figure above that around 14% were denied accommodations due to not having evidence.

Figure 21



Question 9 asked if you considered your workplace to be a neurodivergent friendly environment. The majority said somewhat, but 25% said no, and given the fact that these workplaces are schools, that also include neurodivergent pupils, this is a mild concern.

Figure 22



Questions 10 and 11 looked at the language used in schools around neurodivergence. Having worked in a school myself, I am aware that pupils will say words that are negative about neurodivergent people, they may not even mean any real harm by saying these things, as they may consider it a fairly normal thing to say while joking around with their friends. However, these words can be upsetting when heard by actual neurodivergent individuals, due to their origins. I was not surprised by the results of questions 10.

I was surprised that 50% of neurodivergent teachers surveys have heard staff use these words. WE are meant to be setting a good example for our young people, and yes, even if these words are said out of ear shot of pupils, they should not be used in schools.

Figure 23

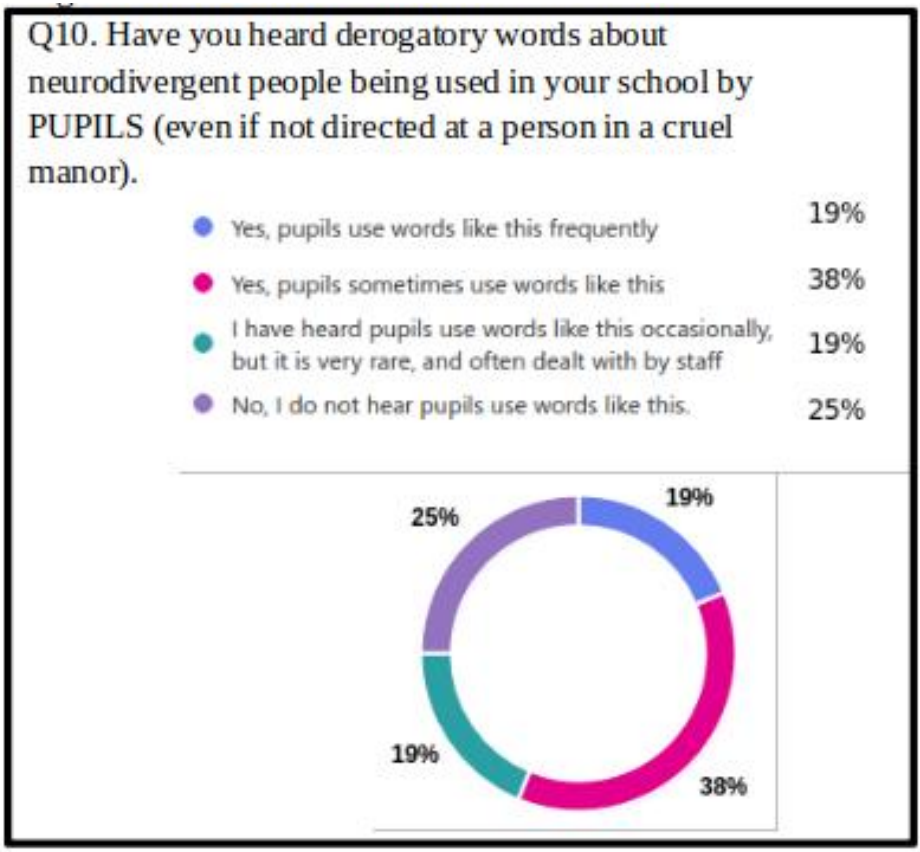
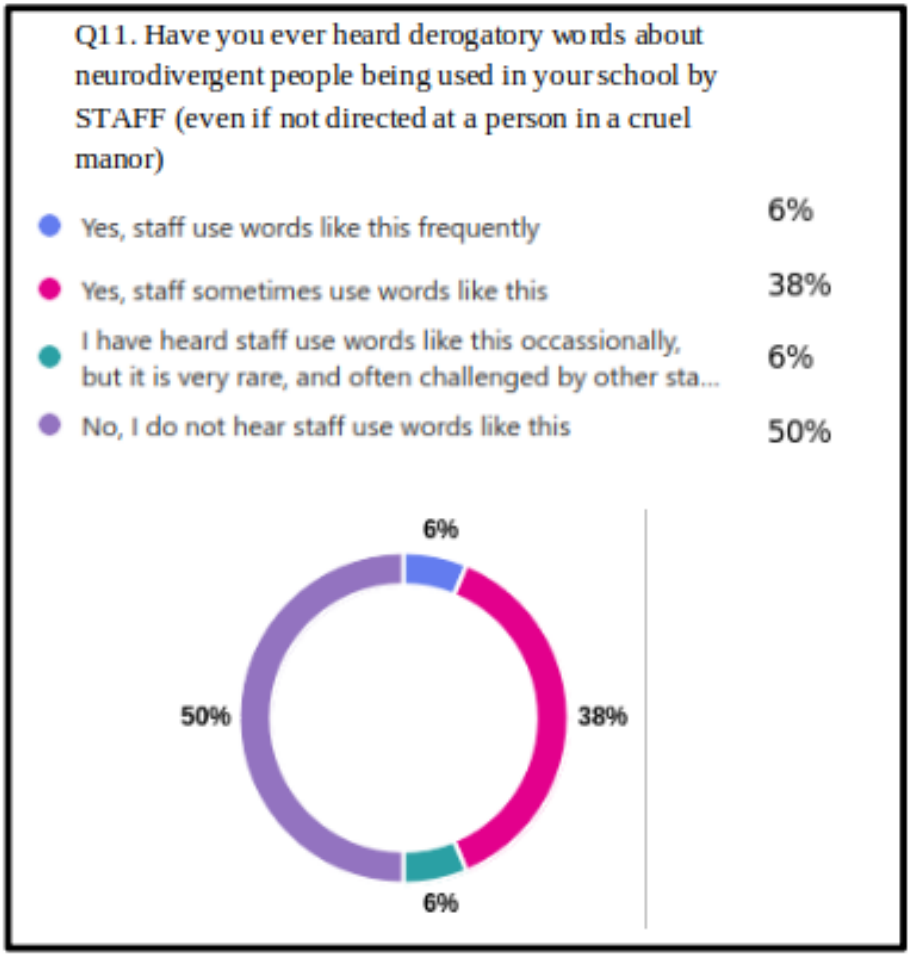
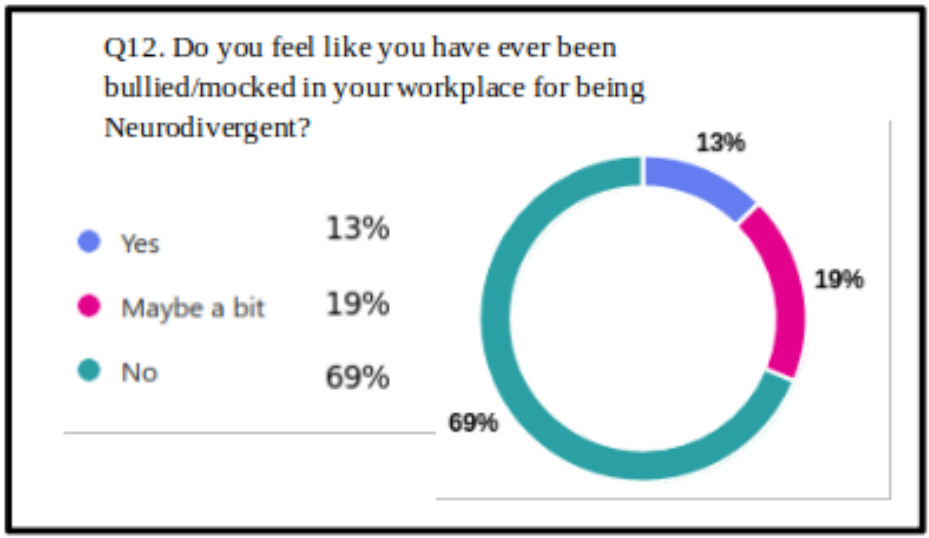

Q10. Have you heard derogatory words about neurodivergent people being used in your school by PUPILS (even if not directed at a person in a cruel manor).
Yes, pupils use words like this frequently 19%
Yes, pupils sometimes use words like this 38%
I have heard pupils use words like this occasionally, but it is very rare, and often dealt with by staff 19%
No, I do not hear pupils use words like this. 25%
19%
25%
19%
38%

Figure 24


Q11. Have you ever heard derogatory words about neurodivergent people being used in your school by STAFF (even if not directed at a person in a cruel manor)
Yes, staff use words like this frequently
6%
Yes, staff sometimes use words like this
38%
I have heard staff use words like this occassionally, but it is very rare, and often challenged by other sta...
6%
No, I do not hear staff use words like this
50%
6%
38%
6%
50%

Question 12 asked about bullying, specifically if you have ever been bullied in your workplace. 13% said yes, and 19% said ‘maybe a bit’, this means that 32% of neurodivergent teachers surveyed have been made fun of, by their colleagues, because of their disability.

Figure 25



I finished the survey with a comments section. A third of the comments received were around interviews, with one particular person stating that they had received job offers only from the interviews where they did not disclose their neurodivergence in the interviews. Another person commented on how it is difficult working in a school due to the lack of quiet places and the pupil facing aspect of teaching.
Hopefully, what I have outlined from the results of this survey will give you a slightly better idea of the experiences your neurodivergent colleagues may have in the workplace.

Chapter 8 - Neurodiversity and employment prospects. Life beyond school, in employment, Higher education and Further Education.

When considering this topic, I think it's important to note the difference between high support needs Autism, and low support needs Autism. A person with high support needs may not be able to work, if a person has very unstable emotions and is prone to outbursts, if a person has very poor communication skills (e.g. non-verbal), or if they are unable to look after themselves, these factors will be a significant barrier to entering the workplace. There may also be people with medium level support needs, these people may struggle with reading and writing, possibly not being able to do this at all, they may be unable to drive, or they may struggle with communication at times. And then there are those with low support needs, these people will still have struggles, such as sensory processing, miscommunications, or understanding instructions.

Those with high support needs may not be able to work, if they for example live with family, there are facilities that these people can go to during the day to socialise, and do different activities and crafts. People with high support needs may live with their families for
their entire lives, or some may go into residential care facilities. There is also a concept of a 'Special Village' which is something of a supported living facility, were people with these additional needs can live and be in a

community that fully understands their needs and appreciates them as people. This setting promotes independence and in a community like this, it greatly reduces the risk of people with learning disabilities being taken advantage of by society, such as bullying, discrimination, or crime.

Those with medium support needs are often capable of working, and can often enjoy their jobs very much. Employers are aware of their condition, and make accommodations to ensure that these employees are able to work to the best of their abilities, and can be loyal and valued employees.

Those with low support needs are often able to work in a wide variety of settings, many of these people may not inform their employers of their conditions, however this may lead to miscommunications and misunderstandings. Low support needs people working full-time jobs with no support may struggle with this, leading to changing jobs more often. Alternatively, low support needs people, who are supported in the workplace can often flourish, and be productive and valuable members of the team.

Work is a task, and a chore when you have to do it. But think how you would feel if you were never given the opportunity to work? How many of us have met partners, or made good friends from our workplaces? We have a reason to get up in the morning and a sense of purpose. We may not be intentionally denying this to some people, but if we don't put in place the supports to

allow everyone to work, we are indirectly causing this. Autistic people deserve the right to work as much as anyone else. Autism is a disability and should be accommodated for by employers.

When we think about disability discrimination, you probably think about direct discrimination, such as someone saying 'you're not allowed to do that because you're disabled', but there are other types of discrimination as well. Harassment, victimisation, and failure to comply with the duty to make reasonable adjustments.

It may be worth knowing your rights, or the rights of the Autistic person in your life.

Even if an Autistic person (or any person) with high support needs is unable to work. Their lives still have value! I heard in the media of a person (who I'll not name as I definitely don't want to get sued) said something along the lines of how autistic people who can't work are a drain on taxes. They also claimed that there is an Autism 'epidemic' (I think they should read chapter 1 of this book…). The comments made devalue the lives of autistic people. Yes, I understand that high support needs people may not be able to work, and as such may need to be supported by the government, but if a person is in an accident and becomes paralysed and quadriplegic, yes, they will need supported, but they are still valuable members of our society.

High support needs people, will need other people to support them, this is a job that is added to the job

market, and more than the fiscal aspect of it. High support needs people add to our society by, being nice people, who are often very kind, and make others happy, and often give others a purpose in life, to care for and support them.
According to Mencap, under 5% of people with a learning disability have paid employment, this is interesting, because I think there are a lot of people out there with learning disabilities who would be able to enjoy paid employment if they were given the opportunity and the right support.
When I consider the schools with SPiMS that I have observed, there is a common theme here. A large number of these SPiMS are in schools which only go up to GCSE
level, as such there are no, or very few, provisions for these SEND pupils post 16. Many (but not all) are unable to do A-levels, due to both the academic stresses as mentioned earlier, and the academic challenge that A-level provides. Another option may be attending a tech (technical college), however, this in turn has its problems, the lack of support, not having uniforms or easy to follow timetables. Often at age 16 our SEND pupils may lack the maturity and ability to thrive in this style of environment, with the general lack of structure. Special schools will be full of pupils who have attended from age 3-19, and not have the capacity to take additional pupils aged 16-19. This leaves the option of work. And I think many of us might agree that entering

employment at age 16 is a somewhat daunting prospect, even for the most independent of neurotypical!
There are some schools which offer BTEC courses in 6th forms. Of the three secondary school SPiMS I observed, A2 had a 6th form department. Although, C2 have introduced a pilot scheme for this incoming academic year, a 6th form facility for their SPiMS pupils, this has proven popular among the current pupils, with a number of pupils deciding to stay in the school.
Not wanting to generalise or stereotype, but autistic people hate change, it can be very upsetting to them (me included). And when pupils who are in SPiMS have to change where they are spending 30+ hours a week at the age of 16, it is quite a daunting prospect! If we could try and make it so that the SPiMS had even small sixth forms, offering BTEC's or applied course, then the SPiMS pupils wouldn't have to face the problem of finding somewhere else to go at age 16. But if this isn't possible and pupils have to change school at age 16, then how do we help them cope with the change? Well, some of the methods I use to help cope with change is using transitions. Having advanced warning helps, e.g. reminding pupils at the beginning of their last year in the school and throughout the year, rather than assuming they know, and reminding them in April that they only have a few weeks left in their school. Planning well in advance as to future options, attending open days of possible places they may be attending next year. Ideally putting a face to a name

may help, e.g. if you are planning on attending tech the next academic year, meeting your main go-to person in the new place in advance may help. Unfortunately struggle with change is an inevitable part of the autistic experience, and sometimes there is nothing we can do to help.

The Education system in Northern Ireland is split into Key Stages and year groups, with education only being mandatory to the age of 16.
Not every place in the world will be completely accessible to people with Autism, in the same way that not every place will be accessible to a person in a wheelchair. So, considering educational institutions, put ramps in buildings (usually) to make them accessible… but do they make these institutions accessible for neurodivergent people? I'm now going to consider the post 16 education options in Northern Ireland.
We are a relatively small country with a population of around 1.9 million people, so we don't have as many universities as say England. I'll now list the types of institutions and the providers in Northern Ireland.

Sixth Form Colleges

Many in the country, usually connected to a school.

Technical Colleges

Belfast Metropolitan College
Northern Regional College
South Eastern Regional College

CAFRE: College of Agriculture, Food and Rural Enterprise

University Colleges
Stranmillis University College
St Mary's University College Belfast

Universities -
The Open University (Distance learning)
Ulster University
Queens University Belfast

Other distance learning universities -
University of London
National Institute of Teaching and Education (Coventry University)
University of Birmingham
University of Manchester

… I could go on, but there's actually quite a few universities offering distance learning now a days. Now, the 'best' institution in the country may not be the best institution for you (or your students) to go to. At age 18 I was strongly encouraged by my school to apply to university, I knew personally that I was not ready for university. The combination of the social and the academic changes and pressures were too much for me. However, at age 19 I discovered the open university

which provided me with the opportunity to get a degree without the stress and pressure of actually going to a Uni. People often commented in my early 20's on how I was missing out on the 'uni experience' but I think that these people didn't quite understand that the uni experience isn't for everyone. Yes, it's possible that I could have gone and even enjoyed it, and I think at around aged 22 or 23 I realised that I was ready for the uni experience at this age, but I felt that I had missed the opportunity as I didn't go at 18/19. While I wasn't getting the uni experience, I was living at home with family, rent free, and this enabled me to buy my own home.

Sorry I went off on a rant there, but the short version of that is, you, or your students, don't have to follow the crowd and do the usual thing in order to get a quality education.

Each of the above institutions accept people with all sorts of disabilities, but what I'm interested in is how they support their neurodivergent students. This will vary for each organisation, and I would recommend getting in touch with any institution you, or your young person may want to attend and asking directly what supports and accommodations they offer for the neurodivergent students.

The Economy Minister for NI recently announced 'enhanced learning opportunities' for pupils with SEN. This will include creating a transition support service for young people who are moving from schools to other

educational settings. The goal is to help young people with SEND reach their full potential after they leave school. If these proposals are enacted, then young people with SEND in NI will almost certainly see an improvement in the support they receive post school.
I've talked a lot about education so far, but after education, you have the workplace, which is the ultimate goal of education.
Work is great, it gives people a sense of purpose in their life. I don't know about you, but I love my job. I haven't always loved every minute of every job I've ever had, but in general, I like working more than not working.
I think every person deserves the right to work, whether you are disabled or not.
Autism is a spectrum, and you will have people like myself, who need very little support to be able to function in society, but you will also have people who need much more support. Some employers understand the value of employing neurodivergent people, large supermarkets and McDonalds, are known to be quite accommodating at employing neurodivergent adults.

Chapter 9 – Terminologies and political correctness

The majority of this book looks at Autism. This is a type of Neurodivergence. Another type of Neurodivergence many of you will be familiar with is ADHD. You may not be familiar with the term AuDHD (pronounced Auddy-HD), this is a shorter way of saying having both Autism and ADHD. A common misconception with ADHD is that everyone with ADHD is hyperactive and always running and jumping around. And yes, this can be how ADHD presents, but the hyperactivity can also be internal, and this is often the case in ADHD with females. Again, making it harder to diagnose females than males.

There is a significant overlap of people who have Autism and people who have ADHD, but what is interesting is that when you are tested for one, you are not automatically tested for the other. Therefore, I have been tested and diagnosed with Autism, however I have not been tested for ADHD, despite having several traits for this condition. I am very hyperactive internally, but no one ever sees this. I personally don't feel the need to spend the money on an ADHD diagnosis for myself, and I will continue to identify as Autistic, rather then
AuDHD, despite the ADHD traits I have. And I think

that the supports put in place for one condition, often help with the other as well. And also, I would be more inclined to think that I am more Autistic than ADHD, so that's why I'm happy enough with my current diagnosis. This short explanation was more to make you aware that this concept exists, and if someone tells you they are AuDHD you now know what this is referring to.

New words and terms -

• Autistic (a classic)

• Person with Autism – person first language, some people prefer this, but not usually used by Autistic people.

• Neurodivergent – a person who has a condition that causes their brain to function differently, such as Autism, ADHD, Dyslexia, or similar.

• Neurotypical – A person who is not neurodivergent, their brains work in a more typical way

• Allistic – someone who is not Autistic.

• Acquired Neurodivergence – this refers to when either an illness or an injury affects your brain and you are no longer neurotypical, such as PTSD, Strokes, Brain injuries and other conditions.

A person doesn't 'suffer from autism', it is just how their brains work, and yes it may cause some anguish and suffering at times but still do not use this phrase. Many people have taken to saying Autism is a 'Superpower' or 'The next stage in human evolution.', and yes, I see how this can be a nice thing to say to a

young person with Autism, to help build their confidence in a world that still uses words like ‘retard’ and ‘spastic’ as insults (as we saw in figures 23 and 24). However, for an adult, saying they have a ‘superpower’ may be a little infantilising for them. If you would like to boost the confidence of an Autistic adult, you can still point out the positives, like being detail oriented, driven, focused, empathetic, kind, honest, and more.

A person has a right to self-identify as disabled or not. For most of my life, I selected no if ever asked if I was disabled, because, as far as I knew, I wasn’t. After my diagnosis, I continued to select no, because it always explained that a disability was any condition that affected your normal daily life, and I didn’t think that Autism affected my daily life, so I would select ‘no’. Over the last 2 years since my diagnosis, I realise how Autism affects me, and what I do to compensate for this. So as far as the question ‘Do I identify as disabled?’ I think it depends on who was asking me and why. Is it just someone being nosey, or is there a legitimate reason, such as a safety concern, as to why they may need to know how Autism affects me.

Some Autistic people may say no, and some may say yes, neither one is right or wrong, and neither one is ‘more autistic than the other’.

If Autistic people are disabled, can they use disabled toilets? Yes. These are not only created for people with a physical mobility issue, they can be used by anyone with a disability that may benefit from it. If you are

having a major sensory overload when out and about, and you also happen to need to pee, I think most people (who are nice people) would rather you use the disabled toilet, so you don't have to go into a busy and loud bathroom and possibly get so overwhelmed that you then need to go home. Obviously, Autistic people should be respectful about this, and if there is a person in a wheelchair or with urgency issues consider being thoughtful giving them priority as they may need it more. Also, there are comorbidities with Autism, such as GI issues, poor interoception skills (not noticing internal signals, such as needing to pee), dyspraxia (I don't have dyspraxia, but I often hit my head or elbow on a toilet roll dispenser in a public toilet).

Symbols that represent Autism. A commonly used symbol to represent Autism is a multicoloured puzzle piece. The puzzle piece was intended to represent the unique aspect of Autism, however many people in the Autism community dislike this as they consider it to mean that we are a puzzle that needs solved, or that we are incomplete, or that it infantilised autistic people. Another issue that many Autistic people have with the puzzle piece is its connection with the American non-profit organisation 'Autism Speaks', which has said some… unpleasant things about Autism, and they are looking to 'cures', which is another controversial topic among the Autistic community.

Another symbol that is commonly used is a multicoloured infinity symbol, this is supposed to

represent the infinite potential, and diversity within the neurodiverse community. The infinity symbol is much more widely accepted, although I have even heard an autistic content creator comment their thoughts on the negative aspect of the infinity symbol. Ultimately you can't please everyone.

Figure 26- Multicoloured infinity symbol

From Angelsense
(2025)

Figure 27 – Autism Speaks logo

From 1000logos (2024)

Figure 28 – An autism puzzle pin badge

From Pinmart (2016)

Another topic of conversation within the autistic community is the term Asperger's, as I have previously mentioned this is what I would (most likely) have been diagnosed with if I were diagnosed before 2013. And indeed, when I first started researching Autism this was a term which I first identified with before my official diagnosis. As I was diagnosed with level 1 Autism, I tend to say that I have Autism rather than Asperger's. The reason this term has fallen out of fashion isn't just due to the change in the DSM and what is being officially diagnosed, but also due to the fact that many people are becoming more aware of the fact that Aspergers was named after a Nazi, Hans Asperger. And you know… Nazi's are bad. It was found that Hans Asperger referred children to euthanasia programs. An alternative to the term Aspergers is 'high Functioning Autism', however, this in turn could be considered offensive to others on the spectrum, as if you are not high functioning, then are you low functioning? There has been a bit of a trend away from saying high/low functioning, to high/low support needs.

Many people still use the term Asperger's and refer to themselves as having Asperger's and that is their own personal right. This may have been the term they were diagnosed with (pre 2013) and they may be comfortable using the term, and it is not up to us to say they can not call themselves this. We as adults can have a reasonable conversation discussing the origins of the term and you can share your own personal opinion on the term, as

long as it is done respectfully and calmly.
Another debate is whether it should be ‘Autism Awareness month’ or ‘Autism Acceptance month’. My thoughts on this were that we should be promoting acceptance. I listened to the counter argument of an Autism Author/support worker/content creator, Kaelynn Parlow, she is a high functioning autistic person. She comments on how autistic content creators who are able to create content are often more high functioning and as such we are seeing more acceptance as people are becoming more aware of level 1 autistic people, but we need to use our voices to support other autistic people who may not be able to convey their thoughts as fluently, and these autistic people are still on the journey to more awareness of their needs in society. So, even though I have very little experience working with high support needs autistic people, I think it’s important that I reference how several different aspects of this book relate to them. Writing a book is difficult, I consider myself to be in a very fortunate position, where I am educated enough, I am in the position where I have the time to be able to commit to this, and I have the support of many others to help with this venture, whether that’s help with my in-person research, answering my logistical questions, or even moral support. So ultimately, I hope that this book will be able to help young people with all different levels of support needs.
So not only does Autism have a month (April) but there is also a day just for us! World Autism day is 2nd April

(mildly ironic that is right after April Fool's day, and I'll not speak for all autistic people, but I HATE April Fool's day). And I think we need to try and make it a bit more of a thing, obviously not everyone cares about Autism, and I understand, there will be people who maybe only have 1 or 2 casual acquaintances with Autism. However, I was in a SPiMS during this time, and I mentioned about the day to the head of department, who wasn't aware of it, and in all fairness, (comma) schools are busy places, and it's only a small sort of 'token' day, but when you're an Autistic child, knowing that there is a day to celebrate you and people like you is pretty cool! The H.O.D. then found and showed the classes a short video about World Autism Day, which was very nice to see. So, you can't please everyone. Whether it's about awareness or acceptance, which symbol we should use, or even an 'Autism Hub' in a primary school. I saw recently shared on social media that a primary school in England has created an 'Autism Hub'. They have a brightly coloured soft play area, a small bookshelf, an emotions wheel rug, and a relatively ordinary looking classroom. There were lots of comments saying some very negative things about how it's 'not good enough' or 'too busy'. I understand where these people are coming from, it was very minimal with only some aspects of what they have being helpful to Autistic pupils. But it's worth remembering that this was a mainstream primary school, and some of the people commenting may have been considering their more

severe learning disabilities of their own children, or relatives for which this would not be appropriate. But it's a start and it's better than nothing.

I think it's worth noting here that there are two different types of spaces which can help people with Autism, one is a sensory area, with sensory based toys or equipment to help with regulation, and another area being a quiet area. You can't really have an autistic person enjoying a sensory swing or loud fidget toy, when you have another who is overwhelmed and needs a quiet space with dim lighting to calm down. This is similar to what I mentioned previously in chapter 7, about the teaching conference having 2 different quiet rooms.

Often autistic people find it difficult being around other autistic people due to the noise and overstimulating nature of the environments, which is why two different types of spaces for neurodivergent people can be beneficial.

A common misconception is that Autistic people don't care about other people, and have low levels of empathy. This is not true, in fact, we are often incredibly empathetic people, we feel other people's pain, especially when the situation is something similar to what we have gone through ourselves. The problem comes in not having the ability to properly express this empathy. If someone is sad and crying around me, I get uncomfortable, because I want to help, but I don't know how to help make them feel better. So, ways in which I

try to cheer people up, are by saying a lighthearted joke, to try and make them laugh, offering food (preferably chocolate, but just whatever is nearest), and as a last resort I may offer a hug, hugs often (but not always) make me uncomfortable, but it's worth making myself uncomfortable to make someone else feel better.
N.B. I always offer a hug before initiating, to give the other person a chance to refuse if it's not something they want.
So, a big part about Autism is improving both awareness and acceptance, and increasing the positive connections and outlooks for people with Autism.
Also on World Autism Day I watched a very fun little video of a song written and performed by a Northern Irish Comedian who also has Autism, Emer Maguire, it was called 'Perfectly Autistic'
2nd Verse -
'I'm not like your best friend's nephew, he's autistic too, and he screams when you go near him,
and so that's the only view
that you have of us all and you didn't even know that adults and girls can have it too.
And I watch your mind explode, "But you seem kind of normal? "you say quite confused, "Oh thanks awfully," I reply, "you seem kind of normal too" Autism's not limited to little white boys, with a strong preference for order and train themed toys.
Chorus -
ahhhh ohhhhh I'm perfect too, I've just a different point

of view, maybe I'm not like you, but that's OK I'm me that's cool….'

I thought that this was just a nice little song, that looks at the funnier side of things.

I'm a fairly intelligent adult (if I do say so myself), and after my diagnosis, I didn't think Autism was a positive thing, I could only see the negatives, the burden that it had on my life. It took someone else pointing out the positives (a few times) to help me see them, to help me see what I'm better at than Neurotypical people at. So, I definitely think we need to be pointing out the positives of Autism to all young people, not just those who are officially diagnosed, but also those who may be undiagnosed, and those who may be inclined to bully or mock people they don't understand.

The burden of changing, always seems to fall to the Autistic person? In a conversation between a Neurotypical person and a Neurodivergent person, it will usually be the Neurodivergent person who is expected to alter themselves to make the Neurotypical person more comfortable… why? Possibly because society is built by, and for, neurotypical people. Should this be the norm though, we now know more and more people are being diagnosed, they are no longer struggling in silence, so should society as a whole not be making more of an effort to help include Neurodivergent people?

When I was first diagnosed, I didn't tell many people for a while, for a few reasons, one of which was because

I thought that there is a risk when you tell someone that you have Autism, that they may use it against you. Possibly that they may say something like ‘Oh, she’s not capable of doing that because she has Autism.’ or ‘She made that mistake because she has Autism, let’s not let her try that again.’. Or even worse still, they may do petty things like intentionally causing sensory overload, or disrupting my routine, for fun or to mess with me. To a certain extent I do still think that it is a vulnerability, that people may use against you; however, I am now more confident in myself, and more confident in myself as a professional teacher I think that if any of these things were to happen I hope that I would be able to deal with it, either by myself, or with the support of my colleagues (if it was a workplace incident).

Do Autistic people need help with something? Have you ever watched someone struggle with something and wondered whether or not you should help them? I think if this is the case you should watch them for a minute to see if they are going to be able to do it by themselves. Then you could offer help like ‘Would you like a suggestion?’ or ‘Do you want a bit of advice?’. Or possibly it is a physical task, which they are preforming in the correct and most efficient way, but simply don’t have the strength to complete the task, (Autistic people can have dyspraxia, or other comorbidities resulting in physical weaknesses) in which case ‘Would you like me to try?’ is a good way to offer help. DO NOT insist on helping, and just do it for them.

In school we often must stick to schedules, with timetables and bells, so if someone is struggling with a task and you need it to be done to move on, after you offer help and it is turned down, consider explaining that they can try for another minute, but then you will need to do it for them, as there are time restraints.
The main thing is that if the person says no to your offer of help, don't be offended it's not about you, it's about them and their personal struggle with this task), you can simply remind them that the offer stands such as 'OK, well, I'm here if you change your mind.'
A big area of debate in the Autism community is the concepts of treatments or 'cures'.
Something that I'd like to comment on here is the concept of a 'cure' for Autism. Currently Autism is a condition where people generally aren't given medication to 'treat' it. Even ADHD which is a somewhat similar (or rather parallel) condition, is treated with Ritalin (or other medications such as Adderall), Adderall is an amphetamine and Retalin is a methylphenidate. These are both stimulants for Neurotypical people, however, they have a calming effect in those with ADHD. Stimulants affect the ADHD brain differently to a Neurotypical person's brain. A person with ADHD may be able to have a strong cup of coffee in the evening and be able to sleep fine, whereas a Neurotypical person who does this will have their sleep pattern affected.

At the moment, as far as I'm aware, there is no such medication options for Autism.
The idea often pops up in the media, as something of click-bait, says 'drug discovered can cure 90% of Autism symptoms.' And as an autistic person, this is of course of interest to me, because as much as people like to say 'Autism is like a superpower!' the people who say that don't have to put earphones in to go to a supermarket. They don't freeze when they can't find their safe foods for sale in the usual spot. They don't sit in a crowd not talking to anyone. They don't have to resist the irresistible urge to move when something exciting or good happens, because if they allow their natural instincts to take over and stim people would stare at them.
So yes, there are lots of benefits to having Autism, and there are certain things that I excel at, but neurotypical people are in no more of a position to comment on how we treat Autism, than a male can comment on how to treat gynaecological problems.
And I, like many autistic people out there, consider myself to be sensitive to medication, so I would be personally wary of potential side effects of any medication.
So, if there ever was a 'cure' would I take it? I honestly don't know, I suppose I would be tempted to try it, to see how, or if, it could help. But I would be wary of how much of my personality it may take away.
And for any young people or newly diagnosed adults,

they may be coming to terms with the idea of being an Autistic adult, I wouldn't even bring up this topic in conversation, because I think it's important that we, as autistic people, know that we are good. Our whole lives people have called us weird, but we're only weird to neurotypical people, if everyone had autism we'd fit right in (an argument for SPiMS classes).

If you have ever seen X-Men 3, where they develop a 'cure' for being a mutant, there are some mutants who jump at the chance to get rid of their condition that negatively affects their life, whereas there are many who consider their powers a part of their identity, and are very keen to keep them. Ultimately, as long as a person has the choice in whether or not to try such medications, then I don't see any great harm in working towards trying to improve some people's lives.

Lastly on this topic I would like to say, being an ally can be difficult (whether that's an autistic ally, or any other kind), and confusing. There is new terminology to learn, and everyone is different in their own personal preferences. You will probably make a mistake or two, but don't worry we all make mistakes we learn from them and then we move on. The most important thing is that you're trying! And you're doing great. Well done, keep up the good work.

Chapter 10– Autistic traits and characteristics.

Autistic traits are just that, traits that are common among autistic people. An autistic person may have very few of these, or almost all, but that doesn't make one person 'more autistic' than the other.
Please note, that these are NOT diagnostic criteria.
And lastly, *neurotypical people can have these traits* too, so don't become concerned if you do any of these as well, they just happen to be more common among neurodivergent people.
It's not surprising really that people who are neurodivergent struggle with some things that neurotypical people don't, this may be because our brains our different, not only in how they work, but also in shape. Now that isn't to say 'I have autism, so I'm smart and I literally have a bigger brain.'. Temple Grandin, one of the worlds leads in Autism, discussed in her book 'The Autistic Brain.' how neurodivergent brains are built differently, and this can be seen in MRI scans.' As I mentioned previously with regards to the enlarged amygdalae.

Executive functions are a set of skills that help us plan organise and control our thoughts, emotions and actions. It is generally acknowledged that people with Autism have difficulty with executive function.

Here are 8 aspects of executive function -
Adaptable thinking
Planning (because of short term memory issues),
Decision making,
Self-monitoring (of tasks),
Emotional control,
Working memory,
Time management,
Organisation,
Communication.

Interestingly executive dysfunction affects a large proportion of people with Autism and ADHD, yet it is not included in the diagnostic criteria in the DSM 5.

An example of how executive function affects me may be, how long it takes me to complete a task in the kitchen. Let's take making a salad as an example. It could quite easily take me 30-45 minutes to make a salad. This is because, by the time I find everything I want to include, wash, dry, and cut these items (and occasionally boil an egg), and when I am making food for myself I don't see the need to rush. Now if I'm in company, making food, I will generally work a lot more quickly than I do when I'm alone, this is because of masking, I don't want to be perceived as 'slow'.
If you have an autistic pupil (and let's keep to the same example of making a salad), this pupil may not be able, or willing, to mask. Therefore, when they're making

their salad, they will take their time to cut their tomatoes the ‘correct’ way, they may ensure that the lettuce has been completely dried by a piece of kitchen roll, and time needs to be taken to ensure that any carrots are cut ‘correctly’, so that they can be enjoyed properly when eating. These processes take time, meaning that the Autistic pupil may be slower than others, and then you may need to factor in additional hand washing time, when you consider the sensory ‘ickiness’ of certain things.

We as teachers can help here, by simply being patient, allowing the time for these personal traits, or if you are under time constraints, which may be a good lesson to teach these pupils, as there are many times in life were you need to work quickly (even if it does result in sub par results). In this case you need to be clear from before you begin. You may like to say something like, ‘We only have 15 minutes to make this salad, so if you have 7 components, that means only 2 minutes per item to wash, dry, and cut it.’ A large countdown timer on the board may help with time management, alongside, verbal cues and reminders from the teacher or classroom assistants.

So, to summarise, autistic people can be slow, in the physical sense, and the best solution for this is your patience.

Special interests -

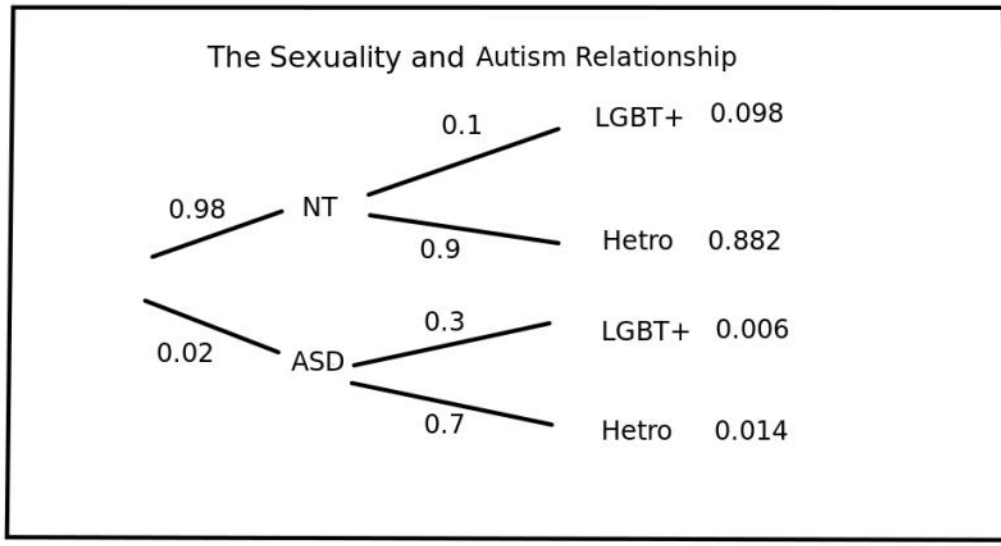
Everybody has hobbies and interests, the difference might be in the intensity of the interest. Special interests vary throughout life, I personally am glad that I don't have the same special interests that I had when I was 8 years old!
Here's a list of a few special interest examples - Trains, Pokémon, Minecraft, Lego, Animals, Anatomy, Space, Geography, a particular TV show or movie series.
For example, my current special interest is Autism, and this book is a major form of info dumping! Fortunately people can read this in their own time at their leisure, rather than me standing and talking AT them for about an hour.
So executive functioning and special interests falls into the category of Autistic traits.

Pebbling-
Another Autistic trait I have found is pebbling. The word pebbling comes from when Gentu penguins give their loved ones pebbles, usually to help build their nests. When you are autistic, there is often a struggle with communication, whether this is difficulty in verbally telling someone something, or difficulty with the physical contact which many people use to show affection. So autistic people often use the concept of pebbling, of course it isn't usually an actual pebble (although it can be, I'd be very happy if someone gave me a pretty, shiny rock they found!). It is more likely to be small gestures, like home-made baked goods, little

handmade trinkets, or even sharing funny videos, or facts. And although we might describe this as a ‘love language’, it isn’t limited to romantic partners we love, it can be anyone in your life that you are fond of and want to make happy with a small gesture.

Sexuality -
On the topic of love, there is something else which is worth mentioning here. Neurodivergent people are more likely to be homosexual. It is approximately 3 times as likely for an autistic person to be LGBT+.
So let me bore you with some maths here!
In the general population approximately 10% of people are homosexual, which means that for Autistic people it will be approximately 30%.
I’ll show you with a tree diagram for our more visual learners. I used the approximation that 2% of people are Autistic in this diagram.

Figure 29 -
Tree diagram showing the relationship between sexuality and Autism.



So, people with autism already often feel different from society in general and then when you factor in feeling different due to homosexuality on top of neurodivergence.
Then there is also homophobia to consider, and how this additional level of bullying, which often carries into adult life as well, may affect an autistic person.
At this point it may be good to discuss intersectionality. A person may identify as Autistic, homosexual, person of colour, disabled, or any other terms. You can identify with as many characteristics as you like, and they may be of

equal importance to you, or you may prioritise one of your identities over another, and that's ok. Remember your identity is just that, YOURS.

Auditory processing difficulties-
When someone is talking to me, I can find it quite difficult to pick out the person's voice through the background noise, this makes it more difficult to have a conversation in a noisy environment such as a bar or a canteen, or group work in a noisy room. Autistic people have a slightly slower processing speed, and as such may use filler word or sounds like 'well…', 'Ok…','like…', 'so…', 'umm…', 'ahh…' to give them more thinking/processing time (I'm very guilty of using these!).
Another challenge might be, if an autistic person is dysregulated when having a conversation, they will hear and be able to respond, but these responses will be sub-par, and the person may not even remember what was said during the conversation as they were there in body but not in mind. A good solution to this might be to send an email to recap the conversation, to ensure that you haven't missed any important information. Also, if you are talking to someone, and you ask a question, a conversation may go like this -
'What time is it?'
'What?'
'What ti-'
'Oh its 9.15.'

In this scenario the person answering the question has an auditory processing issue. They technically heard the question, but didn't process it, so asked the other person to repeat themselves, and then while the first person was repeating themselves, they process the initial question and can reply.
I think the takeaway here is that if this happens to you in a conversation with a neurodivergent person, don't get annoyed with them, as this isn't intentional, they aren't trying to be rude or funny.
This is also a reason why many Autistic people like to watch TV or movies with subtitles on. And if we take a moment to consider accessibility again. Movie theatres may occasionally do screenings of movies with subtitles on, and most people will think that this is for people who are deaf or hard of hearing, and yes it is mostly to benefit these people, but it can also be of benefit to people who have Auditory Processing difficulties. So making an accommodation for one type of person my also benefit others as well.

Sensory Processing Disorder-
Sounds, touch, lighting, smells, tastes and food textures. These are all senses that can be amplified if a person has sensory processing disorder. It is a neurophysiological disorder. The extent can very depending on the person , this is why some Autistic people use noise cancelling headphones, while others don't need to. Most people with Autism will have issues with sensory processing, however

you can have sensory processing disorder, or issues, and not be Autistic.

Sensitive Hearing

People are often aware that people with Autism generally speaking, don't like loud, crowded places, due to how overwhelming these places can be. Now, I've had my hearing tested and it was reportedly average. I found this interesting as I expected my hearing to be quite good. I'm often sitting with others, and I say 'Can you hear that?' they pause for a second and then sometimes say 'Oh yeah.' and then carry on with their activity. When I hear something, I HEAR it, it's very difficult to work with annoying little noises going on around me. I can hear the faint buzz of electricity when devices are charging or plugged in. It wouldn't be the first time I've unplugged things on standby, or charging because I could hear it, and it was annoying me. So, it's not that I actually hear better than a neurotypical person, but my brain can't filter the sounds out. This is also why I find it hard to have a conversation in a loud environment, I can hear someone talking to me, but it's on a par with the music and it's hard to identify it. I have to concentrate to hear when I am in these environments,
which is tiring. And staying on the theme of senses, let's talk about light. If I'm having a conversation with you and I randomly take 3 steps to the left, or walk around the room so I'm on the other side this is probably because I'm seeing something which is annoying me.

It can be direct sunlight from a window in my eyes, but also, it can be more subtle than that, like a reflection from a spoon, or picture frame sitting on a desk. Again, we can all see these things; it just so happens that a neurotypical brain can filter out these distractions were as a neurodivergent brain cannot.

A possible reason for this may be synapses. These are connections that help information travel through the brain. We all have lots of these synapses in childhood, but as we mature these reduce. An autistic brain has generally got more synapses than a neurotypical brain, approximately 1.68 times as many synapses as a neurotypical brain. Meaning that we literally convey more information across our brains… no wonder we can get overwhelmed easier!

Synesthesia-

You have 5 senses, that work independently, you hear a sound, you see a light etc.

With Synesthesia, these senses are a little mixed up at times. This is a neurological phenomenon, where an input for one sense, activates another sense, such as you hear a sound and you also see a light, or tasting certain words. There are many different varieties, which I'll not bore you with now. But I will leave you with this, sometimes, when I'm tired and I hear a sound, not even necessarily a loud sound, I might flinch, this is because I felt that sound as well as hearing it.

Autonomic Nervous System -

I mentioned this briefly in chapter 6. The autonomic

nervous system is split into two different categories the sympathetic, and the parasympathetic. The sympathetic is the fight or flight response centre, it controls adrenaline in the body. The parasympathetic is the 'rest and digest' process, you're not in danger and your body works as normal.

And remember your fight or flight response doesn't always only happen when you're in actual danger, it can trigger from something minor.

Many people with autism experience excessive sweating. I have heard people comment on how SEND classes can occasionally smell worse than other classes, and they attributed this to their difficulty with hygiene. Teenagers have a pile of hormones running around in their bodies, meaning they sweat more than adults in general. They are also all learning to look after themselves, and personal hygiene is more difficult for people with Autism due to sensory challenges, the temperature changes and feeling of wet hair on skin when showering, the overpowering smells of deodorants or soaps/shampoos, the taste of toothpaste. Just think, if your gag reflex was so strong that you felt like you were going to throw up every time you brushed your teeth, you probably wouldn't be a big fan of brushing your teeth.

When you combine these things alongside the fact that people with Autism sweat more than NT people due to difficulty regulating their central nervous system, it's no great surprise that SEND classes may have a bit more

body odour than we would like.
Also, gastro-intestinal issues are one of the most common co-morbidity among people with Autism, so just bear this in mind the next time a pupil lets a stinker of a fart go… it's genuinely not their fault. And GI issues often go undiagnosed, as people are unable to identify that their bowel habits aren't normal, as they have always been like that, and no one discusses what 'normal habits' are.
Some other things that the autonomic nervous system controls are, how much saliva and mucus you produce, pupil size, heart rate, blood pressure.
(I'm not a doctor, if you're concerned, go talk to one)
Postural Tachycardia syndrome (POTS) -
This condition causes a fast heart rate, dizziness and fatigue when transitioning from sitting/lying down, to standing. This is connected to a person's autonomic nervous system issues.

Hypermobile Ehlers-Danlos Syndrome (hEDS) -
This is a connective tissue disorder, which results in hypermobility, joint instability, and chronic pain. The 'Hypermobility Syndromes Association' state how a connection between people with hEDS and autonomic dysfunction has been observed but there has been no large studies done to try and prove this.
In a study that included 28 autistic people, 20 of them had a diagnosed autonomic condition. 14 of these 20 people had POTS (9 with just POTS and 5 with POTS

and other conditions), and 16 of the 20 had hEDS

Poor interoception skills -

I mentioned this briefly in chapter 9, on why it's ok for autistic people to use a disabled bathroom. This basically means a person can be quite bad at reading their internal body signals, they might not notice that they are hungry, until their stomach actually rumbles, and even then, they might not even feel hungry. But then when the hunger does kick in, it will be painful. Similarly with the urge to go to the bathroom, an autistic person might not realise that they need to use the bathroom for a long time, and then when they do realise that they need to go, they will be desperate.

Accents-

Many people with Autism have accents which are not their native accent. This is often American or English. This is probably dependent on the television shows they watch and the media they consume. It may be more common in children, but can still occur in adults

Selective mutism vs non-verbal

You may encounter a child who doesn't talk. People often find this uncomfortable, and they don't know how to react or interact with these pupils. So hopefully this bit of extra knowledge will help you with this. Non-verbal children, or people, are people who don't talk to anyone and are unable to talk, they can use other forms of communication, such as communication devices or

Makaton Sign Language.
Selective mutism, is when a person can speak to certain people or in certain places, but at other times they will be unable to speak - they may be able to speak at home but not at school, this is something of an anxiety based condition. An important thing to note when working with pupils who don't talk, is that they can hear you, and they can understand you, don't ignore them, you can talk to them normally, just don't insist on answers. Fortunately, I can talk enough for 2 people. I taught a pupil with selective mutism, I didn't hear him talk for the entire time I taught him (over 6 months). Yes, this pupil may not have learnt quite as much as some of the other pupils, but they still did the work, and were able to achieve correct answers, they participated well using non-verbal methods of answers questions, such as the mini-whiteboards, and it honestly didn't bother me that this pupil didn't talk to me.

Tone of voice -
The tone of voice of an Autistic person can often (but not always) be quite monotone, so just know that people can be happy even if they don't sound or look to be.

Types of Stimming (Self stimulatory behaviours)
Visual – staring at lights, or patterns, lining up objects. I had a box of coloured pens in a classroom and after one of my SEN classes used them, they all rushed to try and

sort them back into the right colour sections… to be honest I love doing this too after other classes have finished with them!

Auditory -
Listening to the same song over and over again as it's comforting. Or other comforting sounds like running water or similar.

Vocal Stimming -
Vocal stimming is repeating words, it might be done to help calm down, or it may even be done out of boredom. It can be very annoying to the person listening to it. Imagine sitting beside someone who just starts saying 'Apples and grapes, apples and grapes, apples and grapes, apples and grapes, apples and grapes, apples and grapes, apples and grapes, apples and grapes…'
If you want the person to stop, do not say 'Stop it' or 'Be quiet', instead you could try breaking the cycle with a direct question, such as 'Have you done question 3 yet?' or 'Did you have anything nice for lunch today?'. Even a very brief conversation like this will probably stop this person doing a vocal stim...although they may go back to it if it was a really good one. And if you see an autistic person's mouth moving repeatedly and quickly, but you can't hear them, this may be vocal stimming paired with masking; in their head they may be thinking 'Apples and grapes, apples and grapes, apples and grapes…' and their mouths may be moving

unconsciously. I believe the internalised version is Called Echolagia.

Echolalia- from the Greek ‘echo’ (to repeat), and ‘lalia’ (speech). This is repeating things you hear, such as a short sentence, words, or also sounds, if a sound happens like a buzzer, or an alarm, then an autistic person may have the urge to repeat this. This may be commonly misconceived by adults such as teachers as a young person just being silly or annoying, but it is actually more of an involuntary stim. Of course it can be controlled and stopped by the autistic person with effort, but this would be classed as masking.

Scripting – (sometimes referred to as delayed echolalia) This is when an Autistic person may use lines they have heard from TV or movies in everyday sentences. What they may say/repeat may depend on their age, e.g. younger children may quote Bluey or similar, while older children may repeat other things they watch.

OR

Scripting/rehearsing conversations, is when a person thinks through a conversation in advance to prepare what they need to say, such as when ordering a coffee or food. With Autistic children you may teach them how to order their own food by practising, telling them what the person serving will usually say

There are different ways in which we learn languages, Gestalt and Analytical. Gestalt is when we learn in chunks, like you learn how to say a sentence. Analytical is when we learn word by word. Anybody can learn using both these methods, but the Gestalt method may explain why Autistic children are more likely to use scripting from TV shows, as they have learnt the sentence rather than each individual word.

Vestibular - (movement)
This is what we generally think of when we consider stimming, the stereotypical stims if you like – such as rocking backwards and forwards, or jumping up and down.

Proprioceptive -
Your body's ability to feel things - so this would be wanting to be squeezed (needing a bear hug), and wanting to be under a weighted blanket.

Tactile stimming -
feeling things, usually with your hands, this may be rubbing your hands together, or on a surface that feels satisfying.

Oral -
Chewing, you may, or may not, be familiar with the concept that people with ADHD like chewing gum. Well

this is probably more of a stim, than a habit, they find it comforting. This is similar to the way that babies and young children like to chew on chew toys. This can also be seen in older children, such as chewing on their ties, shirt/jacket sleeves, or a bracelet. This is, in my opinion, a less common stim, although I have still seen it several times.

Micro Stimming -
The above mentioned stims, are often quite noticeable, if someone does these in the same room as you, you are probably going to notice. However, micro stims are much more subtle versions of stimming, that may go unnoticed unless you are looking at the person and know what you're looking for. Some examples of micro stimming might be, fingers tapping or wiggling, feet tapping or wiggling, lip biting, hair twirling, eyes darting around the room.

Alexithymia-
This is a neuropsychological phenomenon, which essentially means difficulty identifying and expressing emotions. This is a term that I only heard of after my diagnosis, however, it makes perfect sense to me now. Of course I can identify some emotions, and feelings. For example, when I'm having a good day I can express this easily by saying I'm happy. But if I'm

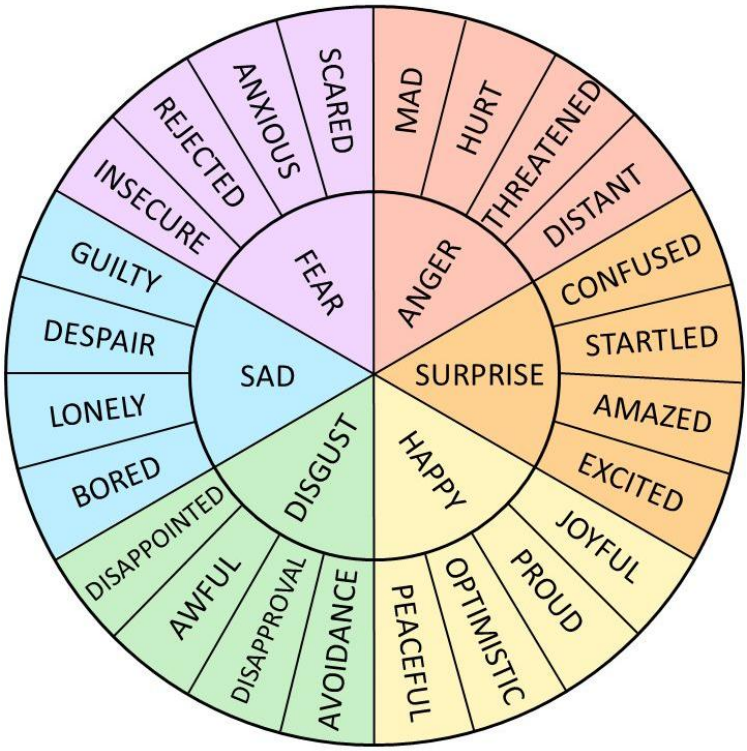
having a bad day, I find it very hard to describe how I'm feeling. Even now as I write this, I'm finding it difficult to explain my emotions. An easy out is to say I'm tired, which is often true when I'm in a bad mood, but this is a very good response when someone asks how I am and I can't explain it properly. So, I think this is worth bearing in mind when we are talking with our students with Autism especially if dealing with more of a pastoral issue. If you ask a young person how they feel, and they shrug their shoulders and say they don't know, this may not just be them being rude, they may genuinely not know how they feel. If you were to say something like, 'It's OK to feel frustrated, angry, sad, upset, confused…' listing some emotions might help them identify their own emotion, but equally it's OK if they can't identify it - just 'not good' is a good enough description for me.

I tested this hypothesis when discussing this with a colleague, we discussed how I was feeling at a time, and I wasn't able to pinpoint the words, I just said '...I don't know...bad.' He then listed a few emotions, to which I replied 'No...no...yes.' So, I know first-hand that this works on Autistic adults. I also spoke with my colleagues who work as SPiMS form teachers, or closely with the SEN department, and the general consensus was that they were not taught about this during any of their training to become SEND teachers.

However, they have picked this up through experience working with Autistic pupils as an 'on the job skill' and often use this method, despite never having heard of the

term Alexithymia. The SPiMS classes in the school I worked in have emotions wheels, similar to figure 9, in their classroom, and have lessons to help them identify and understand their emotions when they are calm, which may help with their emotions when they are Dysregulated. It's also worth noting that higher levels of Alexithymia have been linked to increased likelihood of self-harm in autistic people, according to the charity Austistica, as I mentioned briefly in chapter 5.

Figure 30 -



From Brainfraim-kids.com

Apologies to any trained professionals out there, who are familiar with this concept and may think this is obvious knowledge, but I think many people out there are unaware of this and could benefit from this.

Delayed Emotional Response -
When something bad happens, we usually have an appropriate negative response at the time. However, some Autistic people will seem unaffected by an issue for a period of time and may have a negative reaction later on in an environment the person feels safe in. It may be as simple as dropping a spoon on the floor will cause a meltdown, this meltdown isn't about the spoon, it is because something upsetting happened earlier that day, or even a few days prior. Please note, this is not masking, if you are masking an emotional response, you may show no reaction, until you are alone and feel safe enough to release your emotions. This is often more intentional than delayed emotional response. Again there is a link to this phenomenon and Alexithymia, as it is to do with the difficulty understanding and processing emotions.

Decision Paralysis -
This is more than just being indecisive or picky. If you ask an Autistic person a question, or they have options to choose from, there may be a very long pause. This is because they are struggling greatly with making the

decision. It may be happening due to being overwhelmed by choice, or overthinking the options, if they have not had to make this choice recently. A good example would be party food buffets. If I'm at a party and there is a buffet, or even a table of buns and biscuits, if I haven't seen the food before arriving at the food table, then I find it very difficult to choose, especially if there are people waiting behind me. A possible solution to this, is having a menu to see in advance, or looking at the food available before joining the queue for the food. In some cases, this decision paralysis may be more severe and lead to the autistic person not eating at all (in the case of a buffet). If you want to help in the more severe cases, talk about the food with the Autistic person, you could mention what there is available, you could suggest something you think they may like.

You may be taking your child to a shop, whether it's a supermarket and they're trying to decide on what sweet to buy, or it may be a toy shop to spend Christmas money. Either way the child may have great difficulty deciding on what to buy. You may hope that they will 'grow out of it' and I'll not speak for everyone, but I certainly haven't. It can take me AGES to do my food shopping, between companies moving foods to different aisles, or being out of stock, to having to buy something you don't usually buy… but now that I'm an adult, and I drive myself to the shops, there is no one waiting on me,

so I don't feel rushed - I just take my time.
Decision fatigue is very similar, you are still able to make decisions, but it becomes very difficult and tiring the more decisions you have to make. An autistic person may become irritable if they have to make too many decisions in a period of time.
Tip- Don't say 'What do you want to do?' instead try 'Do you want to do thing A or thing B?'

Obsessive compulsive disorder (OCD)-
This is a condition which I'm sure many of you have heard of before. It is characterised by strong intrusive thoughts and repetitive behaviours. People often have a misconception that OCD is just about being tidy and clean, but there is more to it than that, and you can definitely have OCD and be an untidy person.
Individuals with Autism are more likely to have OCD.

Rejection Sensitivity Disorder (RSD) -
Have you ever said no to a child in a perfectly polite and reasonable way, and then they cry or get upset or angry? Neurodivergent people are often more sensitive to rejection and criticism. People with RSD are often told they are too sensitive. You might find that a pupil appears to be a perfectionist, not wanting to show you their work, it is because they don't want you to criticise it. There is a fine line we have here as teachers, we need to correct pupils so that they will learn, but we also don't want to upset them. Here is an example - you have

a pupil who has Autism, and RSD, you have set them some work to do, and you walk around the room checking everyone's work. You notice that this pupil has gotten every question they have tried wrong. If you are blunt about this it may upset the pupil, especially if they have already had a hard day. Possibly consider saying 'Oh look at all the questions you've completed, I love your enthusiasm and work ethic today! You have made a little mistake in your working out, let me just show you again what we're doing.
Let's do a few together… OK can you try the rest of these by yourself now? Keep up the good work.'
Here I used the good news sandwich, to help minimise the blow of the bad news. It may sound like an unnecessary amount of praise to someone reading this, but I'll confirm that this excess of praise will help stop anyone getting upset, and I say this as both a teacher and an autistic person.
It is also worth noting, that it isn't just direct rejection/criticism that causes this, it can also be being ignored, causes RSD, thinking 'Why are they not replying to me? Have I done something wrong?'

Imposter Syndrome -
We can all get this at times, but it may be slightly more common among autistic people, possibly due to the masking? I felt a little bit of this at the beginning of my teaching career, but there is a simple solution. Positive encouragement, people telling me I'm great, or doing a

good job, or similar. And do you know that after a while I started to agree with what they were saying. I am pretty great. And so are you!

Maladaptive daydreaming -
Everyone daydreams every now and then. In fact, it's healthy and a great way to work out your imagination. We may daydream if we are bored or stressed. However, maladaptive daydreaming is when a person becomes so absorbed into their daydream, and it interferes with a person's daily life. A person may actually react to what is happening in their daydream, such as crying or laughing or even talking. This maladaptive daydreaming is more common among neurodivergent people than in Neurotypical people.

Difficulty being perceived -
I mentioned previously the neurodivergent struggle with decision paralysis and getting food from a buffet. Well another aspect of this is the discomfort autistic people have at being perceived, the sense that people are watching you and judging you can be intense at times! And an interesting thing is that I met an autistic pupil who didn't like being given verbal praise, this is quite unusual, some may be indifferent to verbal praise, but it is not often that someone actively dislikes it. This was a challenge for me as I tend to give a lot of verbal praise, but as they were ok with thumbs up, I swapped to that instead. I hypothesised that this dislike of verbal praise

may be due to the autistic aspect of disliking being perceived (although that's just a thought, don't take my word for it, I'm not a psychologist)

Intellectual Infatuation-
This is when a person encounters another person who is more intelligent than they are, and combine this with being a nice person as well, the first person may feel strong emotions for this person. This may be confused for a 'crush' but the emotions are actually driven by the other person's intelligence rather than an urge to be romantically involved. This is more common among people with Autism.

Pathological Demand Avoidance (PDA) -
This is best described as the 'Don't tell me what to do!' thought process. When completing tasks, if an autistic person is intending to do something, or about to start something, and another person tells them what to do, it is incredibly irritating and very much makes them not want to do that thing at all. This is important because, as teachers we must ask pupils to do things on a regular basis, even saying something as simple as 'Great work here, can you move on to question 3 now' when a pupil has just finished question 2 and about to start 3. This is a perfectly reasonable thing for you as a teacher to say, but it may irritate them and make them not want to do it. Of course, they still must do question 3, and they probably will, but they may do it with some attitude. And this might be why they act a bit grumpy when you ask them to do something. In this

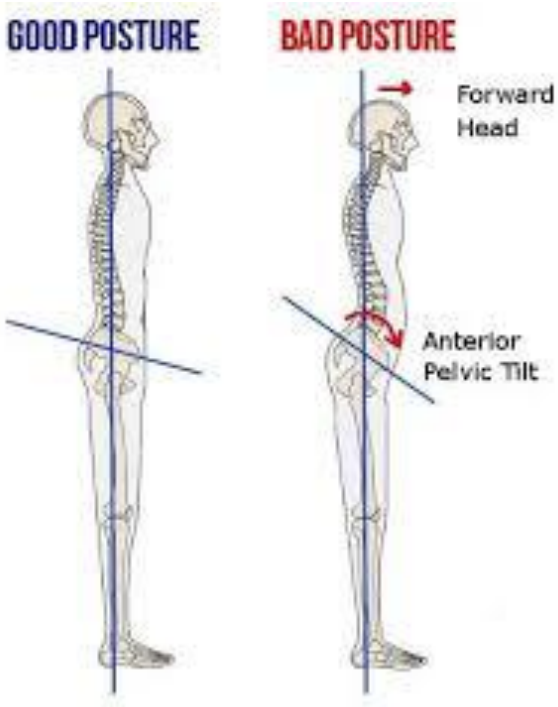
case I'll say, PDA is not an excuse for poor behaviour, but rather an explanation.

All the dys's – (Dys is Greek for badly/impaired/difficult)
Dyslexia – I'm sure many of us are familiar with this term, this affects reading, spelling and writing.
Dyscalculia – affects number recognition and their manipulation and calculation.
Dysgraphia – affects handwriting and fine motor skills for writing.
Dyspraxia – affects motor coordination
These are 'learning difficulties', but they do not mean a person is stupid, in fact I've heard the argument that people with Dyslexia are smarter than those without, due to their brain having to work harder to compensate. And as a maths teacher I would say that Dyscalculia doesn't make you bad at maths! It makes it harder for a person to do maths, and small mistakes are more likely to occur, but with the support of a calculator, people with dyscalculia are very capable of successfully completing quite challenging maths at times.

Toe walking-
People with Autism often have a tendency to walk around on the balls of their feet. Neurotypical people do this too, and not all Autistic people do this, it is merely more common in autistic people than in neurotypical people. The sympathetic nervous system (which controls the fight flight, freeze response), does a lot, it

can control lots of things -such as muscle tension or nerve entrapment, which can cause an anterior pelvic tilt (when your pelvis is tilted forward). If your pelvis is level with the ground (which it should be), your centre of gravity will be around your heels. If your pelvis is tilted forward, your centre of gravity is around the ball of your foot.
Stress (which autistic people are prone to) can cause an overactive sympathetic nervous system. An overactive or chronically active sympathetic nervous system can cause an anterior pelvic tilt.
Or
Walking on your toes causes extra sensory input, consider how much additional balance is required, you feel more pressure on the ball of your foot than when your body weight is spread evenly over your whole foot. There are ways in which you can tackle toe walking, such as braces, casts, therapies etc.… but unless it's very severe or constant I don't personally see it as much of an issue, and consider the fact that the stress of trying to 'fix' it may actually be more harmful to them then the toe walking habit itself. But again, I'm not an expert in the matter and you should seek medical advice if you are concerned about the way in which your child walks. On the bright side, people who toe walk can have great calf muscles!

Figure 31 -



Picture from Physio Point 2020

Struggling with change -
When I was 7 years old, my parents bought me a new coat. I cried because I didn't want to part with my old coat, despite the fact that it was probably starting to get too small for me. Because it was MY coat. I used it every day and grew quite fond of it.
This doesn't have to be a coat, it could be shoes, or any other item of clothing, or in a school setting a piece of stationery, or even a person.
A way to combat the challenges of change may be phasing things in and out. Now, as an adult, I will realise that my coat, or trainers, only has a few months of wear left in it. I will take my time to find and buy a replacement, and yes if I can buy the exact same thing again, or something very similar I might do that. I then leave this in my wardrobe or on the coat rack, and I may give the new item the occasional wear when I'm in a good mood or going somewhere slightly nicer. I then can wear the new item more and more, and the old one less and less, and then once I have fully transitioned to the new item, I am then able to throw out the old item (if you wonder why I say throw out rather than donate, this is because I often wear clothes to past the point where you could donate them, as in they have excessive wear.)
You can transition anything, (well most things) in school this might be a new pen, transition as above, or bigger like a new room, explain in advance, go visit the new room, when actually moving rooms, take as many

things from the old room to the new room as possible to ease the transition. People need to change as well, this may be classroom assistants, teachers, or other people who are important in the young person's life. I would advise, telling the young person in advance, and explaining the rationale behind why the person is leaving (where appropriate). The adult that is leaving may be being replaced by someone else. Knowing that a stranger will be entering your life is a BIG deal. Especially if it's someone who you have to spend a lot of time with. You may say something like, 'Your new teacher is called Mr. Johnston, I've met him, he has a beard and glasses, he's quite tall, probably about the same height as Mr. Smith. He's from Scotland so he has a Scottish accent.'. Let's not lie, we all talk a bit about new people and ask what their like, and who they are, and our autistic children are no different. This information may help ease their discomfort at the prospect of a new person.

Food -

People are often aware that autistic children eat a lot of processed food, they may put this down to the children being 'picky eaters', which yes you could describe them as that, however, have you ever wondered why? Well a Jaffa cake, for example, tastes the exact same every time you eat it, whether it's at home, at school, or on holiday in Spain. A McDonalds burger and chips taste the same wherever you are. Whereas two different strawberries

even from the one punnet can taste, and feel, very different. All fruits and vegetables, and home-made things taste, look, and feel different depending on a variety of factors. Although sometimes when the ‘safe foods’ which are processed change the recipe, this can cause distress to an Autistic person, or when the product is moved in the supermarket, or worse still, they stop stocking it.

Pica (eating non-edible things) -
Sand, Playdough, hair, paper. Similar in the way that we need to watch babies as they will put anything in their mouths, some autistic children will do this also. It may be a sensory seeking activity, or due to nutritional factors.

ARFID (Avoidance restrictive food intake disorder)-
ARFID is a more serious form of this type of ‘picky eating’ and it is classed as an eating disorder. This condition is most common in people with Autism, ADHD, Anxiety (which many autistic people have), and GI conditions (which many autistic people have). The hope is that if anyone teaches or is responsible for a young person with ARFID, they will be given enough information from the parent/guardian, to be able to help the young person. But the short version here is, if a pupil says they won’t or can’t eat something, do not try and insist, or punish them for not eating it, it is their

body and they understand it better than you do. And if you do insist… they may throw up on you, and nobody wants that.

Dino arms-
Not knowing what to do with your hands? A tendency to keep your hands hovering around chest height, rather than hanging at waist level… I don't know why. Easier to stim when hands are near each other? More efficient to pick things up when your hands are at chest level already? A sense of security having your arms near/covering your chest? But this hasn't been studied extensively yet, as far as I'm aware.
(With all these neurological phenomenon's it's no wonder that us Autistic people are phenomenal!)

Chapter 11 – My Autism Journey

I've left this chapter to near the end of the book, not because I was 'saving the best till last', but rather it is a little off topic, however I still feel like its relevant and worth sharing as it might provide some helpful information for someone reading this.
I grew up always thinking I was just a little bit 'weird', 'quirky', or 'interesting'. But even when I didn't have a name for it, I knew I was different. It wasn't until I was 18, and I went to a training event for how to look after children with Autism (I volunteered in a youth group), at this training, we were told about what Autism looks like in girls. I realised then that it sounded very familiar, it sounded very much like my childhood. When I got home I did some research online, online quizzes, YouTube videos, and articles. All the evidence pointed towards the fact that I could have Autism. I was unsure of what to do next, or who to tell. This felt like very big information to keep to myself, but also, I felt the stigma around Autism, and I worried that people wouldn't believe me. I decided to ask one of my teachers for advice. Teachers are trusted adults in pupils' lives, and just because a young person turns 18 doesn't change this. Unfortunately, the teacher I told thought that I was joking, and laughed. After realising that I was serious they then said 'I don't think you have Autism, but if you're worried you can go to your GP.' I was, and am

still, very fond of this teacher, and I don't really blame them for their reaction, after all, a very intelligent, polite, well-spoken young woman (with high masking skills), doesn't really fit into the world's ideas for Autism.

I then went to see a GP. When I explained that I thought that I had Autism, she then smiled and said, 'Well you can make good eye contact with me, so I don't think you have Autism. And even if you did, I'm not sure if there is anything we can do as you're over 18, and I don't think there are the facilities to diagnose people over 18. But I'll look into it and see.' A few weeks after this mildly disheartening (and somewhat dismissive) response, I received a phone call from a woman, I can't remember her exact title, some sort of counsellor. We talked for about 5-10 minutes, and she then said 'Don't worry dear, I don't think you have Autism, it's probably just a case of mild social anxiety.' So, after 3 adults told me I 'probably' didn't have Autism, I accepted this and moved on, although a niggle in the back of my head said that something still didn't feel right.

Some years passed and then I stumbled upon a YouTube video, of a woman, who basically told my life story – shy and quiet child, bullied growing up, being misdiagnosed with 'social anxiety'. This woman saying all this, made me think again, that maybe the people who told me that I didn't have Autism were wrong?

When I was 24 years old, I finished my degree and I started a full-time job doing admin in a hospital.

Spending some time with a lot of doctors, made me realise that they are just normal people (well highly educated and intelligent normal people), they weren't scary, or dismissive of me. This was when I decided to pursue a diagnosis again. This time I skipped the GP stage entirely, as I didn't want to go through that again, and I went to a private Psychiatrist. It was a little bit scary and intimidating, and yes it was expensive. But to me it was worth it, to get a definitive answer. I would have been ok with not getting the diagnosis, as long as this professional was sure, and I didn't get another 'maybe' or 'probably'. And within about 3 months of first contacting them, I had a diagnosis of ASD level 1. I think in the interest of transparency it is also important that I tell you how much my private diagnosis cost. In late 2022 my diagnosis cost me £1200. Of course this was, and is, a lot of money, and I understand that this may not be an option for many people, however, if I had to do it again, I would. My diagnosis has provided me with so much clarity about my life. Knowing that I'm not just 'weird', 'sensitive', or 'weak' I'm actually Autistic.

It would then be another 1-1.5 years before I started to tell people about my diagnosis, but even the personal knowledge helped me so much, I was able to give myself, time and space, I was kinder to myself, I no longer thought that I was 'weak' for not being able to keep up with others.

Interestingly enough I spoke with another woman with Autism, and she also stated that she was misdiagnosed

with social anxiety, dismissed when she suggested she may have Autism, and from first realisation to formal diagnosis, it was around 6 years. The fine details vary slightly, however, the overarching theme is incredibly similar to my own diagnosis journey.

Here I'd like to say, your emotions are valid! If you are a late diagnosed adult, you might feel angry, angry that no one told you sooner, that you missed out on support that could have helped you. Angry that you were dismissed by medical professionals. Or you may even be sad about time lost to being undiagnosed. It's also common to have something of an identity crisis, if you've been high masking for such a large part of your life, the question of 'Who am I?'is valid, is my mask part of me, or is it something I can get rid of to be my authentic self… is it something I want to get rid of. I could appear more autistic but what would people think?

We can't change the past, but we can make it better for those who come after us. We can support our pupils, colleagues, family and friends, diagnosed or undiagnosed, in an environment that is Autism friendly. I learnt about accommodations through watching the pupils I teach. Pupils had 'time-out' cards which enabled them to take 5 minutes out of a lesson to walk around the school corridors to calm down and regulate themselves, to prevent meltdowns in lessons. These pupils came back from these breaks much more able to learn and participate in the lesson. I realised that I could

possibly benefit from similar accommodation. I spoke with the disability services for my university and I arranged that I be allowed to turn my camera off during a video meeting if I felt overwhelmed. In the year my PGCE took, I think I only used this accommodation once or twice, but it was nice to know it was there.
On the topic of accommodations, it is worth addressing the controversy around accommodations. I was raised, as an undiagnosed Autistic person, with the attitude of 'The world will not go out of it's way to make you comfortable, you need to adjust to fit into the world as it is.' This is, in essence, masking. I have been masking my Autism in public since, both intentionally and subconsciously, as long as I can remember. I can be a fully functioning member of society in any and every setting… however this does have its down sides. If I go to an event, or on an outing, basically if I do anything, big and out of the ordinary, I might be floored afterwards. Recovery times may vary depending on the event, anything from an hour to a week until I'm back to my normal self.
I am very privileged to have a good group of friends I've known for over a decade, who are very accepting of all my eccentricities and quirks, who I can be practically 100% myself with, so dinners out, day trips, and even weekends away aren't totally exhausting with them. Whenever people do make accommodations for me, not only does it mean I am more likely to enjoy such events like everyone else, but I am also able to get back to my

usual self after these events, as they are much less tiring than they would be without accommodations.
My understanding up to this point was that no one HAD to accommodate me, but I really appreciated it when they did.
Although interestingly enough, it is a law that we need to accommodate wherever possible, unless there is a health and safety concern the DDA (Disability Discrimination Act).
The act that disability rights fall under in the rest of the UK would be the Equality Act 2010, however, this doesn't apply in Northern Ireland. There was an Autism Act 2011, which had an amendment in 2022, this covers. This act, as far as I understand it, doesn't mention laws which are in place to protect autistic/disabled people, it instead refers you to the disability discrimination Act 1995 (DDA). So, if you are autistic, you are disabled (technically speaking for the purpose of reasonable adjustments), then your employer, educational institution, providers of goods, facilities, and services are required to make reasonable adjustments to help you.
Although please note that accommodations are only required to be made when you have an official diagnosis.
One of the latest challenges in my Autism journey is how and when do I disclose my condition to an employer? It can be an uncomfortable discussion to have at times, depending on how welcoming the

environment is. I was working in a school where I had not told any of my colleagues or supervisors about my Autism yet, and there was a slight miscommunication with one of my colleagues. My colleague then informed our supervisor who then proceeded to inform me of what I did wrong. I was mildly irritated by this, as in my mind I hadn't done anything wrong. If my colleague had have known that I have Autism they would have hopefully told me directly what I should do, rather than hoping I would pick it up from their tone of voice, or what they implied. Or possibly if I had even have told my supervisor, they would have been able to point out the miscommunication and then they would have told me directly what to do. Miscommunications are the bane of my life! And they can happen even in places when you fully disclose your Autism, but unfortunately they are a part of life (even neurotypicals have miscommunications sometimes).

So, what I would like you to take away from this is – if someone tells you that they think that they may have Autism (or another aspect of Neurodivergence) - don't laugh, but perhaps you could say something like 'Oh that's interesting, I hadn't noticed personally, but then again, I'm not a trained professional.'

A really amazing moment that helped me in the coming to terms with my diagnosis, was when I was talking with a friend about it and he said 'I see you telling me that you have Autism as no different from me saying that I have hay fever. It's just a part of what

makes you, you.' This small comment made me realise that nobody actually cares if I'm autistic or not!

Chapter 12 - Conclusion **(Why is it called a** conclusion and not an 'outro')

I'm going to leave you with this thought, 'I'm Weird? Well yes, I'd much rather be weird than normal. Normal is just a word made up by average people, to make themselves feel better about their boring lives.' This was a thought that I had when I was a teenager still in school, I didn't really have the confidence to share this opinion then, but I do now, I am happily Weird!
I have done some public speaking throughout my life, as I quite enjoy it, I'll not say I'm the best speaker in the world, I never won any of the competitions I entered, but it did improve my confidence. I'll now quote a paragraph from Dale Carnegie's How to Win Friends and Influence People, that I thought was quite poignant,
'The ability to speak is a shortcut to distinction. It puts a person in the limelight, raises one head and shoulders above the crowd. And the person who can speak acceptably is usually given credit for an ability out of all proportion to what he or she really possesses.'
So, what I would like you to take from that is, you may think this book was good, and that I put points across eloquently (or at least I hope you did), and I will happily accept credit for my work, but please note that when all is said and done, I am still just a teacher, who had a few thoughts and ideas I wanted to share.
At times throughout this book, I have shared some

negative experiences, it may seem like I am angry about these incidents. But I honestly hold no ill will, the majority of people mentioned here have acted the way they did, as they simply didn't know any better at the time.

This isn't the beginning of anything, nor is it the end of anything. We are continuing to work for our autistic young people, to make the world a better, more accepting and kind place for them. We need to remember that, even as teachers, we are still learning, and still making mistakes. For example, I was only a matter of weeks away from publishing this book when I spoke with a friend of mine who is a teacher in England, and apparently, they also have SPiMS/Nurture classes in England.

If you're a SPiMS teacher, it may sometimes feel like you are one teacher of a small class in one school, but you are part of something so much bigger.

I hope you enjoyed reading this book, and I hope it has been able to provide you with some useful information, whether it be for yourself, a colleague, your pupils, or anyone else. Our brains all work differently. Autism has challenges, but also really cool benefits. We need to support each other, not just Neurotypicals supporting Autistic people with the things they're struggling with like maybe social skills, or sensory issues, but please remember that Neurotypical people may need our help too! Whether it's your special interest, your pattern spotting abilities, your empathy levels or anything else

that you are better at than neurotypical people are.
If you're interested in continuing to learn more about Autism, here are a few books which I have read that you may find helpful.
The Autistic Brain – by Temple Grandin, an in depth narrative on the working of the autistic brain. This includes lots of research, and insights from one of the world's leading Autism experts, an Autistic woman herself, Temple Grandin.
An Adult with an Autism Diagnosis: A guide for the newly diagnosed – Gillian Dre. This book does what it says on the tin, I found it very useful. Also written by an Autistic individual.
How to Win Friends and Influence People – Dale Carnegie. Although originally written nearly 90 years ago (1936), it has been updated, and the basics of human friendship hasn't really changed that much. Definitely worth a read if you want to improve your own social skills/people skills. I've read this at least 4 times!

Also, some of the content creators who have made very good content around the topic of Autism, ADHD and general Neurodivergence -
ADHD_Love (Rich and Rox)
Alex Partridge
Elyse Myres
Kayleen Parlow
Morgan Foley
Stories about autism
Toren Wol

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