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AWKWARD: SOCIAL WORK NEEDS NEURODIVERGENT SOCIAL WORKERS – BUT ARE THE BARRIERS THAT WE FACE TOO HIGH TO OVERCOME?

Sarah Langley, social worker and FCA, Bournemouth Pathfinder Team

Imagine this for a second. Imagine you have size 7 feet. To all intents and purposes, they function very well as feet; they form a pleasing end to your legs, stop you falling over in high winds and they have nice, paintable toenails. All good. Now imagine that everyone else has size 4 feet. The world is made for people with teeny-tiny trotters. Socks, shoes and slippers – all size 4. Going shoeless is generally frowned upon, so you cram your poor feet into ill-fitting footwear. You scrunch your toes up and stretch the leather, but *damn!* Those things *hurt*. And that's what it's like being neurodivergent (ND) in a world that's made for and fits the neurotypical (NT). It's really, really uncomfortable.

Or perhaps it's worse. Because in my imaginary scenario, your elfin-footed friends would likely be able to see the problem, be able to sympathise with your predicament, and cut you some slack when you lag behind on nights out. Your colleagues might nudge you and say, 'You're okay. You can take your shoes off in the office, it must be really difficult to concentrate with those on'

A world of difference

To be neurodivergent is to process the world in an entirely different way to the average human being, to have a different brain structure, different experiences. But no one can tell just from looking. And no one can really *understand* because neurotypical brains are fundamentally unlike ours. Neurotypical brains are rarely challenged by a hostile environment. This gap in understanding has a name: The Double Empathy Problem.

The phrase was coined by autistic researcher Dr Damian Milton in 2013. Initially applied to the 'lack' of empathy attributed to autistic communication styles, I would argue that the concept is applicable to fundamental communication failures between most neurotypical and neurodivergent people.

(Full disclosure: I am a late-identified autistic and AD/HD (AuD/HD) person. This being the case, most of the examples cited in this article pertain to AuD/HD. I cannot claim to speak from experience of other forms of neurodivergence. However, I strongly suspect that a basic gap in understanding affects us all in one way or another. I am also a white, Cis, middle-class woman of 'a certain age' – thanks, Gregg! – and as such, I benefit from a degree of privilege in terms of access to diagnosis, resources and a platform to have my voice heard that others don't. The issue of intersectionality and neurodivergence deserves an article of its own.)

To date, being autistic or ADHD is still very much viewed as a deficit. If there is a communication breakdown between an autistic person and an allistic (non-autistic) person, it's got to be an autistic problem, right? *Right? Wrong.* Dr Milton's work suggests that misunderstandings between the two groups are a *two-way street*. I don't get you; you don't get me. The fact that Western society has adopted one particular communication style is simply a matter of numbers. There are just more NT people than there are NDs.