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# Neurodiversity-affirming practice in community mental health services

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*Australian Institute of Family Studies*

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Neurodivergent researchers and frontline staff delivering mental health supports to children and young people reviewed the findings and their feedback informed and guided the creation of this practice guide. Some of the practitioners were also parents of neurodivergent children and some identified themselves as neurodivergent.

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## Key messages

This practice guide presents a framework for family and community services to apply neurodiversity-affirming practice (NAP) to their work with all children, young people and families. It has been developed for, and in consultation with, practitioners providing early intervention mental health supports to children, young people and their families. The content will also be useful for program managers supporting and enabling the work of frontline practitioners.

## What is neurodiversity and neurodivergence?

**Neurodiversity** refers to the natural diversity of human brains, meaning that everyone has a unique way of thinking, feeling and functioning.

**Neurodivergence** means that some people think, feel and function in ways that are considered less common, as compared to people who are neurotypical. The term provides a non-deficit-based way to talk about these less common experiences and for people to describe themselves (e.g. 'I identify as neurodivergent').

Neurodivergence is an umbrella term often used to describe or group specific diagnoses such as autism, ADHD, Tourette syndrome and specific learning disorders such as dyslexia, dysgraphia and dyscalculia. However, it is not a medical or diagnostic term itself. Some neurodivergent children will have one or more neurodivergence-related diagnosis and some won't. Further, the support needs of neurodivergent children vary. It is also possible for neurodivergent children to access a range of supports, including mental health supports, for reasons not directly related to their neurodivergence.

## What is neurodiversity-affirming practice?

NAP has emerged as a way of working that recognises, understands and respects diverse ways of thinking, learning, functioning and experiencing the world. It encourages practitioners to learn about and reflect on their understanding of neurodiversity and neurodivergence. NAP also brings practitioners' attention to how they can deliver supports that work with individuals' neurodevelopmental differences.

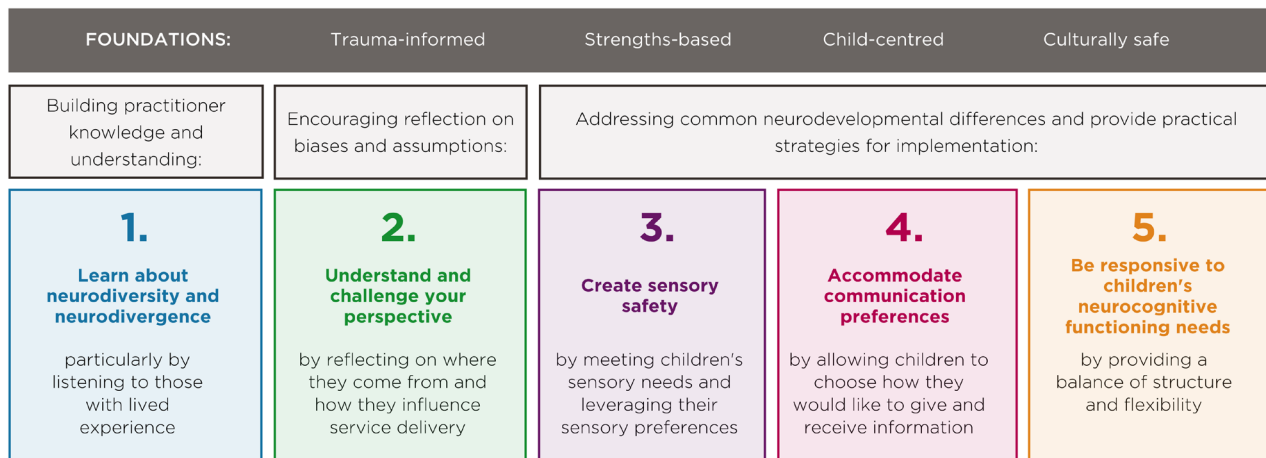
NAP represents a shift away from supports that seek to change a neurodivergent individual so they fit in with what is considered 'typical'. Instead, NAP encourages services to focus on creating a safe and supportive environment for clients to explore the most authentic and successful version of themselves. This does not ignore challenges or external influences but encourages supports to focus on providing a productive space for leveraging strengths and developing skills that can be used to thrive outside of service settings.

While this resource focuses on NAP as a universal practice for service settings, support providers can and should work alongside neurodivergent people to create more inclusive environments.

## What does neurodiversity-affirming practice look like?

This resource presents a model for delivering NAP (Figure 1). This model rests on 4 broad and overlapping foundational practice approaches: strengths-based, child-centred, trauma-informed and culturally safe. While these 4 foundational approaches do not focus on neurodiversity specifically, you cannot do NAP without understanding them and incorporating them in your practice.

The model also includes 5 principles that reflect the diverse ways people think, feel and function. Principles 1 and 2 examine the importance of understanding neurodiversity and applying that knowledge to reflective service delivery. Principles 3, 4 and 5 cover common neurodevelopmental needs and suggest strategies for practitioners and organisations to implement when delivering NAP. We unpack these foundational approaches and principles for NAP, and how they can be implemented, in this practice guide.

**Figure 1: The Neurodiversity-affirming practice (NAP) model**

## What do I need to know?

- NAP is a way of working that aims to provide a safe and supportive service environment that accepts, understands and values neurodiversity.
- Family and community services delivering NAP aim to provide the space for children and young people to identify and build the strengths and skills to help them thrive outside of service settings.
- Trauma-informed, strengths-based, child-centred and culturally safe approaches are foundational to NAP. These approaches are widely recognised across the family and community sector, meaning that services implementing NAP can build on their existing practice.
- NAP requires ongoing learning about neurodiversity and neurodevelopmental differences. Practitioners are encouraged to seek out and learn from a wide range of perspectives, including from peak groups, practice wisdom, research evidence and lived experience.
- NAP requires reflection on and biases about how people 'should' think, feel and act and how these assumptions affect the delivery of support.
- Organisations and practitioners should work alongside families and children to create sensory safety in their service environments.
- It is the service's responsibility to facilitate communication with families. This means asking about, respecting and providing choice in how children, young people and families would like to give and receive information.
- NAP supports children's neurocognitive functioning by recognising that children differ in their preferences for structure versus flexibility. Services delivering NAP work closely with children to adapt service delivery to meet individual preferences and needs.

## Introduction

Children, young people and families that access community-based mental health supports, like the broader community, can be described as neurodiverse. **Neurodiversity** refers to the natural diversity of human brains; everyone has a unique way of thinking, feeling and functioning.

Some children and young people (children hereafter) might be best described as neurotypical and others as neurodivergent.

**Neurodivergence**<sup>1</sup> means that some people think, feel and function in ways that are considered less common, as compared to people who are neurotypical. The term provides a non-deficit-based way to talk about these less common experiences and for people to describe themselves (e.g. 'I identify as neurodivergent').

<sup>1</sup> There is no single authoritative definition of 'neurodivergence'. The description of neurodivergence provided in this practice guide was developed through the synthesis of publicly available sources including child and adolescent mental health organisations, neuro-affirming service providers, neurodivergent researchers and child and adolescent mental health organisations. The description was developed in consultation with neurodivergent researchers and frontline staff delivering mental health supports to children and young people. Some of the practitioners were also parents of neurodivergent children, and some identified themselves as neurodivergent.

Neurodivergence is an umbrella term that is often used to describe or group specific diagnoses such as autism, ADHD, Tourette syndrome and specific learning disorders such as dyslexia, dysgraphia and dyscalculia. However, it is not a medical or diagnostic term itself. Some neurodivergent children will have one or more neurodivergence-related diagnosis and some won't. Further, the support needs of neurodivergent children vary. It is also possible for neurodivergent children to access a range of supports, including mental health supports, for reasons not directly related to their neurodivergence.

This practice guide describes neurodiversity-affirming practice (NAP) and provides some guidance on how to do it.<sup>2</sup> That is, how to work in a way that recognises, understands and respects diverse ways of thinking, learning, functioning and experiencing the world (Department of Social Services [DSS], 2024; Emerging Minds, 2025c; Holt, 2023).

NAP is an approach that can be implemented with any child and family, and in any service context, to improve family engagement and wellbeing and to minimise the potential harm that can come from service delivery. You do not need to be an expert or to be providing supports specifically focused on neurodiversity to do NAP.

## Neurodivergent brains are different, not better or worse

These differences can relate to (McLean, 2022):

- planning and time management
- flexibility and adaptability in certain situations
- maintaining focus and shifting attention
- regulating emotions and reactions
- navigating everyday environments and tasks
- communicating and socialising
- processing, responding to and tolerating certain stimuli (sometimes referred to as sensory differences).

This 2-page [information sheet](#) defines neurodivergence and identifies some common misconceptions about neurodivergent people.

## Aim and intended audience

As an early-career practitioner, you may already have an understanding and professional comfort with NAP from practice and/or personal experiences. Alternatively, NAP principles may be completely new to you, and you may be wondering where to begin. Regardless of your level of experience, this practice guide provides practical strategies on how to work in a neurodiversity-affirming way.

It covers:

- [what neurodiversity-affirming practice is](#)
- [4 foundations of neurodiversity-affirming practice](#)
- [5 principles of neurodiversity-affirming practice](#) and strategies for implementing these into your work.

This practice guide has been developed for, and in consultation with, practitioners working in [Family Mental Health Support Services \(FMHSS\)](#). FMHSS provide early intervention and non-clinical community mental health support for children and young people, aged up to 18 years, who are showing signs of, or are at risk of, developing mental illness.

Practitioners working in early intervention support services told us that more information about NAP would be useful to help service providers build on the existing supports they provide to children and families. This practice guide will also be useful to other practitioners working with children and young people, parents and families.

The content has been developed specifically for practitioners who have less than 5 years of experience in the child and family services sector. We have also included advice for program managers and organisations whose support enables the neurodiversity-affirming work of frontline practitioners.

<sup>2</sup> We use the term 'neurodiversity-affirming practice' in this resource because it makes clear that we are referring to working with neurodiverse populations. Other references in the literature refer to 'neuro-affirming practice' and 'neurological-affirming practice'.

## What is neurodiversity-affirming practice?

Neurodiversity-affirming practice (NAP) is a way of working that aims to provide a safe and supportive service environment that accepts, understands and values neurodiversity (Chapman & Botha, 2023; Dundon, 2023; Emerging Minds, 2025b; Flower et al., 2025; Johnston et al., 2024; Neff, 2025). NAP in child-focused services entails working alongside families and communities to value and respect each child as they are (Dallman et al., 2022; Dundon, 2023; Emerging Minds, 2025b; Flower et al., 2025; Izuno-Garcia et al., 2023; McGreevy et al., 2024; Neff, 2025; Paustian, 2025).

NAP involves the recognition that neurodivergence is not something to be 'fixed' and shifts the focus from changing behaviour to understanding children's needs and working with families to meet their needs (Dallman et al., 2022; DSS, 2024; Emerging Minds, 2025c). In this way, NAP focuses on delivering supports that work with, rather than against, neurodevelopmental differences.

*It is really about supporting every single individual where they're at on the day, how they present, looking past any label, any category. (Family mental health practitioner)*

In a community-based mental health setting, NAP aims to:<sup>3</sup>

- recognise that neurodivergence is a fundamental characteristic of an individual's identity
- enable all children to explore and express the most authentic version of themselves
- acknowledge and navigate the challenges that neurodivergent children and their families' face
- collaborate with children and their families to create session plans and goals that align with children's definitions of success and wellbeing
- enable self-advocacy and amplify the voices of neurodivergent children and their families
- create more inclusive environments for neurodivergent children.

## Why is neurodiversity-affirming practice important?

Adopting a neurodiversity-affirming practice (NAP) approach is important for ensuring that community-based mental health services are inclusive and effective for all children, whether they are neurodivergent or neurotypical. This approach prioritises safety, support and a productive service environment for all families.

Creating inclusive environments is important because, traditionally, services for children and families (including mental health services) have been designed to meet the needs and preferences of neurotypical people. In the past, some service responses have also focused on trying to modify the behaviours of neurodivergent people so they can 'fit in' with their neurotypical peers. For example, restricting self-stimulating behaviour and forcing children to make eye contact.

This can lead to children masking their neurodivergent traits. This can then increase their stress levels, mental strain and sense of alienation from their true self. It can also reduce neurodivergent children's sense of self-worth (Emerging Minds, 2025a; Flower et al., 2025; McGreevy et al., 2024; Timler et al., 2025).

In contrast, contemporary practice - including NAP - recognises the unique strengths and challenges of neurodivergent children, as well as the environmental factors that negatively impact them (Flower et al., 2025; Neff, n.d.). This means that practitioners work with families to explore ways of supporting children to become their authentic, thriving selves.

<sup>3</sup> Emerging Minds, 2025b, 2025c; Flower et al., 2025; Izuno-Garcia et al., 2023; Johnston et al., 2024; McGreevy et al., 2024; Neff, 2025; Paustian, 2025; Silvester & Rankine, 2024; Sulek et al., 2025; Timler et al., 2025

## Foundational practice approaches and neurodiversity-affirming practice

Strengths-based, child-centred, trauma-informed and culturally safe approaches are a core part of best practice when working with children and families. Many practitioners working in community-based mental health services will be familiar with the key elements of these approaches and already use strategies embedded within each of these approaches in their everyday practice. These approaches overlap with and inform each other to help practitioners provide the best possible supports to children and families.

These practice approaches are also foundational to the delivery of neurodiversity-affirming practice (NAP). Although they do not focus on neurodiversity specifically, these broad practice approaches are inherent to NAP because they enhance safe and effective service delivery that prioritises the wellbeing of children, families and practitioners (Cherewick & Matergia, 2024; DSS, 2024; Dundon, 2023; Emerging Minds 2025b; Paustian, 2025). We have summarised these approaches below and noted where they may be particularly applicable to working in a neurodiversity-affirming way.

### Trauma-informed practice approaches

Trauma-informed practice approaches are an essential element of NAP because neurodivergent children may be more likely to experience potentially traumatic events, including adverse childhood experiences and bullying (Dundon, 2023; Emerging Minds, 2025a; Hartley et al., 2024; Wilson et al., 2024).<sup>4</sup>

Key to both trauma-informed practice and NAP is the principle that these practices can (and should) be universally applied regardless of the specific experiences of the child. That is, to practise in a trauma-informed way, it is not necessary to know a child's trauma history; similarly, NAP does not require a child to have a neurodevelopmental diagnosis or to identify as neurodivergent. Both approaches can be implemented with all children and families, in any service context.

Like NAP, trauma-informed practice aims to improve service experiences and outcomes by adopting holistic, strengths-based and person-centred approaches that promote safety and trust, sharing power and control and enhancing client-practitioner relationships (Department of Families, Fairness and Housing [DFFH], 2023; Dundon, 2023; Knight, 2015; Sweeney & Taggart, 2018). Both approaches focus on individual needs, accept all emotions and responses as valid for the individual and acknowledge the impact that personal experiences have on how people perceive and respond to their environments and relationships (Mullin & Davies, 2025).

By combining trauma-informed practice and NAP, service delivery caters for the needs of all children, including those without trauma histories or who do not identify as neurodivergent (Dundon, 2023). Additionally, greater acceptance and understanding of neurodiversity and experiences of trauma is likely to benefit service provider staff as well. For example, respect and value insights that staff share about making workload and processes more accommodating to different ways of thinking to better meet the needs of neurodivergent team members.

#### Making your practice trauma-informed

AIFS has a [guide](#) on how to practise in a trauma-informed way as well as an interactive [online training course](#) on trauma-informed practice. Both resources summarise the research and practice evidence on strategies for trauma-informed practice. Created specifically for practitioners and program managers providing community-based mental health supports, they cover:

- what trauma-informed practice is
- organisation-level responsibilities for and barriers to implementing trauma-informed practice
- trauma-informed practice strategies that practitioners can implement.

Refer to the [further readings](#) section for additional resources about [trauma and neurodiversity](#).

<sup>4</sup> There can also sometimes be some similarity or overlap between characteristics associated with neurodivergence and reactions to trauma. For example, in both instances, children might not engage in conversation, or find it difficult to maintain conversation, have flattened emotional responses, prefer to spend time alone or experience hyperarousal. (Al-Attar & Worthington, 2024). Assessing the underlying reasons for specific behaviours is an issue for professionals assessing young people's needs for specific supports and it beyond the scope of this resource.

## Strengths-based practice approaches

Strengths-based practice in family and community supports involves the recognition that children and their families have, and can develop, skills to support themselves (Strawa, 2022). It explicitly centres service delivery on a family's abilities and strengths rather than what they cannot do (Dundon, 2023; Emerging Minds, 2025a; Paustian, 2025; Silvester & Rankine, 2024).

Adopting strengths-based practice approaches as a foundation of NAP means:

- viewing a child's unique ways of thinking, feeling and functioning as strengths and opportunities for achievement (Cherewick & Matergia, 2024; Dundon, 2023)
- recognising that all children have abilities and resources they can build on to help achieve their goals and overcome or manage difficulties (Cherewick & Matergia, 2024; Dundon, 2023)
- having high expectations about what children can achieve and empowering them to realise their potential (Dundon, 2023)
- identifying protective factors in a child's life, such as their family, friends and communities, and engaging these people to help the child achieve their goals (Cherewick & Matergia, 2024; Sulek et al., 2025).

## Child-centred practice approaches

Children have the right to participate in decision making that affects them (UN General Assembly, 1989). This means that services working with children and their families must centre the perspectives and needs of the children receiving supports in their practice (Strawa, 2022). Child-centred practice approaches also involve working with parents and carers to minimise the difference between what is being worked on in service settings and what happens at home.

Child-centred approaches are a foundational aspect of NAP because, like NAP, they seek to understand and validate each child's unique way of experiencing and perceiving the world (Chapman & Botha, 2023; Flower et al., 2025). Key to a child-centred NAP is recognising that children are the experts on their lives, experiences and needs (Chapman & Botha, 2023; Flower et al., 2025; McGreevy et al., 2024).

Importantly, services should not assume that neurodevelopmental differences are deficits (Izuno-Garcia et al., 2023; Kroll et al., 2024). This involves working with a child's strengths rather than against their ways of thinking, feeling and functioning (as discussed in the previous section), while ensuring services are centred around the child's needs (Izuno-Garcia et al., 2023; Kroll et al., 2024; Sulek et al., 2025).

Rather than setting goals that aim to make children's behaviour more 'typical', services can create a safe space for children to actively participate in decisions that affect them. This may involve working collaboratively with children and their families as well as providing opportunities for them to share their perspectives and feedback (Dundon, 2023; Emerging Minds 2025a; Izuno-Garcia et al., 2023; McGreevy et al., 2024; Sulek et al., 2025; Timler et al., 2025). Refer to the section [Principles of neurodiversity-affirming practice](#) below for strategies for implementing these approaches.

## Cultural safety

Cultural safety means actively creating an environment where children and families feel safe to be themselves; where their individual and cultural values and experiences are respected; and where strengths relating to these factors are recognised (McVicar & White, 2024; Murrup-Stewart & Truong, 2024).

In Australia, considerations of culture in practice have been developed through the leadership of Aboriginal and Torres Strait Islander people and by migrant, refugee and other communities. As a result, cultural safety is often associated with ethnicity, skin colour or religion. However, the term 'culture' applies more broadly to any group with shared values, beliefs and practices. This includes groups of people with shared sexual and gender identity as well as people with disability (Gottlieb, 2021; Tervalon & Murray-Garcia, 1998; Murrup-Stewart & Truong, 2024).<sup>5</sup>

<sup>5</sup> For example, Twenty10 have created a resource for mental health practitioners supporting neurodivergent trans and gender diverse people.

Importantly for NAP, neurodivergent communities are also sometimes understood as having a cultural identity (Singer, n.d.), which needs to be considered throughout service delivery (Chapman & Botha, 2023; Dundon, 2023; Flower et al., 2025). Acknowledging that children are experts in their own experiences (discussed [above](#)) requires curiosity and open-mindedness about how unique ways of thinking, feeling and functioning are informed by culture.

Developing cultural safety in your practice may seem challenging but it is an ongoing process of learning and exploration (Bennett & Gates, 2019; Gottlieb, 2021). Practitioners should strive to be culturally safe in all their work, particularly when engaging with children and families whose culture(s) may differ from their own. It is important to remember that many children you work with may identify with multiple cultural groups.

### How to do culturally safe practice

Being culturally safe involves actively:<sup>6</sup>

- prioritising safety and inclusivity
- addressing power imbalances in the client/practitioner dynamic
- acknowledging the ongoing harm of the settler-colonial context
- minimising racism and discrimination
- recognising the historical and social determinants that contribute to inequity.

This [collection of resources](#) summarises research and practice evidence on promoting cultural safety and wellbeing for Aboriginal and Torres Strait Islander people. It was created specifically for anyone working in child and family support services. It includes information about:

- improving cultural safety
- understanding culture and social and emotional wellbeing
- resources to support culturally safe service delivery.

Refer to the [further readings](#) section for additional resources about [cultural safety](#), including for multicultural communities.

## Principles of neurodiversity-affirming practice

There is no single commonly accepted framework or set of principles used to define and guide neurodiversity-affirming practice (NAP). For this guide we synthesised a wide range of sources, including research evidence, practice wisdom and lived experience, to identify 5 common principles for NAP. These build on the foundations of trauma-informed, strengths-based, child-centred and culturally safe practice approaches to more specifically focus on the needs of neurodivergent people. These foundational practices are reflected in and woven throughout the principles of NAP.

These are:

- [Principle 1: Learn about neurodiversity and neurodivergence](#)
- [Principle 2: Understand and challenge your perspective](#)
- [Principle 3: Create sensory safety](#)
- [Principle 4: Accommodate communication preferences](#)
- [Principle 5: Be responsive to children's neurocognitive functioning needs](#)

These principles relate to how services can work to understand, value and support the diverse ways that children, think, feel and function. Principle 1 discusses the importance of practitioners developing literacy relating to neurodiversity and neurodivergence. Principle 2 presents neurodiversity as an important consideration when practitioners are examining how their perspective influences service delivery. Principles 3, 4 and 5 examine common neurodevelopmental differences and suggest practice strategies for practitioners and organisations to implement when delivering NAP.

6 Australia's National Research Organisation for Women's Safety [ANROWS], 2020; Gottlieb, 2021; McVicar & White, 2024; Murrup-Stewart & Truong, 2024; So et al., 2024; Tervalon & Murray-Garcia, 1998

## Principle 1: Learn about neurodiversity and neurodivergence

***Neurodiversity-affirming practice (NAP) requires practitioners to learn about neurodiversity and neurodivergence, particularly by listening to those with lived experience.***

Delivering NAP requires an understanding of neurodiversity, including what the term means and how it relates to neurodivergence, as well as a continual commitment to learning about the diverse ways that people think, feel and function.

Much of the existing knowledge about neurodiversity has been informed by clinical understandings of autism, ADHD and other diagnoses associated with neurodivergence (Flower et al., 2025). Our understanding of neurodiversity is continually evolving, with new research and discussions about the diversity of human brains occurring every day across many sectors, including medicine, social services and human rights advocacy. To begin developing an adequate level of literacy about neurodiversity, practitioners can proactively pursue professional development opportunities. They can also share learnings with other practitioners and professionals.

It is important for practitioners to understand the wide range of perspectives on neurodiversity (McGreevy et al., 2024), including lived experience, research evidence and practice wisdom as well as clinical expertise. NAP also emphasises the importance of prioritising the lived experience of neurodivergence, including personal accounts, advice from neurodivergent practitioners and researchers as well as insights from children and their families (Dundon, 2023; Flower et al., 2025; Timler et al., 2025).

### **There is so much to learn about neurodiversity!**

Here we summarise some important background information about neurodiversity. You can use this as a starting point to build your own literacy and a foundation for continued learning.

#### ***Origins***

One of the earliest published uses of the term neurodiversity was in 1998 by Judy Singer, an Australian sociologist who describes herself as 'being the middle of 3 generations of women on the Autistic Spectrum' (Singer, n.d.). Many people around this time were also sharing their experiences of being neurologically diverse, particularly through online communities (Neff, n.d.).

#### ***The disability movement***

The concept of neurodiversity is informed by people with disabilities, who have spent decades collectively challenging discrimination. Some people experience neurodevelopmental differences as a disability; however, not everyone who identifies as neurodivergent also identifies as having a disability (DSS, 2024).

#### ***Neurodivergent is a non-diagnostic term***

'Neurodivergent' is sometimes described as an umbrella term for people with diagnoses such as autism, ADHD, Tourette syndrome and specific learning disorders. However, neurodivergent is a non-diagnostic term that can be used by people with or without a clinical diagnosis.

Neurodivergent people, and those supporting them, have highlighted many barriers to accessing clinical diagnoses in Australia, including cost and long waiting times (DSS, 2024). There are also many neurodivergent people who choose not to undergo clinical assessment.

#### ***Learning from lived experience***

Many neurodivergent people, and those who support them, are keen to have their voices heard by practitioners. There are many websites, blogs, podcasts, videos and books that practitioners can use, including:

- [Neurodivergent Insights](#), run by a neurodivergent psychologist, parent and educator
- [Yellow Ladybugs](#), run by Autistic girls, women and gender-diverse people and their families
- [Reframing Autism](#), run by Autistic people across Australia.

## Principle 2: Understand and challenge your perspective

***Neurodiversity-affirming services challenge their perspective about child development and ways of being by reflecting on where their assumptions come from and how they influence service delivery.***

An essential part of NAP is self-reflection about one's assumptions and biases about how people 'should' think, act, feel or function, and how these assumptions influence service delivery, design and practice (Dallman et al., 2022; Flower et al., 2025; McGreevy et al., 2024; Neff, 2025; Timler et al., 2025).

This may also involve challenging these assumptions and norms and letting go of some of the expectations that might negatively impact or burden the children and families that a practitioner or service works with (Paustian, 2025). Without doing so, practitioners may inadvertently reinforce deficit-based approaches towards neurological differences.

During sessions, practitioners can examine the similarities and differences between their own perspectives and that of the children and families they are supporting (Dallman et al., 2022). This allows practitioners to develop a shared language with families, build rapport, address gaps in knowledge through psychoeducation and communicate effectively.

Organisations and practitioners may also reflect on the extent to which their service delivery practices and policies reflect deficit-based approaches to neurological difference (Pantazakos & Vanaken, 2023; Paustian, 2025; Timler et al., 2025).

## Principle 3: Create sensory safety

***Neurodiversity-affirming services create sensory safety by working alongside families to meet children's sensory needs and preferences.***

Everyone has different ways of filtering, processing and perceiving sensory information, such as sights, sounds and tastes. However, the social and built environment has largely been designed to meet neurotypical sensory processing needs and preferences. For people who do not process sensory information in a 'typical' way, this means that everyday environments can lead to over-stimulation, under-stimulation, arousal, fatigue or difficulty concentrating (McLean, 2022). In service settings, this can mean that children may not be able or willing to engage in services that are meant to support them.

Rather than seeing sensory processing differences as difficulties that need to be 'fixed', service providers can work with children and families to identify their sensory needs and preferences, thereby creating safe sensory service environments for all types of brains (Dallman et al., 2022; Dundon, 2023; Emerging Minds, 2025a; Flower et al., 2025; Neff, 2025; Paustian, 2025; Sulek et al., 2025).

Safe sensory environments are spaces where children can safely regulate their nervous system. Services can create appropriate sensory environments by minimising a child's exposure to sensory information that can overwhelm or underwhelm nervous systems as well as maximising a child's access to sensory stimuli that helps them engage productively with services.

### How to create sensory safety

Organisations delivering family mental health supports can enhance the sensory safety of their service environments by:<sup>7</sup>

- encouraging children and their caregivers to complete a [sensory checklist](#) as part of the intake process. This allows organisations to prepare supports for children who experience differences in sensory processing before they attend services.
- avoiding sensory inputs that are commonly considered neurodivergent unfriendly (e.g. bright lights, loud sounds, strong smells)
- including photos or videos of your service settings on your website. This helps children attending new services to feel welcomed and prepared.
- asking for feedback from children and their families about service environments – any suggestions should be met with appreciation and followed up.

<sup>7</sup> Emerging Minds, 2025a; Flower et al., 2025; Garcia et al., 2023; Izuno-Garcia et al., 2023; Neff, 2025; Paustian, 2025

If you partner or do community engagement with other services or community organisations (e.g. schools and sporting clubs), work with them to ensure that they are also safe sensory environments (Silvester & Rankine, 2024).

Practitioners can also support sensory safety during their sessions with children and families by:<sup>8</sup>

- proactively asking children and their families whether they would like any changes to service environments to meet their sensory needs. For example, you can offer to dim lights, change the room temperature, close or open windows.
- incorporating children's sensory preferences into sessions. Providing children with options to match their sensory preferences is likely to increase engagement and outwardly demonstrate child-centred practice. For example, you could provide the child a choice of paper so they can choose one that is their favourite colour, or you can ask them if they would like to play their favourite music.
- introducing children and families to a box of sensory inputs and soothers that they can use in sessions (e.g. fidget toys, smooth rocks, weighted toys or blankets)
- inviting children and families to bring and use their own sensory inputs and soothers in sessions.

Understanding and working with young people's sensory preferences is important to facilitate engagement and should be unconditional and practised in all sessions. It should not be used as a reward for desirable behaviour or something that can be taken away for undesirable behaviour.

## Supporting sensory processing for neurodivergent children

This [information sheet](#) summarises the research and practice evidence about supporting sensory processing for neurodivergent children. It was created specifically for practitioners and program managers providing community-based mental health supports. It covers:

- sensory processing differences
- sensory processing for neurodivergent children
- strategies to understand and accommodate sensory needs
- strategies to support self-regulation.

## Understanding sensory processing differences

The following are resources that may help you understand what it is like to experience sensory processing differences as a child. They have been developed in consultation with neurodivergent children and those who support them.

[Sensory overload simulator](#): this video gives viewers a sense of what it might feel like to be a child experiencing sensory overload in a shopping centre. It is from the National Autistic Society UK and was created in collaboration with Autistic adults and children. Please note that the video is only 2 minutes long but it is likely to cause sensory discomfort.

[Understanding Sensory Processing](#): this is an animation from Positive Partnerships that was developed in collaboration with First Nations and Autistic people to support young people's understanding of sensory processing experiences and differences through a cultural lens.

## Principle 4: Accommodate communication preferences

***Neurodiversity-affirming services accommodate communication preferences by allowing each child and their family to choose how they would like to give and receive information.***

Everyone has different communication preferences, both in how they convey information to others and in how they would like to receive information. Most societies have norms about communication that define appropriate or 'typical' ways of communicating in different scenarios. This can make it hard for people who do not communicate in 'typical' ways to exchange information with others (Raising Children Network, 2024a).

8 Dundon, 2023; Emerging Minds, 2025a; Flower et al., 2025; Kroll et al., 2024; Neff, 2025; Paustian, 2025

Because communication is essential to the provision of community mental health support, services need to understand and accommodate different communication preferences to effectively support all children (Dallman et al., 2022; Dundon, 2023; Flower et al., 2025; McGreevy et al., 2024; Timler et al., 2025). Doing so can also potentially give children a space in which to safely learn or practice exchanging information with others outside of service settings. It may also mean accommodating the different ways that children communicate. For example, calling on specialist supports if children are non-verbal.

## How to accommodate communication preferences

Family and community mental health services can support children and their families to **convey** information in a way that matches their preferences by adopting some of the following approaches:<sup>9</sup>

- Asking children about their communication preferences and providing options for communication during sessions. For example, you can ask children whether they want to talk about, write down, draw or act out their feelings. If a child chooses to draw their feelings, you can provide them with materials to do so.
- Listening to and responding positively to all forms of communication, not just spoken words.
- Avoiding assumptions about the ‘typical’ way to communicate:
  - Do not make assumptions about body language. For example, do not assume that a child is not listening if they are moving their body or not making eye contact.
  - If you have difficulty understanding what a child means, work with them and their families to clarify meaning.
  - Provide families with enough time, space and flexibility to complete forms in a way that works for them. This is important because some neurodivergent children or families may want to provide additional context.
- When including communication goals in support plans, being careful that you:
  - are led by the needs and preferences of children
  - do not focus on making a child conform to neurotypical communication (e.g. do not force a child to use eye contact)
  - appreciate that children are likely to have different comfort levels with different adults and so the context will influence their communication behaviours and preferences (e.g. there will likely be differences in communication when working with a practitioner compared to being at home with family)
  - acknowledge and use children’s communication strengths.
- Helping, where possible, to teach families and schools about the importance of acknowledging children’s communication preferences.

Family mental health services can also share information with children and their families in a way that matches their preferences for **receiving** information.<sup>10</sup> This can include:

- Learning how to use different forms of communication, particularly those associated with neurodivergence (e.g. nonverbal forms of communication such as writing and visual representations of things like emotions and scenarios).
- Using a variety of communication methods and providing children with options about how they would like you to communicate (e.g. creating visual timetables, highlighting text, sharing videos).
- Considering the complexity of your language. For example, it may be helpful to use short sentences and explain abstract terms.
- Asking a child and their family how they would like to be spoken about (e.g. their preferred pronouns, how or if they prefer to speak about their identity in relation to neurodivergence, and their feelings about the use of diagnoses and diagnostic terms).

<sup>9</sup> Dallman et al., 2022; Dundon, 2023; Emerging Minds, 2025a; Flower et al., 2025; Izuno-Garcia et al., 2023; McGreevy et al., 2024; Neff, 2025

<sup>10</sup> (Dallman et al., 2022; Dundon, 2023; Flower et al., 2025; Izuno-Garcia et al., 2023; McLean, 2022; Neff, 2025; Timler et al., 2025)

## Behaviours are a form of communication

This [practice guide](#) from AIFS summarises research and practice evidence about supporting Autistic children who use potentially harmful behaviours. It was created specifically for practitioners and program managers providing community-based mental health supports. It covers:

- what the research evidence says about the relationship between potentially harmful behaviours and autism
- potentially harmful behaviours as a way of communicating unmet needs relating to autism
- affirming ways of supporting Autistic children using potentially harmful behaviours.

## Principle 5: Be responsive to children's neurocognitive functioning needs

***Neurodiversity-affirming services can be responsive to children's neurocognitive functioning needs by providing a balance of structure and flexibility.***

A key aspect of NAP is working with children to understand and address their preferences and needs for structure and predictability versus flexibility and adaptability. Organisations and practitioners can do so by creating predictable and structured service practices (McLean, 2022; Neff, 2025). This needs to be balanced with a reasonable degree of adaptability to support neurocognitive functioning for those who benefit from more flexible service provision (Dundon, 2023; McLean, 2022; Neff, 2025). We describe what neurocognitive functioning means in the box below.

For example, some children prefer or need an explicit plan for their day, while others may thrive in more fluid situations that require them to adapt to change and may resist overly rigid structures. Depending on the specific setting or context, these strengths and preferences may present as either helpful or as challenges; what matters, is that practitioners respond to a child's needs.

Understanding and balancing these needs is important because strong neurocognitive functioning supports learning, mental health and wellbeing. By balancing structure and flexibility, and recognising people's differing needs for each, practitioners are better able to respond to children's neurocognitive functioning needs. In contrast, when children attend services that do not meet their neurocognitive functioning needs, it can limit their ability to engage in sessions or derive benefit from them.

### What is neurocognitive functioning?

Neurocognitive functioning refers to the mental actions and processes that allow us to make sense of and interact with the world around us. It includes many processes that are important inside and outside of service settings, including:

- maintaining focus and shifting attention
- evaluating, prioritising and processing information
- adapting to changing circumstances and transitional periods
- learning in response to change or feedback
- controlling and monitoring behaviour, thoughts and emotions
- organising, planning and initiating actions to achieve a goal.

### ***Supporting neurocognitive functioning for neurodivergent children***

This [information sheet](#) summarises research and practice evidence about supporting neurocognitive functioning for neurodivergent children. It was created specifically for practitioners and program managers providing community mental health supports. It covers:

- what neurocognitive functioning is
- neurocognitive functioning for neurodivergent children
- strategies to support children's neurocognitive functioning.

## How to balance structure and flexibility to meet neurocognitive functioning needs

Organisations can **promote predictability and structure** in their service delivery by:

- providing adequate information to families who are planning to attend services (Emerging Minds, 2025a; Flower et al., 2025; Izuno-Garcia et al., 2023; Neff, 2025). Examples of this might include:
  - sending families information sheets before their first appointment with information about what to expect, what is expected of them, how long the appointment will take, what they need to bring and how sessions are structured
  - including photos of service environments on the organisation website (Neff, 2025).
- maintaining clear booking policies and simple booking systems to provide (Flower et al., 2025; Neff, 2025):
  - appointment reminders
  - consistent scheduling
  - advance notice of any schedule changes.

During sessions, practitioners can further promote predictability and structure by:<sup>11</sup>

- collaboratively planning the session structure with children and their families
- minimising unnecessary transitions between tasks or contexts
- clearly signposting necessary transitions using written schedules, sounds, visual cues and/or actions.

Organisations can facilitate flexible and adaptable service delivery by providing:<sup>12</sup>

- a variety of appointment times, including outside of regular school and work hours
- alternatives to in-person appointments (e.g. videoconferencing, phone consultations and home visits)
- a variety of service delivery options to suit different neurocognitive needs.

Children and families' needs change frequently and, where possible, practitioners should adapt to these needs within and in between sessions (Paustian, 2025). Practitioners can provide flexibility and adaptability in sessions by:<sup>13</sup>

- creating session plans with alternative options
- seeking and addressing feedback from children and their families.

If a child or members of their family stop engaging during a session, practitioners may need to adjust their plans or goals.

Consider how you might create an atmosphere where children feel comfortable to voice their opinions and views and to make choices about service delivery (McGreevy et al., 2024). This could include:<sup>14</sup>

- working collaboratively with children to explore options of how sessions can run
- asking about and incorporating a child's areas of interest into sessions (Dundon, 2023)
- allowing children to say 'no' and respecting them when they do
- allowing children to define their own version of successful participation. For example, how much they would like to participate in group work.
- inviting children and their families to physically move during sessions, such as taking a moment to stretch
- having options about where to sit or stand during sessions
- allowing children to practice stimming – self-stimulating or self-soothing behaviour such as repetitive movements or noises – openly in sessions.

11 Dundon, 2023; Emerging Minds, 2025a; Izuno-Garcia et al., 2023; McLean, 2022; Paustian, 2025

12 Dallman et al., 2022; Neff, 2025; Sulek et al., 2025

13 Dallman et al., 2022; Paustian, 2025

14 Dallman et al., 2022; Dundon, 2023; McGreevy et al., 2024; Neff, 2025; Paustian, 2025

## Conclusion

Neurodiversity-affirming practice (NAP) aims to provide a service environment that accepts, understands and values each child's unique ways of thinking, feeling and functioning. It is a universal practice that is founded upon the delivery of trauma-informed, culturally safe services that centre the strengths and needs of clients.

For community-based mental health services, there are 5 principles to implement within day-to-day practice. The delivery of NAP begins by learning about neurodiversity and neurodevelopmental differences, including the lived experience of neurodivergent people. Practitioners delivering NAP should use that knowledge to understand their own perspectives on neurodevelopmental differences and challenge themselves to consider how their perspectives impact service delivery. Lastly, NAP service delivery acknowledges and values neurodevelopmental differences by creating sensory safety, accommodating communication preferences and supporting neurocognitive functioning.

## Nature of the evidence

This practice guide is part of a larger project that aimed to build workforce capacity in Family Mental Health Support Services, including [3 information sheets about supporting neurodivergent children](#) and a practice guide on the use of [potentially harmful behaviours by Autistic children](#). This practice guide was developed through consultation with community-based mental health practitioners.

Neurodiversity-affirming practice (NAP) is an emerging area of community-based mental health service delivery. In developing this practice guide, the research team conducted a scoping review to identify definitions, key concepts and principles of NAP. The authors identified relevant journal articles, webpages and grey literature by searching on Catalogue Plus, Google and Google Scholar. Of the resources that were initially identified ( $n = 18$ ), two-thirds were journal articles ( $n = 12$ ). The research evidence includes national and international studies that explored one or more aspects of NAP, as well as information from grey literature and key organisational websites focused on neurodiversity research, support and advocacy.

The advice provided in this practice guide is based on research and practice guidance that covers a variety of service delivery types and client groups. Most of the research evidence was drawn from qualitative studies and was descriptive in nature. This offered valuable insight for understanding a range of personal experiences and perspectives; however, there are limitations in applying these insights across populations and contexts.

Further, while there are an increasing number of services incorporating NAP into their support delivery, there is a lack of evaluation of NAP itself. Research has also tended to focus on the support needs of Autistic children and young people rather than other forms of neurodivergence. This means that our understanding of the relationship between NAP and service delivery outcomes is limited and further research evidence is required to confidently report that this approach achieves its intended goals for most neurodivergent people. The strength and imperative of NAP currently come from (a) the clear indication of preferences voiced by neurodivergent people with lived experience, and (b) consistent framing of what practitioners have found to be useful for the families they work with.

## Further readings

### Supporting neurodivergent children

[Neuro-affirming practice: A brief guide](#)

This short, accessible resource, from KU Children's Services, explores neuro-affirming practice and matches children's behaviours with neuro-affirming supports.

[How to use neurodivergent-affirming strategies to support child mental health](#)

This webinar, co-produced by AIFS and Emerging Minds, explores neurodivergent-affirming strategies to support the mental health and wellbeing of Autistic and ADHDer children. It presents the lived experiences of practitioners and parenting supporting neurodivergent children.

### [A neurodivergent-affirming approach to children's mental health](#)

This podcast episode from Emerging Minds explores how neuro-affirming approaches support the mental health of Autistic and ADHDer children, from the perspective of practitioners and parents.

### [Working with families in neuro-affirming ways](#)

This podcast episode from Emerging Minds explores how practitioners can apply a neuro-affirming lens when working to support children and their families, from the perspective of practitioners and parents.

### [Neurodivergence and Gender Diversity](#)

This resource describes some of the experiences and barriers to accessing mental health and medical care for trans and gender diverse people with divergent neurotypes, outlines why it is important for practitioners to use gender and neuro-affirming practice and provides practical ways to respond and provide support.

## Trauma and neurodiversity

### [Iceberg model trauma-informed guide: Neurodiversity](#)

This guide from the South Australian Department for Child Protection explores neurodevelopmental trauma and neurodevelopmental differences. It connects children and young people's behaviours to neurodevelopmental differences and provides strategies to promote healing.

### [How are autism and trauma related?](#)

This article written by a neurodivergent psychologist and parent explores the co-occurrence of autism and trauma and ways to adapt trauma treatment for Autistic people.

### [Neurodiversity and trauma for people with developmental disabilities](#)

This video presentation from an Autistic researcher at the University of California explores neurodiversity and trauma for people with developmental disabilities. It presents common experiences of trauma for neurodivergent people and discusses strengths-based approaches towards prevention.

## Cultural safety

### [What is cultural safety?](#)

This article from the Australian Childhood Foundation (ACF) describes what cultural safety is and what it means to work within a cultural framework with First Nations people.

### [Cultural safety principles and guidelines](#)

This resource from Australia's National Research Organisation for Women's Safety (ANROWS) proposes a set of principles for creating cultural safety. It draws on the history of the concept of cultural safety in Australia.

### [Culturally responsive practice strategies for children's mental health](#)

This course from Emerging Minds focuses on practice strategies to support your work with culturally diverse families and promote the mental health of children aged 4-12 years. It goes through 5 key skills and fundamental practice approaches for working with families from diverse cultural backgrounds.

### [Culturally responsive practice supporting children and families](#)

This webinar from Emerging Minds and the Mental Health Professionals' Network (MHPN) explores culturally responsive practice considerations for supporting the mental health of culturally diverse families.

### [Culturally responsive understandings for promoting children's health and wellbeing across diverse communities Part 1 and Part 2](#)

This 2-part paper from Emerging Minds discusses practising cultural responsiveness when providing mental health and wellbeing supports to families from diverse communities.

### Navigating cultural differences and ethical dilemmas when working with culturally diverse families

This webinar from Emerging Minds and AIFS will interest practitioners who work in the child and family sector who want to develop their confidence and cultural humility when working with culturally diverse children, parents, families and communities.

### Practicing cultural curiosity when engaging with children and families

This paper from Emerging Minds explores how practitioners who work in the child and family sector can include cultural curiosity in their practice.

## References

- Al-Attar, Z., & Worthington, R. (2024). Trauma or autism? Understanding how the effects of trauma and disrupted attachment can be mistaken for autism. *Advances in Autism*. doi.org/10.1108/AIA-07-2023-0041
- Australia's National Research Organisation for Women's Safety (ANROWS). (2020). *Culturally and linguistically diverse projects with action research initiative: Cultural safety principles and guidelines*. ANROWS.
- Department of Social Services. (2024). *National Autism Strategy 2025–2031*. Commonwealth of Australia. www.dss.gov.au/national-autism-strategy
- Bennett, B., & Gates, T. G. (2019). Teaching cultural humility for social workers serving LGBTQI Aboriginal communities in Australia. *Social Work Education*, 38(5), 604–617. doi.org/10.1080/02615479.2019.1588872
- Chapman, R., & Botha, M. (2023). Neurodivergence-informed therapy. *Developmental Medicine & Child Neurology*, 65(3), 310–317. doi.org/10.1111/dmnc.15384
- Cherewick, M., & Matergia, M. (2024). Neurodiversity in practice: A conceptual model of autistic strengths and potential mechanisms of change to support positive mental health and wellbeing in autistic children and adolescents. *Advances in Neurodevelopmental Disorders*, 8(3), 408–422. doi.org/10.1007/s41252-023-00348-z
- Dallman, A. R., Williams, K. L., & Villa, L. (2022). Neurodiversity-affirming practices are a moral imperative for occupational therapy. *The Open Journal of Occupational Therapy*, 10(2), 1–9. doi.org/10.15453/2168-6408.1937
- Department of Families, Fairness and Housing (DFFH). (2023). *Framework for trauma-informed practice: Supporting children, young people and their families*. www.dffh.vic.gov.au/publications/framework-trauma-informed-practice
- Dundon, R. (2023). *A therapist's guide to neurodiversity affirming practice with children and young people*. London: Jessica Kingsley Publishers.
- Emerging Minds (Producer). (2025a). *A neurodivergent-affirming approach to children's mental health*. [Audio podcast]. *Emerging Minds*. emergingminds.com.au/resources/podcast/a-neurodivergent-affirming-approach-to-childrens-mental-health/transcript/
- Emerging Minds. (2025b). *Understanding autistic and ADHDer children's mental health*. Emerging Minds. learning.emergingminds.com.au
- Emerging Minds. (2025c). *Working with families in neuro-affirming ways*. [Audio podcast]. Emerging Minds. emergingminds.com.au/podcasts/working-with-families-in-neuro-affirming-ways/
- Flower, R., Benn, R., Bury, S., Camin, M., Muggleton, J., Richardson, E., et al. (2025). Defining neurodiversity affirming psychology practice for autistic adults: A Delphi study integrating psychologist and client perspectives. *Autism in Adulthood*. doi.org/10.1089/aut.2024.0305
- Gottlieb, M. (2021). The case for a cultural humility framework in social work practice. *Journal of Ethnic & Cultural Diversity in Social Work*, 30(6), 463–481. doi.org/10.1080/15313204.2020.1753615
- Hartley, G., Sirois, F., Purrington, J., & Rabey, Y. (2024). Adverse childhood experiences and autism: A meta-analysis. *Trauma, Violence & Abuse*, 25(3), 2297–2315. doi.org/10.1177/15248380231213314
- Holt, A. (2023). 'I don't know what is autism, what is normal teenage behaviour, and what is naughtiness': Conceptualising child and adolescent to parent violence in the context of neurodevelopmental difference. *Children & Society*. doi.org/10.1111/chso.12809
- Izuno-Garcia, A. K., McNeel, M. M., & Fein, R. H. (2023). Neurodiversity in promoting the well-being of children on the autism spectrum. *Child Care in Practice*, 29(1), 54–67. doi.org/10.1080/13575279.2022.2126436
- Johnston, L., Maciver, D., Rutherford, M., Gray, A., Curnow, E., & Utley, I. (2024). A brief neuro-affirming resource to support school absences for autistic learners: Development and program description. *Frontiers in Education*, 9. doi.org/10.3389/educ.2024.1358354
- Knight, C. (2015). Trauma-informed social work practice: practice considerations and challenges. *Clinical Social Work Journal*, 43(1), 25–37. doi.org/10.1007/s10615-014-0481-6
- Kroll, E., Lederman, M., Kohlmeier, J., Kumar, K., Ballard, J., Zant, I. et al. (2024). The positive impact of identity-affirming mental health treatment for neurodivergent individuals. *Frontiers in Psychology*, 15. doi.org/10.3389/fpsyg.2024.1403129
- McGreevy, E., Quinn, A., Law, R., Botha, M., Evans, M., Rose, K. et al. (2024). An experience sensitive approach to care with and for Autistic children and young people in clinical services. *Journal of Humanistic Psychology*. doi.org/10.1177/00221678241232442
- McLean, S. (2022). *Supporting children with neurodiversity*. Australian Institute of Family Studies. aifs.gov.au/resources/policy-and-practice-papers/supporting-children-neurodiversity

- McVicar, K., & White, S. (2024). *Improving cultural safety: Recommendations for child protection practitioners*. Australian Institute of Family Studies
- Murrup-Stewart, C., & Truong, M. (2024). *Understanding culture and social and emotional wellbeing among young urban Aboriginal people*. Australian Institute of Family Studies
- Mullin, A. & Davies, K. (2025). *YPVITH Module: Neurodiverse-affirming practice with young people and their families*. [Online course]. Centre for Excellence in Child & Family Welfare.
- Neff, M. A. (2025). *Neurodivergent affirming practice: Helping your clients accept their authentic selves*. Neurodivergent Insights. [neurodivergentinsights.com/neurodivergent-affirming-practices](https://neurodivergentinsights.com/neurodivergent-affirming-practices)
- Neff, M. A. (n.d.) *Neurodiversity 101: Terms and introductory concepts*. Neurodivergent Insights. [neurodivergentinsights.com/free/neurodiversity-101](https://neurodivergentinsights.com/free/neurodiversity-101)
- Pantazakos, T., & Vanaken, G.-J. (2023). Addressing the autism mental health crisis: The potential of phenomenology in neurodiversity-affirming clinical practices. *Frontiers in Psychology, 14*, 1225152. doi.org/10.3389/fpsyg.2023.1225152
- Paustian, J. (2025). Divergent care: Disability-affirming art therapy program design for neurodivergent children and adolescents in therapeutic day schools. *Diversity & Inclusion Research, 2*(2), 1-12. doi.org/10.1002/dvr.270015
- Raising Children Network. (2024). *Communication: Autistic children*. Raising Children Network. [raisingchildren.net.au/autism/communicating-relationships/communicating/communication-asd](https://raisingchildren.net.au/autism/communicating-relationships/communicating/communication-asd)
- Singer, J. (n.d.) Judy Singer's Official Definition of Neurodiversity. *Reflections on Neurodiversity*. [Online blog]. [neurodiversity2.blogspot.com/p/what.html](https://neurodiversity2.blogspot.com/p/what.html)
- Silvester, S. J. E., & Rankine, R. (2024). Neurodiversity-affirming school counselling: Supporting neurodivergent student wellbeing with person-centred therapy. *Journal of Psychologists and Counsellors in Schools, 34*(3), 266-284. doi.org/10.1177/20556365241267050
- So, N., Price, K., O'Mara, P., & Rodrigues, M. A. (2024). The importance of cultural humility and cultural safety in health care. *The Medical Journal of Australia, 220*(1), 12-13. doi.org/10.5694/mja2.52182
- Sulek, R., Edwards, C., Monk, R., Patrick, L., Pillar, S., Whitehouse, A. J. et al. (2025). "It depends entirely on the nature of those supports": Community perceptions of the appropriateness of early support services for autistic children. *Autism: The International Journal of Research & Practice, 29*(5), 1275-1284 doi.org/10.1177/13623613241302372
- Strawa, C. (2022). *Family-inclusive approaches when working with young people accessing mental health support*. Australian Institute of Family Studies. [aifs.gov.au/resources/short-articles/family-inclusive-approaches-when-working-young-people-accessing-mental](https://aifs.gov.au/resources/short-articles/family-inclusive-approaches-when-working-young-people-accessing-mental)
- Sweeney, A., & Taggart, D. (2018). (Mis)understanding trauma-informed approaches in mental health. *Journal of Mental Health, 27*(5), 383-387. doi.org/10.1080/09638237.2018.1520973
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117-125. dx.doi.org/10.1353/hpu.2010.0233
- Timler, G. R., Zane, E., Decker, A. L., Ritter, R., & Stewart, A. (2025). Best practices for supporting social-emotional development in children with developmental language disorder and attention-deficit/hyperactivity disorder. *Perspectives of the ASHA Special Interest Groups, 10*(1), 1-17. doi.org/10.1044/2024\_PERSP-24-00088
- UN General Assembly. (1989). *Convention on the Rights of the Child*. Resolution adopted by the General Assembly, 20 November 1989. Geneva: UN General Assembly.
- Wilson, C., Butler, N., Quigg, Z., Moore, D., & Bellis, M. (2024). Relationships between neurodivergence status and adverse childhood experiences, and impacts on health, wellbeing, and criminal justice outcomes: Findings from a regional household survey study in England. *BMC Medicine, 22*(1), 1-13. doi.org/10.1186/s12916-024-03821-1