

When Kids Fall Through the Gaps

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Practical, Child-Centred
Support for Neurodiversity,
Grief, & Trauma



Skylight Trust

Ngā whainga – Vision

In Aotearoa tamariki and rangatahi are empowered to thrive.

Tā mātou whakatakanga – Mission

Guiding tamariki and rangatahi hauora through responsive, informed and effective practice

Ngā uara – Values

Ko tā te tamaiti - Child Centric

Whakamanamanahia - Empowered / Uplifting Relationships

Ngākau pono - Integrity

Tāngata Rite - Equity



4 Key Areas

01

Counselling & Creative Art Therapies

Supporting Tamariki, Taiohi, and their whānau experiencing grief, loss, or mental distress through talk therapy, music therapy, and creative arts therapy.

02

Skylight Programmes

Our therapeutic groups and programmes have been developed and facilitated by Skylight. We also have programmes where we train facilitators in the community.

03

Skylight Resources

We offer useful and relevant information on topics relating to mental health when people are struggling and need some guidance.

04

Trainings and Workshops

Providing personal and professional development, as well as groups and/or workshops for training around grief and trauma.

Diverse needs & Diverse minds

Skylights Mahi with Neurdivergent Whaiora

Skylight began 30 years ago as a youth grief counselling service, we now support clients experiencing a wide range of challenges. One cohort that is now increasingly being recognised and acknowledged, is our neurodivergent whaiora.

Opening Up

While grief & mental health counselling is our usual mahi, we have needed to adapt our service over time to meet the needs of whaiora who are diagnosed, or suspect they might be neurodivergent.



What We Mean by Neurodivergence

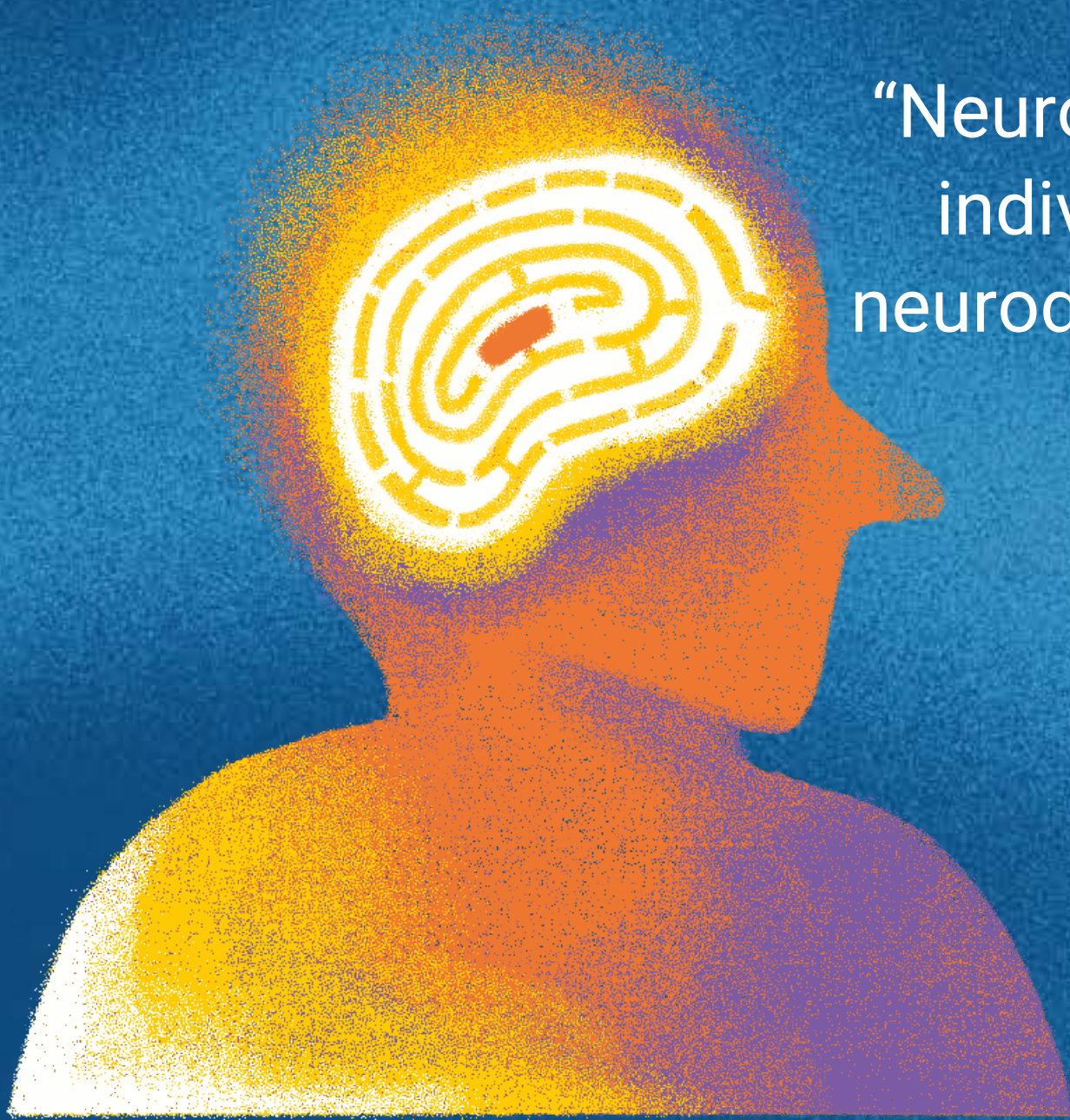
Neurodiversity is the natural variation of how people think, learn, communicate and experience the world and themselves. Neurodivergence refers to neurological differences, such as autism, ADHD, and dyslexia. These are natural forms of human diversity that differ from what a society considers the norm or 'neurotypical'.



We are all Neurodiverse

“Neurodiverse is a term to describe a group of individuals who represent the spectrum of neurodiversity, which includes neurotypical and neurodivergent individuals”

Sonny Jane Wise, 2024



Statistics

In New Zealand's largest longitudinal study, which tracked the development of more than 6000 tamariki born in 2009 - 2010, statistics showed that 15% of 8 year old participants were identified as neurodivergent.

Other sources suggest this could be as high as 28%, or 8.4 students in a class of 30 (including Autism, ADHD, Dyslexia, Discalcula, Dysgraphia, Dyspraxia and Developmental Language Disorder)

www.growingup.co.nz



Neuronormativity

Neuronormativity refers to a set of standards and expectations which get reinforced throughout our society. These centre on a particular way of functioning, including thinking, feeling, communicating and behaving. These are often viewed as superior to other ways.

(Wise, 2024)

We need to recognise and reject neuronormativity to make room for all ways

of functioning, and move away from deficit based thinking.

(Wise, 2023)



Why This Conversation Matters

Recognising inequitable access and unmet support needs

Being neurodivergent in systems such as schools designed for neurotypical people can create additional stressors and barriers if steps aren't taken to offer additional support for neurodivergent tamariki and taiohi.

What it can look like:

- Limited support in school, community, or home for whaiora
- Tamariki and taiohi facing discrimination or harsh treatment
- Bullying or social isolation can increase masking
- Tamariki and taiohi not being allowed to access support or tools e.g. fidget toys because other children might want to do the same
- Tamariki and taiohi being encouraged to mask and suppress signs of neurodivergence to fit in.



Why This Conversation Matters

Neurodivergent tamariki and taiohio have been shown to experience a disproportionate increase in:

- Depression
- Eating Disorders
- Self-harm
- Anxiety
- Addiction
- Trauma
- Suicide
- Physical and sexual abuse
- Involvement in the criminal justice system



Where the Gaps Appear

Recognising inequitable access and unmet support needs

Support for these tamariki and taiohi can often only be accessed after receiving a formal diagnosis due to constraints around funding or resources. In other cases, available support is not offered without a diagnosis, as tamariki and taiohi may not be believed. Whānau often have to advocate against very rigid systems to get help.

Issues with the diagnosis pathways

- The diagnostic process can be lengthy and prohibitively expensive
- Free options often have long waitlists
- Some caregivers do not think a diagnosis is the best fit for their tamariki due to concerns around stigma or personal beliefs
- Tamariki and taiohi may not want a diagnosis and just want extra support to help them focus and thrive



Beyond Diagnosis

An ongoing journey

A diagnosis is not the end of the journey. A person is still learning how to navigate school, work, and relationships with a diverse mind.

What it can look like:

- Schools may still not have enough support
- A diagnosis can open pathways to support (i.e. medication for ADHD) but it does not address the needs of tamariki and taiohi
- Diagnosis can validate someone's experiences and make it easier to identify support needs
- Some parents often feel the diagnosis will lead to answers but can be let down if there isn't effective follow-up



Masking, Stress and Hidden Need

Neurodivergent people often mask to try appear neurotypical

Masking is the act of hiding or suppressing one's neurodivergent traits in order to 'fit in' with others. It occurs when a tamariki or taiohi observes that their needs fit outside the expected norms of the setting they are in, and they work to adapt to these norms.

Masking is exhausting and othering; it can impact the development of a sense of self and self-esteem. It can reduce the energy and cognitive capacity available for coping in healthy ways.

- Masking behaviours happen consciously or unconsciously
- Masking can have perceived benefits of fitting in and avoiding negative attention from peers or adults



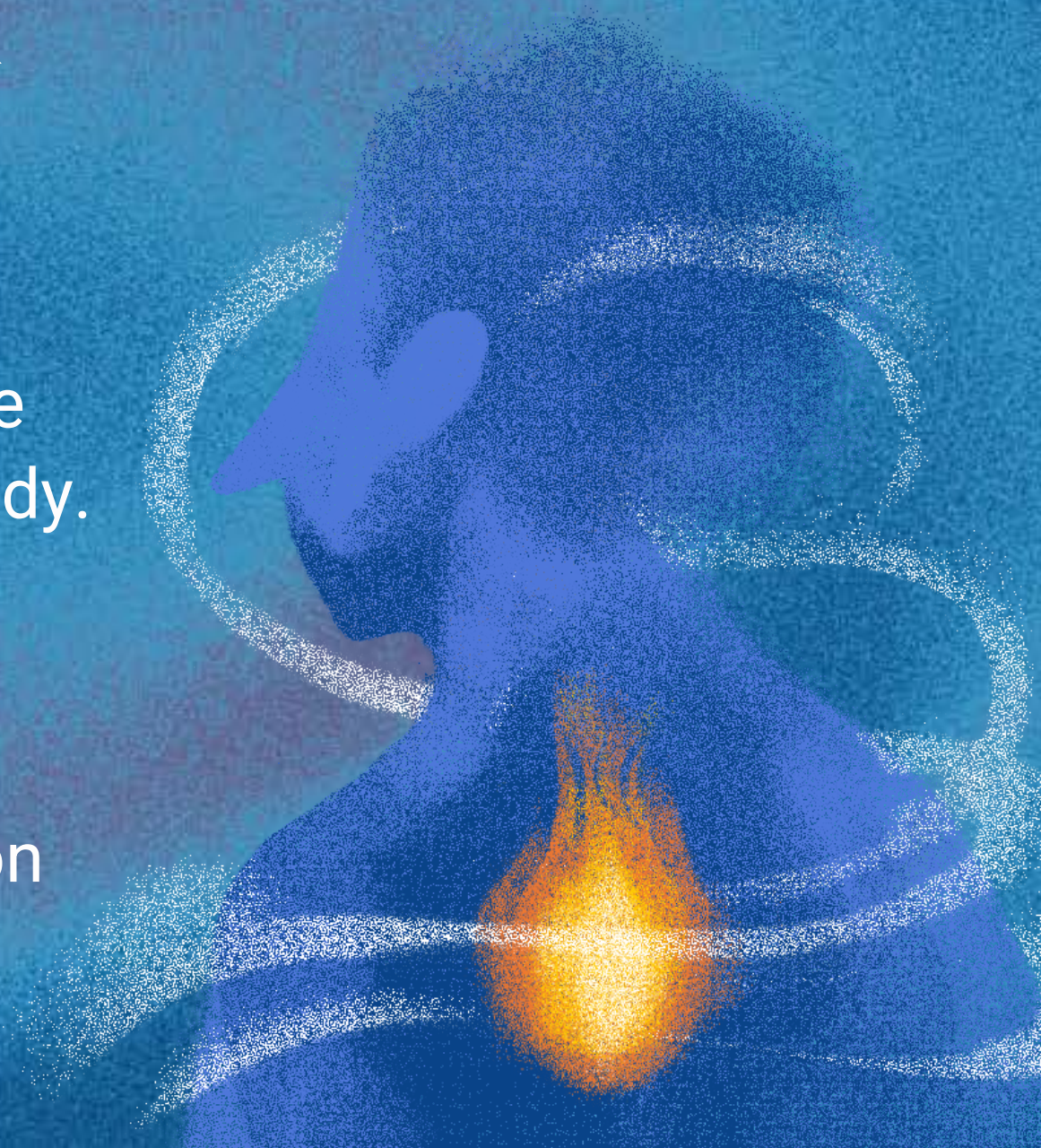
Trauma-informed Practice

Neurodivergent people and the need for safety

A Trauma-informed approach recognises the impact of trauma on a person's physical, psychological, and emotional wellbeing. The Herman's trauma-informed framework underpins Skylight's approach to focus on safety & stabilising first and foremost.

This supports the person to find safety within their body. This might be through implementing co-regulation and self-soothing tools, or over time supporting the person to build awareness of how safety feels in their body.

There is trauma that comes with being neurodivergent and navigating neuronormative systems, especially when someone is undiagnosed. Trauma-informed practice is the only way a neurodivergent young person can feel safe enough to be themselves and safely unmask.



Becoming Neuroaffirming

The first step of neuro-affirming practice
“are the beliefs and mindset that the practitioner holds when they are working with a client. These beliefs are about what neurodiversity is and what being neurodivergent means”
(Neff, 2024)

Neuro-affirming practices recognise individuals as the experts of their own experiences
(Wise, 2021)



Creating Neuroaffirming Therapeutic Spaces

Neurodivergent people come to get support for many reasons. Sometimes understanding or managing symptoms to do with their diagnosis is part of it, but sometimes it is not. By being person-centred and flexible in sessions we can ensure that we are not making assumptions about what our whaiora are needing. This allows us to respond to their goals and needs. Predictability and practices to modulate anxiety with repetition in session and familiarity with resources / activities.



01

Be willing to adapt to their interests

02

Allow changes in the room to establish a low-sensory/stimulating environment

03

Anticipate potential needs, but don't make assumptions

Sensory Needs

Sensory Needs Are Therapeutic Needs

Many Neurodivergent whaiora require support for their sensory needs. If they cannot feel comfortable in the space, they may struggle with therapeutic work and experience significant discomfort.

What to do?

- Try to have spaces with fidgets, non-harsh lighting, and movable seating
- Ask whaiora before or during the first sessions if they have sensory concerns
- Offer clients the option to arrange the space, where possible, to suit them
- Have art material or other things to interact with

Taking it further

Having a large offering of sensory toys, seating options, lighting options, breakout spaces, etc. will increase the suitability of your space



Language: A good place to start

- Use concrete language rather than speaking in metaphor
- Consider keeping instructions short and avoid stacking demands: too much talk and too many requests can be overwhelming
- Use neuroaffirming language that celebrates diversity
- Acknowledge individual differences in a strengths-based way
- Respect the language a person chooses to use, and reflect this back to them: do not presume to be the expert on their diagnosis or experience
- Affirm, validate and value lived experience



Tips for practice

- Make time to understand and connect with the individual's strengths and interests
- Make space for, and respect all communication styles (verbal / non-verbal)
- Promote autonomy and presume competence: neurodivergence is not a deficit or disorder
- Accommodate individual needs and preferences
- Hold and honour the position that neurodiversity is an essential part of the human experience
- Consider how to make the space safe enough for a person to unmask



What might this mean for your workplaces?



Discuss with peers

01

Can you see any gaps in your current approaches to working with whāiora, or supporting staff?

02

What might it be helpful to keep in mind when working with neurodivergent children?

03

Any Questions you have so far?

Offering Choices

Why one approach will not work for every tamariki or taiohi

Person centred & Neuroaffirming

Regardless of modality, being person - centred and strengths-based is the key to working with neurodivergent whairoa. Invite them to engage rather than expecting them to.

Creative Art Therapies

Offers sensory processing, flexibility, motor skills, social learning, and emotional expression. Allows for non-verbal and multisensory interventions.

Counselling/ Talk therapy

Less directive and more open to the client's wants and needs. Look at any special interests they have and use these. Offer hands on activities, games, and creative approaches.

Music Therapy

Offers appropriate music making to fit with sensory needs. Attuned to non-verbal communication. Increases capacity to self-regulate and problem solve.

Inclusive Practice in Groups and Programmes

Considerations within programmes/group spaces

The programmes offer a range of modalities such as music, art, movement, written work, games, and sensory exploration. They are made to meet community need and are refined by community feedback.

What it can look like:

- A referral process, or survey, to assess individual needs before groups begin.
- Clear way of opening and closing sessions - repeated rituals, overviews of sessions/what to expect (for predictability).
- Inclusion of breakout spaces for when needed
- Group agreement to establish clear expectations, safety guidelines, and an understanding of confidentiality.
- Consent and right to pass
- Non-verbal communication: Tools of arts/music/visuals.



The Four 'S' Framework

A helpful checklist for supporting Neurodivergent Whaiora

01

State

Are you aware of their mental health history and reason for support? Are you aware of any bullying or discrimination? What are the family dynamics at home? Are they supported in schools? Do we need to advocate? Any safety concerns?

02

Style

Is the therapeutic style suitable? Do they respond to or show interest in your approach? Can you draw on their interests in therapy? Are you able to provide clear guidelines and set expectations for how sessions will open and close?

03

Sensory

Can you cater for sensory needs? Consider fidgets, weighted soft toys, art materials, and hands-on activities. Is the environment low stimulus (low lighting, noise reduction and neutral scent etc.)? Small changes can have a big impact.

04

Situation

Are whaiora coming to sessions overwhelmed or flat? Do they need to ground themselves or move and re-energise? Do they want our support? Do you have other ways to communicate other than verbal? What situational or environmental influences might be impacting them?

Thanks for Listening!

Any Questions for Me?

Any questions about out work in schools,
programmes, or counselling?



Closing the Gap

Being open to learning and working towards Neuroaffirming practices opens up the chance for our whaiora to get the support they deserve.

Thank You for
Your
Participation

