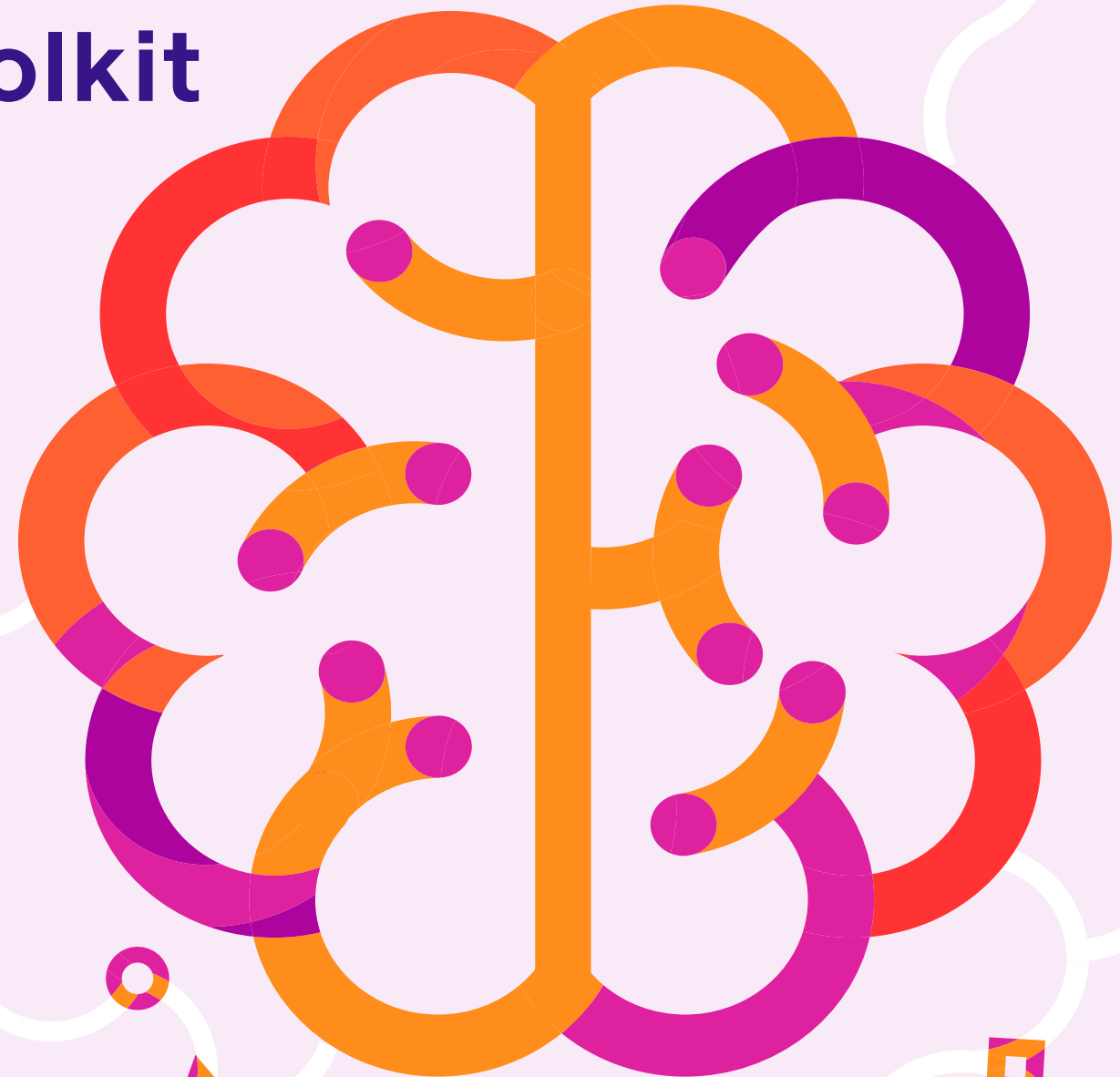


neurodivergence

acceptance toolkit



Royal College
of Midwives



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Background and context

The Neurodivergence Acceptance Toolkit has been designed to support midwifery educators and clinical areas engaged in the planning and delivery of midwifery education. Its primary purpose is to prompt midwifery education providers to evaluate their processes, from recruitment to qualification, to ensure the provision of an all-encompassing and inclusive midwifery education. Moreover, the toolkit builds on the work undertaken by a team

of neurodivergent midwifery educators, midwives, and students who developed the RCM 'Neurodiversity in the Workplace' i-Learn module, launched at the RCM Education and Research Conference in March 2023. By providing a comprehensive checklist of considerations, the toolkit assists midwifery educators and linked clinical areas in the processes of recruitment, planning, delivery, and assessment of midwifery education.



What is neurodivergence acceptance and advocacy?

Research surrounding neurodivergent midwifery students is sparse. Studies suggest that there are a growing number of neurodivergent healthcare professionals.^{1,2} Current statistics still underrepresent the true figure of neurodivergent healthcare students due to challenges surrounding access to diagnosis, particularly within certain underrepresented groups such as women, the global majority and LGBTQ+ communities. Following a diagnosis, although they may gain support in higher education, students fear discrimination, stereotyping and face obstacles to disclosure.³

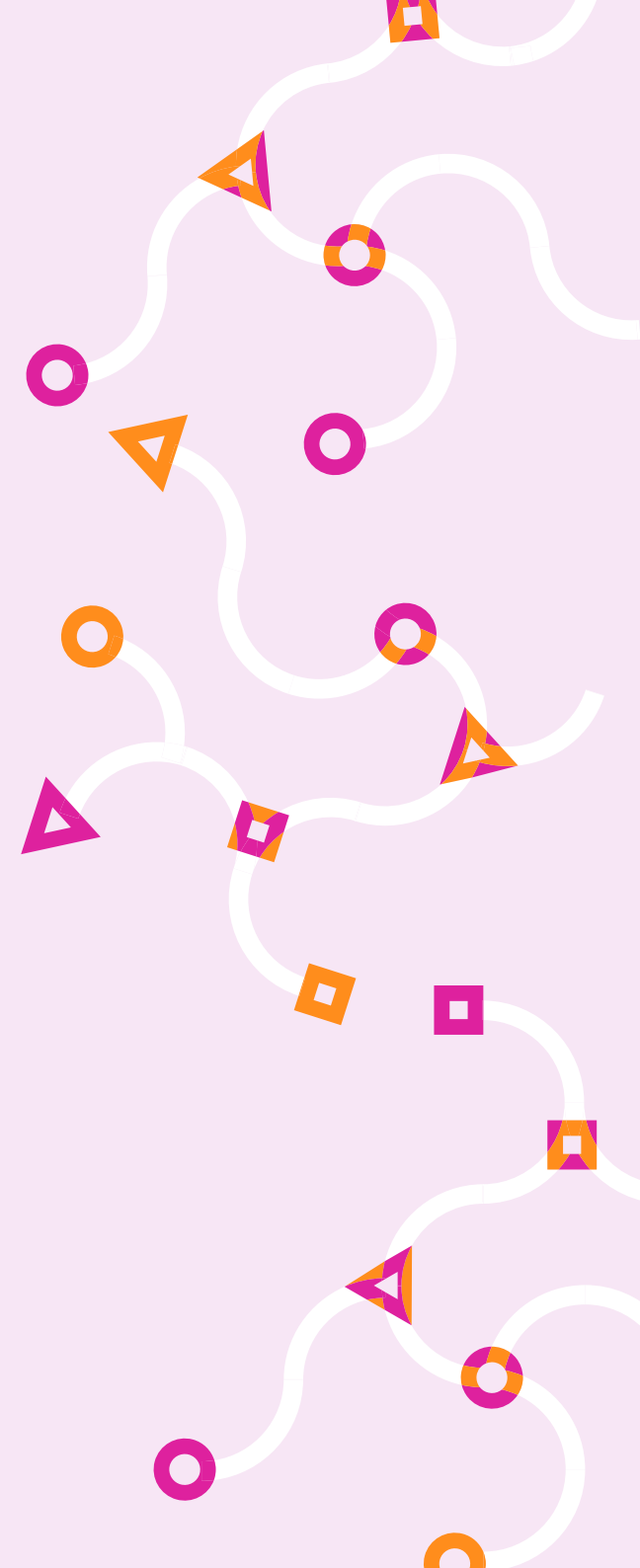
Recent years have seen an increase in understanding about neurodivergence, its prevalence, and the importance of supporting diversity. Despite this growing understanding among healthcare professionals, little attention has been paid to the experiences of neurodivergent midwifery students. Advocating to create an environment in which neurodivergent students can thrive is essential if they are to be accepted. It is crucial that Higher Education Institutions (HEIs) and NHS placement areas create inclusive and accessible environments to support neurodivergent students by evolving a culture of acceptance.

The purpose of the toolkit is to empower midwifery educators to move towards neurodivergence acceptance and advocate for an inclusive and accessible environment in all aspects and areas of midwifery education.

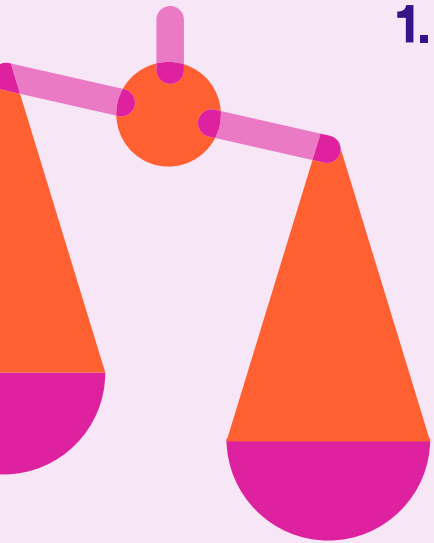
Inclusive language statement

All terminology has benefits and limitations. We use identity-first language throughout – e.g., ‘autistic person’ instead of ‘person with autism’, as research shows that many autistic people prefer identity-first language. It should be acknowledged that different neurominorities may have different preferences and it is best practice to ask individuals about these. The toolkit uses neurodiversity affirming language, as opposed to pathologising language – eg, ‘neurodivergent experiences or characteristics’ rather than ‘symptoms, deficits and impairments’. In selecting these terms, we intend no disrespect or offence and acknowledge that language and terminology will continue to evolve.

It should be acknowledged that different neurominorities may have different preferences and it is best practice to ask individuals about these

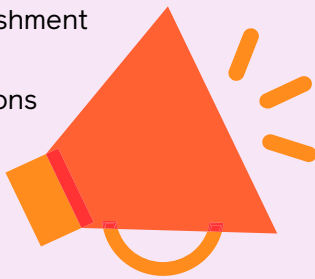


The aims of the toolkit



1. Assist midwifery educators to embed fair and equitable processes that ensure the needs of neurodivergent students are met.

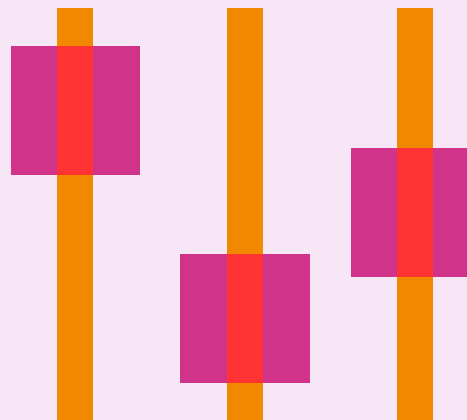
2. Promote the establishment of neurodivergence acceptance champions in HEIs and practice areas to advocate for and drive neurodiversity initiatives.



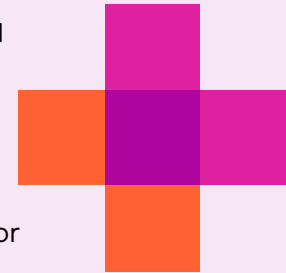
3. Provide guidance for those providing pastoral care on establishing nurturing and supportive professional relationships for neurodivergent students.



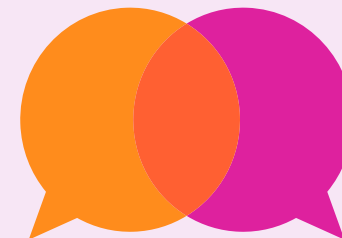
4. Guide midwifery educators to consider and implement appropriate adjustments to midwifery curricula, enhancing the experience of neurodivergent students and maximising their potential to thrive academically.



5. Encourage clinical practice areas to create neurodivergent-friendly settings to be accessible for all students.



6. Support HEIs and clinical settings to conduct regular self-assessments and reflect upon current support processes while actively implementing feedback from neurodivergent students to ensure improvement of inclusivity.





Section 1: Student Recruitment

Equitable recruitment processes in midwifery

Student recruitment is the first opportunity to screen for the values that promote compassion, kindness, and diversity in the midwifery workforce. The Nursing and Midwifery Council (NMC)⁴ requires both students and registered midwives to adhere to these values and to provide non-judgmental, person-centred care. It is vital that these qualities are embedded into the recruitment process from the outset. However, research has found that certain groups in society, including people from global majority backgrounds,⁵ members of the LGBTQ+ community and neurodivergent people⁶ face barriers to entering education. It is therefore crucial that adjustments

are made to the recruitment process to increase accessibility for these groups and to ensure that those providing maternity care represent societal diversity. A diverse workforce can improve outcomes for communities who experience disproportionately worse outcomes.⁷ Timely recognition of this in the earliest stages of student recruitment will therefore ensure that the values of contemporary midwifery practice are being adhered to. Recruitment and selection processes must ensure that the needs of neurodivergent people are met without fear or judgment. Fostering psychological safety⁸ is essential and, rather than removing bias retrospectively, fairness should be built into the design process.



Best practice points:

1. **Widening participation:** Engage with potential applicants from a variety of backgrounds with the aim of delivering an accessible programme.
2. **Diversity of interviewers:** Create interview teams that represent diversity from differing perspectives including gender, race, sexuality, disability and/or neurodivergence.
3. **Flexible interviews:** Accommodate candidates' individual needs around the interview process.
4. **Clear instructions:** Provide interview process information and structure prior to the interview in an accessible format with an opportunity for clarification.
5. **Concise questions:** Ensure questions are developed and piloted to minimise ambiguity and reduce cognitive load.
6. **Varied question approaches:** Include different formats to include situational, behavioural, and motivational questions.
7. **Diverse modalities:** Provide interview questions in a variety of formats including verbal, written and/or pictorial.
8. **Involve students and service users in your recruitment process.**

Reflective questions:

- Have you considered actively approaching multiple communities to engage potential candidates?
- Are your interview panels representative of the communities you serve?
- Are your interview processes adaptable and enabling?
- Are your interview instructions clear and concise, without abbreviations?
- Have you made your interview questions concise and unambiguous?
- Have you included a variety of question formats that enable candidates to demonstrate different skills sets?
- Do you communicate with candidates in accessible formats?
- Are interviewers trained on disability and neurodivergence acceptance and are they aware of the concept of intersectionality?



Section 2: Pastoral support

Implementing individualised pastoral support

Pastoral support is intended to provide students with social, spiritual, and emotional support that is flexible and individualised according to their needs.⁹ Pastoral support for neurodivergent students is paramount in fostering an inclusive and nurturing education environment. Recognising the unique challenges faced by neurodivergent individuals, institutions should aim to establish dedicated systems that go beyond

academic assistance. Creating individualised support plans tailored to each student can establish a space where neurodivergent students feel heard, understood, and accepted.¹⁰ This may assist them to navigate their academic journey with confidence, reducing feelings of isolation and low self-esteem.⁶ Universities, clinical areas, and neurodivergent communities should work together to form a pastoral support provision that ensures students not only succeed academically but also thrive personally, emotionally, and socially.¹¹

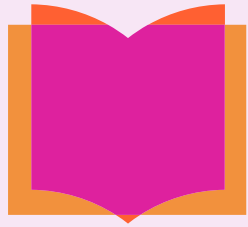


Best practice points:

1. **Ask the question:** “Do you have any reasonable adjustments I need to consider?”
2. **Safe environment:** Establish open communication channels and ensure confidentiality.
3. **Guide towards resources:** Signpost the student towards inclusive/disability support services within the university and share learning support forms with consent.
4. **Equitable support:** Ensure all students are provided with equal opportunities to access support provisions.
5. **Bridge practice:** Proactively collaborate with practice areas delivering the necessary support for the student to thrive in placement.
6. **Regular check-ins:** Personal tutors to conduct regular check-ins with students to assess their personal and mental wellbeing.

Reflective questions:

- Are all students asked if they require any reasonable adjustments, at the earliest opportunity, in both university and clinical settings?
- Are you providing safe and confidential environments, where students can access one-to-one pastoral support, free from criticism and discrimination?
- Do you provide students with a variety of resources which outline opportunities for inclusive support services and neurodivergent community networks?
- Are pastoral support opportunities available to all, ensuring that neurodivergent students are not disadvantaged when accessing support?
- Do you collaborate with clinical practice areas to ensure that pastoral support for neurodivergent students is delivered consistently and inclusively in all areas?
- Do you regularly set aside time to check-in with neurodivergent students, providing a proactive approach to addressing any challenges they may be faced with?



Section 3: Curriculum

Neurodivergence acceptance in midwifery curricula:

Creating an inclusive educational environment is a necessity. Traditional curricula commonly lack sufficient adjustments for neurodivergent students, inadvertently leading to their exclusion from full participation. This not only represents an injustice, but also diminishes the field of midwifery by denying it valuable and diverse perspectives that could enhance care to women, birthing people, and their families. Universal Design for Learning (UDL) serves as a pivotal framework that can support this narrative by promoting genuine inclusivity¹² creating an inclusive curriculum that minimises the need for reasonable adjustments.¹³

Why UDL is instrumental for neurodivergence acceptance:

UDL offers a strategic approach to education that values diversity and inclusivity, and it aligns with the imperatives of modern midwifery education. It incorporates three principles that can significantly improve the learning experience for neurodivergent students:

- **Multiple means of representation:** Employing a range of educational media (text, visuals, and interactive elements) allows neurodivergent students to access information which suits their unique cognitive preferences, reducing barriers to learning.

- **Multiple means of engagement:** Offering various methods to engage students in the learning process ensures that neurodivergent students can interact with educational content, enhancing their sense of belonging and participation in the classroom.
- **Multiple means of expression:** Allowing for diverse ways to demonstrate knowledge and skills provides neurodivergent students with a fair opportunity to showcase their capabilities, untethered by the restrictions of traditional assessments.

Best practice points:

1. **Embed acceptance:** Implement neurodivergence acceptance training for educators and maternity staff to ensure they foster an inclusive learning environment.
2. **Reasonable adjustments:** Collaborate with inclusive/disability support services to ensure neurodivergent students receive appropriate adjustments, such as extended time for exams or access to assistive technology.
3. **Individualised support plans:** Develop individualised learning plans for neurodivergent students, outlining specific adjustments and support mechanisms tailored to their needs.
4. **Accessible materials:** Provide course materials in multiple formats (eg, written, visual, audio) to accommodate different learning preferences.
5. **Clear communication:** Use clear and straightforward language in teaching materials and instructions, avoiding jargon and ambiguity.
6. **Flexible participation:** Allow neurodivergent students flexibility in class participation, considering their comfort levels with group discussions or presentations.
7. **Responsive feedback:** Encourage neurodivergent students to provide feedback on their learning experience and respond to their suggestions for improvement.

Reflective questions:

- What level of training is provided to staff around neurodivergence acceptance?
- Is there an educator designated to assess interventions aimed to support neurodivergent students?
- Does your staff demographic reflect the lived experience of your learners and the population accessing maternity services?
- Have you conducted a thorough assessment of your curriculum to identify potential challenges that neurodivergent students may encounter in their learning journey?
- Are you providing clear and detailed information about the structure of the midwifery programme in your guidance documents to help neurodivergent students better navigate their studies?
- Are you promoting an inclusive and supportive learning environment where neurodivergent students feel comfortable disclosing their needs and seeking assistance when required?
- Do you offer multiple modes of communication and learning resources to cater for diverse learning styles and preferences among neurodivergent students?
- Have you considered the diverse sensory needs of neurodivergent students, including providing options for quiet study spaces, minimising sensory distractions in classrooms, and offering alternatives for group activities that may be overwhelming?



Section 4: Assessment and feedback

Midwifery students have varied forms of assessment for learning in both academia and practice, with both environments having potential for creative flexibility.^{14,15} Therefore, it is vital that assessment is approached in an inclusive and person-centred way. Consideration and understanding of individual needs should be acknowledged and actioned to best support the individual in academic achievements. Recognition of support required for neurodivergent students allows them to maximise their academic abilities by utilising the flexibility of disability support measures¹⁶ while still adhering to HEI criteria. Supportive and approachable plans reduce pressure on the individual to hide their difficulties and reduce barriers.¹⁷

Academic staff, practice partners, and wider HEI policies, should work collaboratively to identify which measures suit the varied assessment forms, avoiding assumptions of needs and capabilities of each neurodivergent condition. To ensure sustainability of support, stakeholders should reflect and influence continuous development of assessment, with recognition of the diversity of the student and staff body. Students can be enabled to thrive and achieve their full potential by improving education across stakeholder groups and embracing a proactive approach to individual student needs, difficulties and any adjustments required.

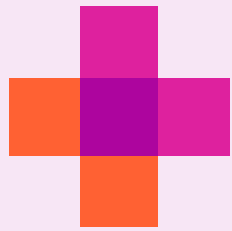
Students can be enabled to thrive and achieve their full potential by improving education across stakeholder groups and embracing a proactive approach to individual student needs, difficulties and any adjustments required

Best practice points:

1. **Reasonable adjustments:** Remain open-minded to the individualised needs of students, with module leaders implementing concrete adjustments for the duration of their studies.
2. **Inclusive language:** Ensure that the language and terminology used in assessments and feedback promotes equality, inclusivity and identity-first language.
3. **Authentic design:** Construct assessments using the experiences of neurodivergent people and ensure that the modes offered are accessible and varied.
4. **Clear guidance:** Avoid ambiguity within assessment guidelines in marking grids with a logical order to instructions. Offer clarification opportunities to ensure all aspects are understood.
5. **Accessible formatting:** Provide flexible text, font and printing options and guidelines and feedback in written and verbal formats.
6. **Meaningful feedback:** Record clear, specific, and constructive feedback with opportunities to clarify that students have understood points made.
7. **Informed assessors:** Demonstrate appropriate knowledge and understanding of neurodivergence within assessment teams.
8. **Supportive clinical assessors:** Collaborate with neurodivergent students in placement to ensure reasonable adjustments are implemented by well-informed assessors accepting of their needs.

Reflective points:

- What steps have been taken within your HEI to minimise the awarding gap of neurodivergent students? How do you monitor and evaluate this?
- Are academic staff and students encouraged to use identity-first language and to ask neurodivergent staff and students of their preferred terms?
- How is the understanding of assessment considered for neurodivergent students?
- Are your assessments constructed acknowledging the experiences of the neurodivergent population?
- Is there involvement from neurodivergent staff and service users within the assessment planning process?
- Is the feedback process constructive, meaningful, and accessible for neurodivergent students, taking into consideration diverse communication styles and preferences?
- What internal and external moderation processes are used to minimise the potential for neurodivergent students to be disadvantaged?
- Is there a safe space for students to raise concerns and suggestions to improve any inequitable opportunities and processes in the assessment process?
- What preparation and training do the assessment team and practice supervisors/assessors have in supporting neurodivergent students throughout their assessments and providing constructive feedback?



Section 5: Practice

A diverse population needs a diverse healthcare workforce, which includes both neurodivergent and neurotypical midwives and maternity support workers.

As a vital component of the student midwife journey, clinical practice placements must be a safe and supportive environment for neurodivergent students to develop their skills. Recognising the impact that the environment may have on student midwives' performance,¹⁸ those providing support in the clinical area must acknowledge both the

strengths and differences of individuals, empowering them to bring attributes such as creativity and determination to midwifery practice.¹⁹ Support for neurodivergent students should be individualised, holistic, and ongoing, acknowledging the diversity within neurotypes.

A commitment to assessing reasonable adjustments and support plans regularly will acknowledge the potential for students' support needs to change depending on the learning environment.²⁰ In addition, positive guidance

Support for neurodivergent students should be individualised, holistic, and ongoing, acknowledging the diversity within neurotypes.

received during continuity of practice supervision and assessment is essential. Using affirming language will ensure students feel both comfortable to disclose their diagnosis (if known) and feel valued in an inclusive, accepting, learning environment.²¹

Application of these adjustments will ensure equity and equality of experience for student midwives, ensuring that they reach their potential of becoming midwives and fostering long-term retention in the midwifery profession.

Best practice points:

1. **Open communication:** Timely contact from the linked placement leads, opening communication channels around accessibility needs and reasonable adjustments.
2. **Multiple orientation formats:** Develop packs for placement areas with a variety of orientation resources to familiarise students and decrease anxiety.
3. **Familiarisation with clinical environments:** Ensure orientation to the clinical area has taken place including familiarisation with the sensory aspects of the placement area.
4. **Alternative spaces:** Identify spaces within the clinical area which allow enhanced focus and quiet reflection due to the reduced stimuli.
5. **Continuity of practice supervisor:** Provide neurodivergent students with continuity of practice supervisor where possible.
6. **Practice supervisor/assessor training:** Staff training should adopt a neurodivergent-affirming approach.
7. **Accessible placement resources:** Design information packs for key clinical tasks such as completing blood forms or effective SBAR handovers.
8. **Reasonable adjustments:** Ensure reasonable adjustments are documented within placement plans and shared with consent.
9. **Protected time for feedback:** Allow time to debrief and reflect upon both strengths and challenges, so that changes can be implemented.
10. **Placement support plans:** Develop individualised, placement-specific support plans in a timely manner, with consent.

Reflective questions:

- Do linked placement leads regularly check-in with neurodivergent students as a safe and established point of contact?
- Have you considered an early orientation meeting between the neurodivergent student and their practice assessor?
- Does your orientation to each placement area include the option for familiarisation with sensory aspects of the clinical environment?
- Are there clearly identified quiet areas for students to use when feeling overwhelmed in the clinical area?
- In addition to continuity of practice assessor, are neurodivergent students prioritised to have continuity of practice supervisor?
- Do you include information about supporting neurodivergent students in practice supervisor/assessor training, and is this information delivered and co-produced by neurodivergent midwives?
- Are accessible learning resources and checklists available in each clinical area to support students with daily tasks?
- Are students asked at the beginning of each placement if they require any individualised reasonable adjustments?
- Are you supported to implement protected time to debrief and feedback to your students?
- Have you developed an individualised support plan with the student which is placement, person and role specific?




Conclusion

The neurodiversity movement and what acceptance means for neurodivergent individuals is a complex area of discussion, therefore this toolkit does not aim to provide definitive answers or terminology. Instead, it aims to initiate conversations, prompt reflection and encourage those providing midwifery education to challenge themselves. It challenges midwifery educators to address inequalities in the clinical and education environments through suggested actions for best practice.

To ensure equal support, opportunities and experiences for all student midwives, midwifery educators need to widen acceptance of neurodivergent individuals in our workforce.

Ensuring midwifery education is individualised, and proactively seeking to rectify aspects that are not, will demonstrate advocacy and promote neuroaffirmative values, ultimately benefitting the midwifery workforce.



To ensure equal support, opportunities and experiences for all student midwives, midwifery educators need to widen acceptance of neurodivergent individuals in our workforce.

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