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Invisible by Design: Race, Neurodivergence and the Limits of Inclusion

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Introduction

Inclusion, as it is most commonly practised, has a design flaw not only in the architectural sense, but in its very conception. The dominant frameworks through which neurodiversity and disability are understood, communicated and accommodated have been built largely without the participation of Global Majority communities. The result is a version of inclusion that, despite its stated universalism, continues to render groups of people invisible through the quiet, compounding effect of never having been considered in the first place.

A word on terminology, since I am writing from Britain for a readership largely in India. "Global Majority" is a term coined by Rosemary Campbell-Stephens to describe people of African, Asian, Latin American and Indigenous heritage, who together form the overwhelming majority of the world's population and yet are routinely described in Britain as minorities. I use it because it refuses that arithmetic and am conscious that its logic inverts depending on where you are standing: in London I am a local

minority and a global majority, whereas a reader in Delhi or Chennai is both. The analysis still transfers, because the frameworks I am describing do not stay put. Diagnostic instruments, professional standards, inclusive design guidance and the research base beneath all three were built in a small number of Western institutions and exported wholesale, which means that a designer in India may well be working to a set of norms in which the imagined user is no more Indian than the imagined user in a London office. The question of who the default human is does not disappear when the demographics change; it simply becomes harder to see. Nair, Farah and Boveda argue that neurodiversity scholarship has treated the Global North, principally the United Kingdom and the United States, as the centre of knowledge production, has left Indigenous and Southern epistemologies out of the account, and has largely failed to engage the intersection of racialisation and neurodivergence (Nair et al., 2026).

This article argues that authentic inclusion, in environments, systems, services and workplaces, requires an intersectional analysis that takes race seriously as a structural variable from the outset, not as an afterthought. It draws on research, practitioner experience and lived reality to examine where current inclusive design frameworks fall short, why Global Majority neurodivergent people are disproportionately underserved, and what a more honest, systemic approach might look like.

The Inclusion Paradox: Designing for a default human

Universal Design, as a discipline, emerged from a recognition that environments and systems built around a narrow conception of human ability inevitably exclude. The seven principles articulated by Ronald Mace and colleagues at North Carolina State University in 1997 - equitable use, flexibility, simplicity, perceptibility, tolerance for error, low physical effort, and appropriate size and space - offered a framework for designing environments that serve the broadest possible range of users (Connell et al., 1997). These principles remain foundational and important.

Yet the "universal" in Universal Design has never quite been universal. The default human for whom most environments, systems and institutions are designed is implicitly white, non-disabled, neurotypical, male and Western. Inclusive design practitioners must reckon with that directly, because the person for whom accessibility is retrofitted is always already positioned outside the norm. And when that person is also racialised, the distance from the centre multiplies.

Neurodiversity discourse has made significant advances in recent decades, reframing neurological difference as human variation rather than deficit or disorder. That reframing was built collectively, through autistic activists, writers and scholars working over several decades rather than through any single originating text (Botha et al., 2024). The social model of disability, developed through the disability rights movement, similarly located disablement in environments and attitudes rather than individual impairment

(Oliver, 1990). Both frameworks have done a great deal to establish neurodivergent people as equally valid, rights-bearing individuals rather than as stigmatised, less-than burdens on society. Yet both have, in their mainstream applications, defaulted to a particular imagined subject: one whose barriers to inclusion are primarily neurological or physical, without consideration of the compounding effects of race, class, gender and culture.

Race and Neurodivergence: An invisible intersection

The evidence for racial disparity in the identification, diagnosis and support of neurodivergent people is both substantial and deeply troubling, and it is more revealing than a simple account of under-diagnosis would suggest. In the largest study of its kind, covering just over seven million pupils in English state schools, recorded autism prevalence stood at 1.76% overall, with marked variation by ethnicity: highest among Black pupils at 2.11% and lowest among Roma and Irish Traveller pupils at 0.85%, with Asian pupils among the lower groups (Roman-Urrestarazu et al., 2021). The authors name differences in detection and referral as one of the likely explanations. Set that alongside Strand and Lindorff's analysis of ethnic disproportionality in the identification of special educational needs in England, which found Black Caribbean pupils substantially over-represented for social, emotional and mental health needs even after controlling for prior attainment and socio-economic circumstance, while Asian pupils were consistently under-identified for specific learning difficulties and ADHD (Strand and Lindorff,

2018). What emerges is a pattern of sorting: the same child, presenting in the same way, is more likely to be understood as having a behavioural problem in one case and an unmet neurodevelopmental need in the other.

These disparities do not arise from a lower prevalence of neurodivergence within Global Majority communities, nor can they be explained away by the convenient narrative adopted by some institutions in society that Global Majority cultures shun disability and are closed to accepting a diagnosis. Behind them lies a complex web of causal contributors including diagnostic tools developed on and normed against predominantly white Western populations, asking questions which are unrelatable to families from other backgrounds; clinical practitioners who may lack cultural intelligence; community and family contexts which discourage engagement with systems perceived as hostile; and a persistent failure to produce accessible, culturally resonant information for families navigating these systems (Perepa, Wallace and Guldberg, 2023).

For South Asian communities specifically, the intersection of collectivist cultural frameworks, internalised stigma around mental health and disability, and the particular pressures of model minority narratives creates a context in which neurodivergent individuals are especially likely to mask and reach adulthood without ever having had their experience named or validated. The shame associated with difference is itself the legacy of generations of colonial pathologising of non-Western minds and bodies, and it compounds the structural failures of underfunded and culturally illiterate services.

The model minority narrative is itself a diaspora phenomenon rather than a universal one. It describes the way South Asian communities in Britain and North America are held up as evidence that racism can be overcome by sufficient effort, and it operates as a form of praise that permits no difficulty. In India it has no purchase. In Britain it means that a South Asian child who is quiet, compliant and academically capable is read as a success story rather than as a child who is masking, and that a South Asian adult whose hyperfocus produces good work is read as diligent until the day that focus lands somewhere the organisation did not want it, at which point the same trait is reclassified as a problem.

I would never have considered whether I was autistic or ADHD were it not for my children. I was brought up in a traditional South Asian household where girls were expected to conduct themselves in a demure manner, respect their elders, undertake duties in the home, study well and generally be polite and respectful of our community, realising always that we are representing our parents and that any perceived misbehaviour could cast a shadow on our parents' reputations. It was under this guise of understanding that I would conduct myself. I knew how to be respectful, not drawing too much attention to myself and treating others with kindness, respect and deference to their authority, be that through age, knowledge or experience.

It was only after receiving my son's diagnosis and understanding that autism and ADHD are heritable that I started to question whether it was possible that I was too. When I reflect on my past it is very hard to disentangle which

parts of how I present are due to my neurodivergence, which are the social conditioning around how women should present, and which are cultural context and being from a South Asian background.

What I did notice, however, were certain trends. I was regularly told that I just needed to do X or Y in order to be eligible for the next promotion in my workplace, at a point when I was in the top 5% of performance at the company, while I watched white peers with a fraction of the experience and knowledge that I had leapfrog over me into positions of seniority. I found out from them that they had been coached and mentored informally by other senior directors at that organisation who had taken a shine to them. There was no formal mentoring scheme or any such thing going on, simply white people sponsoring more white people to succeed. I had been seen as the conscientious Indian woman who probably could not take on much more because she also had a family. That same narrative was interpreted very differently for my peers from other backgrounds.

Systems that were never designed for us

The experience of navigating educational, healthcare, workplace and legal systems as a neurodivergent person from a Global Majority background involves a particular kind of double labour. There is the labour of managing sensory, social and executive function demands that these systems impose. And there is the additional, largely unacknowledged labour of translating between one's own cultural

and cognitive framework and the one implicitly demanded by the institution.

In educational settings, this manifests in multiple ways. Children who do not conform to the behavioural norms of a predominantly white, neurotypical classroom are routinely read through a lens of defiance or cultural difference rather than neurodivergence. The consequence is that support is withheld, or the wrong support is offered, while masking can intensify to the point of burnout. The disproportionality in the English data bears this out, with some groups of Global Majority pupils repeatedly routed towards categories that describe conduct rather than towards categories that describe need (Strand and Lindorff, 2018).

What I noticed was that my son was seen for his behaviour and not for what was going on underneath, and I had to advocate very strongly for him. I would share examples of the behaviour that I was seeing, which was very positive, and I would train anybody who interacted with him, about autism and how to engage him, as well as which words were his trigger words and how to praise him in a way which landed. I had to slowly coach many people who interacted with him to broaden their lens and see the fullness of him.

I experienced diagnostic overshadowing, where people would only see his autism, so when I raised that I thought he might be Dyspraxic nobody took me seriously. It took four years before anyone would even entertain that thought, and then a further year for me to get support to help him; an

occupational therapist was able to confirm that he did in fact, have gross motor difficulties.

In workplace settings, the picture is similarly complex. The reasonable adjustments framework under the Equality Act 2010 theoretically provides a mechanism for neurodivergent employees to request changes to their working environment or conditions. In practice, the system requires individuals to self-identify, to navigate disclosure decisions fraught with risk, and to advocate effectively for themselves in a context that may already be hostile. For many Global Majority employees, this process is further complicated by the knowledge that raising any form of difference may trigger both racial and disability-related bias simultaneously.

A Black colleague of mine told his manager, having worked with him for eight years, that he was dyslexic. He had not been prepared to have this conversation until he felt he had established his reputation solidly enough that any disclosure would not impede it. When he told his manager, his manager responded to say: "Really? That can't be right. Your work is always of a good standard, not littered with spelling mistakes or anything like that, so it can't be that you are very dyslexic." This effectively shut the conversation down between the two of them.

What my colleague did not get a chance to share with his manager is that for the past eight years he had read and re-read every single piece of communication before it was sent. He had laboured over words and checked grammar and spelling a disproportionate amount of time, through various

tools, before hitting send on any email, even if that email was only two lines. His manager failed to engage in the conversation and dismissed my colleague's concerns, and my colleague was left not feeling seen and certainly not feeling heard.

The environment itself

A neuroinclusive environment is usually understood as a sensory question: lighting that does not flicker or hum, acoustic treatment, materials that do not glare, a quiet room somewhere off the main circulation, wayfinding that does not depend on reading dense signage under pressure. All of that is right and much of it is now well specified yet, what is rarely asked is who can be seen to use it.

A quiet room is available to everyone in a building and is not equally usable by everyone in it. Whether a person will walk into one depends on what they believe will be concluded about them when they are seen going in, and that calculation is not the same for everyone in the organisation. An employee who is already read as difficult to place, already the subject of assumptions about their capacity or their commitment, is weighing a different risk from a colleague who can withdraw for twenty minutes and have it read as focus. The room is identical but the cost of entering it is not.

This has practical consequences for design. Provision that is legible from a distance as a concession will be under-used by exactly the people it was built for, which is one argument for designing respite into the ordinary aspect of a building rather than into a single named room. Multi-faith rooms and quiet rooms are frequently collapsed

into one space, which forces a choice between prayer and sensory recovery and makes both visible to whoever is waiting. Signage and wayfinding tend to assume fluent English and a particular kind of spatial reasoning at once. And the consultation that informs any of this usually reaches the people who are confident enough to attend a consultation, which is a narrower group than the one the building has to serve.

None of this requires an additional standard. It requires the same question asked one layer further down: not whether the provision exists, but who can afford to be seen using it.

Intersectionality as method, not metaphor

Kimberlé Crenshaw's concept of intersectionality, first articulated in the context of Black women's experiences of employment discrimination in the United States, offers a framework for understanding how multiple dimensions of identity and structural disadvantage interact to produce forms of oppression that cannot be captured by examining each axis separately (Crenshaw, 1989). A Black woman's experience of workplace discrimination is not simply the sum of racism and sexism; it is something qualitatively distinct, shaped by the interaction of both.

Crenshaw's framework was built to describe one particular structure, and it has since been taken up across many. Caste is the axis that will be most obviously present to readers of this journal and most obviously absent from what follows. I am not the person to write about it but an intersectional analysis of neurodivergence in India that does not account for caste will reproduce, on that axis,

precisely the error I am describing on the axis of race, and I would encourage contributors who are placed to take it up.

The same analytical rigour must be applied to neurodivergence. A South Asian AuDHD woman's experience of the workplace is not simply the sum of racial marginalisation, gender inequity and neurodivergent difference. It is shaped by the specific way these interact: the cultural scripts about feminine compliance and professional ambition; the model minority narrative that reads hyperfocus as an asset until it becomes inconvenient and then pathologises it; the masking behaviours developed over a lifetime that may make her invisible to both diversity programmes and occupational health assessments. The existing inclusive design literature rarely engages with this complexity.

Inclusive design that takes intersectionality seriously as a method, rather than as a rhetorical gesture towards diversity, must begin at the stage of research and co-design rather than at retrofitting. This means that the communities whose lives are most shaped by exclusionary systems must be present as the architects of the alternatives. It means that lived experience must be treated as a form of expertise, so that practitioners, researchers and policy-makers also examine the assumptions baked into their own frameworks.

Towards neuroinclusion that does not leave us behind

What would a fully inclusive environment look like - a school, a workplace, a healthcare setting or a built space - if it were designed

with Global Majority neurodivergent people in mind from the outset? It would require, at minimum, the following commitments:

First, culturally competent identification and support pathways. This means diagnostic tools validated across diverse populations; practitioners trained in the ways cultural context shapes presentation; and information resources that are accessible to families whose first language is not English and whose relationship to medical and educational institutions may be shaped by historical and ongoing mistrust.

Second, a commitment to co-production rather than consultation. The consistent failure to involve Global Majority communities in the design of services and systems ostensibly intended for them reflects a broader epistemic injustice: the systematic dismissal of certain forms of knowledge as insufficiently expert, universal, or legible to dominant institutions. Miranda Fricker's (2007) concept of epistemic injustice, the wrong done to someone specifically in their capacity as a knower, is directly applicable here. The knowledge held by Global Majority neurodivergent people about their own lives, needs and barriers is routinely dismissed or simply never sought.

Third, organisational cultures that do not require the performance of neurotypicality or cultural assimilation as preconditions for belonging. The concept of psychological safety, widely discussed in organisational literature, must be understood to encompass racial psychological safety as well as neurodivergent psychological safety, and to recognise that for most people these cannot be separated. An organisation that claims to celebrate neurodivergent thinking whilst

maintaining monocultures of leadership, communication and professional conduct is not, in any meaningful sense, inclusive.

Conclusion: Naming what has been left unnamed

Inclusion, to be authentic, must be uncomfortable. It must require those who design, research and advocate within this field to examine who has been centred in their frameworks, who has been consulted and who has been co-opted, and who remains, despite decades of progress, invisible by design. The Global Majority neurodivergent experience is not a niche concern, a footnote to the main story, or a diversity add-on to an otherwise sound framework. It is a profound challenge to existing frameworks, demanding a response at the level of policy and practice, and deeper, at the level of epistemology: of who counts as a knower, whose experience counts as evidence, and whose life counts as the benchmark for what universal design must achieve.

We are not edge cases nor afterthoughts.

Progress in neuroinclusion will only occur once there is acknowledgement followed by action, to actively undo the invisibility that Global Majority people face within systems which purport to include them but which, in actuality, serve only to marginalise their voices further.

References

Botha, M., Chapman, R., Giwa Onaiwu, M., Kapp, S. K., Stannard Ashley, A. and Walker, N. (2024). The neurodiversity concept was developed collectively: an overdue correction on the origins of neurodiversity theory. Autism, 28(6), 1591–1594.

Connell, B. R., Jones, M., Mace, R., Mueller, J., Mullick, A., Ostroff, E., Sanford, J., Steinfeld, E., Story, M. and Vanderheiden, G. (1997). The Principles of Universal Design, Version 2.0. Raleigh, NC: Center for Universal Design, North Carolina State University.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum, 1989(1), 139–167.

Equality Act 2010, c.15. London: The Stationery Office.

Fricker, M. (2007). Epistemic Injustice: Power and the Ethics of Knowing. Oxford University Press.

Oliver, M. (1990). The Politics of Disablement. Macmillan.

Nair, V. K., Farah, W. and Boveda, M. (2026). Is neurodiversity a Global Northern White paradigm? Autism, 30(2), 544–551.

Perepa, P., Wallace, S. and Guldberg, K. (2023). The Experiences of Marginalised Families with Autistic Children. University of Birmingham.

Roman-Urrestarazu, A., van Kessel, R., Allison, C., Matthews, F. E., Brayne, C. and Baron-Cohen, S. (2021). Association of race/

ethnicity and social disadvantage with autism prevalence in 7 million school children in England. JAMA Pediatrics, 175(6), e210054.

Strand, S. and Lindorff, A. (2018). Ethnic Disproportionality in the Identification of Special Educational Needs (SEN) in England: Extent, Causes and Consequences. University of Oxford, Department of Education.