

Neurodiverse Student Experience in Higher Education: A Secondary Evidence Review

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Abstract:

This secondary evidence review critically investigates the lived experiences of neurodiverse students in higher education within the United Kingdom. Through a qualitative methodology, this review examines existing literature surrounding institutional support frameworks, barriers to participation, and highlights the gaps in contemporary research, practice, and university policies. Furthermore, a narrative review methodology was applied to examine contemporary academic literature, sector reports, and policy documents to synthesise and evaluate current approaches to neuroinclusive practices. This review has identified that barriers experienced by neurodiverse students emerge from educational systems that relied upon diagnosis-centred support, unsustainable accessibility frameworks, and administrative complexities. Whilst support structures such as Disabled Students' Allowance (DSA), Universal Design for Learning (UDL), and compassionate pedagogical approaches have positively improved accessibility, their implementation continues to be inconsistent across higher educational institutions. Finally, this review concludes that by achieving genuinely neuroinclusive higher education requires a transitional re-design from deficit-based and reactive models, towards strengths-based and proactive institutional design, in combination with intersectional, participatory, and extensive research to inform future practices and university policies.

Introduction:

This secondary evidence review investigates the experiences and representation of neurodiverse students within higher education. Despite increasing recognition of neurodiverse conditions, students continue to challenge traditional institutional approaches to accessibility, student support, and inclusivity (Borsotti et al., 2024; Clouder et al., 2020). Whilst neurodiversity has become visible within contemporary higher education discourse, neurodiverse students continue to experience educational barriers that negatively affect their wellbeing, academic success, class participation, and sense of belonging (Clouder et al., 2020; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

Historically, higher education has understood neurodiversity through two dominant perspectives:

- Medical models
- Deficit-based perspectives

Although these perspectives have historically shaped higher education's understandings of neurodiversity, contemporary research argues that they provide an incomplete framework for understanding the educational experiences of neurodiverse students (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023). This shift has been influenced by the neurodiversity paradigm, originally proposed by Singer (1999), which reframes neurological differences as natural variations rather than deficits requiring correction (Clouder et al., 2020). This perspective diverts attention away from 'cure' centred narratives of neurodiverse students and instead examines how assessment structures, teaching practices, and institutional systems may unintentionally create barriers to participation (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022).

Institutional responses therefore focused on providing adjustments after students disclosed a diagnosis or requested additional support. Although these approaches were intended to support students, research suggests that they often fail to address the broader cultural and structural barriers embedded within higher education environments (Clouder et al., 2020; Hamilton and Petty, 2023).

Similarly, the social model of disability argues that exclusion arises not from individual difference itself but from educational environments designed around narrow neurotypical assumptions (Clouder et al., 2020; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022).

These assumptions are reflected in higher education systems that expect students to demonstrate high levels of executive functioning, communication confidence, independent organisation, and administrative navigation (Borsotti et al., 2024; Clouder et al., 2020; McDowall and Kiseleva, 2024). Institutional processes such as completing complex forms, navigating support services, interpreting university procedures, requesting reasonable adjustments, and managing deadlines may therefore add additional cognitive and emotional demands for neurodiverse students (Borsotti et al., 2024; Disabled Students UK, 2026; McDowall and Kiseleva, 2024). These barriers exist beyond traditional measures of academic ability, suggesting that many challenges experienced by neurodiverse students arise not solely from learning itself but from the accessibility of institutional systems (Borsotti et al., 2024; Clouder et al., 2020; McDowall and Kiseleva, 2024).

This secondary evidence review is organised into three sections. Section One examines barriers to participation experienced by neurodiverse students within higher education. Section Two critically evaluates institutional support frameworks, including neuroinclusive pedagogies and UDL. Finally, Section Three explores gaps within policy, institutional practice, and the current research evidence base to identify opportunities for future development.

Section One: Barriers to Participation and Success

The process of accessing support within higher education requires students to complete numerous administrative tasks, including understanding eligibility criteria, completing application forms, gathering diagnostic evidence, arranging appointments, communicating their needs across different departments, and locating relevant institutional information (Borsotti et al., 2024; Disabled Students UK, 2024; McDowall and Kiseleva, 2024).

1.1 Administrative Complexity Surrounding Forms

Existing literature consistently identifies administrative complexity as a significant institutional barrier affecting neurodiverse students entering higher education (Borsotti et al., 2024; Clouder et al., 2020; McDowall and Kiseleva, 2024).

Whilst institutional support services are intended to promote equitable access, administrative processes surrounding evidence submission, reasonable adjustments, and support applications demand high levels of communication, organisation, and self-management (Borsotti et al., 2024; Disabled Students UK, 2024; Johnson et al., 2019; McDowall and Kiseleva, 2024). These requirements may disproportionately disadvantage neurodiverse students because differences in executive functioning are commonly associated with attention deficit hyperactivity disorder (ADHD), autism spectrum condition (ASC), developmental coordination disorder (DCD), dyslexia, and other forms of neurodiversity (Borsotti et al., 2024; Clouder et al., 2020; McDowall and Kiseleva, 2024).

Although these processes may appear straightforward from an institutional perspective, they rely upon neurotypical assumptions regarding organisation, planning, executive functioning, time management, and independent problem-solving (Borsotti et al., 2024; Clouder et al., 2020; Hamilton and Petty, 2023). For instance, bureaucratic systems may create additional barriers before students receive the support intended to reduce those very barriers (Borsotti et al., 2024; Clouder et al., 2020; McDowall and Kiseleva, 2024).

Administrative forms represent one example of these institutional barriers. They require neurodiverse students to interpret unfamiliar terminology, identify and advocate for their needs, anticipate the support they may require, and provide detailed written explanations of their difficulties (Borsotti et al., 2024; Johnson et al., 2019; McDowall and Kiseleva, 2024). For students who already experience

challenges with written communication, decision-making, self-advocacy, and information processing, these requirements may create additional cognitive and emotional demands (Borsotti et al., 2024; Clouder et al., 2020; Hamilton and Petty, 2023). Administrative tasks may also place substantial demands on executive functioning before students can access support, which may delay applications and reducing quicker access to reasonable adjustments (Borsotti et al., 2024; Clouder et al., 2020; Disabled Students UK, 2024; McDowall and Kiseleva, 2024).

The reliance on formal documentation creates further complications when considered alongside current diagnostic barriers, producing a contradiction within institutional accessibility systems (Hamilton and Petty, 2023; Johnson et al., 2019; McDowall and Kiseleva, 2024). The frameworks intended to remove barriers require neurodiverse students to overcome barriers before support becomes available (Borsotti et al., 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

This is mirrored by Disabled Students UK (2024), who highlight administrative complexity as a barrier to accessibility. They report that disabled and/or neurodiverse students experience fragmented support, unclear procedures, repeated requests to communicate their needs, and inconsistent coordination across departments. These suggest that barriers experienced by neurodiverse students are institutional instead of individual.

Whilst higher education institutions have implemented disability support frameworks, many remain dependent upon diagnosis, disclosure, and self-advocacy (Clouder et al., 2020; Hamilton and Petty, 2023; Johnson et al., 2019). Advocacy from contemporary scholarship therefore proposes redesigning institutional support from reactive, deficit-based models towards proactive, neuroinclusive approaches embedded within institutional design (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022).

1.2 Disabled Students' Allowance

DSA is the principal funding mechanism for disabled students within UK higher education, providing financial support for specialist assistance intended to reduce barriers to learning (Johnson et al., 2019). Neurodiverse students are eligible to apply for DSA because neurodiversity falls within the disability protections established by the Equality Act 2010 (Equality Act 2010; Johnson et al., 2019).

DSA funding may include specialist mentoring, study skills support, assistive technology, specialist equipment, and financial contributions towards a laptop where required to operate recommended software (Johnson et al., 2019; McDowall and Kiseleva, 2024).

Although DSA provides essential support for many neurodiverse students, contemporary research suggests that reliance upon evidence-dependent, application-based models may unintentionally reproduce exclusionary barriers (Borsotti et al., 2024; Hamilton and Petty, 2023; Johnson et al., 2019; McDowall and Kiseleva, 2024). This is particularly significant for students entering higher education without a formal diagnosis, those awaiting assessment, or those who remain unaware of available support and eligibility requirements (Clouder et al., 2020; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

Moreover, neurodiverse students awaiting NHS or private assessments, and those who are unable to access private diagnosis, or students unfamiliar with DSA may encounter additional barriers before support becomes available. Successfully navigating the application process requires skill sets within executive functioning and may already present challenges for many neurodiverse students (Borsotti et al., 2024; Clouder et al., 2020; Hamilton and Petty, 2023). This creates an accessibility paradox, whereby students experiencing executive functioning difficulties struggle to complete the necessary tasks for the support that they may need.

Disabled Students UK (2024) reports that disabled and/or neurodiverse students experience administrative burdens when accessing support, including repeated task management of fragmented systems, unclear eligibility criteria, advocacy for their own adjustments, and communication demands. These demands may, therefore, delay applications, reduce engagement with support services, or discourage students from seeking assistance altogether (Borsotti et al., 2024; Disabled Students UK, 2024; McDowall and Kiseleva, 2024).

A further limitation of DSA is its dependence upon diagnostic evidence. Whilst evidence requirements are intended to ensure that appropriate support is provided, contemporary research argues that diagnosis-dependent systems may disadvantage students whose neurodiversity has not yet been formally recognised through NHS or private assessment (Hamilton and Petty, 2023; Johnson et al., 2019; McDowall and Kiseleva, 2024). This raises important questions regarding how higher

education institutions determine eligibility for support and whether diagnosis has become a prerequisite for accessibility rather than a mechanism for identifying individual needs.

Evidence-dependent systems may unintentionally create a hierarchy of accessibility, whereby students with formal diagnostic evidence become visible within institutional support structures whilst others experiencing comparable barriers remain unsupported (Clouder et al., 2020; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024). This contrasts with strengths-based perspectives informed by the neurodiversity paradigm, which advocate reducing environmental barriers rather than requiring students to demonstrate impairment before support is provided (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022; Singer, 1999).

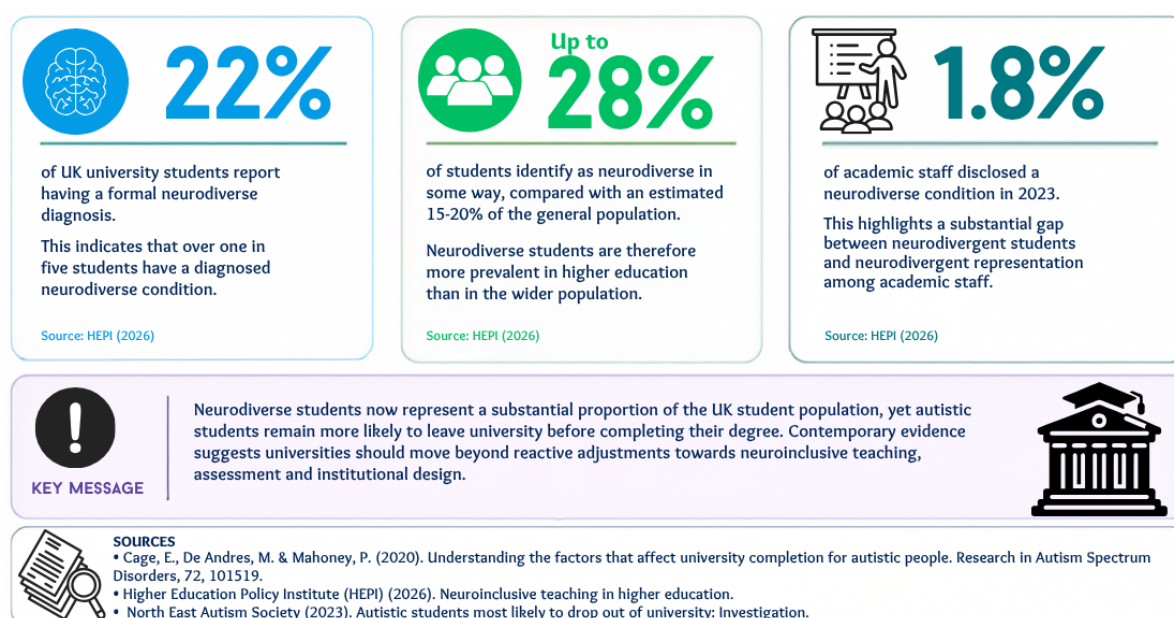


Figure 1: Infographic summarising neurodiverse student experiences in UK higher education. Created in Canva and all information is based on Cage et al. (2020); HEPI (2026); Northeast Autism Society (2023).

Furthermore, DSA does operate through an individual adjustment model rather than a universal approach to accessibility. As a result, barriers are addressed after they emerge, tasking students with disclosing their needs, request support, provide evidence, and engage with numerous institutional departments before adjustments are implemented (Hamilton and Petty, 2023; Johnson et al., 2019; McDowall and Kiseleva, 2024). Although this model provides valuable support for many students, contemporary literature argues that it remains fundamentally reactive (Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

Instead of questioning whether institutional systems themselves require redesign, traditional support frameworks position neurodiverse students as individuals requiring additional support to fit existing educational structures (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023). Hence, contemporary literature advocates for embedding accessibility within institutional design through proactive, neuroinclusive practices rather than relying predominantly upon individual adjustments after barriers have already emerged (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022).

1.3 NHS Assessment Waiting Times

Another barrier identified within existing research is the delays in accessing neurodevelopmental assessments and diagnoses. Although universities have started to recognise neurodiversity within institutional policies, lengthy waiting lists for ADHD and ASC assessments create barriers for neurodiverse students who experience neurodiverse traits but are awaiting formal diagnosis (Clouder et al., 2020; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024). Many specialist support frameworks remain reliant upon identification, before reasonable adjustments or specialist support can be accessed.

Diagnosis functions not only as medical identification but also as an institutional gateway to support. Formal evidence frequently determines whether neurodiverse students can access reasonable adjustments, specialist mentoring, DSA, assistive technology, and other forms of academic support (Johnson et al., 2019; McDowall and Kiseleva, 2024). This creates tension when diagnostic pathways operate more slowly than higher education timelines. Consequently, students may enter university, encounter substantial institutional barriers, and potentially complete a large proportion or even the entirety of their degree before receiving formal confirmation of their neurodiversity (Johnson et al., 2019; McDowall and Kiseleva, 2024).

These barriers are particularly significant given the increasing recognition of late-diagnosed neurodiverse students. Many autistic and/or ADHD students enter higher education without formal medical evidence, particularly those whose experiences do not align with traditional or stereotypical presentations of neurodiversity. Universities may therefore become the first educational environments in which support needs become fully apparent, and once these needs emerge, students encounter

lengthy NHS or private assessment waiting times before specialist support can be accessed (Clouder et al., 2020; McDowall and Kiseleva, 2024).

For neurodiverse students working within fixed academic timeframes, and prolonged diagnostic pathways may delay access to educational support throughout pivotal stages of their degree. Whilst an undergraduate degree typically lasts three years, NHS waiting times may extend across much of this period, leaving some students without the support they require during their studies (Hamilton and Petty, 2023; Johnson et al., 2019; McDowall and Kiseleva, 2024).

This situation creates what may be understood as a temporal mismatch between NHS diagnostic pathways and higher education systems. Whilst the NHS operates according to clinical capacity and waiting lists, universities operate within fixed academic structures, including:

- Academic terms
- Assessment deadlines
- Progression milestones
- Degree completion timeframes

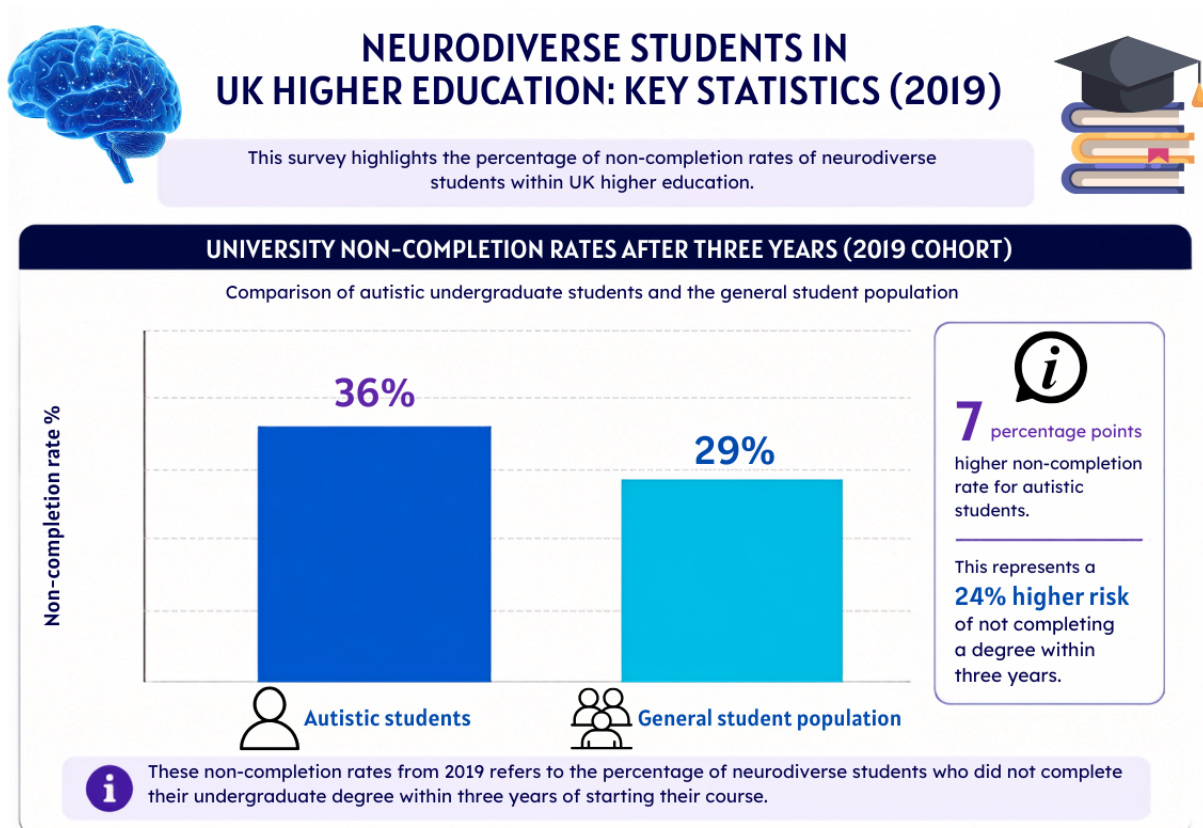


Figure 2: Infographic summarising neurodiverse students in UK higher education: university non-completion rates after three years from 2019 cohort. Created in Canva and all information is based on Bradford (2023).

Neurodiverse students positioned between these two systems may therefore experience significant barriers without being fully recognised by either infrastructure (Hamilton and Petty, 2023; McDowall and Kiseleva, 2024). Delayed diagnosis may negatively affect multiple aspects of students' experiences within higher education, including sensory environments, workload organisation, executive functioning, communication expectations, and assessment demands. Without an understanding of the underlying causes of these challenges, students may internalise these difficulties as personal failings rather than recognising them because of the mismatch between institutional environments and neurodiverse ways of learning and processing information (Clouder et al., 2020; Hamilton and Petty, 2023).

1.4 Micro Conclusion

This section has reviewed and demonstrated that barriers experience by neurodiverse students emerge from educational institutional frameworks and neurodiverse ways of learning, not

from neurodiversity itself. Administrative complexities, diagnosis-focused support systems, and prolonged NHS assessments have developed interconnected barriers that could delay and/or restrict access to support services despite institutional commitments made to accessibility (Clouder et al., 2020; Disabled Students UK, 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024). Neurodiverse students are expected to navigate these complex systems before they can access the very support intended to help reduce these challenges. Finally, contemporary scholarship advocates for transitioning beyond deficit-based and reactive approaches towards neuroinclusive systems frameworks that are proactive and embed accessibility within educational institutional design from the onset (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022).

Section Two: Institutional Support Frameworks for Neuroinclusive Practice

Barriers identified throughout Section One demonstrate that neurodiverse students continue to experience significant challenges when entering higher education. These challenges arise through interactions with institutional systems that have traditionally been designed around neurotypical assumptions rather than diverse cognitive profiles (Clouder et al., 2020; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022). Consequently, contemporary research has shifted towards proactive institutional support frameworks. Rather than viewing support as individual adjustments implemented after difficulties arise, current literature advocates institution-wide approaches that embed accessibility within educational design from the outset (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022). Therefore, this section critically examines institutional support frameworks within UK higher education by exploring UDL and compassionate pedagogy.

2.1 Universal Design for Learning and Neuroinclusive Pedagogies

UDL has been widely recognised as an effective framework for creating accessible learning environments. Rather than relying upon individual adjustments, UDL seeks to embed accessibility and flexibility directly into educational design (Baglieri, 2020; Dwyer et al., 2022; Hamilton and Petty, 2023). Practical examples include recorded lectures, predictable course structures, flexible engagement opportunities, varied assessment formats, clear communication, and accessible teaching materials (Hamilton and Petty, 2023).

Within the context of DSA, these universal approaches are particularly effective, because they reduce reliance upon formal diagnosis before students can benefit from accessible learning environments. By embedding inclusive practices within institutional design, universities may improve accessibility for students without formal diagnostic evidence or those awaiting assessment (Clouder et al., 2020; Hamilton and Petty, 2023; Johnson et al., 2019; McDowall and Kiseleva, 2024).

UDL therefore encourages institutions to provide multiple means of representation, engagement, and assessment, recognising that students learn in diverse ways (Baglieri, 2020; Hamilton and Petty, 2023). These approaches benefit not only neurodiverse students but also improve accessibility across the wider student population by embedding inclusive educational design from the outset (Baglieri, 2020; Dwyer et al., 2022; Hamilton and Petty, 2023).

Alongside UDL, contemporary literature highlights the importance of compassionate pedagogy. Hamilton and Petty (2023) argue that genuinely neuroinclusive education requires more than curriculum redesign; it also demands changes to institutional culture and educational relationships. Compassionate pedagogical approaches encourage psychologically safe learning environments characterised by empathy, flexibility, collaboration, and partnership with students. Rather than viewing requests for reasonable adjustments as exceptions, compassionate pedagogy recognises learner variability as an anticipated characteristic of higher education (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023).

Despite increasing institutional commitments to neuroinclusive teaching, the implementation of compassionate pedagogy remains inconsistent across higher education. Staff awareness, training, and confidence continue to vary considerably, suggesting that successful neuroinclusive practice depends not solely upon individual educators but upon sustained institutional commitment to accessibility and inclusive educational design (Clouder et al., 2020; Disabled Students UK, 2024; Dwyer et al., 2022; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

2.2 Micro-Conclusion

Within UK higher education, contemporary research and institutional policy have contributed to the development of a wide range of support frameworks intended to improve participation and accessibility for neurodiverse students. DSA, assistive technology, specialist mentoring, study skills support, UDL, and compassionate pedagogical approaches each contribute to reducing many of the barriers identified throughout Section 1 (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Johnson et al., 2019; McDowall and Kiseleva, 2024).

However, contemporary research consistently argues that these approaches are most effective when implemented as interconnected components of a wider institutional strategy rather than isolated interventions (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024). Whilst individualised support remains essential for many neurodiverse students, continued reliance on reactive, diagnosis-dependent models risks reinforcing deficit-based assumptions about accessibility instead of embedding neuroinclusive practice throughout institutional

design (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022).

Section 3: Gaps in Policy, Practice and Research

This section identifies key gaps within higher education policy, institutional practice, and contemporary research. It examines how neuroinclusive practice may contribute to the redesign of educational support systems by addressing the disconnect between policy, implementation, and the lived experiences of neurodiverse students.

Increasing recognition of neurodiversity within UK higher education has influenced both institutional policy and DSA provision. However, contemporary literature consistently identifies a disconnect between institutional policy, educational practice, and the lived experiences of neurodiverse students (Clouder et al., 2020; Disabled Students UK, 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024). Although universities have adopted inclusive language and developed a range of support frameworks, existing research suggests that these developments have not consistently translated into equitable educational experiences (Clouder et al., 2020; Disabled Students UK, 2024; Dwyer et al., 2022).

3.1 Policy versus Practice

One of the most significant themes emerging from this literature review is the disconnect between institutional policy and the lived experiences of neurodiverse students (Clouder et al., 2020; Disabled Students UK, 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024). Rather than reflecting a lack of institutional commitment, this disconnect appears to arise from inconsistencies in implementation, creating disparities when policy aspirations fail to address the structural barriers identified throughout this review. Thus, gaps remain between legislative obligations, institutional intentions, and the practical accessibility of higher education.

Whilst universities promote commitments to equality, diversity, and inclusion through institutional policy, contemporary research suggests that policy alone does not guarantee inclusive educational experiences (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023). Conversely, Disabled Students UK (2024) report that many disabled and neurodiverse students continue to experience fragmented support, inconsistent communication, and difficulties accessing reasonable adjustments despite universities promoting neuroinclusive values.

McDowall and Kiseleva (2024) identify the considerable variations in the provision of assistive technology, inclusive teaching practices, and transition support across higher educational environments. For instance, these findings suggest that whilst inclusive policies may exist, their implementation may be dependent upon individual departments, disability services, and academic staff rather than being consistently embedded across institutional design.

As a result, this disconnect suggests that progress in developing neuroinclusive policy has outpaced the consistent implementation of neuroinclusive practice across UK higher education (Clouder et al., 2020; Disabled Students UK, 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

3.2 Inconsistencies within Institutional Practice, Diagnosis-Dependent Systems, and Hidden Exclusion

Although a wide range of institutional support structures benefit many neurodiverse students, their implementation remains inconsistent across higher education. Existing literature demonstrates considerable variation in staff training, inclusive pedagogical practice, specialist mentoring, and assistive technology provision, resulting in student experiences differing between universities, departments, and individual lecturers (Disabled Students UK, 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

These inconsistencies extend beyond formal support services into everyday teaching practice. Whilst some educators independently provide flexible assessment methods, accessible learning materials, predictable course structures, and lecture recordings, others continue to rely upon traditional teaching approaches that assume neurotypical patterns of learning and communication (Hamilton and Petty, 2023). However, neurodiverse students may experience inclusive practice within one module whilst simultaneously encountering barriers within another despite studying at the same institution.

This review therefore suggests that effective neuroinclusive practice requires sustained institution-wide commitment rather than isolated examples of good practice, due to this. Without organisational redesign, inclusive educational experiences remain dependent upon individual staff knowledge, confidence, and willingness to adapt teaching practices (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022).

Another policy gap concerns the continued reliance upon formal diagnosis as the principal gateway to institutional support. Whilst the Equality Act 2010 protects disabled students from discrimination regardless of funding arrangements, higher education institutions frequently require formal diagnostic evidence before providing specialist support, DSA-funded provision, or reasonable adjustments (Equality Act 2010; Hamilton and Petty, 2023; Johnson et al., 2019; McDowall and Kiseleva, 2024).

As discussed in Section One, this diagnosis dependent approach may disadvantage students awaiting NHS or private assessment, or those who are unable to access private diagnosis, and students who choose not to disclose their neurodiversity. Institutional systems may unintentionally privilege students with formal diagnostic evidence, whilst excluding others who experience comparable educational barriers without official recognition (Clouder et al., 2020; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

Contemporary literature further illustrates that diagnosis-dependent support systems contribute to hidden forms of exclusion (Hamilton and Petty, 2023). Neurodiverse students may experience substantial sensory, academic, and executive functioning barriers, whilst remaining invisible within institutional support frameworks because they do not meet the formal eligibility requirements (Disabled Students UK, 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

From a neurodiverse perspective, these support frameworks continue to reflect deficit-based assumptions by requiring students to demonstrate impairment before educational environments become accessible. Instead, contemporary literature advocates for proactive and anticipatory approaches that recognise student diversity, without requiring neurodiverse students to repeatedly demonstrate eligibility before receiving support (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022).

3.3 Gaps within Contemporary Research

Whilst this literature review has highlighted gaps in institutional policy and educational practice, contemporary research also reports limitations within the current evidence base surrounding neurodiverse student experiences (Clouder et al., 2020). Existing research has predominantly focused on autistic students and students with ADHD, whilst comparatively less attention has been

given to students with DCD, dyscalculia, Tourette syndrome, or those experiencing multiple forms of neurodiversity (Clouder et al., 2020; McDowall and Kiseleva, 2024). The diversity of neurodiverse student experiences may therefore not yet be wholly represented within higher education research.

Furthermore, contemporary research remains limited in its exploration of intersectionality. Emerging studies recognise that neurodiverse students may experience higher education differently according to ethnicity, gender, age, cultural identity, and socioeconomic background; however, these intersections remain underexplored within the UK evidence base (Clouder et al., 2020; McDowall and Kiseleva, 2024). Greater emphasis on intersectional research could enable higher education institutions to develop support frameworks that more accurately reflect the complexity of students' identities.

Longitudinal research examining neurodiverse students across their university journey also remains relatively limited within UK higher education. Similarly, participatory research that positions neurodiverse students as collaborators rather than research participants continues to be underdeveloped despite increasing advocacy for co-produced methodologies (Clouder et al., 2020; Hamilton and Petty, 2023). Such approaches are consistent with the neurodiversity paradigm by recognising neurodiverse individuals as active contributors to knowledge production rather than subjects of investigation.

Future research should therefore prioritise longitudinal, participatory, and intersectional methodologies that move beyond diagnosis-centred approaches towards a more comprehensive understanding of neurodiverse student experiences across higher education (Clouder et al., 2020; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

3.4 Micro-Conclusion

This secondary evidence review demonstrates that substantial progress has been made in recognising neurodiversity within UK higher education. However, significant gaps remain between institutional policy, educational practice, and the lived experiences of neurodiverse students (Clouder et al., 2020; Disabled Students UK, 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024). Although support frameworks have expanded considerably, many institutional systems continue to

rely upon diagnosis-dependent, deficit-oriented models despite contemporary research advocating proactive, universal, and neuroinclusive approaches to accessibility (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Nieminen and Pesonen, 2022).

This review has identified inconsistencies in the implementation of neuroinclusive practice, particularly in relation to teaching, institutional support, and accessibility across higher education. It has also highlighted limitations within the current research evidence base, suggesting that continued institutional redesign, alongside further participatory, longitudinal, and intersectional research, is necessary to create more accessible educational environments for neurodiverse students (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

Conclusion:

This secondary evidence review has critically examined the experiences of neurodiverse students within UK higher education by exploring barriers to participation, evaluating institutional support frameworks, and identifying gaps within contemporary policy, practice, and research. The evidence demonstrates that many challenges experienced by neurodiverse students arise not from neurodiversity itself but from institutional systems that continue to operate around predominantly neurotypical assumptions. Administrative complexity, diagnosis-dependent support structures, lengthy NHS assessment waiting times, and expectations of continual self-advocacy collectively illustrate how structural barriers may restrict equitable participation despite the existence of formal support mechanisms (Borsotti et al., 2024; Clouder et al., 2020; Disabled Students UK, 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

This review has also demonstrated that UK higher education has made considerable progress in developing support frameworks for neurodiverse students, including Disabled Students' Allowance, specialist mentoring and study skills, assistive technology, UDL, and compassionate pedagogical approaches. Whilst these initiatives have improved accessibility for many students, contemporary literature suggests that their effectiveness is reduced when support remains reactive, diagnosis-dependent, and inconsistently implemented across institutions (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; Johnson et al., 2019; McDowall and Kiseleva, 2024).

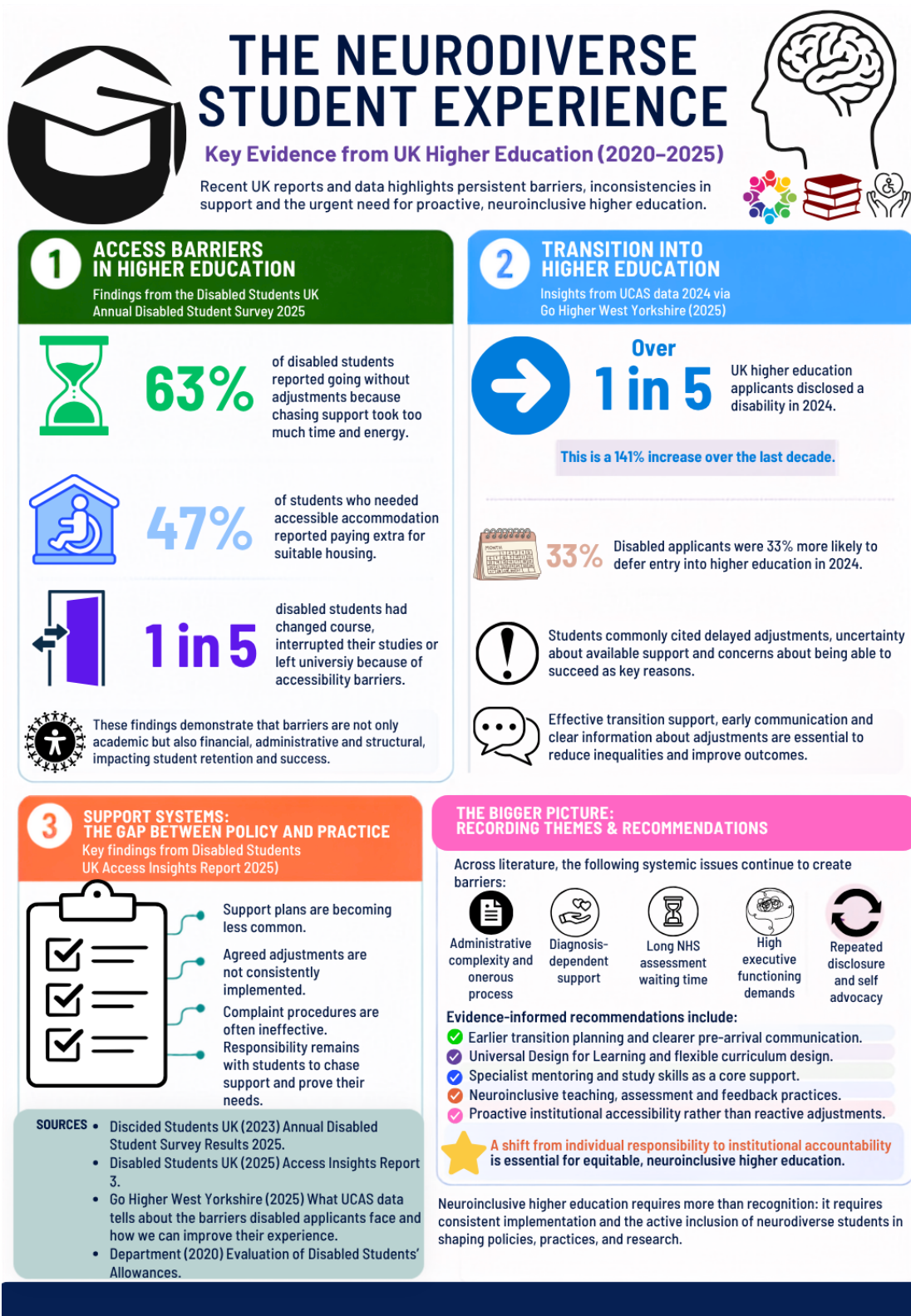


Figure 3: Infographic summarising key barriers affecting neurodiverse students within UK higher education from 2020–2025. Created in Canva and all information is based on Department for Education (2020); Disabled Students UK (2025); Go Higher West Yorkshire (2025).

A central finding emerging from this review is the persistent disconnect between institutional policy and the lived experiences of neurodiverse students. Although universities continue to promote commitments to equality, diversity, inclusion, and neuroinclusive practice, contemporary evidence suggests that many institutional systems continue to require students to identify, evidence, and justify their support needs before meaningful adjustments can be provided (Clouder et al., 2020; Disabled Students UK, 2024; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024). This reinforces the need to transition from deficit-based, diagnosis-led models towards strengths-based approaches that recognise cognitive diversity as an anticipated characteristic of higher education rather than an exception requiring individual accommodation.

Overall, this review suggests that achieving genuinely neuroinclusive higher education requires more than expanding individual support services. Instead, accessibility should be embedded proactively throughout institutional policy, curriculum design, assessment practices, teaching, and student support. Future research should continue to prioritise participatory, longitudinal, and intersectional approaches to ensure that the experiences and perspectives of neurodiverse students remain central to the ongoing development of inclusive higher education policy and practice (Clouder et al., 2020; Dwyer et al., 2022; Hamilton and Petty, 2023; McDowall and Kiseleva, 2024).

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