NdCare 360 Pathway Overview

The full neurodivergent (ND) pathway model for system-level redesign.

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Important note

This resource is intended to support understanding and good practice in neuro-inclusive workplace design. It provides general guidance and does not constitute legal, medical, or clinical advice. Organisations should apply the principles in line with their own policies, regulatory obligations, and professional judgement.

A clear orientation (for systems, commissioners, and service leaders)

This is not a service brochure.
It is not a single intervention model.
It is not a faster version of existing pathways.

NdCare 360 is a **system-level pathway architecture** designed to replace fragmented, diagnosis-led, crisis-reactive models with an **emotionally safe, regulation-first, capacity-aware continuum of care**.

It exists because current ND pathways commonly:

- front-load threat at first contact
- rely on diagnosis as the gateway to support
- treat waiting as neutral time
- separate mental health, neurodiversity, and functioning
- escalate only when people break down

NdCare 360 reframes the pathway as a **holding system…** one that reduces harm *while* care is accessed, not only after it begins.

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1. Core design principles (non-negotiable)

NdCare 360 is built on these principles:

- **Safety before assessment**
- **Access before diagnosis**
- **Capacity before performance**
- **Regulation before insight**
- **Continuity over handoffs**
- **Design solutions over individual coping**

If a pathway requires people to self-regulate under threat to receive care, it is not ND-safe.

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2. The problem NdCare 360 is designed to solve

Across health, education, and employment systems, ND people experience the same structural failures:

- long waits with no containment
- repeated re-telling of distress
- sensory-unsafe environments
- pressure to present “calm” to be taken seriously
- crisis escalation as the only route to attention

These are **pathway failures**, not patient failures.

NdCare 360 addresses these failures by redesigning **how systems hold people across time**, not just how they assess or treat them.

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3. NdCare 360 at a glance (the full pathway)

NdCare 360 is a **continuous, layered pathway**, not a linear funnel.

It includes:

1. **Safe First Contact & Triage**
2. **Active Waiting & Containment**
3. **Regulation-Informed Assessment**
4. **Integrated Support Planning**
5. **Ongoing Care & Skill-Building**
6. **Crisis Prevention & De-Escalation**
7. **Transitions, Discharge & Re-Entry**

Each layer is designed to **reduce nervous-system threat**, maintain engagement, and prevent escalation.

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4. Layer 1… ND-Safe First Contact & Triage

Purpose:
Create safety so accurate information becomes possible.

Key features:

- low-threat language and pacing
- explicit structure and choice
- concrete, present-focused questions
- sensory-aware environments
- clear explanation of next steps

What this replaces:

- rushed, evaluative triage
- “prove severity” dynamics
- misinterpretation of distress or shutdown

Outcome:
Better histories, earlier risk disclosure, reduced disengagement.

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5. Layer 2… Active Waiting & Containment

Purpose:
Prevent harm during inevitable delays.

Key features:

- predictable communication cadence
- honest timelines with uncertainty named
- optional, low-demand support resources
- clear escalation routes without penalty
- written confirmation and continuity

What this replaces:

- silence
- reassurance without structure
- crisis-only escalation

Outcome:
Reduced crisis presentations, preserved trust, safer re-entry.

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6. Layer 3… Regulation-Informed Assessment

Purpose:
Assess accurately *without overwhelming the nervous system*.

Key features:

- paced, modular assessments
- separation of information-gathering from evaluation
- allowance for processing differences
- sensory-safe assessment environments
- written summaries and validation of understanding

What this replaces:

- single high-load assessment events
- misdiagnosis due to shutdown or masking
- reliance on verbal speed and narrative coherence

Outcome:
Higher diagnostic accuracy and better engagement.

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7. Layer 4… Integrated Support Planning (Diagnosis-Optional)

Purpose:
Provide support based on **need and capacity**, not labels.

Key features:

- co-created plans
- focus on regulation, access, and strengths
- clear priorities and boundaries
- adjustments that do not require disclosure
- reviewable, flexible support agreements

What this replaces:

- diagnosis as the sole gateway to care
- static “reasonable adjustments”
- one-size-fits-all recommendations

Outcome:
Earlier support, reduced deterioration, greater sustainability.

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8. Layer 5… Ongoing Care & Skill-Building

Purpose:
Build capacity without pressure or compliance framing.

Key features:

- regulation-first therapeutic approaches
- practical nervous-system tools
- pacing aligned with real capacity
- optional group, digital, and individual formats
- focus on meaning, not productivity

What this replaces:

- purely cognitive interventions under threat
- “try harder” narratives
- treatment drop-out due to overload

Outcome:
Improved functioning, reduced burnout, better long-term outcomes.

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9. Layer 6… Crisis Prevention & De-Escalation

Purpose:
Prevent crisis rather than respond to it late.

Key features:

- early warning recognition
- non-punitive escalation routes
- de-escalation protocols grounded in safety
- reduced reliance on emergency pathways
- continuity of care during destabilisation

What this replaces:

- crisis as the first point of serious attention
- behaviour-based escalation
- emergency-only responses

Outcome:
Fewer acute crises, safer interventions, lower system cost.

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10. Layer 7… Transitions, Discharge & Re-Entry

Purpose:
End care without abandonment… and allow safe return.

Key features:

- clear endings and written summaries
- explicit re-entry routes
- portable support profiles
- continuity across services and life stages
- recognition that ND needs fluctuate

What this replaces:

- abrupt discharge
- “start again” requirements
- loss of accumulated understanding

Outcome:
Reduced re-presentation, preserved dignity, long-term trust.

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11. What makes NdCare 360 different from traditional pathways

Traditional pathways	NdCare 360
Diagnosis-gated	Access-first
Reactive	Preventive
Fragmented	Continuous
Compliance-oriented	Safety-oriented
Crisis-led	Regulation-led
Person adapts to system	System adapts to people

This is not a bolt-on model.
It is a **pathway redesign**.

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12. System benefits (without extracting more from staff)

NdCare 360 typically enables:

- reduced crisis demand
- improved assessment accuracy
- lower drop-out rates
- clearer information flow
- better use of clinical time
- improved staff wellbeing through reduced escalation

These gains come from **better design**, not increased throughput pressure.

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13. Implementation considerations (high-level)

NdCare 360 can be implemented:

- incrementally (layer by layer)
- within existing services
- across health, education, and workplace pathways
- alongside digital support tools
- without requiring full structural overhaul at once

Start where harm is currently highest:

- first contact
- waiting periods

- transitions

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14. What NdCare 360 is *not*

It is not:

- a single app
- a therapy modality
- a diagnostic shortcut
- a staff training alone

It is a **care operating system…** defining *how* services hold people across time.

A closing note for system leaders

Neurodivergent people do not fall through gaps because they are complex.

They fall through gaps because systems are designed around:

- speed
- certainty
- compliance
- linear progression

NdCare 360 redesigns pathways around:

- safety
- continuity
- fluctuation
- human nervous systems

This is not about doing more.

It is about **stopping avoidable harm at every point where the system currently adds threat**.

Redesign the pathway…
and people stop breaking inside it.