



# **Waiting List Support Toolkit**

**Scripts, guides, and digital support ideas to reduce  
distress during waits**

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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.

## Purpose

To provide **emotionally safe, capacity-aware support** during unavoidable waits by:

- reducing anxiety, shame, and uncertainty
- preventing deterioration and crisis escalation
- maintaining engagement and trust
- lowering DNAs and re-referrals
- protecting staff from failure demand

This toolkit treats waiting as a **clinical and system risk period**, not neutral time.

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## Why waiting causes harm (system reality)

For ND individuals, waiting often includes:

- uncertainty with no timeline
- repeated “do nothing” instructions
- fear of being forgotten or rejected
- increasing dysregulation without support
- punitive responses to missed contact

These conditions predict:

- disengagement before assessment
- escalation into crisis services
- increased complaints and safeguarding alerts
- poorer assessment quality when seen

**The harm is predictable... and preventable.**

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## Design principles (non-negotiable)

1. **Predictability over reassurance**
  2. **Permission over pressure**
  3. **Containment over completeness**
  4. **Support without surveillance**
  5. **Digital + human touchpoints**
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## Toolkit Components

### 1) First-Placement Script (on the waiting list)

**Goal:** orient and reduce threat at the moment of placement.

**Script (copy-ready):**

“You’re now on our waiting list.  
The current estimated wait is **X–Y months**.  
While you’re waiting, you’re not expected to ‘manage on your own’.  
We’ll explain what support is available during this time and how to contact us if things change.”

**Key rules**

- State a **range**, not false precision
  - Avoid “we’ll be in touch” without dates
  - Name *what support exists* during the wait
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## 2) Waiting-Period Orientation Pack (Light, Optional)

**Goal:** reduce cognitive load and rumination.

Include:

- what the service does / does not do
- what will happen at assessment or first appointment
- what *isn’t* required while waiting
- common ND experiences during waits (normalising)
- how to update details or capacity changes

**Design notes**

- Plain language
  - Skimmable
  - Optional, not mandatory
  - Available in multiple formats (PDF, web, email)
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## 3) Regular Check-In Scripts (Low Frequency)

**Goal:** maintain connection without increasing demand.

**Cadence options**

- Every 6–8 weeks (long waits)
- Automated + human reply option

**Script (copy-ready):**

“You’re still on our waiting list.  
There’s no action needed from you.  
If your situation has changed or you’re struggling, here’s how to let us know.”

### **Avoid**

- forms requiring narrative updates
  - language implying responsibility to cope
  - silence longer than 8–12 weeks
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## **4) Capacity-Sensitive “If Things Get Hard” Guidance**

**Goal:** reduce crisis escalation and shame.

Provide a **clear, short decision tree:**

- what counts as “things changing”
- who to contact (and how)
- what happens if they do
- reassurance they won’t lose their place

**Key sentence to include:**

“Contacting us will not affect your place on the waiting list.”

This single line reduces fear-driven avoidance.

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## **5) Digital Support Layer (Non-Clinical)**

**Goal:** provide continuity without replacing care.

Examples:

- optional regulation tools
- capacity check-ins
- psychoeducation about ND stress patterns
- waiting-specific support content
- signposting to trusted resources

**Critical rule**

Digital support is **optional**, not a test of engagement.

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## 6) Script for Missed Contact (Non-Punitive)

**Goal:** prevent DNAs from becoming disengagement.

### Script (copy-ready):

“We tried to reach you earlier.  
Missing contact does not affect your place on the list.  
If now isn’t a good time, you can reply or contact us when you’re able.”

### Avoid

- “failure to attend” language
- countdown warnings without support

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## 7) Staff Guidance: What *Not* to Do While People Wait

### Do not:

- require repeated re-disclosure
- escalate tone to prompt response
- assume non-response = disengagement
- use waiting as a behaviour modifier
- discharge for silence alone

These create failure demand and risk.

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## Minimum Safe Waiting Support Package (MSWSP)

For stretched services, this is the **baseline**:

- 1 clear placement message
- 1 orientation pack
- 1 check-in every 8 weeks
- 1 non-punitive missed-contact script
- 1 “if things get hard” guide

This alone significantly reduces DNAs and escalation.

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## Workforce protection

This toolkit:

- reduces inbound crisis calls
- prevents complaint escalation
- lowers emotional labour at re-entry
- improves assessment readiness
- supports defensible decision-making

It **reduces work**, not adds to it.

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## Metrics that matter (measure these)

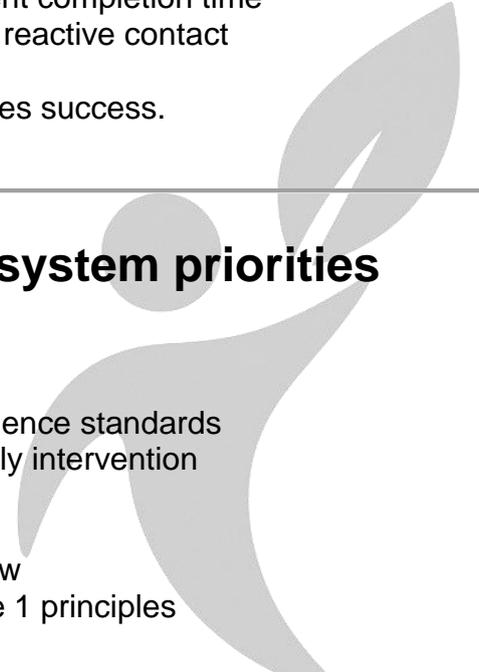
- DNAs at first appointment
- crisis presentations while waiting
- complaints referencing “felt forgotten”
- average assessment completion time
- staff time spent on reactive contact

Improvement here indicates success.

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## Alignment with system priorities

This toolkit supports:

- NHS patient experience standards
  - prevention and early intervention
  - equality of access
  - demand reduction
  - safer triage and flow
  - NdCare 360 Phase 1 principles
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## Bottom line for service leads

Waiting lists don't have to be dangerous.

With **clear communication, predictable contact, and low-demand support**, services can:

- keep people engaged
- reduce harm
- protect staff
- improve outcomes
- and reduce downstream cost

The **Waiting List Support Toolkit** turns unavoidable waits into **managed, safer system time...** instead of silent risk.

