



The NdCare 360 pathway (end-to-end)

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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.

Phase 1. Safe Access & Orientation

Goal: reduce threat and failure demand at entry

Key components:

- ND-aware referral and intake
- low-demand, trauma-aware access routes
- early regulation and stabilisation support
- clear orientation to what happens next

Outcomes:

- fewer DNAs
 - reduced pre-assessment distress
 - improved equity of access
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Phase 2. Integrated Assessment (When Appropriate)

Goal: assessment that informs care, not delays it

Key components:

- ADHD / AuDHD assessment embedded within support
- regulation-aware assessment pacing
- sensory and emotional safety built into process
- parallel support during waiting periods

Outcomes:

- higher assessment completion rates
 - more accurate formulations
 - reduced post-diagnosis drop-off
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Phase 3. ND-Affirming Formulation

Goal: replace deficit models with usable understanding

Key components:

- emotional, sensory, and state-based formulation
- strengths + capacity + context mapping
- shared understanding with the individual
- clear implications for work, education, and relationships

Outcomes:

- improved self-understanding
 - reduced shame
 - clearer intervention planning
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Phase 4. Therapeutic & Coaching Interventions (NdCare Align)

Goal: support regulation, not just cognition

Key components:

- ND-adapted CBT / DBT / ACT / somatic work
- regulation-first session structure
- pacing matched to capacity
- RSD, shutdown, burnout-informed approaches

Outcomes:

- improved emotional regulation
 - reduced crisis presentations
 - increased therapeutic engagement
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Phase 5. Digital Regulation & Daily Support (NdCare Hub)

Goal: continuity between sessions

Key components:

- app-based regulation tools
- daily capacity tracking
- early warning signals for overload
- between-session support scaffolding

Outcomes:

- reduced relapse between appointments
 - improved self-management
 - data-informed support adjustments
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Phase 6. Environmental & System Integration

Goal: reduce external drivers of distress

Key components:

- workplace, education, and family integration tools
- reasonable adjustment planning
- communication scaffolds
- sensory environment guidance

Outcomes:

- reduced external overload
 - improved retention in work and education
 - fewer repeat referrals
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Phase 7. Maintenance, Recovery & Prevention

Goal: long-term sustainability

Key components:

- burnout prevention strategies
- periodic check-ins rather than discharge cliffs
- flexible re-entry points
- emphasis on recovery cycles

Outcomes:

- reduced re-referrals
 - long-term stability
 - improved quality of life
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How NdCare 360 reduces failure demand

Traditional system response → NdCare 360 response:

- Missed appointments → access redesign + regulation
 - Escalation → early capacity signals
 - Non-compliance → environment and demand review
 - Crisis presentation → prevention and continuity
 - Staff burnout → clearer pathways and shared tools
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Workforce & delivery model

NdCare 360 supports:

- multidisciplinary teams
- stepped-care delivery
- digital augmentation (not replacement)
- clear role boundaries
- reduced cognitive load for clinicians

It **reduces reliance on individual expertise** by embedding ND-aware design at system level.

Governance & commissioning alignment

NdCare 360 aligns with:

- NHS Long Term Plan priorities
- ICS integration goals
- prevention and early intervention strategies
- quality, safety, and equity frameworks
- SEND and neuro-inclusion policy direction

It is suitable for:

- pilots
 - regional pathways
 - blended NHS / private provision
 - education-health crossover services
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What success looks like (system metrics)

Measured over time:

- reduced DNAs and drop-out
 - reduced crisis escalation
 - improved engagement and satisfaction
 - reduced staff burnout
 - improved functional outcomes
 - lower long-term cost per patient
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What NdCare 360 is *not*

- Not a single intervention
 - Not diagnosis-only care
 - Not therapy without context
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- Not digital-only support
- Not reliant on individual clinician skill

It is a **joined-up care ecosystem**.

Bottom line for service leads

Neurodivergent care fails when:

- access is unsafe
- support is delayed
- regulation is ignored
- systems rely on resilience

NdCare 360 redesigns care so:

- people don't fall through gaps
- clinicians aren't firefighting
- support arrives before crisis
- outcomes are sustainable

This is **end-to-end ND care designed for reality...**
not for idealised systems.

