



# Neuro Inclusion Index – Overview Pack

*Explaining the assessment, domains, scoring, and sample outputs.*

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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 leaders, commissioners, and system owners)**

This is not a culture survey.

It is not an engagement score.

It is not a maturity model designed for ranking or reputation.

The **Neuro Inclusion Index** exists to answer a different question:

**Where does our system unintentionally create threat, overload, or exclusion for neurodivergent (ND) people... and what should we redesign first?**

It is a **diagnostic tool**, not a judgement.

Its purpose is to guide **practical system-level change**, not to label organisations as “good” or “bad.”

The Index is designed to be:

- ND-affirming and trauma-aware
- regulation-first, not behaviour-focused
- evidence-informed but plain-language
- usable across workplaces, education, healthcare, and services
- safe to run without requiring disclosure

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## **1. Why the Neuro Inclusion Index exists**

Most organisations believe they are “doing something” about neuro inclusion.

Common activities include:

- awareness training
- wellbeing initiatives
- adjustments processes
- values statements

Yet ND people continue to experience:

- burnout and quiet exit
- misinterpretation of behaviour
- unsafe feedback and meetings
- disclosure without protection
- escalation through crisis rather than prevention

The problem is not intent.

It is **lack of system visibility**.

The Neuro Inclusion Index was created to:

- make invisible strain visible
  - identify *where* harm is introduced
  - separate individual difficulty from design failure
  - prioritise action where it will reduce the most harm
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## 2. What the Index measures (and what it deliberately does not)

### The Index DOES measure:

- structural clarity and predictability
- emotional and psychological safety
- sensory and cognitive load
- capacity-aware workload design
- communication legibility
- response to distress and escalation
- access without disclosure

### The Index does NOT measure:

- individual resilience
- motivation or attitude
- personality or confidence
- “engagement” or positivity
- ND disclosure rates

If an organisation looks “healthy” because people are masking or over-functioning, the Index will surface that as **risk**, not success.

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## 3. How the Index works (high-level)

The Neuro Inclusion Index combines:

- structured qualitative prompts
- observable system indicators
- pattern-based scoring
- narrative interpretation

It is designed to be completed using:

- policy and document review
- leadership and staff input (anonymous where possible)
- observation of real practices (not just stated ones)

The Index looks for **consistency across the system**, not isolated examples of good or poor practice.

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## 4. The Index domains (what is assessed)

The Index is organised into **eight core domains**, each representing a major driver of ND safety or harm.

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### Domain 1... Clarity & Predictability

Assesses whether people can understand:

- what is expected
- how decisions are made
- how priorities shift
- what “good” looks like

Low scores often correlate with:

- task paralysis
- over-preparation
- anxiety-driven checking

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### Domain 2... Communication & Interpretation Load

Assesses how much meaning people must infer.

Looks at:

- explicit vs implicit expectations
- feedback clarity
- reliance on tone, hierarchy, or subtext

High interpretation load = high ND risk.

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### Domain 3... Workload, Pace & Capacity Design

Assesses whether work is designed around:

- realistic capacity
- buffer and recovery time

- sustainable pacing

Chronic urgency is treated as a **risk factor**, not a strength.

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## Domain 4... Meetings & Decision Environments

Assesses:

- meeting design
- participation safety
- interruption and pace
- sensory and cognitive load

Meetings are one of the strongest ND exclusion points... and one of the easiest to redesign.

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## Domain 5... Psychological & Emotional Safety

Assesses:

- how mistakes are handled
- how disagreement is received
- how distress is interpreted
- how power is exercised

This domain distinguishes surface politeness from real safety.

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## Domain 6... Sensory & Environmental Safety

Assesses:

- noise, lighting, visual load
- predictability of spaces
- ability to regulate without penalty

Sensory strain is treated as **system load**, not sensitivity.

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## Domain 7... Support, Adjustments & Access

Assesses whether support:

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- requires disclosure
- is consistent or discretionary
- is embedded or exceptional

Systems that rely on self-advocacy score lower... even if adjustments exist.

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## Domain 8... Escalation, Repair & Transitions

Assesses how the system responds when:

- things go wrong
- distress increases
- people struggle or disengage
- roles or stages change

Unrepaired rupture is cumulative harm.

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## 5. Scoring approach (designed for safety, not competition)

Each domain is scored on a **four-band scale**:

- **High Risk** – systemic conditions regularly create ND harm
- **Emerging** – awareness exists, but design is inconsistent
- **Established** – ND safety is embedded in many areas
- **Leading** – ND safety is a design principle, not an initiative

Important:

- Scores are **not averaged into a single headline number**
- Variability between domains is expected and informative
- A single “low” domain often explains multiple downstream issues

The aim is **diagnostic clarity**, not ranking.

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## 6. How to interpret Index results

The most useful questions after an Index review are:

- Where is harm most concentrated?
- Which domain is driving burnout, conflict, or attrition?
- What change would reduce the most load for the most people?

- Where are we relying on individual coping instead of design?

Index results should always be read **alongside narrative explanation**, not in isolation.

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## 7. Sample output: What organisations receive

A typical Neuro Inclusion Index output includes:

### 7.1 Domain summary

A clear snapshot of each domain:

- current band
  - key strengths
  - primary risk signals
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### 7.2 Pattern analysis

Identification of:

- repeated strain points
- interaction effects (e.g. clarity + pace)
- where ND harm is most likely to escalate

This often explains:

- why previous initiatives failed
  - why certain teams struggle more than others
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### 7.3 Priority action map

Not a long to-do list.

Instead:

- 3–5 **high-impact system changes**
  - sequenced for feasibility and effect
  - focused on harm reduction first
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### 7.4 Language and framing guidance

Practical advice on:

- how to talk about ND inclusion internally
  - what to stop saying or implying
  - how to avoid disclosure pressure
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## 8. What the Index enables (when used well)

Organisations that use the Index effectively typically see:

- clearer prioritisation of inclusion work
- fewer reactive or symbolic initiatives
- better alignment between leadership intent and lived experience
- reduced burnout and escalation
- increased trust in inclusion efforts

The Index does not “solve” inclusion.  
It **prevents wasted effort**.

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## 9. Common misuses (and why to avoid them)

The Index must not be used to:

- compare teams competitively
- score leaders publicly
- market inclusion without action
- pressure ND disclosure
- justify inaction due to “low readiness”

Used this way, it increases harm rather than reducing it.

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## 10. How the Index fits into wider transformation

The Neuro Inclusion Index is most effective when used:

- at the start of a transformation programme
- before large training investments
- alongside pathway or policy redesign
- as a baseline for system change (not annual scoring)

It pairs naturally with:

- ND-inclusive leadership frameworks
  - pathway redesign (health, education, workplace)
  - psychological safety audits
  - workload and meeting redesign
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## 11. A readiness self-check (optional)

Before commissioning or running the Index, organisations may ask:

- Are we prepared to change systems, not just language?
- Can we act on uncomfortable findings?
- Do we have leadership sponsorship for redesign?
- Are we willing to start with harm reduction, not perfection?

Honest answers here protect trust later.

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### A closing note for system leaders

Neuro inclusion work often stalls because organisations lack **diagnostic clarity**.

They sense harm...  
but cannot see *where* it is produced.

The Neuro Inclusion Index does not tell you who is failing.

It tells you **which parts of the system are asking too much, too often, from the same people**.

That knowledge is power.

Not to judge...  
but to redesign, deliberately and safely, at scale.