



# **Neuro Inclusion Index... Overview**

**What the assessment measures + what organisations receive**

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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.

## What this is

The **Neuro Inclusion Index** is a **system-level assessment** that evaluates how well an organisation, service, or pathway **supports neurodivergent access, regulation, and participation**.

It does **not** assess individuals.

It assesses **conditions, structures, and design choices**.

The Index translates neuro-inclusion from values into **measurable system performance**.

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## Why it exists

Most organisations unintentionally design for:

- high tolerance to uncertainty
- high sensory resilience
- fast processing and response
- emotional neutrality under pressure

This creates **systemic exclusion** for neurodivergent people... and generates:

- failure demand
- escalation
- burnout (service users *and* staff)
- complaints and risk
- attrition and disengagement

The Neuro Inclusion Index makes these patterns **visible and actionable**.

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## What the Index measures (core domains)

The assessment is structured across **six system domains**.

Each domain reflects a known pressure point where ND people are disproportionately excluded.

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### 1. Access & Entry Safety

*How people first encounter the system*

Measures:

- clarity of access routes
- predictability of entry points
- sensory and emotional safety at intake
- demand placed on users *before* support begins

Common risks identified:

- overload at referral / intake
  - excessive forms and repetition
  - unclear thresholds
  - punitive “non-attendance” responses
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## 2. Communication & Information Load

*How information is delivered and processed*

Measures:

- clarity vs ambiguity
- modality flexibility (written, verbal, asynchronous)
- consistency across touchpoints
- feedback and expectation signalling

Common risks identified:

- hidden expectations
  - contradictory messaging
  - reliance on verbal-only communication
  - tone-driven escalation
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## 3. Sensory & Environmental Design

*What the environment demands of nervous systems*

Measures:

- sensory load across physical and digital spaces
- predictability and control
- availability of low-stimulation options
- normalisation of adjustments

Common risks identified:

- cumulative sensory overload
  - no recovery spaces
  - “reasonable adjustments” that exist on paper only
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## 4. Regulation & Capacity Awareness

*Whether systems respond to overload as a design issue*

Measures:

- recognition of capacity fluctuation
- escalation vs support patterns
- accommodation of shutdown, overwhelm, and burnout
- pacing of demand

Common risks identified:

- behaviour interpreted as non-compliance
- sanctions triggered by overload
- lack of early support signals

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## 5. Workforce & Leadership Conditions

*How staff are enabled to support inclusion*

Measures:

- staff regulation and workload
- clarity of roles and authority
- training in ND-aware responses
- psychological safety for staff

Common risks identified:

- burned-out staff enforcing rigid rules
- ND staff masking or exiting
- inclusion work dependent on individuals, not systems

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## 6. Policy, Governance & Accountability

*Whether inclusion is structurally embedded*

Measures:

- alignment of policies with ND realities
- gaps between policy and practice
- accountability mechanisms

- data and feedback loops

Common risks identified:

- inclusion statements without enforcement
- policies that increase failure demand
- risk management that escalates harm

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## How the Index is scored

Each domain is assessed across **four maturity levels**:

1. **Exclusionary by Design**
2. **Unintentionally Excluding**
3. **ND-Aware but Inconsistent**
4. **Neuro-Inclusive by Design**

Scores reflect **system behaviour**, not intent.

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## What organisations receive (sample outputs)

### 1. Neuro Inclusion Index Scorecard

A clear visual summary showing:

- overall maturity rating
- domain-by-domain scores
- comparison across teams, services, or sites

**Use case:** Board reporting, transformation baselines.

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### 2. Risk & Failure Demand Map

Identifies:

- where ND people are most likely to disengage
- where escalation is structurally triggered
- where staff are placed in impossible positions

**Use case:** Service redesign, quality improvement, CQC / Ofsted readiness.

### 3. Priority Action Heatmap

Highlights:

- high-impact, low-effort changes
- structural quick wins
- areas requiring longer-term redesign

**Use case:** Phased implementation planning.

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### 4. Lived-Experience Alignment Gaps

Shows:

- where service intent diverges from user experience
- where staff and service-user stress intersect

**Use case:** Co-production, complaints reduction, trust rebuilding.

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### 5. System-Level Recommendations

Delivered as:

- design principles
- pathway changes
- policy amendments
- workforce supports

Not “training-only” solutions.

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## What this Index is *not*

- Not an individual diagnostic tool
- Not a wellbeing survey
- Not a culture-only assessment
- Not a one-off compliance tick

It is a **continuous system-improvement instrument**.

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## How organisations typically use it

- NHS services → pathway redesign, demand reduction
  - ICBs / ICSs → commissioning and assurance
  - MATs / LAs → SEND inclusion and retention
  - Employers → risk reduction and ND strategy
  - Digital health teams → inclusive service design
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## What success looks like (measured over time)

Organisations using the Index typically see:

- reduced escalation and complaints
- improved engagement and retention
- fewer exclusions and DNAs
- earlier support instead of crisis response
- improved staff confidence and safety
- clearer governance of inclusion

These are **system outcomes**, not individual changes.

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## Bottom line for service leads

Neuro-inclusion is not an add-on.  
It is a **systems performance issue**.

The Neuro Inclusion Index gives leaders:

- a shared language
- measurable insight
- clear priorities
- defensible action

So inclusion stops being *aspirational*  
and starts being **operational**.