

A practical approach to neurodiversity-affirming care and support

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About this session

- Brief!
- Sharing information on key concepts
- Questions and reflections welcome, please use the chat function
- Please be comfortable and look after yourself: move, take a break, cameras on or off etc.



How we want to work together



Collaborative learning – *Make the most out of the day, whatever that looks like for you.*



Respect privacy – *Protect carefully the privacy of the storyteller. Ask what parts, if any, you can share with others.*



Approach with kindness and curiosity – *We've all been through stuff so let's look after each other in this space.*



Diversity of views – *Respect different views and experiences and be okay with sometimes disagreeing.*



Language is important – *If you want to improve culture, the way you speak to and about the people around you, needs to support the building of trusting relationships.*

Introduction



**Neurodiverse
Connection**



Jill Corbyn
they/ them

2-minute check-in

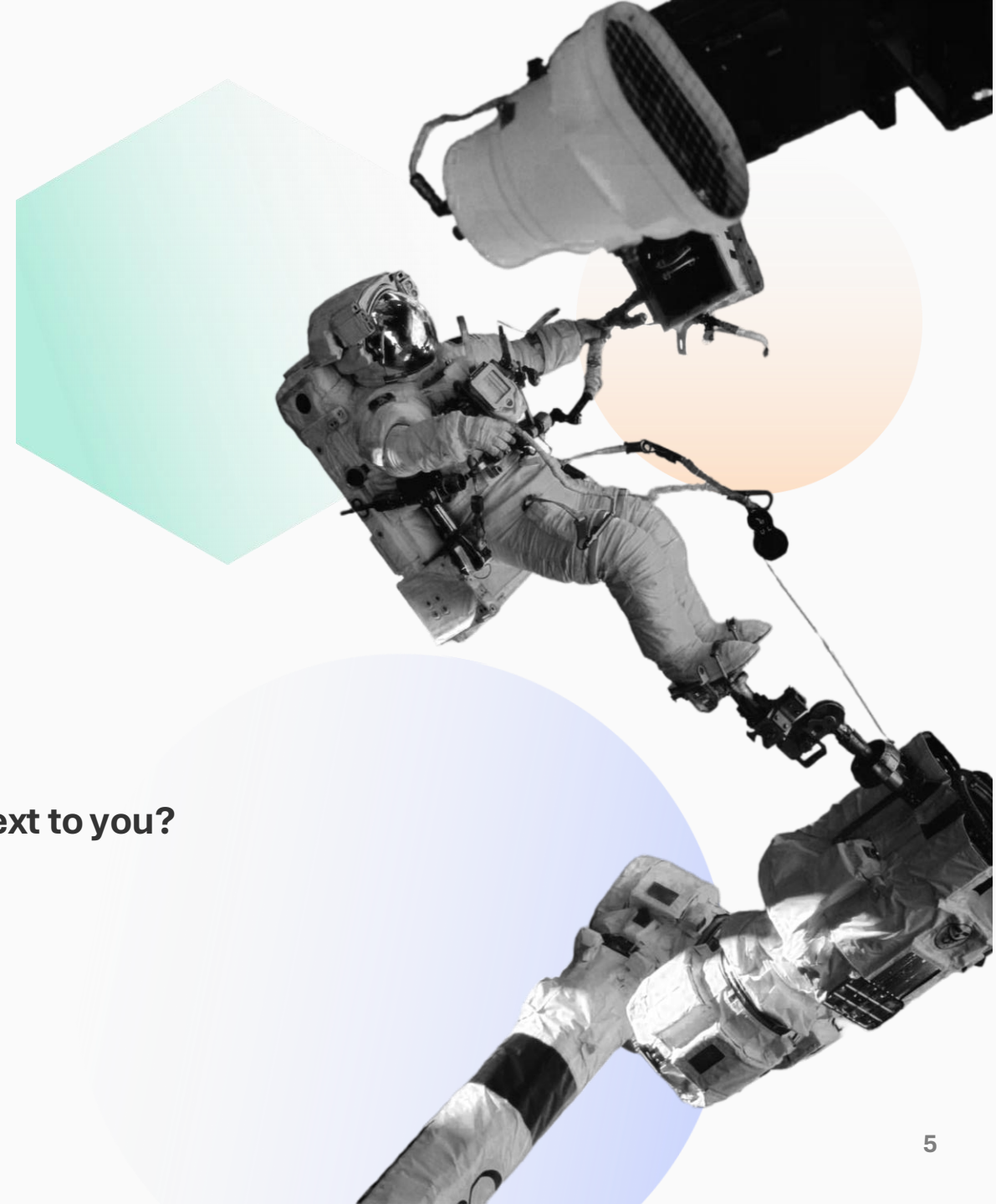
What am I feeling in my body right now?

Am I grounded, regulated and present?

Am I feeling depleted, overwhelmed or dysregulated?

Do I need connection, rest or support?

What feels comfortable to share with the person sitting next to you?



Our interactive toolkit contains

Five practical tools designed to support wellbeing, safety and coordinated, consent-based, relational neurodiversity-affirming care.

TOOL 1: Foundational principles, practical guidelines and reflection exercises

TOOL 2: Discussion prompts, planning tools, strategies and action steps

TOOL 3: Care plan template

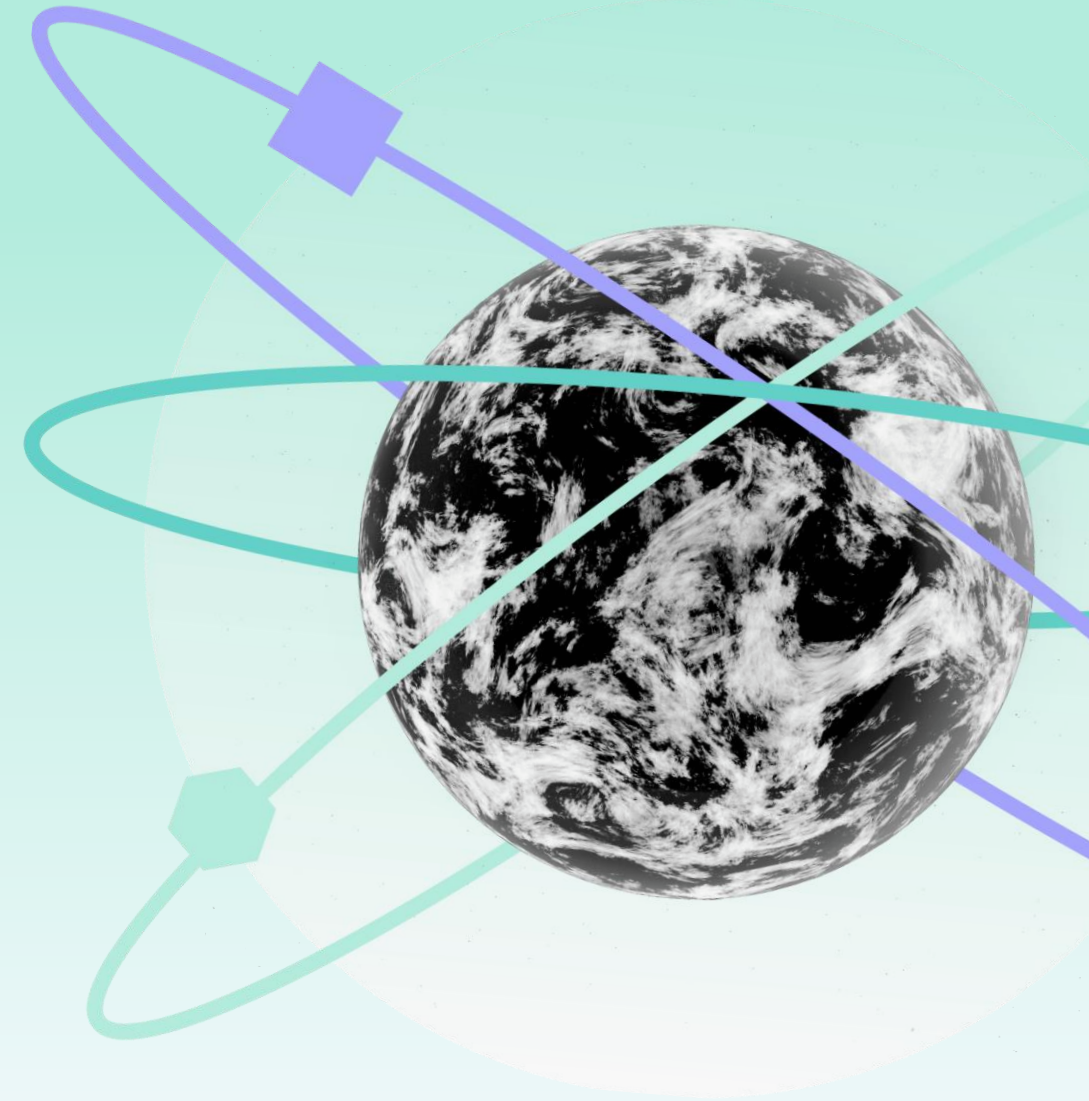
TOOL 4: Safety plan template

TOOL 5: Combined care and safety plan summary template



TOOL 1

Foundational principles, practical guidelines and reflection exercises



“ PBS... is not intended for persons identifying as Neurodivergent who do not have a learning disability.

Positive Behaviour Support (PBS) Position Statement

The Culture of Care Programme is based on the principles of Autism-informed, trauma-informed, and antiracist care. We do not endorse or encourage the use of Positive Behaviour Support (PBS) or any affiliated behavioural methods.

Although sometimes delivered in a way that is adapted to the person, we hold a critical stance against the widespread use of PBS for the following reasons:

1. PBS is not designed for Neurodivergent individuals

'PBS ... is not intended for persons identifying as Neurodivergent who do not have a learning disability.' International Journal of PBS (Gore et al., 2022)¹

2. PBS approaches are not human rights affirming

The Irish Joint Committee on Disability Matters (2023) states that Applied Behaviour Analysis (ABA) and PBS 'cannot uphold the UNCRPD principles of autonomy, dignity, right to identity and freedom from non-consensual or degrading treatment.'

ABA and PBS often focus on modifying behaviours to conform to societal, cultural, and social norms and validity without adequately considering the preferences, needs, or consent of Neurodivergent individuals. These methods prioritise compliance and control over self-determination, effectively undermining autonomy and agency. Self-determination is not a set of skills but a question of rights. Behavioural interventions frequently frame Neurodivergent traits as deficits and defects rather than valid differences and expressions of individuality or responses to sensory, social, or communication stressors.

3. PBS is not trauma-informed

For Neurodivergent individuals, subtle forms of punishment for behaviour correction, such as withholding preferred items, ignoring communication attempts or enforcing compliance through masking authentic self, suppressing stimming and repeated drilling demands can have negative consequences for well-being and can lead to increased risk of self-harm, suicidal ideation and PTSD symptoms (Kupferstein, 2018, McGill and Robinson, 2021, Anderson, 2023). PBS prioritises observable behaviour

¹ There are also concerns that it is problematic to view PBS as best practice for those with a learning disability (including Autistic people that have a learning disability).

Foundational principles underpinning our approach

Our approach to neurodiversity-affirming care and support is built around core principles that centre:

- **Emotional safety**
- **Relational trust**
- **Embodied understanding**
- **Human rights**
- **Internal experience**

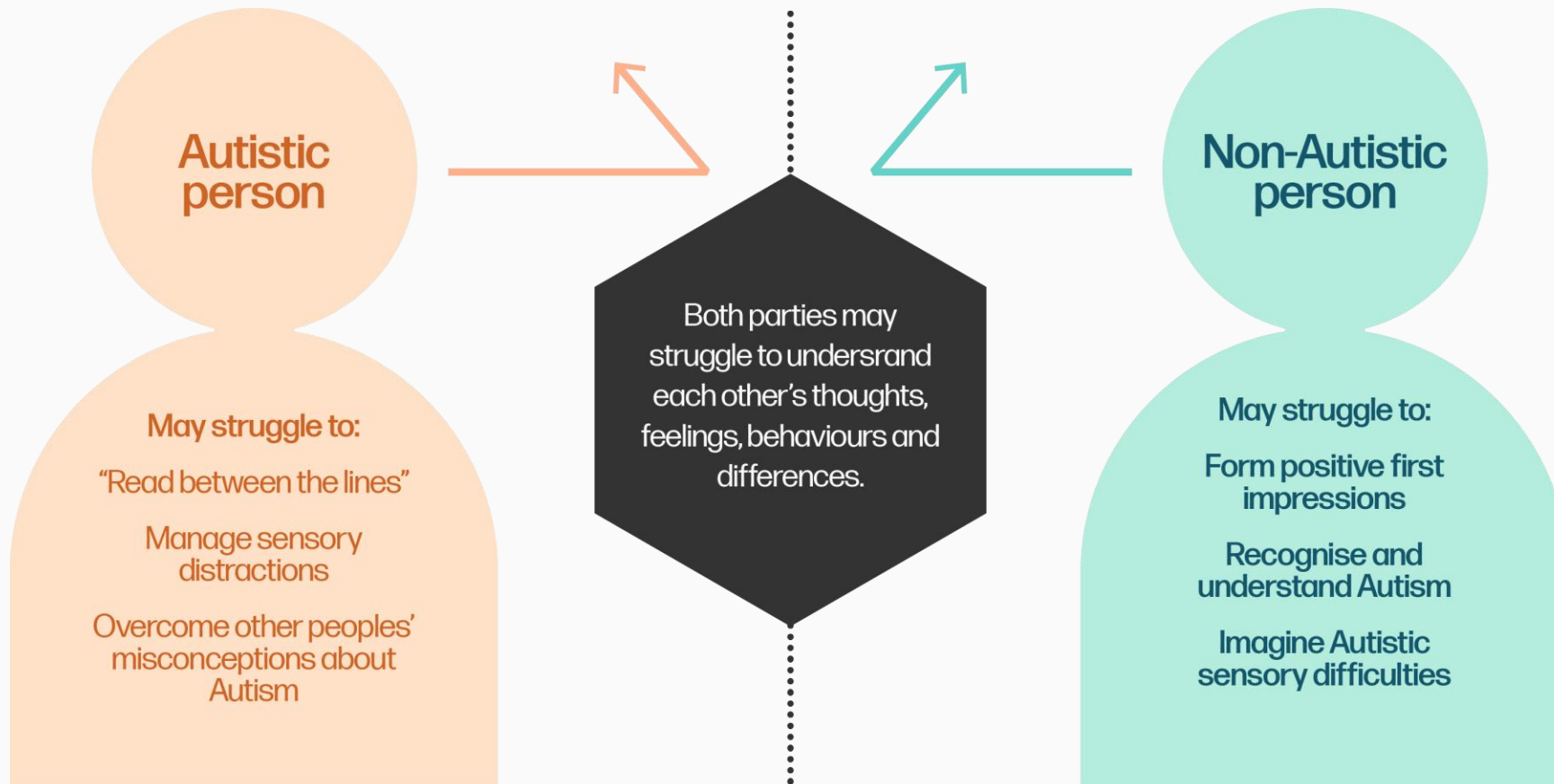


The importance of a relational approach

“ The healing power of relationships is perhaps the single greatest leverage point to fundamentally re-wire a system’s behavior and the outcomes it produces. ”

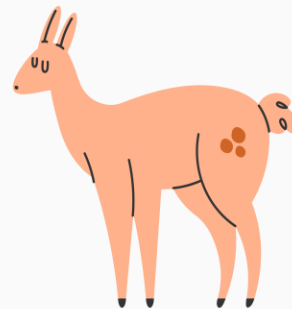
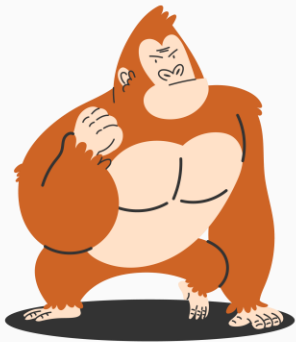
— Calderon de la Barca et al 2024

What is the 'double empathy problem'?



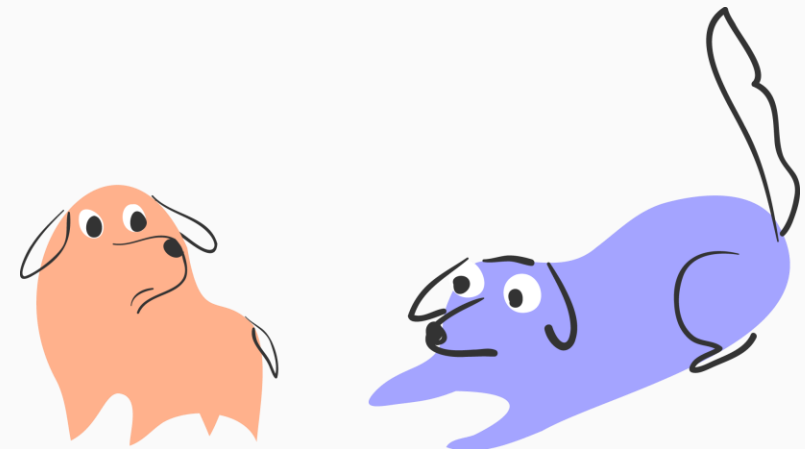
What is regulation?

“ The ability to experience and move through stress responses (fight, flight, fawn, freeze energies) while staying within our window of tolerance, allowing recovery rather than dysregulation. ”



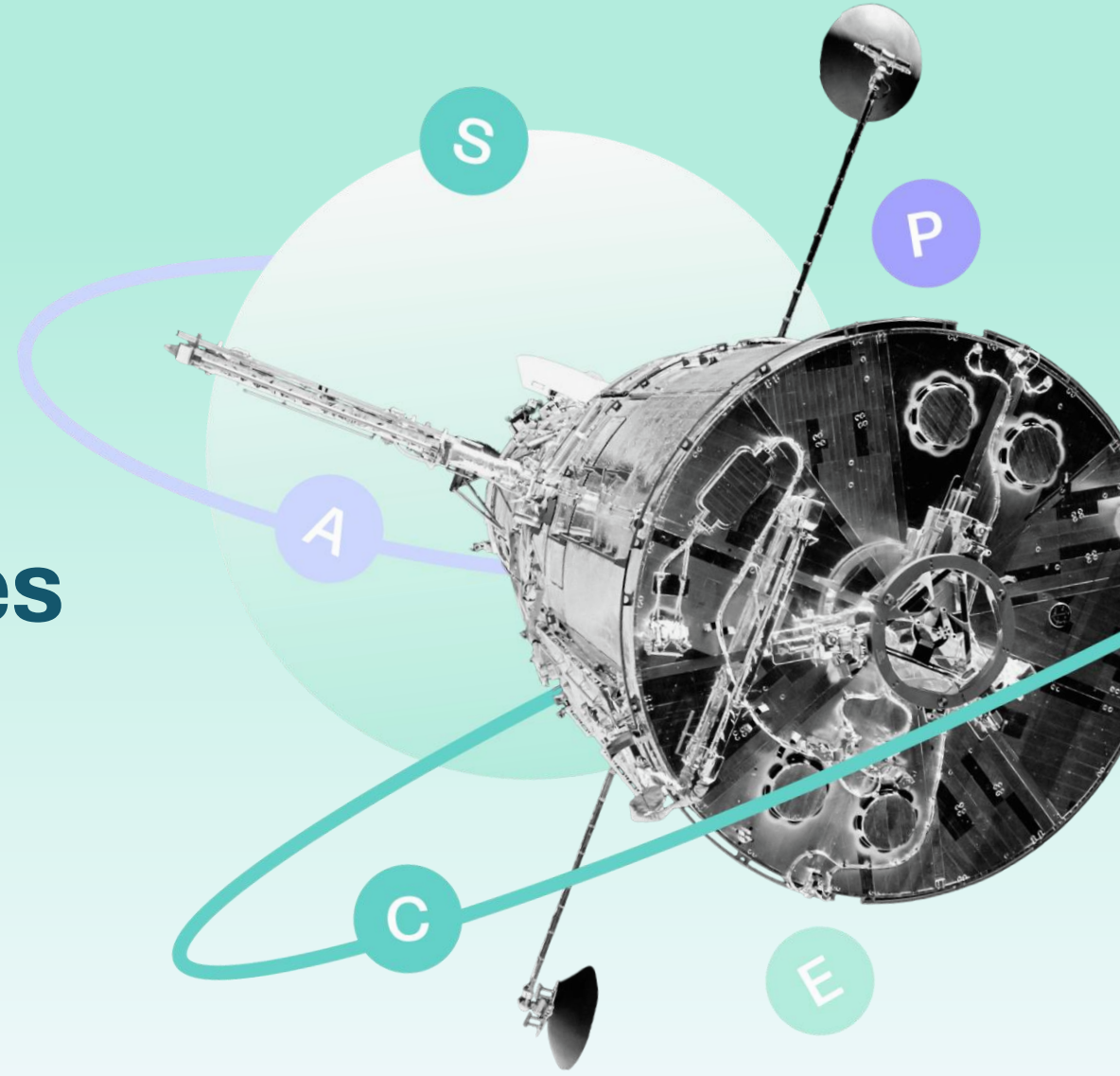
What is co-regulation?

“ Our emotional state can (and does!) influence the emotional state of people around us. Co-regulation is important because when humans interact, depending on their nervous system states, either co-escalation or co-regulation, can take place. ”



TOOL 2

Discussion prompts, planning tools, strategies and action steps



The Autistic SPACE Framework

Doherty M, McCowan S, Shaw SC. Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings. *Br J Hosp Med (Lond)*. 2023 Apr 2;84(4):1-9. doi: 10.12968/hmed.2023.0006. Epub 2023 Apr 17. PMID: 37127416.



Physical space

This involves creating decompressing and calm environments, avoiding overcrowded spaces, as well as ensuring there is adequate distance between people and furniture.



Processing space

This refers to interaction pace, allowing time and silence between questions and avoiding fast-paced questioning, providing agendas in advance, and offering summaries afterwards.



Emotional space

This includes avoiding over-reliance on traditional emotional scaling tools, no-touch policies, and respecting silence, allowing periods of solitude for emotional processing and recovery.

S

Sensory needs

Recognise and support sensory differences and sensory safety

P

Predictability

Reduce uncertainty through routines, structure, and preparation

A

Acceptance

Promote self-acceptance, reduce masking, and affirm Neurodivergence

C

Communication

Honour all communication forms and support safe expression

E

Empathy

Respond with curiosity, not correction; emotions are valid messages

- Prompts for discussion
- Planning tools
- Strategies
- Action steps

S Sensory needs

Supporting physical sensory needs

FOCUS

Explore the sensory environment to identify what feels soothing, safe or triggering.



GOAL

Understand and support the individual's unique sensory profile.



Prompts for discussion

- What sounds, lights, textures or smells feel overwhelming or comforting?
- Where do you seek sensory input, and where do you avoid sensory input? In what ways?
- What sensory tools help you regulate (e.g., headphones, fidgets, weighted items)?

Planning tools

- Sensory checklist
- Sensory map of home, care or work environments

Strategies

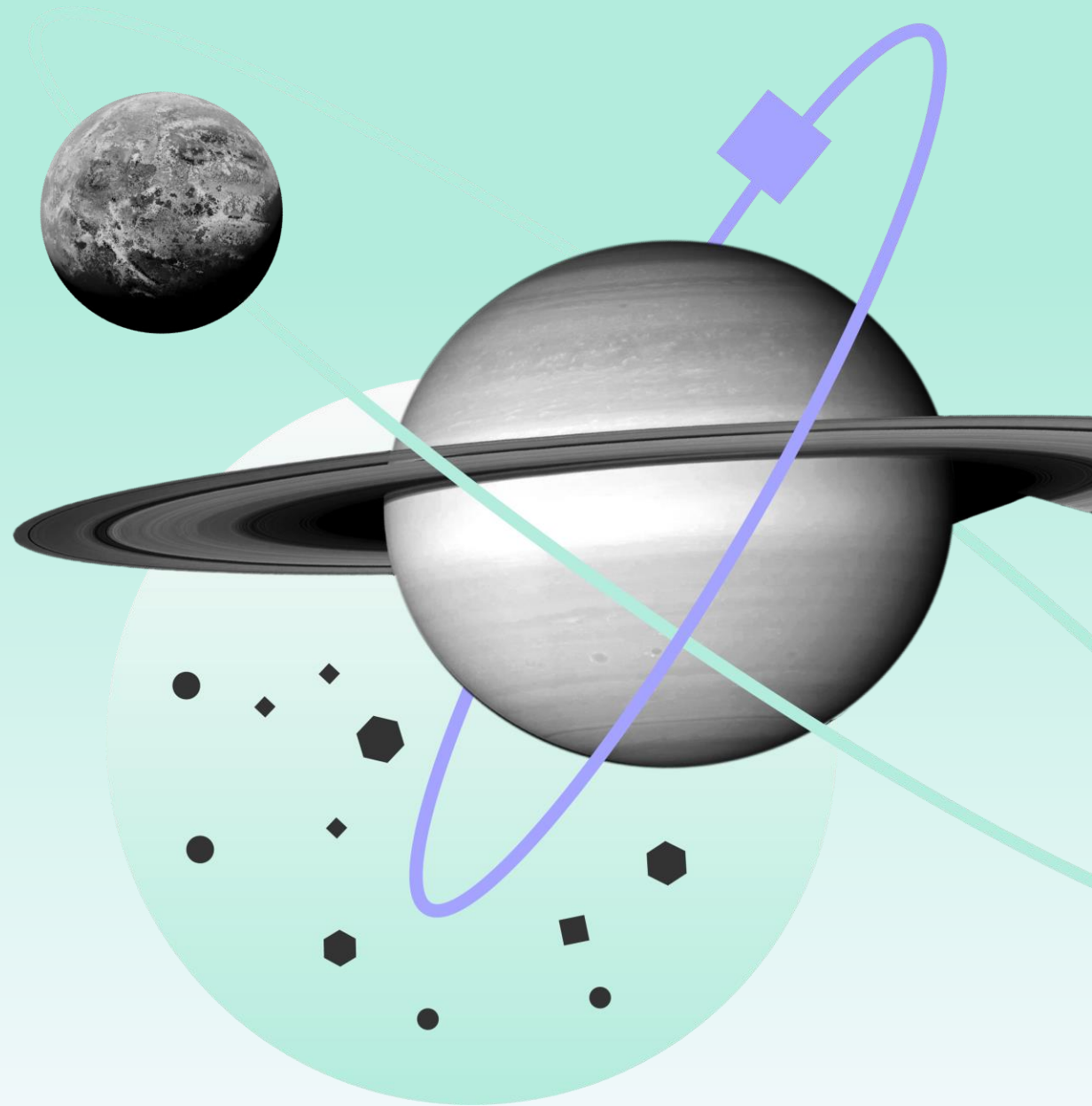
- Identify sensitivities and preferences across all sensory domains (sight, sound, smell, taste, touch, temperature, proprioception, interoception).
- Reduce environmental stimuli: dim lights, reduce background noise, avoid strong scents.
- Offer sensory aids: sunglasses, ear defenders, weighted blankets, sensory tools.
- Respect sensory regulation strategies (stimming, movement, preferred clothing).
- Allow sensory breaks and access to calming environments.

Action steps

- Create or update a sensory support plan.
- List go-to sensory tools and resources.
- Schedule regular sensory breaks during the day.

TOOL 3

Care plan template



Co-creation

Using this template to co-create a care plan

This care plan should be co-created by the individual and their supporter, with the individual as an active partner in shaping what feels supportive, safe, and helpful for them. The process is based on shared understanding, respect, and choice, recognising the individual as the expert in their own experiences, needs and preferences.

Sharing the plan

The person retains ownership of their plan and should always receive a copy. Whenever possible, they decide it, when, and with whom the plans are shared. The plan belongs to them and reflects what they identify as helpful, regulating, and supportive, both in everyday care and during times of increased distress or vulnerability.

Storing and updating the plan

Keeping the plan accessible and up-to-date supports smoother transitions and ensures it remains a useful, living document, rather than a one-off form. To support continuity and accessibility, it is helpful to agree together:

- Where the plan will be stored (e.g., a digital copy, printed copy, or shared system)
- Who has access to it
- How updates will be made and communicated.

Support during times of distress

Responsibility for safety should not rest solely on the individual. Instead, safety is understood as a shared, relational process, supported by people, environments, and systems working together. At these times focus is on increasing support and connection, reducing distress and promoting safety, comfort and regulation.

Key people and contacts

The individual may choose to include key people and service contacts in their plans, such as:

- Family members, friends, or trusted people (names, relationships, contact details)
- Preferred staff or support workers (names, roles, and notes about what works well)
- Service contacts (service name, key worker, team, phone or email).

These details can be updated over time as relationships, needs, or services change.

REMINDER

Supporter/practitioner reflection prompts:

- "Am I truly working from an embodied, relational place?"
- "Am I co-regulating, not just managing and 'doing to'?"
- "Am I respecting the pace, presence and needs of the other person and myself?"
- "Am I sharing power?"
- "Am I making space for the person to 'hold the pen', to shape their support in a way that is meaningful for them?"

Interactive planning

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S **Sensory needs**

SIGHT

Experience/preferences:	Adjustments and supports:
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SOUND

Experience/preferences:	Adjustments and supports:
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SMELL

Experience/preferences:	Adjustments and supports:
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ESCALATION TRIGGERS

Identified needs/preferences:	Support strategies:
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DE-ESCALATION SUPPORT

Identified needs/preferences:	Support strategies:
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TOOL 4

Safety plan template



Early warning signs

PHYSICAL SIGNS

e.g. Increased movement, fidgeting, pacing.

COMMUNICATION SIGNS

e.g. Withdrawing, repeated queries, situational mutism.

EMOTIONAL SIGNS

e.g. Anxiety, irritability, loss of interest.

NERVOUS SYSTEM AND EMBODIED SIGNS

e.g. Fight, flight, freeze, fawn, digestion, heart rate, breathing, temperature.

Preventative strategies

S Sensory needs

e.g. Adjust lighting, provide noise-cancelling headphones, create low-stimulus options.

PREFERENCES

SUPPORT TOOLS AND STRATEGIES:

P Predictability

e.g. Clear routines and agendas in advance, visual schedules.

PREFERENCES

SUPPORT TOOLS AND STRATEGIES:

De-escalation steps

- 01 Support workers/carers have awareness and support their own nervous system and stress response before offering support.
- 02 Reduce sensory input (dim lights, quiet area).
- 03 Speak calmly and sparingly; offer space to recover.
- 04 Avoid unwanted touch; ask before approaching.
- 05 Consent-based gentle check-ins:
 - "Would you like some space?"
 - "Would you like me to sit with you for a while?"
 - "I'm here when you need me - there's no rush"

NOTES

TOOL 5

Care and safety plan summary template



Summary document

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3 Preventative strategies

S SENSORY NEEDS

Preferences: Strategies/tools:

P PREDICTABILITY

Preferences: Strategies/tools:

A ACCEPTANCE

Preferences: Strategies/tools:

C COMMUNICATION

Preferences: Strategies/tools:

E EMPATHY

Preferences: Strategies/tools:

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4 De-escalation steps

01

02

03

5 Recovery and support

QUIET SPACE/SENSORY SUPPORTS

CRISIS SIGNS

PREFERRED CHECK-IN APPROACH

IMMEDIATE ACTIONS (SPACE-BASED)

TRUSTED CONTACT FOR SUPPORT

EMERGENCY CONTACTS

Plan reviewed and updated on: / /

Support persons involved:

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Resource library

To support your learning and use of this toolkit, you can explore an extensive range of resources written by Neurodiverse Connection, available on our website's resource library. Including:


- [Co-escalation and Co-regulation: Prompt Sheet](#)
- [Supporting Staff Regulation: Prompt Sheet](#)
- [Neurodiversity-affirming Guide to Trauma Responses in Autistic People](#)

More NdC **Original** resources coming soon to our library:

- Neurodiversity-affirming Guide to Understanding Meltdown and Shutdown
- Neurodiversity-affirming Guide to Autistic Burnout

Browse the full library at
ndconnection.co.uk/resources

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