

A practical approach to neurodiversity-affirming care and support

Jill Corbyn, Neurodiverse Connection



Introduction



Jill Corbyn
they/ them

About this session

- Brief! Sharing information on key concepts – this session could easily be a full day
- Autism focus but much broader relevance
- *Note of caution on statistics.
- Understanding the context
- A new vision for neurodivergent-affirming care and support
- Resources and further information



An invitation for our time together



- Bring curiosity
 - Listen with respect and openness
 - Disagree with the point, not the person
 - Be mindful of what we share, honouring people's confidentiality
 - Questions and reflections are welcome, but I might move us on to manage the time
 - Be comfortable. Please feel free to move, take a break and look after yourself
 - Some of what we discuss may feel uncomfortable or challenge established practice
-
- We will touch on some sensitive subjects and reference some outdated ideas and language, please take a break or seek support if you need it



2-minute check-in

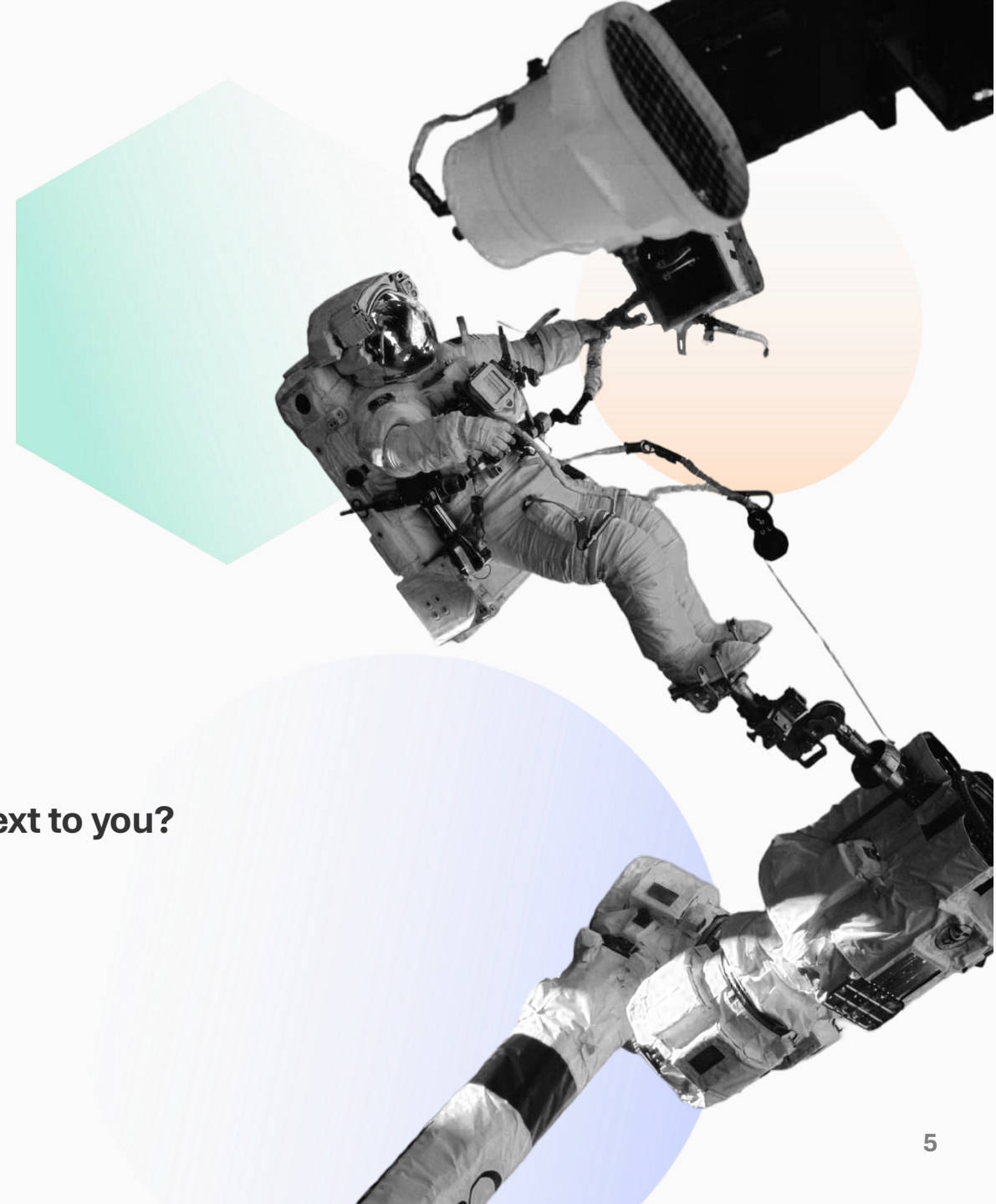
What am I feeling in my body right now?

Am I grounded, regulated and present?

Am I feeling depleted, overwhelmed or dysregulated?

Do I need connection, rest or support?

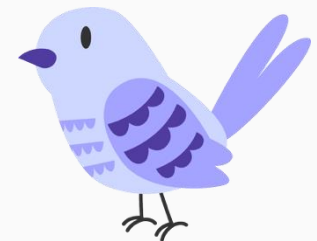
What feels comfortable to share with the person sitting next to you?



Context

Why change is urgently needed

- Autistic adults are 9 x more likely to die by suicide than the general population (13 x for autistic women)
- 35% of autistic adults have planned or attempted suicide
- Only 30% of autistic adults are in employment, and only 15% in full time employment
- Autistic women are 2-3 x more likely to experience sexual violence than non-autistic women (one study identified 9 in 10 autistic women have been harmed in this way)
- Increased incidence of mental health problems
- Overrepresented in inpatient services and more likely to experience restraint, seclusion, long stay, and overmedication
- 12% of people experiencing homelessness are autistic



1920s

Sukhareva

Childhood
schizophrenia

1964

Bettelheim

Refrigerator
mother theory

1974

Lovaas

‘they are not people in
the psychological sense...
you have to build a
person’

1985

Uta Frith

Theory of mind

1925

1940

1950

1960

1970

1980

1990

2000

2010

Present

1944

Asperger

‘prodigies and
imbeciles’

1967

Rimland

Biochemical causes,
can be cured with
medication &
behavioural therapy

1979

**Lorna Wing &
Judith Gould**

Triad of
impairments

2007

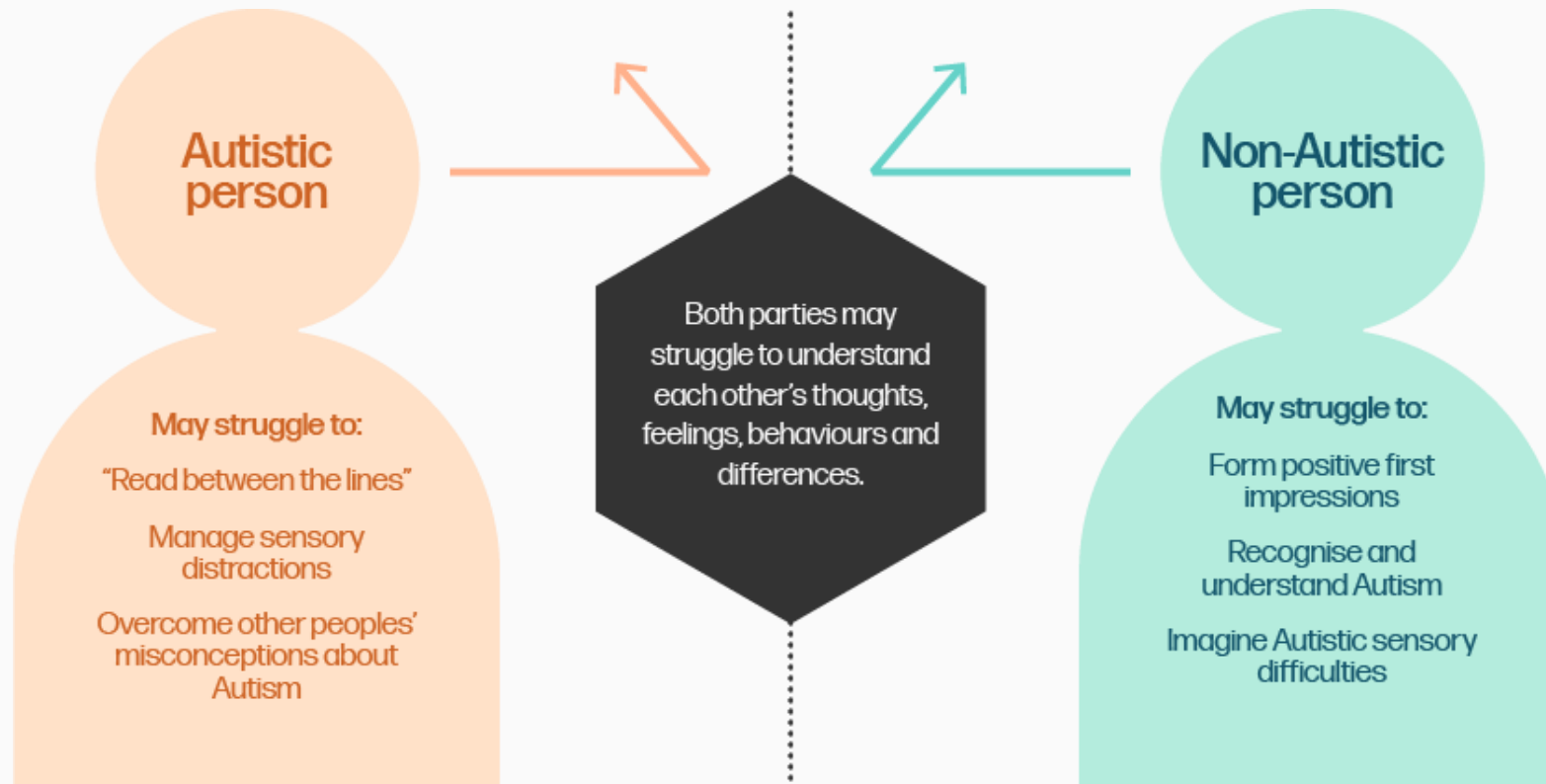
**Adult
Psychiatric
Morbidity
Survey**

1% of the
population

“ Autism informed care requires understanding autistic experience from autistic perspectives, not solely through outsider interpretation. Many theories on autism are grounded in neurotypical norms.

Distress is often a predictable outcome of unsupported neurodivergence.

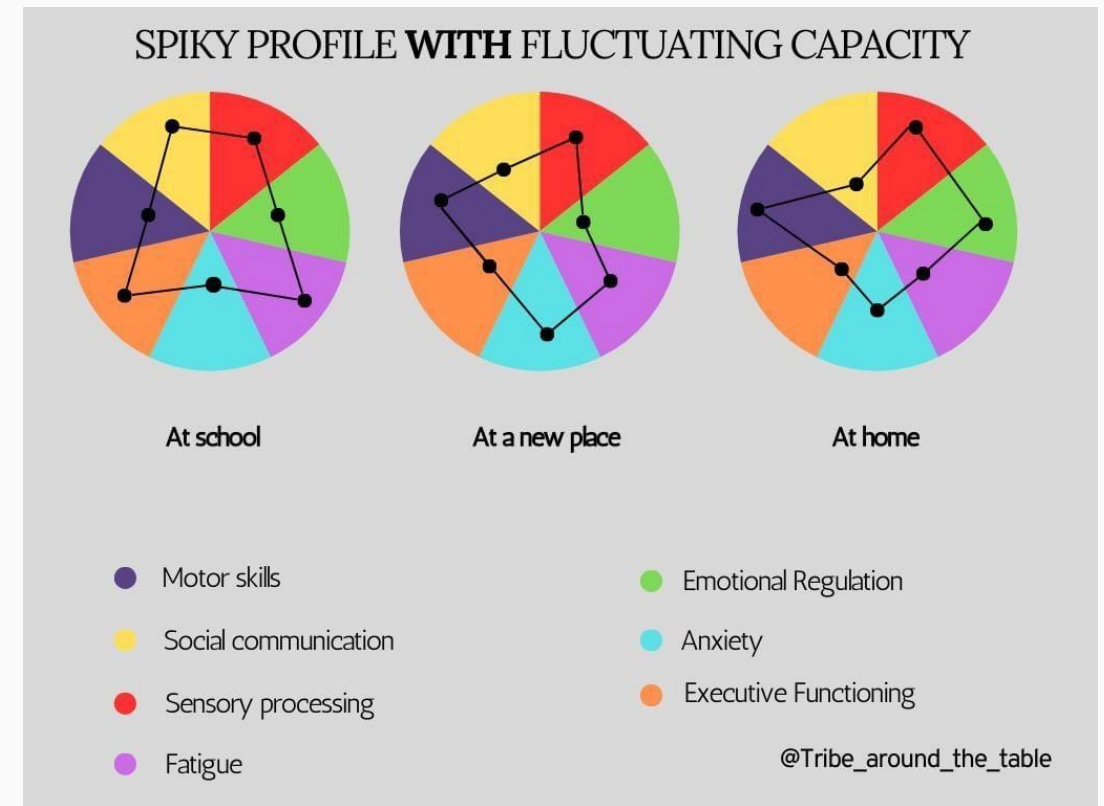
What is the 'double empathy problem'?



What is Autism?

Characterised by:

- Monotropism – deep, highly focused /interest-led attention
- Sensory-first processing
- Bottom-up understanding (detail focused rather than drawing assumptions)
- Authenticity orientation – prioritising congruence over social performance
- Communication oriented towards clarity and accuracy
- Social pacing and processing times may vary
- Hyper connected, highly responsive nervous system and emotional sensitivity



Sensory processing

External senses:

Touch, Sight, Hearing, Taste, Smell

Internal senses:

Interoception, Proprioception, Vestibular

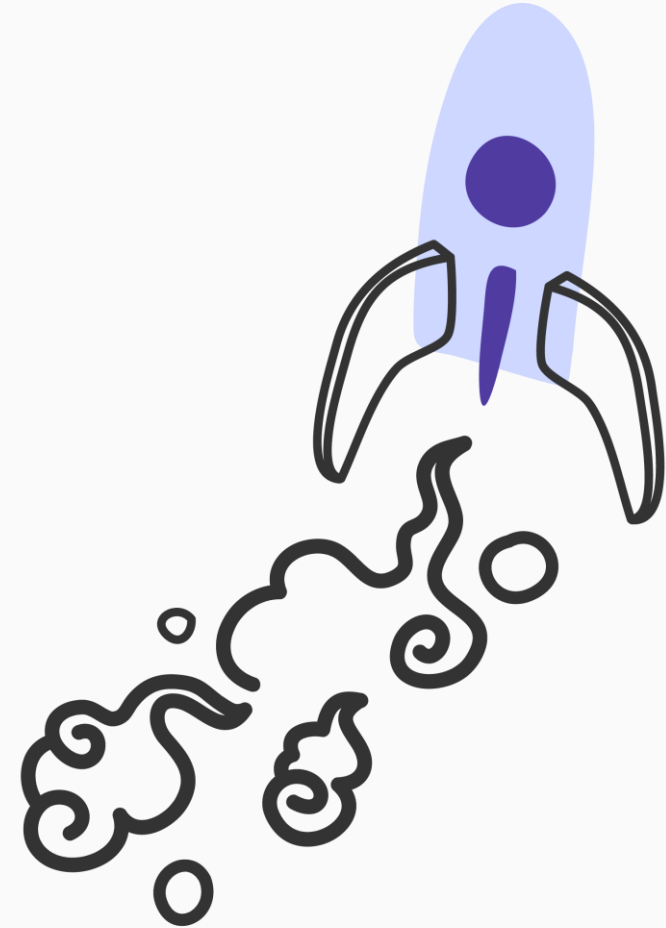
- Individual sensory profile. Often at extreme (highly sensitive or low sensitivity) and fluctuating.
- Sensory distress is often cumulative and invisible.

What happens when home doesn't support regulation and recovery?



Pathway to crisis

- Unsupported neurodivergence
- Chronic overwhelm
- Masking and survival
- Burnout
- Escalation/distress
- (service) misunderstanding
- Restrictive responses
- Crisis 'out of nowhere'
- Admission



Interrupting the pathway to crisis

- Safety and predictability
- Sensory recovery
- Autonomy and control
- Relational consistency
- Privacy
- Flexible support
- Reduced demand load
- Belonging and community



Questions and reflections

- What stood out to you?
- What challenged or resonated with you?
- Where do you see these patterns?



Neurodiversity-affirming care and support

What can we do differently?

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

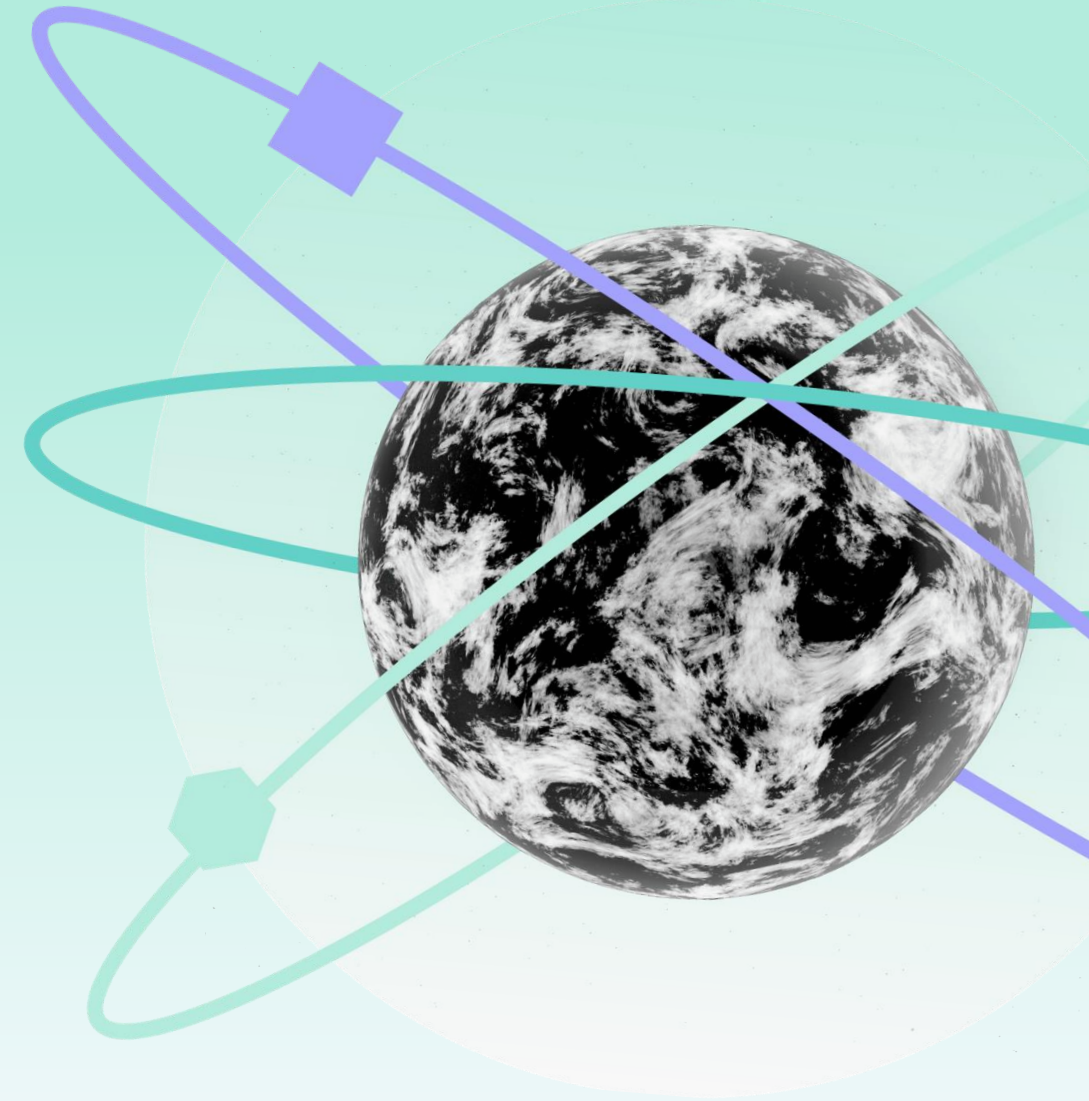
TOOL 4: Safety plan template

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.

International Journal of PBS (2022)



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

¹There 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**



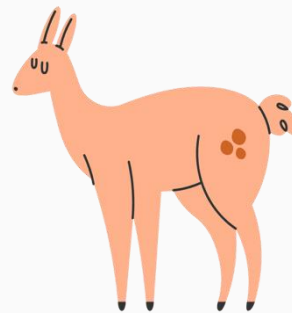
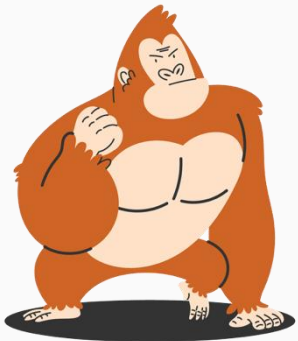
The importance of a relational approach

“ 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

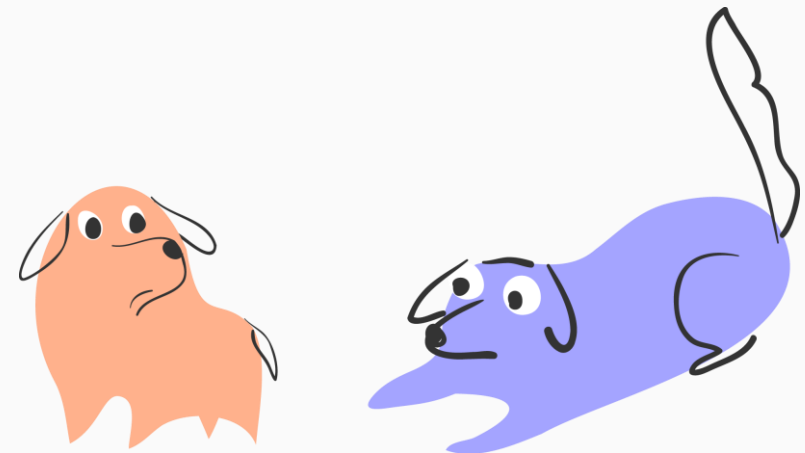
What is regulation?

“ 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. ”



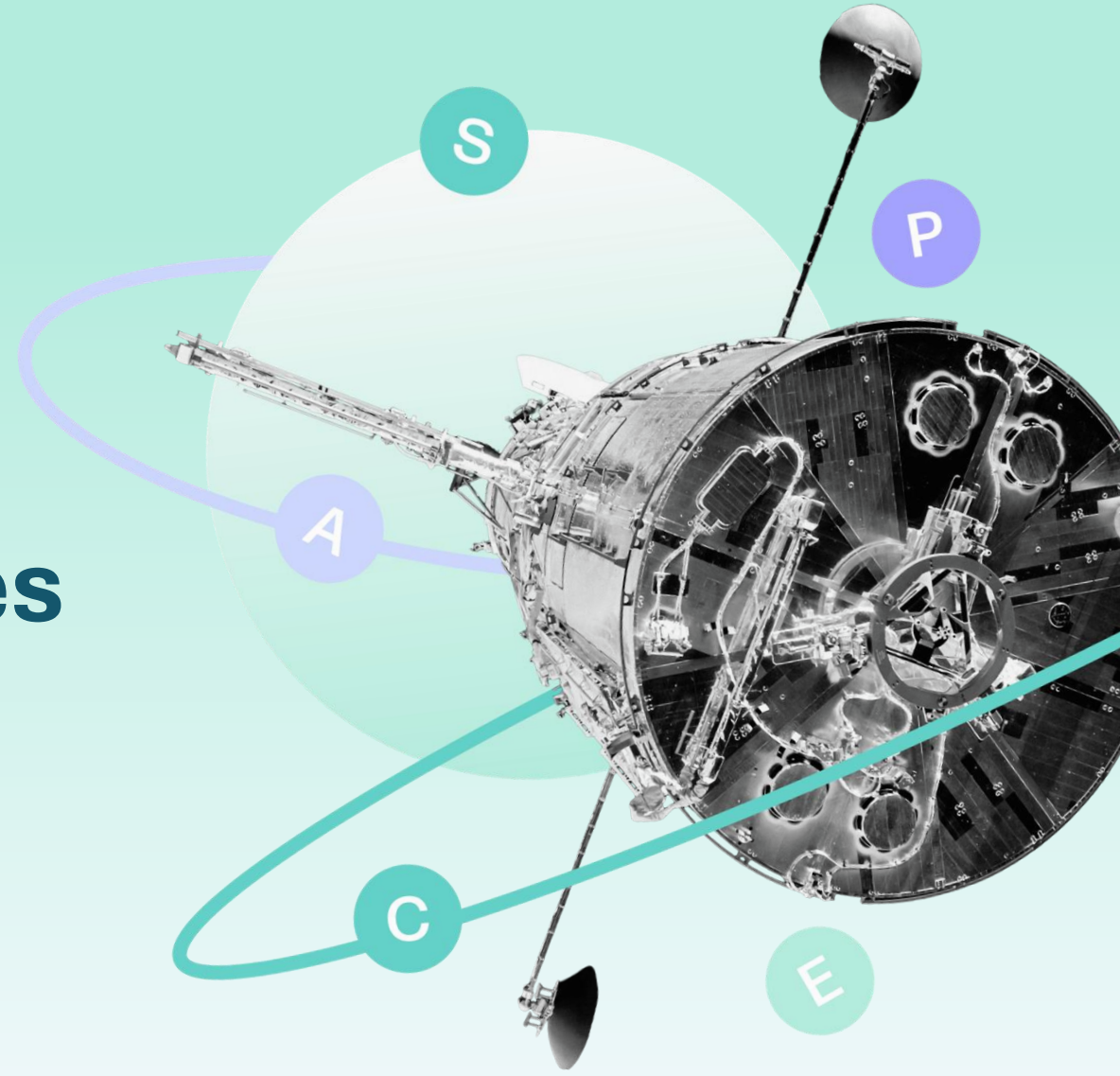
What is co-regulation?

“ 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



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How might these aspects support with:

- Considering housing needs
- Understanding support needs
- Understanding distress and dysregulation
- Supporting individuals
- Supporting de-escalation?

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

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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

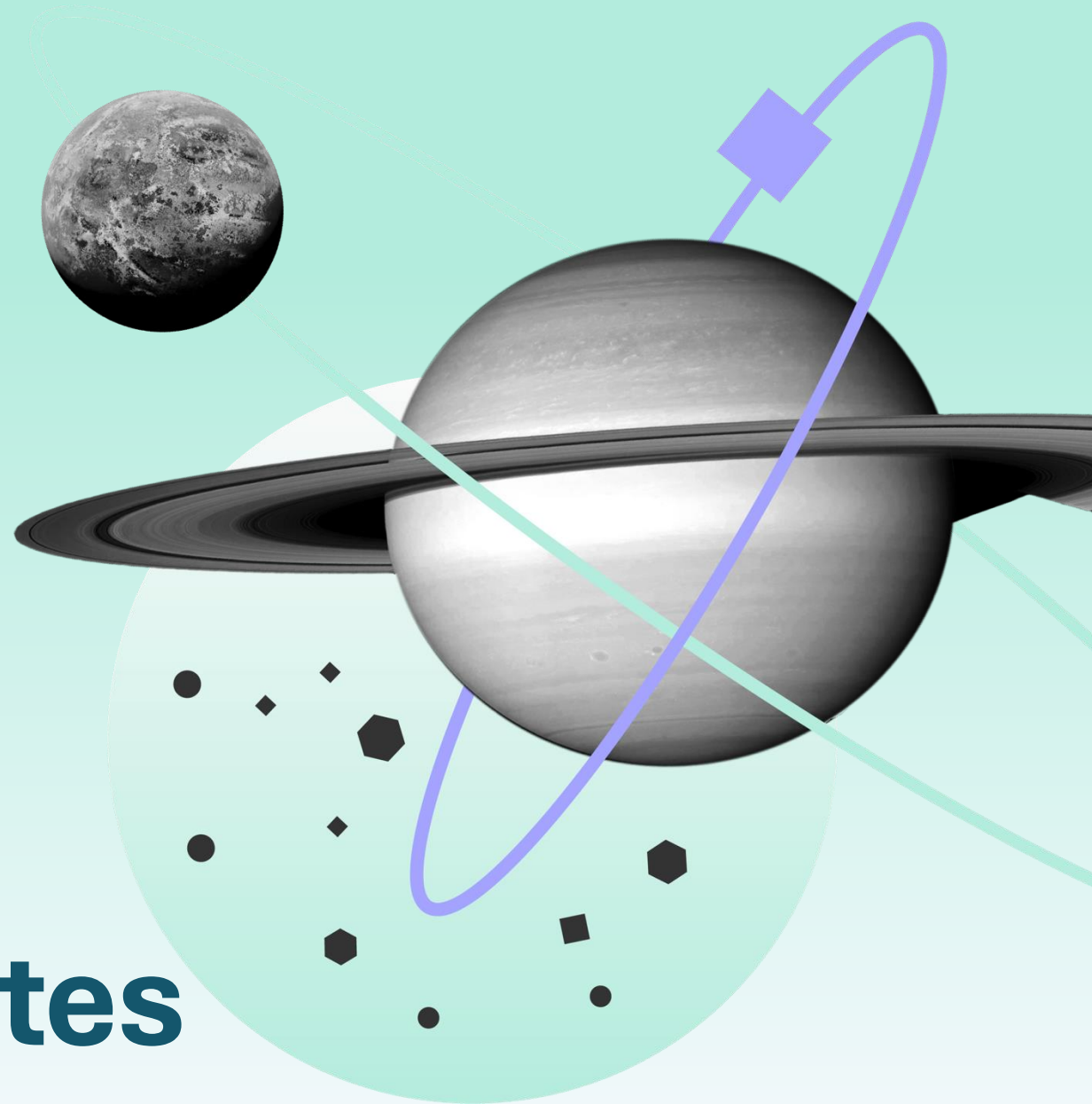
- Identify sensitivities and preferences across all sensory domains (sight, sound, smell, taste, touch, temperature, proprioception, interoception).
- Reduce environmental stimuli: dim lights, reduce background noise, avoid strong scents.
- Offer sensory aids: sunglasses, ear defenders, weighted blankets, 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.

TOOLS

Care plan, safety plan, summary templates



Co-creation

4 Ensuring informed consent, capacity and best interest considerations

When supporting someone, it is essential to ensure they can give informed consent, with a clear understanding of the choices available and the potential outcomes. International human rights frameworks, including the UN Convention on the Rights of Persons with Disabilities (UNCPRD) and the UN Convention on the Rights of the Child (UNCRC), emphasise respect for an individual's will, preferences, and autonomy, including the right to make decisions that others may view as unwise.

Across the UK and Ireland, legal frameworks differ in how this is expressed. The Mental Capacity Act (England and Wales) emphasises decision-making in a person's best interests, while legislation in Scotland, Northern Ireland, and Ireland reflects a more explicitly rights-based approach, giving greater weight to a person's will and preferences alongside considerations of safety. Regardless of place, care and safety planning should balance protection with respect for autonomy, recognising that safeguarding and empowerment can coexist.

Supporters should begin from the presumption that the person can make their own decisions, focusing on understanding and respecting their wishes rather than eliminating all risk. Where legislation requires consideration of safety or best interests, this should be balanced with the individual's expressed values and preferences. In practice, this means involving the person as fully as possible in care and safety planning, checking understanding, offering support to weigh up options, and clearly recording decisions and the reasoning behind them.

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 if, 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.

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.

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.

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?"

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

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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 Neurodiverse Connection