

Chapter 4

Inclusive Home Care Systems for Neurodiverse and Differently Abled Individuals: A Human-Centered Framework for Equity and Participation

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ABSTRACT

As awareness of neurodiversity and disability rights continues to expand, the home our most intimate and formative environment must evolve into a space that fosters equity, autonomy, and inclusion. Yet, many traditional home care systems still rely on generalized or clinical models that overlook the complex realities of individuals with cognitive, sensory, and physical differences. Such approaches often reinforce dependency and exclusion, rather than promoting independence and participation. Drawing on insights from disability studies, occupational therapy, and integrative healthcare, the framework emphasizes adaptability, collaboration, and dignity as guiding principles. Through collaborative planning, supported decision-making, and inclusive design strategies, the study demonstrates how both care recipients and caregivers can experience enhanced dignity, resilience, and mutual empowerment.

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inclusive care practices should ensure that individuals regardless of ability are met with respect, autonomy, and genuine opportunity for participation in family and community life.

INTRODUCTION: REIMAGINING CARE IN THE HOME ENVIRONMENT

As global conversations around neurodiversity and disability rights continue to expand, the urgency of creating home care systems that prioritize inclusion, dignity, and autonomy has never been clearer. Traditional models of care are often rooted in clinical or institutional perspectives, where the focus remains narrowly fixed on medical needs. While this approach addresses immediate health concerns, it too often neglects the broader social, emotional, and sensory dimensions of living with a disability. The disconnect becomes most apparent within home environments, where rigid systems fail to adapt to the lived experiences of individuals and their families.

In recent years, however, advocates, researchers, and neurodivergent voices have challenged these outdated paradigms. The neurodiversity movement has been especially influential, reframing conditions such as autism, ADHD, and dyslexia not as deficits but as natural variations of human cognition (Kapp, 2020). This perspective aligns with the social model of disability, which argues that it is the barriers created by society rather than impairments themselves that generate exclusion and inequality (Oliver & Barnes, 2012). Such shifts in thinking have paved the way for more inclusive, empathetic, and flexible approaches to home care.

Building on these ideas, this chapter introduces a human-centered framework for inclusive home care that draws from occupational therapy, behavioural health, trauma-informed practice, and user-centered design. It emphasizes the need for adaptive tools, emotionally safe environments, and care systems that extend beyond physical assistance to cultivate belonging, resilience, and emotional well-being.

At the policy level, momentum is slowly building. Governments and health systems are beginning to acknowledge the value of personalized, accessible home care, particularly in light of the COVID-19 pandemic, which exposed the fragility of institutional care models and underscored the necessity of home-based supports. Despite this progress, persistent challenges remain: undertrained caregivers, inadequate infrastructure, and the absence of culturally sensitive protocols especially in resource-limited and diverse social contexts.

This chapter responds to these realities by drawing on interdisciplinary perspectives and case studies from India, Australia, and the UK. It offers practical strategies for transforming home care into a collaborative, empowering, and socially just practice,

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