The Neurodivergent Therapy Space

Safeguarding Policy for Adults, Adults at Risk, Children and Young People

Policy status: Draft for professional review
Designated Safeguarding Lead: Katie Andrews, Founder and Director

Deputy Designated Safeguarding Lead (Deputy DSL): Jen Marshall, independent practitioner

Effective date: 28/10/2026
Review date: 12 months following approval
Applies to: All independent affiliate practitioners., administrative staff and contractors

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1. Introduction and Purpose

The Neurodivergent Therapy Space (NDTS) is committed to safeguarding and promoting the welfare, dignity, autonomy and rights of all individuals accessing our services, including adults, adults at risk, children and young people.

We recognise that safeguarding is everyone's responsibility and that abuse, neglect, exploitation and harm can affect people of any age, background, identity or circumstance.

As a specialist neuroaffirming online therapy and coaching service, we recognise that autistic and ADHD individuals may experience additional barriers to recognising, communicating or reporting safeguarding concerns. These barriers may arise from communication differences, previous experiences of not being believed, discrimination or inaccessible services.

Being autistic or ADHD does not, in itself, mean an individual lacks capacity or is an adult at risk.

The purpose of this policy is to:

- Protect clients from abuse, neglect, exploitation and avoidable harm.
- Establish clear safeguarding responsibilities across NDTS and its independent practitioners.
- Ensure concerns are recognised, responded to and escalated appropriately.
- Support timely and proportionate communication with relevant safeguarding authorities.
- Maintain confidentiality while recognising circumstances where information must or may lawfully be shared.
- Ensure safeguarding practice is trauma-informed, neuroaffirming, inclusive and consistent with relevant legislation and professional ethical standards.

NDTS recognises that safeguarding concerns may arise through initial enquiries, consultations, referrals, administrative communication, therapeutic work or concerns about a practitioner's conduct.

This policy establishes the safeguarding arrangements maintained by NDTS as an organisation while recognising that independent affiliate practitioners retain professional responsibility for safeguarding within their own clinical work.

2. Who This Policy Applies To

This policy applies to:

- The Founder and Director of NDTS.
- All self-employed affiliate therapists, counsellors, psychotherapists and coaches working through NDTS.
- Administrative staff, virtual assistants and contractors who may receive or process safeguarding information.
- Any other individual acting on behalf of NDTS.

It covers safeguarding concerns involving:

Adults aged 18 and over: Including concerns about abuse, domestic abuse, coercive control, exploitation, risk of serious harm and the safety of children or other people.

Adults at risk: Adults who may have care and support needs and be unable to protect themselves from abuse or neglect because of those needs, subject to the relevant legal definition in their jurisdiction.

Children and young people under 18: Including young people aged 12–17 receiving therapy through NDTS, and children who may be affected by risks disclosed by adult clients.

Other individuals: Where information disclosed during therapy raises credible concerns about the safety of another identifiable person, including children, dependants, partners or members of the public.

NDTS operates primarily online, with self-employed practitioners providing clinical services.

Each practitioner remains professionally accountable for their own clinical practice, safeguarding assessments, decisions, record keeping and adherence to applicable legal and ethical duties.

NDTS retains responsibility for its own organisational safeguarding arrangements, referral systems, administrative processes and the handling of concerns involving the service or its practitioners.

The division of responsibilities is further established within the Independent Affiliate Service Level Agreement.

3. Legislative and Professional Framework

This policy is informed by relevant legislation, statutory guidance and professional standards, including, where applicable:

- Children Act 1989 and Children Act 2004.

- Working Together to Safeguard Children, current statutory guidance for England.
- Care Act 2014, including adult safeguarding provisions in England.
- Mental Capacity Act 2005.
- Social Services and Well-being (Wales) Act 2014.
- Wales Safeguarding Procedures.
- Family Law Reform Act 1969 and the principles of Gillick competence.
- Counter-Terrorism and Security Act 2015 and relevant Prevent guidance.
- Female Genital Mutilation Act 2003.
- Domestic Abuse Act 2021.
- Sexual Offences Act 2003.
- Human Rights Act 1998.
- Equality Act 2010.
- Safeguarding Vulnerable Groups Act 2006.
- UK General Data Protection Regulation and Data Protection Act 2018.
- Relevant information-sharing guidance.
- BACP Ethical Framework for the Counselling Professions and relevant professional guidance.

This list is not exhaustive.

The legislation and safeguarding procedures applicable to a concern will depend on the client's location, the nature of the risk and the practitioner's professional role.

Where clients are located outside England or Wales, practitioners must establish and follow the applicable local safeguarding, reporting and emergency procedures. The relevant frameworks for Scotland, Northern Ireland or other countries must be considered where applicable.

NDTS will review its procedures when relevant legal or professional requirements change.

4. Safeguarding Leadership and Responsibilities

Designated Safeguarding Lead (DSL)

Name: Katie Andrews
Position: Founder, Director and Designated Safeguarding Lead
Organisation: The Neurodivergent Therapy Space
Contact email: info@neurodivergenttherapyspace.com

Deputy Designated Safeguarding Lead (Deputy DSL)

Name: Jen Marshall
Position: Independent Affiliate Practitioner and Deputy Designated Safeguarding Lead
Contact email: jennymarshall212@gmail.com

The Deputy DSL provides an alternative point of contact for organisational safeguarding concerns when the DSL is unavailable, or where a concern relates directly to the DSL.

The Deputy DSL will support the appropriate escalation of safeguarding concerns in accordance with this policy, relevant legislation and their professional competence and safeguarding training.

The appointment of a Deputy DSL does not remove independent affiliate practitioners' responsibility for safeguarding decisions arising within their own clinical practice.

Where there is an immediate risk of serious harm, emergency services must be contacted without waiting for authorisation from either the DSL or Deputy DSL.

The Designated Safeguarding Lead is responsible for overseeing safeguarding arrangements within The Neurodivergent Therapy Space at an organisational level.

Responsibilities include:

- Maintaining and reviewing NDTS's organisational safeguarding policy.
- Ensuring affiliates are aware of safeguarding procedures and reporting expectations.
- Maintaining appropriate practitioner vetting and compliance procedures.
- Receiving concerns relating to NDTS's operations, referral processes or practitioner conduct.
- Responding appropriately to organisational safeguarding concerns.
- Seeking specialist safeguarding advice where necessary.
- Maintaining secure records of safeguarding matters handled by NDTS.
- Reviewing safeguarding incidents to identify organisational improvements.
- Ensuring appropriate safeguarding arrangements are in place for administrative staff and contractors.

Independent affiliate practitioners retain professional and clinical responsibility for safeguarding concerns arising within their therapeutic relationships.

This includes assessing from point of consultation, making safeguarding decisions, contacting relevant statutory authorities and maintaining appropriate clinical records. This includes ensuring you have the correct safeguarding information and emergency service details for the location of your clients.

The DSL does not routinely supervise, direct or assume responsibility for individual clinical safeguarding decisions.

However, the DSL may become involved where a concern relates to NDTS's organisational responsibilities, the conduct of an affiliate, the safety of clients within the service, or circumstances where information sharing and coordinated action are necessary and lawful.

Where the DSL becomes involved, responsibilities for any agreed actions must be clearly established and documented.

The Designated Safeguarding Lead provides organisational safeguarding oversight and is not responsible for delivering or supervising specialist therapeutic interventions with children and young people. Clinical responsibility for working with clients under the age of 18 remains with appropriately trained and competent independent affiliate practitioners.

4.2 Independent Affiliate Practitioners

All independent affiliates are responsible for:

- Maintaining their own appropriate safeguarding knowledge, procedures and professional competence and training.
- Recognising and responding to safeguarding concerns arising in their clinical work.
- Assessing and managing clinical risks.
- Following relevant safeguarding legislation, local procedures and the ethical framework of their professional membership body.
- Making appropriate referrals to safeguarding authorities or emergency services local to their client where necessary.
- Seeking clinical supervision and, where necessary, specialist advice or guidance from the relevant local safeguarding team, based on the client's circumstances and identified safeguarding needs.
- Maintaining accurate, confidential clinical safeguarding records.
- Making appropriate decisions about confidentiality and information sharing.
- Informing NDTS where organisational safeguarding involvement is necessary, appropriate and lawful.
- Working within their professional competence and recognising when a client's needs fall outside their area of expertise, require specialist treatment or additional mental health services. Where this occurs, practitioners must take appropriate steps to ensure safe referral or signposting, including referring the client back to NDTS for reassignment and/or to their local crisis team or other appropriate specialist services where necessary.

Independent affiliate practitioners retain responsibility for clinical safeguarding decisions arising within their own therapeutic relationships.

Practitioners must exercise their professional judgement in accordance with relevant legislation and their professional ethical framework, including the BACP Ethical Framework for the Counselling Professions (2026), where applicable.

Affiliates must not delay urgent safeguarding action while awaiting a response from the NDTS Designated Safeguarding Lead.

Affiliates are not required to routinely disclose confidential clinical safeguarding information to NDTS solely because the client was referred through the service.

Where information sharing is necessary, the practitioner must identify an appropriate lawful basis and share only the information required for the safeguarding purpose.

Affiliates must maintain clear, accurate and factual clinical records of any safeguarding concerns identified, including their assessment, decisions made, actions taken to safeguard the individual, any referrals or information shared, and the rationale for those decisions.

4.3 Administrative Staff and Contractors

Administrative staff and contractors must not undertake clinical safeguarding assessments or make independent clinical safeguarding decisions.

Where a safeguarding concern arises through enquiries, emails, or administrative communications, staff must promptly refer the concern to the Designated Safeguarding Lead (DSL) or designated alternative.

Where there is an immediate risk of serious harm or danger to life, administrative staff must contact emergency services without waiting for authorisation from the DSL.

Administrative staff must not attempt to investigate allegations, assess clinical risk or promise absolute confidentiality.

Only information necessary for the safeguarding purpose should be accessed, recorded or shared.

4.4 Absence of the DSL or Concerns About the DSL

NDTS must establish an alternative safeguarding contact or escalation arrangement for circumstances where the DSL is unavailable or is the subject of a concern.

Alternative safeguarding contact: Jen Marshall

Where there is immediate danger, staff and practitioners must contact emergency services directly.

Where an allegation concerns the DSL, the matter must be escalated through an appropriate independent route, including relevant statutory safeguarding authorities or police where necessary.

5. Consent and Safeguarding Children and Young People

NDTS provides therapy to young people aged 12 and over.

The independent practitioner is responsible for obtaining and documenting appropriate consent to therapy, taking into consideration the young person's age, maturity, understanding, wishes and relevant legal requirements.

All practitioners working with clients under the age of 18 must provide their own independent therapeutic contract, specifically appropriate for working with children and young people. The standard NDTS client contract is a generic contract designed for adults aged 18 and over and must not be relied upon as the sole therapeutic contract for clients under 18.

The practitioner's independent contract must address confidentiality, its limitations, safeguarding responsibilities, consent to therapy and the circumstances in which information may need to be shared. The contract must be agreed

with the child or young person and, where legally necessary and appropriate, their parent or person with parental responsibility.

Practitioners must work within their professional competence and refer to their specialist training in working with children and young people, safeguarding training, relevant legislation and the ethical framework of their professional membership body when making decisions about consent and contracting with clients under the age of 18.

5.1 Young People Aged 16–17

In England and Wales, young people aged 16 and 17 are generally presumed capable of consenting to their own treatment under the Family Law Reform Act 1969, although the precise legal framework and its application to counselling must be considered.

Practitioners must assess the young person's understanding and ability to make an informed decision.

5.2 Young People Under 16

Gillick Competence

Gillick competence is a legal principle in England and Wales used to determine whether a child under the age of 16 has sufficient maturity and understanding to consent independently to healthcare or treatment, which may include counselling or psychotherapy, without requiring parental consent.

Independent affiliate practitioners working with children under 16 must consider Gillick competence where relevant, assess the young person's capacity to consent to the proposed therapy and document their assessment and decision-making appropriately.

Practitioners must refer to relevant legislation, specialist training and professional safeguarding guidance when making these assessments.

5.3 Confidentiality

Young people should receive a clear, age-appropriate explanation of confidentiality and its limits.

Information should not automatically be disclosed to parents or carers solely because the client is under 18.

However, confidentiality may need to be overridden where there is a lawful and proportionate safeguarding justification.

Where appropriate and safe, the young person should be involved in decisions about sharing information.

5.4 Safeguarding Responsibilities

Practitioners must remain alert to:

- Abuse or neglect within the home or elsewhere.
- Child sexual exploitation and grooming.
- Online exploitation.
- Domestic abuse.
- Harmful sexual behaviour.
- Self-harm and suicide risk.
- Criminal exploitation and trafficking.
- Emotional abuse, bullying and coercion.
- Concerns involving parents, carers or other adults.

Where there is reasonable concern that a child is suffering or likely to suffer significant harm, the practitioner must follow local children's safeguarding referral procedures without unnecessary delay.

6. Recognising Safeguarding Concerns

Safeguarding concerns may arise through direct disclosure, observed behaviour, information from third parties or changes in a client's circumstances.

Potential safeguarding issues include:

6.1 Physical Abuse

Physical violence, assault, restraint, inappropriate punishment or deliberate injury.

6.2 Sexual Abuse and Exploitation

Sexual assault, rape, grooming, coercion, exploitation or sexual activity without valid consent.

6.3 Emotional and Psychological Abuse

Threats, humiliation, intimidation, coercive control, isolation and persistent emotional harm.

6.4 Domestic Abuse

Physical, sexual, psychological, emotional or economic abuse, including controlling and coercive behaviour.

6.5 Financial Abuse

Theft, fraud, manipulation, exploitation or controlling access to finances.

6.6 Neglect and Self-Neglect

Failure to meet essential care or safety needs, or serious self-neglect requiring appropriate safeguarding consideration.

6.7 Discriminatory Abuse

Abuse relating to disability, neurodivergence, race, religion, sex, gender identity, sexual orientation or other protected characteristics.

6.8 Organisational Abuse

Harm arising from unsafe, neglectful, discriminatory or abusive practices within a service.

6.9 Modern Slavery and Trafficking

Forced labour, sexual exploitation, servitude, trafficking or other forms of exploitation.

6.10 Radicalisation

Concerns that an individual may be vulnerable to recruitment into terrorism or exploitation connected to extremist activity.

6.11 Female Genital Mutilation

NDTS recognises FGM as a serious form of abuse and a safeguarding concern.

Where FGM is suspected or disclosed, practitioners must consider:

- Whether the person is under 18.
- Whether there is an immediate risk of harm.
- Whether other children may be at risk.
- Whether a safeguarding referral is necessary.
- Whether a mandatory reporting obligation applies to the individual practitioner.

In England and Wales, the statutory mandatory police reporting duty for known cases of FGM in girls under 18 applies to specified regulated professionals, including regulated healthcare and social care professionals and teachers, in defined circumstances.

It does not automatically apply to every counsellor or psychotherapist.

Regardless of whether an individual practitioner is subject to that specific duty, appropriate child safeguarding action must be taken where FGM is suspected or a child is at risk.

Concerns involving adults must be approached sensitively, considering their wishes, safety and any risks to children.

6.12 Online Harm

Grooming, sexual exploitation, blackmail, image-based abuse, coercion or harassment.

6.13 Risk of Serious Harm

Credible threats of serious harm to the client or another person, including significant suicide risk or threats of violence.

A safeguarding concern does not automatically mean abuse has occurred. Practitioners must respond proportionately, using professional judgement, appropriate consultation and relevant safeguarding procedures.

7. Responding to a Safeguarding Concern

Where a safeguarding concern arises, the person receiving the information must respond calmly, respectfully and without judgement.

They should:

1. Listen carefully and allow the person to communicate in their preferred way.
2. Take the concern seriously without making assumptions.
3. Avoid leading questions or conducting their own investigation.
4. Explain the limits of confidentiality.
5. Establish whether anyone is in immediate danger.
6. Consider the person's wishes, consent, capacity and communication needs.
7. Record the relevant information accurately.
8. Take appropriate safeguarding action.

Practitioners must not promise absolute confidentiality.

They should avoid unnecessary questioning that may interfere with a subsequent safeguarding or criminal investigation.

Where the concern involves a child, the child's welfare and safety must remain central to decision-making.

8. Safeguarding Reporting and Escalation Procedure

8.1 Immediate Danger

Where there is an immediate threat to life or serious harm:

- Contact emergency services immediately (999 in the UK).
- Provide relevant location and risk information.
- Take reasonable steps to maintain safety without placing anyone at additional risk.
- Record the action taken.

- Notify the DSL where organisational involvement is necessary and lawful.

For clients outside the UK, contact the appropriate emergency services in the client's jurisdiction.

8.2 Concern Involving a Child

Where a practitioner suspects a child may be experiencing abuse, neglect or significant harm:

- Assess immediate safety.
- Contact the relevant local authority children's social care service or designated safeguarding referral service as appropriate.
- Contact police where a crime or immediate danger requires police involvement.
- Follow local safeguarding partnership procedures.
- Record the concern, decisions and referrals.
- Consider whether parents or carers should be informed, unless doing so could increase risk or compromise an investigation.

8.3 Concern Involving an Adult at Risk

Where an adult may be experiencing abuse or neglect:

- Consider whether the applicable adult safeguarding threshold may be met.
- Discuss concerns and obtain the person's views and consent where appropriate.
- Consider mental capacity and any relevant coercion or undue influence.
- Refer to the appropriate local authority adult safeguarding service where justified.
- Contact emergency services where necessary.
- Record the reasoning and outcome.

A person's decision to decline support does not automatically remove all safeguarding responsibilities. The practitioner must consider legal obligations, capacity, risks to others and any overriding public-interest justification.

8.4 Concern Involving an Adult Who Does Not Meet the Statutory Adult Safeguarding Threshold

Where a client does not meet the definition of an adult at risk, the practitioner must still respond appropriately to concerns such as domestic abuse, sexual violence, exploitation, coercion or serious risk.

Responses may include collaborative safety planning, specialist support, clinical consultation, consent-based referrals or emergency action where justified.

Not every concern requires a statutory safeguarding referral.

8.5 When Affiliates Should Notify NDTS

8.5 Safeguarding Concerns and Notification to NDTS

Independent affiliate practitioners remain responsible for identifying, assessing and managing safeguarding concerns arising within their own clinical practice.

A safeguarding concern does not automatically require disclosure to NDTS. Practitioners must consider their professional confidentiality obligations and whether sharing information with NDTS is necessary, lawful and proportionate. Where organisational safeguarding involvement is required, relevant information must be shared with the NDTS Designated Safeguarding Lead as appropriate.

Affiliates should consider notifying the DSL where:

- The concern involves the conduct or safety of an NDTS practitioner or contractor.
- The concern relates to NDTS's referral, administrative or organisational procedures.
- There is a potential organisational safeguarding failure.
- The concern requires NDTS to take action to protect clients or others.
- A serious incident requires organisational coordination or a review of service suitability.
- A contractual, legal or professional obligation requires appropriate notification.

Notification must be limited to information that is necessary, proportionate and lawfully shareable.

Where appropriate, concerns may initially be discussed without identifying the client.

Where a safeguarding matter remains entirely within the affiliate's independent clinical responsibilities and does not require organisational involvement, the affiliate should manage and document it through their own professional safeguarding procedures.

8.6 Disagreements and Escalation

Where a safeguarding referral is declined or a practitioner remains concerned, they should seek further safeguarding advice and follow the relevant local escalation or professional disagreement procedure.

Where a safeguarding referral is not accepted or does not meet the threshold for statutory intervention, the practitioner must consider whether any further safeguarding action is necessary, based on their professional judgement, the level of risk and relevant safeguarding guidance.

9. Confidentiality and Information Sharing

NDTS recognises confidentiality as central to therapeutic relationships.

However, confidentiality is not absolute.

Information may need to be shared where:

- The individual has provided valid consent.

- Disclosure is required by law.
- There is a lawful and proportionate basis for sharing information to protect a child or another person.
- Serious risks justify disclosure in the public interest.
- A relevant statutory information-sharing obligation applies.

All decisions must comply with applicable data protection law, professional standards and relevant safeguarding guidance.

Where practicable and safe, the individual should be informed about proposed information sharing.

Where consent is not obtained, the practitioner must identify and document the lawful justification for any disclosure.

Information should be:

- Relevant to the safeguarding purpose.
- Accurate and appropriately contextualised.
- Limited to what is necessary.
- Shared securely.
- Disclosed only to appropriate recipients.

9.1 Responsibilities of Independent Affiliates

Independent affiliates are responsible for determining when disclosure of information from their clinical work is lawful and necessary, subject to their professional and legal obligations.

They must not routinely disclose confidential clinical information to NDTS for administrative purposes.

9.2 Responsibilities of NDTS

NDTS is responsible for protecting the personal information it processes through its referral, administrative and organisational systems.

Where NDTS and an independent affiliate jointly determine the purposes and essential means of processing particular client information, joint-controller responsibilities may arise under Article 26 of UK GDPR.

For example, this may occur where NDTS and an affiliate jointly design and manage a shared client assessment process, including deciding what information is collected, how it is used, who may access it and how it is retained.

Any such arrangement must be appropriately identified and documented, with clear responsibilities for data protection compliance and transparency to clients.

The sharing of referral information, use of a shared practice management system or involvement in the same client's care does not, in itself, establish a joint-controller relationship.

10. Concerns or Allegations About a Practitioner or Associate

NDTS takes allegations of abuse, exploitation, professional misconduct or unsafe conduct involving its practitioners or contractors seriously.

Concerns must be reported promptly to the DSL.

Where the allegation concerns the DSL, the matter must be referred to an appropriate independent safeguarding authority or designated alternative contact.

The response may include:

- Immediate consideration of client safety.
- Referral to the local authority designated officer (LADO) or equivalent where applicable to allegations involving children.
- Referral to adult safeguarding services where appropriate.
- Police involvement where criminal conduct is suspected.
- Seeking professional or legal advice.
- Reviewing whether referrals or access to NDTS systems should be temporarily restricted.
- Considering professional regulatory or membership-body reporting.
- Considering DBS referral duties where the legal criteria apply.

NDTS will act fairly and proportionately and will not automatically assume that an allegation is substantiated.

The DSL must not undertake an investigation that could compromise a statutory or criminal investigation.

Appropriate records of concerns, decisions and outcomes must be maintained.

10.1 Clinical Complaints

Clients are encouraged, where appropriate and where they feel comfortable and safe doing so, to discuss any concerns, difficulties or conflicts arising within the therapeutic relationship directly with their independent affiliate practitioner.

However, clients are not required to raise concerns directly with their practitioner before making a formal complaint.

Where a client wishes to make a complaint regarding an independent affiliate practitioner, they may do so by following the complaints procedure published on the NDTS website.

Clients may also contact the affiliate practitioner's professional membership body to raise a concern or make a complaint, subject to that organisation's complaints procedures and eligibility requirements. Details of each practitioner's professional membership organisation and membership number can be found within their individual biography on the NDTS website.

Complaints will be considered in accordance with the NDTS Complaints Policy, with appropriate consideration given to the independent practitioner's professional responsibilities, client confidentiality and any safeguarding implications.

11. Recruitment, Vetting and Suitability Checks

Before accepting an affiliate practitioner, NDTS will undertake proportionate checks appropriate to the role.

These may include:

- Verification of identity and address.
- Relevant professional qualifications.
- Professional registration or membership status.
- Professional indemnity insurance.
- Appropriate supervision arrangements.
- Eligibility to undertake the work, including any applicable right-to-work requirements.
- DBS checks where the role is eligible and an appropriate check is required.
- Confirmation of safeguarding training.
- Confirmation of relevant policies and clinical continuity arrangements.

The appropriate level of DBS check must be determined according to the actual duties undertaken and legal eligibility rules.

NDTS will review relevant professional documentation periodically and may suspend referrals or access where serious suitability concerns arise, subject to fair and proportionate procedures.

Affiliates are contractually responsible for maintaining their professional qualifications, insurance, supervision, membership body and fitness to practise.

They must notify NDTS of relevant changes that may affect their suitability to receive referrals or practise safely, subject to applicable confidentiality and data protection requirements.

12. Safe Working Practices

NDTS and its practitioners must maintain appropriate professional boundaries and safe working arrangements.

12.1 Online Therapy

Practitioners must:

- Use suitable confidential environments.
- Maintain appropriate technological and information-security safeguards.
- Establish the client's location and relevant emergency contact arrangements.
- Understand local safeguarding procedures relevant to the client's location.
- Agree appropriate communication arrangements.
- Have a plan for responding to emergencies during remote sessions.

Voice-Activated Devices, AI Tools and Client Confidentiality

Independent affiliate practitioners must ensure that online therapy sessions take place in a private and confidential environment.

Voice-activated devices and smart assistants, including Amazon Alexa, Apple Siri, Google Assistant and similar technologies, must be switched off or have their listening functions disabled during therapy sessions to minimise the risk of inadvertent recording, activation or disclosure of confidential client information.

Practitioners must not use AI transcription, recording, automated note-taking or other AI tools to process confidential client information without appropriate data protection safeguards, a lawful basis for processing, transparency with clients and compliance with applicable professional ethical requirements.

Practitioners are responsible for ensuring that any technology used within their independent clinical practice complies with UK GDPR, relevant data protection legislation and the ethical framework of their professional membership body.

Practitioners should also consider whether clients may have voice-activated devices operating within their own environment and, where appropriate, encourage clients to disable these during sessions to support confidentiality.

12.2 Professional Boundaries

Practitioners must maintain appropriate boundaries and avoid exploitation, dual relationships or conduct that could compromise client welfare.

12.3 Clinical Suitability

Practitioners must work within their competence and assess whether they can safely meet a client's needs.

Where a client requires support outside the practitioner's professional competence or the scope of the service, the practitioner must discuss appropriate alternative support or specialist services with the client and, where relevant, refer the client back to NDTS for reassignment.

Practitioners should refer to Section 4.2 – Independent Affiliate Practitioners, which outlines their responsibilities for recognising when a client's needs fall outside their expertise, require specialist intervention or additional mental health support, and the appropriate referral or signposting procedures.

12.4 Neuroaffirming Practice

NDTS expects practitioners to recognise and accommodate individual communication, sensory, processing and accessibility needs.

Safeguarding decisions must not be based on assumptions about autism, ADHD, disability or communication differences.

Reasonable adjustments should be made to enable individuals to understand safeguarding processes and participate in decisions affecting them.

13.1 Clinical Records When an Affiliate Leaves NDTS

Where an independent affiliate practitioner ends their working relationship with NDTS, they remain responsible for the secure retention, management and appropriate disposal of clinical records and safeguarding records for clients under their care, in accordance with their responsibilities as an independent data controller.

Before leaving NDTS, practitioners must make appropriate arrangements to securely export or transfer the clinical notes and safeguarding records for which they are responsible from the NDTS practice management system to their own secure record-keeping system, where lawful and appropriate.

Practitioners must ensure that records remain confidential, accurate, accessible when legitimately required and protected against unauthorised access, loss or disclosure.

Independent affiliate practitioners are responsible for securely retaining their clinical notes and safeguarding records for the period required by applicable legislation, their professional membership body's guidance, professional indemnity insurance requirements and their own documented data retention policy.

Any transfer or export of records must be carried out securely and in accordance with UK GDPR, the Data Protection Act 2018, the practitioner's privacy notice and the agreed data protection arrangements between NDTS and the affiliate.

Practitioners must not delete clinical records from NDTS systems or assume that NDTS will retain records on their behalf without confirming the agreed retention and transfer arrangements.

13.1 Clinical Records and Exit Handover When an Affiliate Leaves NDTS

Where an independent affiliate practitioner ends their working relationship with NDTS, a clear exit handover process must be followed to ensure continuity of care, client confidentiality, safeguarding and the secure management of clinical records.

Exit Handover Procedure

1. Notification of Departure: The affiliate must notify NDTS of their intended departure in accordance with their Service Level Agreement and agree an appropriate handover date.
2. Continuity of Client Care: The affiliate remains responsible for making appropriate arrangements for clients currently under their care. Where a client requires reassignment within NDTS, the affiliate must communicate this to NDTS so that an appropriate referral can be arranged. Any outstanding safeguarding

concerns must be managed appropriately before departure, including necessary referrals and continuity arrangements.

3. Export and Transfer of Clinical Records: In accordance with Zanda's practitioner departure procedures, affiliates must arrange with the NDTS Zanda account Master User for the authorised export or copying of clinical notes, safeguarding records and other relevant client information for which they are responsible. Exports must be limited to information the practitioner is lawfully entitled to receive and retain.
4. Secure Storage and Retention: Affiliates must ensure that their clinical records are securely transferred to an appropriate record-keeping system and remain accessible for the retention period required by applicable legislation, professional membership body guidance, indemnity insurance requirements and their own documented retention policy.
5. Client Reassignment and Record Management: Where clients continue receiving services through NDTS, their Zanda profiles must be appropriately reassigned to another practitioner. Where clients are no longer receiving services through NDTS, their profiles may be archived where appropriate, subject to applicable data retention obligations.
6. Confirmation of Handover: The departing affiliate must provide written confirmation that appropriate arrangements have been made for continuity of care, safeguarding matters and secure retention of their clinical records. Confidential clinical information should not be included in this confirmation unless disclosure is necessary and lawful.
7. Deactivation of Zanda Access: Once the handover has been completed, NDTS will deactivate the affiliate's Zanda user account and practitioner profile in accordance with Zanda's recommended procedures. Where immediate restriction of access is necessary for safeguarding or security reasons, alternative arrangements will be made to facilitate any lawful transfer of records.

Confidentiality and Data Protection

All record exports, transfers, copying, archiving and retention must comply with UK GDPR, the Data Protection Act 2018, the relevant privacy notices and the agreed data protection responsibilities of NDTS and the independent affiliate.

Clinical records must not be deleted or transferred without appropriate authorisation and consideration of applicable legal and professional obligations.

NDTS will retain information for which it has an independent legal or organisational responsibility in accordance with its own data retention policy.

Extra support available using the link below.

https://zandahealth.com/support/practice-administration/when-a-practitioner-leaves/?

15. Safeguarding Records and Documentation

Safeguarding records must be accurate, factual, timely and securely maintained.

Records should include:

- Date and time of the concern.
- Identity of the individual concerned.
- Description of the disclosure or observed concern.
- The person's own words where relevant.
- Immediate risk assessment and action.
- Consultation or advice obtained.
- Decisions made and reasons for those decisions.
- Referrals or information shared.
- Follow-up arrangements and outcomes.

Records must distinguish between factual information, professional observations and clinical opinions.

15.1 Affiliate Clinical Safeguarding Records

Independent affiliates are responsible for maintaining safeguarding records arising within their own clinical work.

These records must be maintained in accordance with applicable legal, professional and contractual requirements.

15.2 NDTS Organisational Safeguarding Records

Where NDTS has legitimate organisational involvement in a safeguarding concern, the DSL must maintain an appropriate organisational record.

This should document the information received, the organisational action taken, any referrals or consultations and the reasons for relevant decisions.

NDTS must not routinely duplicate affiliates' clinical safeguarding records where there is no legitimate need.

Records must be retained in accordance with applicable legal requirements, professional standards, contractual obligations and NDTS's records retention policy.

16. Organisational Accountability

The Founder and Director of NDTS is responsible for ensuring that appropriate organisational safeguarding arrangements are established, communicated, maintained and reviewed.

This includes:

- Providing clear safeguarding policies and procedures.

- Ensuring affiliates understand their respective responsibilities.
- Maintaining appropriate practitioner vetting procedures.
- Establishing routes for raising organisational concerns.
- Reviewing safeguarding incidents and identifying improvements.
- Seeking specialist advice where necessary.
- Ensuring administrative systems support confidentiality and safe referral processes.

Every affiliate, and contractor shares responsibility for recognising and raising safeguarding concerns promptly and honestly.

Independent affiliate practitioners retain responsibility for safeguarding within their own clinical practice, including clinical risk assessment, decisions, statutory referrals and clinical documentation.

The self-employed status of an affiliate does not remove their individual safeguarding responsibilities or NDTS's responsibility for its own organisational conduct.

NDTS's organisational oversight does not automatically transfer clinical responsibility from an independent practitioner to the Director.

However, contractual arrangements cannot exclude legal duties that apply to NDTS based on its actual activities and circumstances.

17. Training, Supervision and Professional Development

Practitioners are expected to maintain safeguarding knowledge appropriate to their client group, professional role and jurisdiction.

Those working with children and young people must have appropriate child safeguarding competence and training.

Those working with adults at risk must understand relevant adult safeguarding procedures, capacity considerations and local referral arrangements.

NDTS will communicate relevant organisational safeguarding procedures and policy updates.

Practitioners must use appropriate clinical supervision and seek specialist safeguarding advice where needed.

The DSL will undertake safeguarding training appropriate to the organisational role and seek external expertise where concerns exceed their competence.

Clinical supervision of independent affiliates remains separate from the organisational DSL function unless an additional arrangement is expressly established.

18. Monitoring and Review

This policy will be reviewed at least annually and sooner where necessary following:

- Changes in safeguarding legislation or statutory guidance.
- Changes to NDTS services or operational arrangements.
- A serious safeguarding incident.
- Identification of gaps in existing procedures.
- Relevant professional or legal advice.

The Founder and Director is responsible for coordinating reviews and communicating material changes to affiliates and contractors.

All practitioners are expected to familiarise themselves with the current policy and comply with the procedures relevant to their role.

The policy must be read alongside the Independent Affiliate Service Level Agreement, relevant privacy and data protection arrangements, complaints procedures and the practical safeguarding reporting procedure.

Policy Approval

Approved by: Katie Andrews Position: Founder, Director and Designated Safeguarding Lead

Organisation: The Neurodivergent Therapy Space Date approved:

Next review Date: 28/10/2027

Policy version:1.0