

Understanding Minds LLP

Policy Handbook

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A. SERVICE INFORMATION

1. Service Overview and Scope

Understanding Minds LLP provides multidisciplinary autism assessments for:

- Children
- Young people
- Adults

Our assessments are evidence-based and draw on clinical, developmental, and contextual information.

2. Eligibility and Referrals

Geographical Scope

We accept referrals for families living in:

- North East England
- West Yorkshire
- South Yorkshire

We are unable to accept referrals from:

- Harrogate and surrounding rural areas
- Hambleton & Richmondshire

Referral Routes

We accept:

- Self-referrals
- GP, education or other professionals

We only currently accept self-funded referrals. We do not accept private medical insurance, Right to Choose or NHS referrals.

Clinical Scope and Exclusions

We are unable to accept referrals where there is:

- High clinical risk
- Complex medical needs

- Significant psychiatric complexity
- Request for second opinion/ previous autism assessment

These cases require specialist management by a broader MDT including paediatrician/ psychiatrist to ensure safe and appropriate care.

If suitability is unclear:

- We may offer an initial screening assessment
- If we determine we cannot proceed after screening, the screening cost will be refunded

Service Capacity

We do not operate a waiting list. If we are unable to offer an appointment within a reasonable timeframe, we will signpost to alternative providers.

3. Assessment Pathway and Timeline:

Step 1: Initial Registration

The referrer completes an initial registration form.

Step 2: Initial Screening Options

- **Option A:** (Free) 15-minute screening call

Brief discussion to establish whether the service is a suitable fit

- **Option B:** (£100) detailed telephone/ video call screening appointment

Includes Autism screening questions; Family history, Education support and input, Review of consent

- If proceeding to full assessment: The £100 screening fee is deducted from the total assessment cost.
- If we decline the referral: The screening fee is refunded.
- If family decide not to proceed: Short summary letter emailed to family.

Step 3: Agreement of Assessment Type

- Standard autism assessment (£1800) or
- Enhanced assessment (additional components at agreed cost per component)

Step 4: Pre-Assessment Information Gathering

- Family completes detailed questionnaires
- Nursery/ School questionnaire sent
- Young person completes questionnaire and adaptations form (where appropriate)

Step 5: Review and Booking

Clinicians review submitted information then book a short confirmation call with family to ensure (where appropriate) school engagement has been secured and young person consent and required adaptations.

Appointments are then booked for:

- Parent interview – via video call
- Child assessment – in person

Step 6: Clinical Review

Following parent interview, child assessment & return of school questionnaire, the team will:

- Review all available evidence against diagnostic criteria
- Reach a clinical decision
- Arrange feedback call

Step 7: Feedback

- Feedback is provided via video call
- Outcome and recommendations are discussed

Step 8: Report provided

- Summary report with full evidence in report appendix
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4. Accessibility and Reasonable Adjustments

We are committed to neurodiversity-affirming practice. We provide:

- Communication adaptations
 - Sensory considerations
 - Individualised adjustments
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5. Remote Assessments

Virtual assessments will be organised via Write Upp system.

A link to video calls will be sent via email/ text to the contact details provided for next of kin (or young person/ adult if appropriate).

Consent for remote work will be assumed upon booking initial assessment.

Technical Issues

Contingency for technical failure: if either party is unable to link into the video call, a telephone call will be made from the clinician to the provided telephone number. If the clinician is unable to connect, they will try all phone numbers given in the referral form and then email the family to request alternate contact method.

If the family is uncontactable for more than 20 minutes after the initial start time of the appointment, the call will be abandoned and rescheduled.

B. OPERATIONAL POLICIES

6. Terms and Conditions

Booking and Deposit

A nonrefundable deposit of £100 is required to book an initial screening. The appointment is not confirmed until the deposit has been received.

Full Payment Deadline

If the initial screening proceeds to full autism assessment, the £100 deposit will be deducted from the cost of the assessment.

Full payment must be received no later than 7 days before the first assessment appointment. If payment is not received by this date, the appointment will be cancelled, and the £100 initial assessment fee will be retained.

Payment only accepted by Bank transfer.

Reports: Final reports are released only once full payment has been received.

Additional Work will be charged at standard hourly rate/ agreed price per service. To be paid in advance.

Late Payments: Fees not paid by the due date may incur a late payment fee of £25 and interest in line with the Late Payment of Commercial Debts (Interest) Act 1998.

Reports and Third Parties: Report will be shared only with consent or as required for safeguarding purposes. Additional copies may incur a fee.

7. Cancellation Policy

Client Cancellation

- Cancellations made more than 7 days before the appointment: initial assessment fee retained, any additional payments refunded.
- Cancellations made within 7 days of the appointment: 100% of the assessment fee is payable, as the clinical time has been reserved.

Rescheduling

Rescheduling is permitted once without charge if requested at least 7 days before the appointment.

Non-attendance

Nonattendance or arrival more than 30 minutes late without prior notice is treated as a cancellation, and the full fee remains payable.

Service Cancellation

If we must cancel due to illness or emergency, we will reschedule as soon as possible.

8. Complaints Policy

How to Complain

Email: understanding-minds@outlook.com

Complaints Lead: Laura Edwards

Investigation

- The Complaints Lead will review all relevant information
- Additional information may be requested from the complainant
- A full response will be provided within 20 working days
- The response will include a summary of the complaint, findings, any actions taken, any learning or service improvements
- If the complainant is dissatisfied, they may request a review by the second LLP member.

All complaints are logged and stored securely for audit and learning.

B. CLINICAL AND LEGAL FRAMEWORK

9. Informed Consent Policy

Appropriate informed consent must be obtained prior to assessment.

Separated parents: Consent is required from both parents where both retain parental responsibility. Information will be shared with both parents unless legally restricted.

Children Under 12

- Knowledge of the assessment and consent is required from all individuals with parental responsibility

Young People Aged 12–16

- Knowledge of the assessment and consent is required from all individuals with parental responsibility
- We seek the young person's informed consent where they have capacity

Young People Aged 16–17

- The young person is presumed able to consent
- Capacity may be assessed where concerns arise

Adults (18+)

- Must provide informed consent for their own assessment

Confidentiality and Information Sharing

Assessment information will be shared only with those who have given consent or who have legal entitlement to receive it, except where disclosure is required by law or safeguarding concerns exist.

Court orders and restrictions: We will comply with any court orders or legal restrictions that limit consent or information sharing.

Practical Steps

We will explain the assessment process, likely outcomes, and how information will be used in accessible language. We will document consent decisions, capacity assessments, and any disputes or legal directions in the clinical record.

10. Safeguarding Children Policy

Policy Statement

We are committed to safeguarding and promoting the welfare of children and young people.

Legal Framework

This policy is informed by:

- Children Act 1989 & 2004
- Working Together to Safeguard Children (2018)
- GDPR & Data Protection Act 2018

Safeguarding Roles

Safeguarding Lead: Dr Beth Billington

Deputy Safeguarding Lead: Laura Edwards

Responsibilities include managing safeguarding concerns, liaising with local authorities & maintaining records. Types of Abuse may include physical, emotional, sexual, neglect, exploitation, domestic abuse, online abuse.

Concerns may arise from direct disclosure, observations during assessment, information from parents/ carers or schools, behavioural indicators.

Responding to Concerns

If there is immediate risk, we will call 999 or contact local safeguarding services as appropriate. Otherwise, we will listen without judgement, not promise confidentiality, record factually & report within 24 hours. The Safeguarding Lead determines next steps.

Record Keeping:

- Records must be factual, dated, and signed
- Stored securely in line with GDPR
- Shared only on a need-to-know basis

Working in Homes and Schools. Clinicians must maintain professional boundaries, follow school safeguarding procedures when on site.

Training. All clinicians must complete safeguarding training at least every 2 years.

11. Emergency Procedures and Signposting

As an independent autism assessment service, we are not able to take responsibility for situations where a child or young person may be at risk of harming themselves or others. Managing risk safely requires services that have 24/7 crisis support and statutory powers to act when someone is unsafe. Because we do not have these systems, we cannot safely monitor or manage high-risk situations.

We can help families access the right support, for example by:

- Advising families to contact their GP/ emergency services or sharing details of their local NHS crisis line or mental health service
- Share relevant information with NHS or statutory services (with consent or if required under safeguarding duties)
- Pause the autism assessment until the young person is safe
- Signpost to local NHS, social care and school safeguarding teams
- Provide written summaries to support coordinated care

Our priority is ensuring that children and young people receive the right help from the services best equipped to keep them safe.

12. Lone Working Policy

Risk Management: We will review referral information, assess any known risks, confirm address and contact details

Safety Procedures: We will have established check-in systems, mobile phone access and will leave any setting if we deem that it becomes unsafe.

Home Visits: We will conduct assessments in communal areas, maintain professional boundaries, not enter bedrooms or closed spaces

School Visits: We will follow school procedures. Sign in/out.

13. Clinical Governance

Leadership Roles

Clinical Lead: Dr Beth Billington

Safeguarding Lead: Dr Beth Billington

Quality Lead: Laura Edwards

Data Protection Lead: Laura Edwards

Quality Assurance includes Supervision, Peer review, Annual audits of report quality, timeliness of assessments, complaints & safeguarding incidents

Incident Reporting: All incidents are recorded and reviewed including:

- Safety concerns
 - Data breaches
 - Professional concerns
 - Near misses
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14. Insurance, Indemnity and Regulation

Our team are insured and each hold professional indemnity insurance.

Registrations: Health & Care Professionals Council (HCPC)

Dr Beth Billington: Registration Number PYL02597

Laura Edwards: Registration Number SL13487

D. DATA, PRIVACY AND INFORMATION GOVERNANCE

15. GDPR and Data Protection

To ensure compliance with the UK GDPR and Data Protection Act 2018.

Lawful Basis for Processing: We process personal data under:

- Article 6(1)(e) – performance of a task in the public interest
- Article 9(2)(h) – provision of health or social care

Data Collected includes Personal details, Clinical information, Assessment data, School reports, Communication records

Use of Data:

- To provide clinical assessment
- To communicate with families and schools
- To produce reports
- For clinical governance and audit

Storage will be via encrypted systems (WriteUpp) with restricted access to LLP members

Retention: Children's records are retained until they are age 25. Adult records are retained for 7 years.

Data Sharing: We may share data with:

- Parents/carers
- Schools (with consent)
- Professionals (with consent)
- Safeguarding services (if required)

Data Breaches: Any breach will be reported to the Data Protection Lead (Laura Edwards); investigated within 72 hours & reported to the ICO if required

Individual Rights: Clients have rights to:

- Access their data
- Ask us to correct inaccurate information
- Request restrictions on how information is used
- Raise concerns about how we handle data

To exercise these rights, contact us at: understanding-minds@outlook.com

The right to deletion does not apply to health assessment records because organisations are legally required to retain clinical information for defined periods to ensure patient safety, continuity of care, and compliance with statutory healthcare recordkeeping obligations.

16. Privacy Notice

We take your family's privacy seriously and are committed to keeping your information safe. We collect only necessary information to provide safe and effective care, which may include Personal information & Special category (sensitive) information

We use your information to:

- Carry out autism assessments
- Provide clinical reports and recommendations
- Communicate with you and relevant professionals
- Keep accurate clinical records
- Meet legal, regulatory and safeguarding responsibilities

Under UK GDPR, we rely on:

- Article 6(1)(e) – performing a task in the public interest
- Article 9(2)(h) – providing health or social care

This means we do not rely on consent to process clinical information, but we will always involve you in decisions and keep you informed when it is safe and legal to do so.

E. ORGANISATIONAL VALUES AND CONTACT INFORMATION

17. Equality, Diversity and Anti-Discrimination

We will make reasonable adjustments to ensure that children, young people and families can access our service, regardless of protected characteristics or communication preferences.

18. Staff Roles, Qualifications and Supervision

Dr Beth Billington, Clinical Psychologist

DClinPsy (Doctorate in Clinical Psychology), BSc (Hons) Applied Psychology

Trained in ADOS-2 (Autism Diagnosis Observation Schedule – 2), ADI-R (Autism Diagnostic Interview – Revised), DISCO (Diagnostic Interview for Social & Communication Disorders)

Leading autism assessments since 2007

Supervised other Clinical Psychologists & MDT clinicians in a specialist NHS autism team since 2012

Laura Edwards, Speech and Language Therapist

BSc (Hons) Speech & Language Therapy

Trained in ADOS-2, ADI-R

Leading autism assessments since 2021 and part of an MDT Autism Assessment Team since 2010.

Working in a Highly Specialist Speech and Language Therapist role with the clinical specialism of autism since 2010.

Supervised MDT clinicians in a specialist NHS autism team since 2021

Supervision

Each team member receives regular professional supervision. Peer review is used for complex cases. Annual appraisal is completed.

19. Contact Details

Email: understanding-minds@outlook.com