

THE NEURODIVERGENCE VOICE

Neuroinclusion Specialist Consulting & Coaching | Brisbane, Australia



The Neurodivergence
Voice

Practice Quality Standards

The quality assurance framework governing all consulting, coaching, and training work delivered by The Neurodivergence Voice

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Quality Commitment

The Neurodivergence Voice delivers three service lines: organisational consulting, individual coaching, and training and capability development. The work spans two populations — People & Culture leaders and teams in Australian organisations, and late-diagnosed adults navigating neurodivergence in work and life. These populations have different needs, different vulnerabilities, and different definitions of a good outcome. The quality standards that govern this practice must be calibrated to both.

Quality at The Neurodivergence Voice means three things: the work is grounded in evidence; it does not cause harm; and it is honest — about what the evidence supports, about what the practice can and cannot deliver, and about what clients should expect.

What this document is

This document defines the quality standards that govern all work delivered by The Neurodivergence Voice. It is an internal operating guide and a client-facing statement of practice standards. Clients may request a copy at any time. The standards in this document are not aspirational — they are the operating conditions of every engagement.

Services in Scope

These standards apply to all work delivered under The Neurodivergence Voice, across three service lines.

Service line	Description	Primary audience
Organisational Consulting	Neuroinclusion diagnostic assessments Program design and implementation support Independent assurance reviews (PRISM Framework) Strategic advice to People & Culture leaders	People & Culture leaders, WHS professionals, and executive teams in Australian organisations
Individual Coaching	1:1 coaching for late-diagnosed adults Work-focused coaching (job search, workplace navigation, disclosure decisions) Life navigation coaching post-diagnosis	Late-diagnosed adults with ADHD, autism, dyslexia, or other neurodivergent conditions
Training and Capability Development	Manager capability programs in neuroinclusive leadership Team workshops on neurodivergent inclusion Keynote and educational presentations	Managers, HR teams, and general workforce audiences in Australian organisations

Engagement Intake Standards

Work is not accepted without completing an intake assessment. The intake process exists to confirm that the work is within scope, that there is no conflict of interest, that the engagement can be delivered to the required standard, and — in coaching — that the work is appropriate for the individual.

Scope and Capability Assessment

Before accepting any engagement, the following questions are assessed:

- Is the work within the practice's defined scope? The Neurodivergence Voice does not accept work that requires clinical, legal, or psychological expertise beyond the practice's competence.
- Does the practice have adequate knowledge and current evidence to deliver the work to the required standard?
- Is the timeframe realistic? Work is not accepted where the required timeline makes adequate preparation or quality review impractical.
- Are there any access or resource constraints that would prevent the work from being completed to standard?

Where a prospective engagement is at the edge of the practice's competence, this is discussed honestly with the client before engagement commences. The practice does not take work and figure out adequacy afterwards.

Conflict of Interest Assessment

A conflict of interest exists where The Neurodivergence Voice has a personal, financial, or professional interest that could compromise — or appear to compromise — the independence or objectivity of the work.

Standard	Definition
Prior relationship with the organisation	Disclose and assess whether the prior relationship could affect findings or recommendations.
Financial dependency on the client	Work cannot be accepted where the financial relationship with a client creates an incentive to reach favourable conclusions. Retainer arrangements do not in themselves create a conflict, but the context of each engagement is assessed.
Competing client interests	Where two clients have directly competing interests on the same matter, both cannot be served simultaneously without explicit consent from both parties and a clear description of how independence will be maintained.
Personal relationship with individuals in scope	A personal relationship with an individual who is a subject of an assessment (e.g., a manager whose practice is being reviewed) creates a conflict that must be disclosed and managed before work proceeds.

Where a conflict is identified, it is disclosed to the client or prospective client. The decision to proceed, disclose-and-proceed, or decline is documented.

Coaching Intake: Additional Standards

Coaching intake for individual requires additional assessment because of the vulnerability of the population served and the importance of establishing that coaching — not clinical support — is the appropriate service.

Standard	Definition
Coaching vs. clinical boundary	Coaching at The Neurodivergence Voice addresses work and life navigation goals. It is not a mental health service and is not appropriate as a substitute for psychological or psychiatric support. At intake, clients are asked about current mental health support. Where a client does not have adequate mental health support and appears to need it, the coaching engagement is deferred until appropriate support is in place.
Diagnostic status	Coaching services are available to both diagnosed and self-identified neurodivergent individuals. Formal diagnosis is not required. Where a client is in the process of seeking assessment, this is noted and the coaching approach is calibrated accordingly.
Active crisis	Coaching is not appropriate where an individual is in active mental health crisis. Intake includes a plain-language check of current functioning. Where a prospective client discloses active crisis, the intake is paused and appropriate crisis resources are provided.
Informed consent	Before commencing, every client receives a clear description of what coaching is, what it is not, what confidentiality applies (and its limits), and what the client can expect. Consent is confirmed before the first substantive session.

Evidence and Claims Standards

The Neurodivergence Voice makes claims about neurodivergence in work contexts — about what the evidence shows, about what interventions are effective, and about what the regulatory framework requires. These claims must be accurate, appropriately qualified, and traceable to sources.

Inaccurate claims about neurodivergence do harm — to the individuals whose lives are shaped by those claims, and to the credibility of the field. The evidence standards below apply to all work.

Standard	Definition
Empirical claims require sources	Claims about prevalence, outcomes, risk factors, or effectiveness are grounded in published evidence. Sources are documented in working materials. Where evidence is emerging or contested, this is stated explicitly rather than presented as settled fact.
Regulatory claims are verified	Claims about legal obligations under the WHS Act, DDA, or other instruments are verified against current legislation and Safe Work Australia guidance before use.
Uncertainty is stated	Where the evidence on a question is limited, mixed, or contested, this is acknowledged in the work. Confidence is not manufactured to satisfy client expectations.
Individual variation is respected	Claims about neurodivergent people as a group are qualified to acknowledge within-group variation. Statements that begin 'autistic people always...' or 'ADHD means...' are avoided unless the evidence genuinely supports a generalised claim.
Anecdote and evidence are distinguished	Professional experience and client observation inform practice but are not substituted for evidence. Where a claim is based on professional experience rather than published evidence, this is stated.
Currency	Evidence used in deliverables and training materials is reviewed for currency before each use. Claims sourced from research more than five years old are verified against current literature before being used in client-facing work.

On lived experience

The Neurodivergence Voice is informed by lived experience of neurodivergence. Lived experience is a legitimate source of insight and is treated as such. It is not treated as equivalent to, or a substitute for, empirical evidence. In client-facing work, the distinction between evidence-based claims and experience-informed observations is made clear.

Deliverable Standards

Every document, report, workshop, and presentation issued under The Neurodivergence Voice name must meet the following standards before it is shared with a client or public audience.

Standard	Definition
Accurate	Claims are correct, sourced where appropriate, and verified before issue.
Complete	The deliverable addresses the agreed scope in full. Gaps in scope are noted explicitly — not left to the client to discover.

Clearly structured	Content is organised logically. A first-time reader can follow the argument without supplementary explanation.
Calibrated in confidence	The degree of certainty expressed in recommendations and findings matches the evidence base.
Free of jargon	Technical terms specific to neurodivergence or WHS are defined on first use. Documents intended for a general audience are tested for comprehension before issue.
Consistent with prior advice	Where a deliverable relates to an ongoing engagement, it is checked for consistency with prior advice and documents. Contradictions between deliverables are resolved before issue, not left for the client to navigate.
Accessible	Deliverables use clear, plain language. Documents use a readable structure (headings, consistent formatting, logical flow).
Attributed	All The Neurodivergence Voice intellectual property (frameworks, methodologies, tools) is identified as such. Third-party sources are cited.

Client Communication Standards

Standard	Definition
Timely responses	Client communications are responded to within two business days. Where a substantive response requires more time, an acknowledgement is sent within the two-day window with an expected response date.
Proactive scope alerts	Where work is tracking outside the agreed scope — in either direction (expanded or constrained) — the client is notified before the departure becomes a problem. Scope changes are agreed in writing before additional work is undertaken.
Appropriate boundaries in coaching	Coaching sessions have defined boundaries of duration and purpose. Between-session contact is managed within the boundaries agreed at engagement commencement. Contact outside those boundaries is responded to within the next scheduled touchpoint unless there is a safety concern.
Communication of limits	Where a client asks a question outside the practice's scope or competence, the limit is stated directly. The practice does not speculate, over-reach, or provide an impressionistic answer to avoid acknowledging a limit.

Confidentiality and Privacy

The Neurodivergence Voice handles sensitive information across all service lines — organisational data in consulting engagements, and personal disclosure information in coaching. The following standards apply.

Consulting Engagements

Standard	Definition
Client information	Information provided by clients in the course of an engagement is used only for that engagement and is not disclosed to third parties without explicit written consent.
Worker data	Information collected from workers as part of a diagnostic or assurance engagement — including any information disclosed during consultation — is handled with strict confidentiality. Individual workers are never identified by name in reports or findings without their explicit consent. Consultation findings are reported in aggregate or in a form that does not allow individual identification.
Data retention	Working documents and client deliverables are retained for a minimum of seven years. After the retention period, documents are securely destroyed. Clients may request copies of their own engagement materials at any time during the retention period.
Third-party references	Where a client provides information about third parties (employees, managers, other organisations), that information is used only to the extent necessary for the engagement.

Coaching

Standard	Definition
Session content	What is discussed in coaching sessions is confidential. Session notes are retained securely and are not shared with third parties without the clients explicit consent.
Limits of confidentiality	Confidentiality is not absolute. Before commencing, clients are informed that confidentiality may be broken where there is serious risk of harm to the client or another person. The circumstances in which this would occur are explained clearly at intake.
Notes and records	Session notes are minimal and functional. They capture the clients stated goals and progress against those goals.

Privacy Act obligations

The Neurodivergence Voice collects and handles personal information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

Scope and Boundary Management

The Neurodivergence Voice operates within defined scope boundaries. These boundaries protect clients from receiving inadequate advice, protect the practice from working outside its competence, and maintain the integrity of the service.

What The Neurodivergence Voice Does Not Do

Not in scope	What to do instead
Clinical diagnosis of neurodivergent conditions	Refer to a psychologist or psychiatrist with relevant assessment expertise. The Neurodivergence Voice can assist clients in understanding the assessment pathway.
Mental health treatment or therapy	Refer to a registered psychologist, psychiatrist, or mental health professional. Coaching and therapy are different services with different purposes — this distinction is maintained clearly.
Legal advice on specific matters (DDA claims, WHS prosecutions, employment disputes)	Refer to an employment lawyer or WHS specialist lawyer. The Neurodivergence Voice can provide context about the regulatory framework but does not provide legal advice.
HR case management (managing specific employee performance, conduct, or grievance matters)	These services are outside scope. The Neurodivergence Voice provides systemic guidance and capability development — not case-by-case HR management.
Neurodivergence assessment or identification services	The Neurodivergence Voice does not assess whether a person is neurodivergent. This requires a qualified clinical assessor.

Referral Standards

Where a client requires a service outside scope, a referral is made. Referrals are not generic — The Neurodivergence Voice maintains awareness of relevant referral pathways in Queensland and nationally, and provides specific, actionable referral information where possible.

Deliverable Review and Issue Process

Every client-facing deliverable is reviewed before it is issued. The review process is applied consistently regardless of the deliverable type or the length of the client relationship.

Pre-Issue Review Checklist

Before issuing any deliverable, the following is confirmed:

Check	Standard
Scope alignment	The deliverable addresses the agreed scope. Nothing material is missing. Any departures from scope are explained.
Factual accuracy	All factual claims, statistics, dates, and regulatory references are verified. Sources are documented in working files.
Evidence calibration	Definitive language is not used where the evidence is qualified. Uncertainty is acknowledged where it exists.

Audience appropriateness	The language, structure, and depth are appropriate for the intended reader. Technical terms are defined. Jargon is minimised.
Confidentiality check	The deliverable does not identify individuals without their consent. Worker data is presented in aggregate or anonymised form.
IP attribution	The Neurodivergence Voice methodology and frameworks are identified as proprietary. Third-party sources are cited.
Formatting and presentation	The document is professionally formatted and accessible in structure and layout.

Working with Associates

Where The Neurodivergence Voice engages associates or subcontractors to contribute to an engagement, the following applies:

- Associates are briefed on the quality standards in this document before contributing to any engagement
- All associate work is reviewed against these standards before being incorporated into client deliverables
- The Neurodivergence Voice retains full responsibility for the quality of every deliverable, regardless of how it was produced

Service-Specific Quality Standards

In addition to the universal standards above, each service line has specific quality requirements.

Organisational Consulting

Diagnostic Assessments

Standard	Definition
Multi-method evidence	Diagnostic conclusions are not based on a single evidence source. Document review, interviews, observation, and data review are combined. Where a method is not available, this is noted as a limitation.
Worker consultation is non-negotiable	A diagnostic that does not include direct consultation with neurodivergent workers is not a complete diagnostic. This requirement is communicated at scope agreement. Where an organisation cannot facilitate worker consultation, the scope is adjusted and the limitation is explicitly noted in the diagnostic report.
Findings are evidenced	Every diagnostic finding is accompanied by the specific evidence that supports it. 'The reviewer's impression' is not a finding basis.
Ratings are consistent	Where the PRISM Framework maturity scale is used, ratings are applied consistently against the defined criteria. A higher rating is not given because the organisation has worked hard or has good intent.
Limitations are disclosed	Every diagnostic report includes a methodology section that states what evidence was and was not available and the effect of any limitations on the conclusions.

Program Design

Standard	Definition
Design is evidence-informed	Program design recommendations are grounded in evidence about what works. Programs are not designed based on what is popular, easy to sell, or easy to deliver.
Honest scope	Program design documents state what the program will achieve, what it will not achieve, and what additional work would be required to achieve outcomes beyond scope.
Implementation conditions are specified	Where a program's effectiveness depends on specific implementation conditions (executive mandate, manager accountability, sustained resourcing), these are stated explicitly.

Individual Coaching

Session Quality

Standard	Definition
Client goals are the compass	Coaching is directed by the clients stated goals, not by the coach's assessment of what the client should want.
Progress is tracked	Clients goals are documented at the start of the engagement. Progress against goals is reviewed at defined intervals (typically every four to six sessions). Where progress is not occurring, this is discussed directly.

Coaching stays in scope	Coaching conversations that move into territory appropriate for clinical support are redirected. The redirection is done respectfully and with a clear explanation of why.
The coaching relationship is professional	The relationship between coach and client is professional. Dual relationships — where the coach also has a social, business, or personal relationship with the client — are assessed carefully and avoided where they create a risk to the quality of the coaching.

Safe Practice

Standard	Definition
Emotional safety	Coaching conversations can surface significant emotional material — particularly for late-diagnosed adults who may be processing retrospective experiences. The coach holds this material with care.
Crisis protocol	Where a client discloses that they are in crisis or at risk during a session, the session is paused and appropriate support resources are provided.
Referral is prompt	Where coaching surfaces a need for clinical support, the referral conversation is had in the same session.

Training and Capability Development

Content Quality

Standard	Definition
Content is current	Training materials are reviewed for currency before each delivery. Materials are updated when they become outdated — not only when they are noticed.
Content is not stigmatising	Training materials do not use language or framing that pathologizes neurodivergence or positions neurodivergent people as burdens, problems, or deficits.

Delivery Quality

Standard	Definition
Facilitation is prepared	Every training session is prepared specifically for its audience and context.
The room is safe	Training that involves disclosure or discussion of personal experience creates conditions for safe participation. Participation is not coerced. Personal disclosure is voluntary.
Neuroinclusion in delivery	Training on neuroinclusion is delivered in a neuroinclusive manner. This means: there are genuine breaks, and the pace allows for different processing speeds.
Feedback is collected	Participant feedback is collected at the end of every training session. Feedback is reviewed and used to improve future delivery. Consistently negative feedback on a specific element triggers a content or delivery review.

Engagement Closeout

Every engagement has a defined closeout process.

Consulting Closeout

1. Final deliverable review: Confirm that all deliverables specified in scope have been completed and issued. Note any outstanding items and agree on their resolution.
2. Next steps: Where the engagement's findings point to further work — whether with The Neurodivergence Voice or with another provider — this is stated explicitly with a recommended sequence.
3. Feedback request: Clients are asked for structured feedback on the engagement. Feedback is used to improve future practice.
4. File retention: Engagement files are archived in accordance with the data retention standard.

Coaching Closeout

5. Goal review: The clients original goals are reviewed. Progress against each goal is documented.
6. Records: Session notes are finalised and filed.

Feedback and Continuous Improvement

Quality standards are only effective if they are tested against experience. The Neurodivergence Voice collects structured feedback from clients and uses it to identify gaps between the standards in this document and the actual quality of delivered work.

Standard	Definition
Structured client feedback	At the conclusion of every consulting engagement, clients are asked to provide structured feedback against the quality standards in this document. Feedback is requested on: scope delivery, evidence quality, communication, and overall confidence in the work.
Training participant feedback	At the end of every training delivery, participant feedback is collected on: content accuracy, relevance, delivery quality, and neuroinclusion of the delivery format itself.
Adverse event review	Any complaint, formal dispute, adverse outcome, or significant departure from expected quality is reviewed within 30 days.
Annual standards review	This document is reviewed annually. Evidence standards are updated where the field has moved. Service-specific standards are updated based on accumulated feedback and practice experience. Version history is maintained.

Intellectual Property

The frameworks, methodologies, tools, and written materials produced by The Neurodivergence Voice are proprietary intellectual property. The following standards govern their use.

Standard	Definition
Client deliverables	Clients receive a licence to use deliverables produced for their engagement internally. They do not acquire ownership of The Neurodivergence Voice methodology, frameworks, or tools embedded in those deliverables.
Framework materials	The PRISM Framework, Implementation Guide, and Independent Assurance Review methodology are proprietary. They may not be reproduced, adapted, or distributed without written permission from The Neurodivergence Voice.
Training materials	Training materials are licensed for the specific delivery they are designed for. They may not be reproduced, delivered by third parties, or adapted without written permission.
Attribution	Where clients share or present work that draws on The Neurodivergence Voice methodology or frameworks, attribution is expected. The Neurodivergence Voice will pursue attribution in good faith before any formal action.
Third-party materials	Where training or consulting materials incorporate third-party content (published research, licensed images, others' frameworks), appropriate attribution and permissions are confirmed before use.

Questions about these standards

Clients are encouraged to raise questions about these standards at any time.

Feedback and complaints are treated seriously and responded to within five business days.

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