Specialist Children's Services Unit
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Date: 20 November 2025
REF: PI/LS

Dear Ms Haughey

Thank you for your enquiry into NHS Lanarkshire's Neurodevelopmental Service School Team. We have detailed background information about why the school team was developed, outcomes and future planning and hope this addresses the information you have requested.

Background:

Following the introduction of the National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care (2021) and the development of a Neurodevelopmental Service (NDS) in Lanarkshire there has been a year on year increase in referrals for neurodevelopmental (ND) assessments. Whilst addressing the longest waits and focusing on young people moving into adult service, NHS Lanarkshire's Neurodevelopmental Service carried out 2 Tests of Change (ToC) to consider assessment in a different way. The first test was within South Lanarkshire and the second within North Lanarkshire.

The focus of the ToC was to consider a Whole School Approach to ND Assessments within mainstream primary schools. We wanted to consider service efficiencies when all children on the current waiting list in a school were assessed at the one time, in their own environment and with the full support of the school. In conjunction with the assessments, we also wanted to provide a range of Parent Workshops to the parents involved in the ToC, but also to the wider school community. As a service we recognise that in schools there are a large number of supports already in place for children with a ND profile, therefore a review of these and assessment of the school environment was also considered during the testing periods.

Two schools with high referral rates, fully aware of the NDS and supportive of our work, were identified. Preparatory work was completed including liaison with the Head Teacher, reading of referrals, reviewing school pro-formas and developmental histories completed by families, to develop an individual assessment plan for each child.

Assessment:

A two-week assessment period was arranged with children timetabled for assessment during this time, with a range of staff involved including Nursing, Speech & Language Therapy, Occupational Therapy and Psychology. Our first contact with each child was a classroom observation to further inform our assessment plan. Each child was assessed by at least 2 clinicians, covering autism, ADHD, intellectual disability, developmental co-ordination disorder and language disorder.

During the ToC, parental engagement sessions were offered and well attended, updating parents and carers on the service and explaining why we were completing assessments within the school. Parental feedback on various aspects of the service was also sought.

On conclusion of the 2 weeks, NDS staff met with the teaching staff to answer questions and discuss our observations of the school. The Management Teams in both schools were observed to be very much involved with the teaching and care of the children, within the school, outside during break time and within the lunchroom. All staff were able to provide a detailed account of the children in their classrooms, sharing strategies they already employed to support the children.

We acknowledged with the School Management Team the potential of having up to 20 children in their school, being given a new diagnosis at the same time and the impact this may have on the teaching staff. Despite schools already providing supports for their children, we were aware this may feel pressured or lead to greater expectations from parents/carers as a result.

Outcomes:

Prevalence data suggests 10% of all children and young people in mainstream school will have a ND profile

Test 1: • Role of 407 pupils • 23 have existing ND diagnosis • 20 new formulations completed • Total for school = 43 = 10.5%	Test 2: • Role of 389 pupils • 25 have existing ND diagnosis • 13 new formulations completed • Total for school = 38 = 9.8%

We completed a Time in Motion Study during the first ToC, demonstrating a reduction in diagnostic assessment time from a median of over 160 days to 14 days.

Our ToC demonstrated that a school-based approach can:

- Maintain diagnostic quality and multidisciplinary input comparable to traditional clinics;
- Improve access and equity for children and families who may struggle to engage with clinic-based services;
- Support earlier identification and intervention for autistic children and those with ADHD, intellectual disability, and other ND profiles;

- Support schools with the development of strategies for those with an ND profile within their school prior to any formal diagnosis;
- Engage with families in a less intimidating / more familiar setting;
- Improve both family satisfaction and diagnostic throughput;
- Increase capacity.

Future Planning:

The service roll out of our School Team begins January 2026 targeting schools with the highest number of referrals along with the longest waits. There will be maximum allocation of 22 children within any school scheduled over a two-week period. The School Team will have a Team Leader, with a clinical element to their role, a Learning Disability Nurse, Occupational Therapist, Speech and Language Therapist and a Clinical Associate in Applied Psychology completing all assessments. There is dedicated admin support for the team. Four parent workshops will be provided during the assessment week; Sleep, Sensibility, Why Won't You Eat? and Managing Distressed Behaviour & Anxiety. These workshops are available to the whole school community.

The School Team will target North Lanarkshire schools, January to June 2026, with the plan to increase capacity by 96%. A second School Team will be implemented from August 2026 when both North and South Lanarkshire schools will be targeted on a rolling basis. A range of clinical staff will continue to offer the current clinic based model to children attending schools with fewer referrals. Increased capacity is achieved within schools with high referral numbers.

Please do not hesitate to contact us again if the committee requires further information.

Yours sincerely

Pauline Izat
General Manager
Specialist Children's Health Services Unit

cc Yvonne Vance, Head of Psychology, CAMHS and NDS, NHSL
cc Suzanne Shields, Clinical Manager, Neurodevelopmental Service, NHSL