Lothian NHS Board

NHS Lothian Headquarters
Waverley Court
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Date 14 September 2026
Your Ref
Our Ref 11857

Enquiries to Richard Mutch
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Dear

FREEDOM OF INFORMATION – NEURODIVERSITY

I write in response to your request for information in relation neurodiversity.

Question:
I am seeking recorded information about NHS services available to neurodivergent children and young people aged under 18 within your Health Board area.
For this request, "neurodivergent" should be interpreted broadly and should include, but not be limited to, autism and ADHD.
Please provide the following information **as at the date of this request**.

1. **Neurodevelopmental services**

Please identify each NHS service or pathway provided or commissioned by the Health Board specifically for neurodivergent children and young people aged under 18.
For each service/pathway, please provide, where recorded:

- service/pathway name;
- age range;
- neurodevelopmental conditions or needs supported;
- whether a formal diagnosis is required;
- eligibility criteria;
- referral route;
- geographical restrictions; and
- the responsible department or directorate.

2. **CAMHS and neurodivergence**

Please identify any CAMHS team, pathway or provision specifically intended or adapted for neurodivergent children and young people.
For each, please state whether the Board records the availability of staff with a specific specialist role, qualification or remit relating to autism, ADHD or neurodivergence.
I am not requesting staff names or personal information.

3. **Sexual abuse, sexual assault and significant trauma**

Please identify any service provided or commissioned by the Board which supports children and young people aged under 18 who have experienced:

- sexual abuse;

- sexual assault or sexual violence;
- peer-on-peer sexual abuse; or
- significant psychological trauma.

For each service, please provide:

- service/provider name;
- age range;
- eligibility criteria;
- referral route;
- geographical restrictions;
- whether the service is NHS-operated or externally commissioned; and
- where externally commissioned, the provider and current contract/funding period.

4. **Neurodivergent children who have experienced sexual abuse or trauma**

Please identify any service, pathway, protocol or commissioning arrangement specifically addressing the needs of **neurodivergent children or young people who have experienced sexual abuse, sexual violence or significant trauma**.

Please state whether the Board has any specifically commissioned or designated clinical expertise addressing the combination of neurodivergence and psychological/sexual trauma.

5. **Children unable or not ready to give a detailed verbal account**

For services identified under questions 3 or 4, please provide any recorded:

- policy;
- clinical guidance;
- referral criteria;
- service specification;
- pathway document; or
- commissioning requirement

which addresses children or young people who, because of neurodivergence, communication differences, developmental needs or trauma, are **unable or not yet ready to provide a detailed verbal account of what has happened to them**.

In particular, please state whether such a child can access assessment, relationship-building, stabilisation or therapeutic support **without first being required to provide a detailed verbal disclosure or narrative of the traumatic event**.

If no recorded policy or provision addressing this is held, please state that.

6. **Alternative and adapted communication**

Please identify any recorded provision within the services covered by questions 3–5 for:

- non-verbal or reduced-verbal communication;
- written or text-based communication;
- visual communication;
- augmentative or alternative communication;
- sensory/environmental adaptations;
- additional processing time;
- predictable or structured therapeutic environments; or
- other reasonable adaptations for neurodivergent children.

7. **Referral outcomes**

Where centrally recorded and capable of being provided without reviewing individual patient records, please provide for the most recent 12-month period available:

- number of under-18 referrals to the services identified under questions 3 and 4;
- number accepted;
- number declined or redirected; and
- any centrally recorded categories/reasons for declined or redirected referrals.

If the Board records “unable to engage”, “not ready”, “unable to disclose”, communication difficulties or similar reasons, please provide those categories and the corresponding aggregate numbers.

I am not requesting patient-level information.

8. **Waiting lists**

For each service identified under questions 1, 3 and 4, please provide the most recent centrally recorded:

- number of children/young people waiting; and
- average or median waiting time,

where held.

9. **Commissioned third-sector provision**

Please identify any charity, third-sector organisation or external provider currently funded or commissioned by the Health Board to provide:

- neurodevelopmental support to children;
- child sexual-abuse/sexual-violence support;
- child trauma support; or
- services addressing both neurodivergence and trauma.

For each, please provide the service/provider, purpose of the commission, age range, current annual contract or funding value where recorded, and contract/funding period.

10. **Policies, service specifications and rights assessments**

Please provide copies of, or links to, any current:

- neurodevelopmental strategy or pathway;
- child trauma/sexual-abuse pathway;
- relevant service specification;
- equality impact assessment;
- children's rights or UNCRC assessment; or
- needs assessment

Answer:

1. Neurodevelopmental services

- service/pathway name; **CAMHS Neurodevelopmental assessment pathway, CAMHS ADHD Titration/medication pathway (both pathways within the general CAMHS outpatient teams) and CAMHS ID Team,**
- age range; **for ADHD assessment 5 – 18th birthday (or 4 yo for ADHD assessment where child has completed first term in primary school). Autism age 7 – 18th birthday. CAMHS ID Service from 0 - 18**

- neurodevelopmental conditions or needs supported; **autism, ADHD, Intellectual Disability, FAS, DLD**
- whether a formal diagnosis is required; **for CAMHS ID Team significant global developmental delay for pre-school children and moderate/several intellectual disability for school age children. For titration medication an ADHD diagnosis is required .**
- eligibility criteria;
    - For **ND assessment – referral of clear markers of a neurodevelopmental condition.**
    - **For formal diagnosis of ID significant behavioural and mental health difficulties**
- referral route; **via GP, school, health visitor, social work, community paediatrics, other health professionals**
- geographical restrictions; **4 Lothian Local Authorities**
- the responsible department or directorate. **Royal Edinburgh and Associated Services within which CAMHS is managed.**

2. CAMHS and neurodivergence

Please identify any CAMHS team, pathway or provision specifically intended or adapted for neurodivergent children and young people. **ND assessment pathway, ADHD titration/medication.**

For each, please state whether the Board records the availability of staff with a specific specialist role, qualification or remit relating to autism, ADHD or neurodivergence.

Clinicians with appropriate ND skills and expertise including additional training complete ND assessments, formulations and diagnosis. The service holds records of staff who have completed ND specific specialist training, eg ADOS training and CBT-AS. The service holds a record of non medical prescribers and psychiatrists who prescribe ADHD medication.

3. Sexual abuse, sexual assault and significant trauma

Please identify any service provided or commissioned by the Board which supports children and young people aged under 18 who have experienced:

- sexual abuse;
- sexual assault or sexual violence;
- peer-on-peer sexual abuse; or
- significant psychological trauma.

For each service, please provide:

- service/provider name; **CAMHS Meadows (specialist child sexual trauma team). CAMHS Tier 3 outpatient and Tier 4 Teams will also work with CYP who have experienced trauma**
- age range; **0 until 18th birthday**
- eligibility criteria; **CAMHS national service specification**

- referral route; **via GP, school, social work, community paediatrics, other health professionals**
- geographical restrictions; **4 Lothian local authorities**
- whether the service is NHS-operated or externally commissioned; and **NHS**
- where externally commissioned, the provider and current contract/funding period. **N/A**

4. Neurodivergent children who have experienced sexual abuse or trauma

Please identify any service, pathway, protocol or commissioning arrangement specifically addressing the needs of **neurodivergent children or young people who have experienced sexual abuse, sexual violence or significant trauma**.
Will access CAMHS services as stated above, ND is not an exclusion criteria. Treatments and therapies are formulated and adapted according to the young person's presentation including ND.

Please state whether the Board has any specifically commissioned or designated clinical expertise addressing the combination of neurodivergence and psychological/sexual trauma.
No

5. Children unable or not ready to give a detailed verbal account

For services identified under questions 3 or 4, please provide any recorded: **the service does not expect children and young people to give a detailed verbal account.**

- policy; **No**
- clinical guidance; **use of formulation and adapted approaches and do not rely solely on talking therapies eg art therapy, play based occupational therapy, speech and language therapy, occupational therapy, psychological therapies, family work**
- referral criteria; **as above**
- service specification; **as above**
- pathway document; or **none**
- commissioning requirement **N/A**

which addresses children or young people who, because of neurodivergence, communication differences, developmental needs or trauma, are **unable or not yet ready to provide a detailed verbal account of what has happened to them**.
In particular, please state whether such a child can access assessment, relationship-building, stabilisation or therapeutic support **without first being required to provide a detailed verbal disclosure or narrative of the traumatic event**.
Yes
If no recorded policy or provision addressing this is held, please state that.

6. Alternative and adapted communication

Please identify any recorded provision within the services covered by questions 3–5 for:

- non-verbal or reduced-verbal communication;
- CAMHS ID - routine use of SIGNALONG and visual supports in the form of objects of reference, photographs, symbols, visual timetables to support interventions, PECS,

Intensive Interaction and "Talking Mats", BSL trained staff, communication passports, aided language boards, social stories
- Generic CAMHS, Tier 4 and specialist teams - Talking Mats, visual supports - timetable, photographs, play based occupational therapy, music therapy, social stories

- written or text-based communication; **approval can be sought from CALDICOTT Guardian for permission to communicate by email or text according to individual needs**
- visual communication; **Talking Mats, visual timetables, symbols, photographs, objects of reference, aided language boards, social stories**
- augmentative or alternative communication; **visual timetables, SIGNALONG, photographs, objects of reference, BSL either translators or staff who have training, aided language boards**
- sensory/environmental adaptations; **sensory based assessments and interventions**
- additional processing time; **as needed**
- predictable or structured therapeutic environments; **or visual timetable, social stories, planned agendas for sessions, videos of clinical areas, waiting rooms, symbols and photographs within environments**
- other reasonable adaptations for neurodivergent children. **on a individualised basis**

As a service we comprise of multi-disciplinary clinicians who bring a range of trauma informed skills and expertise. Formulation and treatment planning incorporate children and young people's specific needs in order that adjustment can be made. As a service we routinely work with neurodivergent CYP, all clinicians are neurodevelopmentally informed and in addition there are clinicians with additional more specialist training. Our specialist services offer consultation to the wider services where required. Whilst we do not have physical environments specifically designed for ND children and young people, we will routinely adapt the social and physical environment within those constraints and are flexible according to trauma needs in order to accommodate a young person's sensory profile. For example where possible we may meet with young people in an alternative venue or format. As stated previously, as a service we do not rely only on talking therapies but a range of therapies which remove/reduce the demand around talking, eg art therapies, music therapies, occupational therapy, speech and language therapy etc.

7. Referral Outcomes

Where centrally recorded and capable of being provided without reviewing individual patient records, please provide for the most recent 12-month period available:

- number of under-18 referrals to the services identified under questions **3** and **4**;
- number accepted;
- number declined or redirected;
- and any centrally recorded categories/reasons for declined or redirected referrals.

If the Board records "unable to engage", "not ready", "unable to disclose", communication difficulties or similar reasons, please provide those categories and the corresponding aggregate numbers.

September 2025 – August 2026

Number of referrals (True wait lists only, i.e., excluding planned repeats)**:**

- re Q3: Sexual abuse/assault and significant trauma services (CAMHS Meadows and CAMHS Meadows West Lothian): **268**
- re Q4: ND services for children who have experienced sexual abuse or trauma: **N/A**

Number accepted (of those referred above)**:**

- re Q3: Sexual abuse/assault and significant trauma services (CAMHS Meadows and CAMHS Meadows West Lothian): **264**
- re Q4: ND services for children who have experienced sexual abuse or trauma: **N/A**

Number declined/redirected (of those referred above with removal reason "Inappropriate Referral at Triage")**:**

- re Q3: Sexual abuse/assault and significant trauma services (CAMHS Meadows and CAMHS Meadows West Lothian): **3**
- re Q4: ND services for children who have experienced sexual abuse or trauma: **N/A**

8. Waiting Lists

For each service identified under questions **1, 3** and **4,** please provide the most recent centrally recorded: number of children/young people waiting; and average or median waiting time, where held.

Current waits (true wait lists only, i.e., excluding planned repeats)**:**

- re Q1: ND services for CYP overall (incl. Community Paediatrics):
  - CAMHS: **12,853**
  - Community Paediatrics: **717**
- re Q3: Sexual abuse/assault and significant trauma services (CAMHS Meadows and CAMHS Meadows West Lothian): **111**
- re Q4: ND services for children who have experienced sexual abuse or trauma: **N/A**

Median waiting time:

- re Q1: ND services for CYP overall (incl. Community Paediatrics):
  - CAMHS: **97 weeks**
  - Community Paediatrics: **29 weeks**
- re Q3: Sexual abuse/assault and significant trauma services (CAMHS Meadows and CAMHS Meadows West Lothian): **9 weeks**
- re Q4: ND services for children who have experienced sexual abuse or trauma: **N/A**

9. No CAMHS NHS-commissioned third sector services

10. Policies, service specifications and rights assessments

Please provide copies of, or links to, any current:

- neurodevelopmental strategy or pathway; **National ND specification Children and young people - national neurodevelopmental specification: principles and standards of care - gov.scot**
- child trauma/sexual-abuse pathway; **CAMHS Meadow's Child Sexual Trauma team, National Trauma Transformation Programme Trauma – national trauma transformation programme | NHS Education**
- relevant service specification; **CAMHS National Spec Child And Adolescent Mental Health Services: national service specification - gov.scot**
- equality impact assessment; **Equality and Children's Rights Impact Assessment** Equality and Children's Rights Impact Assessments – Equality and Human Rights
- children's rights or UNCRC assessment; or **NHS Lothian has embedded implementation of the UNCRC through its Equality and Human Rights Strategy and Equality and Children's Rights Impact Assessment (ECRIA) framework. While a standalone UNCRC Implementation Plan is not publicly available, NHS Lothian has established policies, governance arrangements, and impact assessment processes designed to ensure compliance with children's rights duties and to support a children's rights-based approach across services**

- needs assessment **GIRFEC**

which addresses any of the services covered by this request.

Where any document specifically considers **neurodivergent children who have experienced abuse or trauma**, please identify it.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, \you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive