

CHILDREN AND YOUNG PEOPLE'S NEURODEVELOPMENT SUPPORT FUND 2026-27: SUPPORTING GUIDANCE

Introduction

In June 2025, COSLA and the Scottish Government jointly published the [review of the implementation of the Children and Young People's Neurodevelopmental Specification](#). This acknowledged a range of challenges in the delivery of the Specification, including increasing demand for neurodevelopmental (ND) support and diagnosis, staffing across sectors, ownership of the specification and clarity of the roles of partners in its delivery, and communication, e.g. between teams, schools, and services. Also acknowledged were whole system funding pressures where beyond a small number of short life tests of change, funding has historically been directed towards health.

The review highlighted the importance of a needs-led, holistic and neuro-affirming approach, delivered across sectors and not dependent on diagnosis. It also outlined a number of actions, including the development of a high-level descriptor outlining the roles of different services in supporting neurodivergent children and young people and exploring the role of family support, recognising the value of this and the diverse range of non-clinical support that may meet a neurodivergent child's needs. Work to progress these actions is being undertaken by the children and young people's [neurodevelopmental taskforce](#).

The provision of this funding sits in the context of this wider improvement work.

The Scottish Budget 2026/2027 included provisions for new funding for improvements to neurodevelopmental assessment and care for children and young people. From this new funding, the Children and Young People's Neurodevelopment Support Fund is intended to support delivery of improved, new and expanded supports and services that meet the neurodevelopmental needs of children, young people and families. It is proposed that this funding is used *flexibly* with a focus on neuro-affirming **holistic, needs-based support**.

Policy and Legislative Context

Support aligned to this funding should be developed mindful of the underpinning legislative and policy context, including:

- Additional Support for Learning Act
- Getting it Right for Every Child
- UNCRC
- The Promise

Key across these provisions is accessible, needs-based approaches that build on existing evidence and listen to the voices of children and families.

Understanding of neurodevelopment and the associated policy is rapidly evolving. Seeking to ensure that children, young people and their families receive the right support at the right time, this issue is being considered nationally, locally and by individual professions. Work is focussed on a needs-based model of support, moving

away from a historical model driven by diagnosis. This approach is set out in the National Neurodevelopmental Specification and aligns with the principles put forward in recent papers by Child Heads of Psychology in Scotland and the Royal College of Psychiatrists in Scotland.

Nationally, a Children and Young People's Neurodevelopment Taskforce has been established to take forward the actions set out in the Neurodevelopmental Specification implementation review, including a review of the Specification and a high-level system descriptor. This work also continues to be of significant political interest. Design and delivery of support aligned to this funding should continue to take account of the work of the Taskforce and work at a national level.

Neurodiversity and Neurodevelopment

Neurodiversity refers to the differences in brain development, function and associated behaviours across the population, encompassing both neurotypical and neurodivergent people. Because brains develop in different ways and at different times, everyone thinks and experiences the world differently. Neurodiversity is the term used to describe these natural differences.

For some people, these natural differences in brain development are more noticeable and may lead to neurodevelopmental diagnoses such as autism or attention deficit hyperactivity disorder (ADHD). The term *neurodivergent* is used to describe people whose thinking and cognitive processes differ from what is considered *neurotypical*. Neurodivergence is a normal part of human diversity that has always existed, and can bring unique abilities and perspectives, alongside areas where additional understanding or support may be helpful.

Neurodevelopmental diagnostic terms describe people whose brain development happens in a particular way, which results in particular preferences and profiles in relation to areas such as attention, learning, motor development, communication and social interaction, sometimes requiring support. A wide range of neurodevelopmental diagnoses exist, including attention deficit hyperactivity disorder (ADHD), autism, developmental coordination disorder (dyspraxia), fetal alcohol spectrum disorder (FASD) and intellectual or learning disability. Experiences can vary widely both in form and impact, and individuals may be identified with co-occurring diagnoses. The physical and social and environment can be more or less well matched to individual profiles. This can determine how much the child has support needs. They can participate best when the environment and learning opportunities are well matched to their developmental stage and processing and thinking style.

Additionally, some children and young people may have neurodevelopmental support needs even if they do not meet diagnostic thresholds for a recognised diagnosed condition. These needs can still have a significant impact on their wellbeing, how they manage everyday tasks, and how fully they can take part in activities.

Purpose of funding

This funding should be used flexibly with a focus on **holistic, needs-based support** to ensure progress against the primary and secondary outcomes set out below. While working towards the primary outcome indicated, it is anticipated that any associated support or service design and planning will take account of and contribute to progressing the secondary outcomes.

Age

In line with the ND Specification, services and supports can be for all children and young people who are aged 0–18 years, and young adults aged 18–24 (and up to age 26 for care experienced people).

Primary outcome:

- Support the improved wellbeing of children and young people with neurodevelopmental support needs, and their families, including those with a diagnosis, awaiting diagnosis, and those not requiring or seeking a diagnosis for a neurodevelopmental condition.

Secondary outcomes:

- Enable greater connectivity between the range of services supporting children and young people with ND needs across the public and third sector including CAMHS and the wider health service.
- Reduce pressure within universal services currently supporting children with neurodevelopmental needs.

What would improved children and young people's outcomes look like?

Positive outcomes for children and young people as a result of this funding might include but are not limited to:

- Functional gains: goal-based outcomes; improvements in self-care, school engagement, and social participation.
- Emotional and sensory regulation: reduced distress and improved use of regulation strategies by CYP and those supporting them.
- Family and school feedback: Increased confidence and positive changes in routines and engagement.
- Participation-based outcomes: attendance, engagement, and wellbeing indicators.
- Identity and Inclusion: positive identity formation and reduced stigma.
- Connection: opportunities to meet and connect with other neurodivergent children and young people, parents and carers of such young people, where people can safely be their authentic self.

Wider outcomes from the funding may include but are not limited to:

- Workforce confidence: Competency and collaboration measures across agencies.

- Fewer mental health crises for neurodivergent CYP due to proactive neurodevelopmental support.
- Wider family experience metrics: trust, understanding, and inclusion.

High-level descriptor of neurodevelopmental support

A high-level system descriptor of neurodevelopmental support is being developed collaboratively with partners. It is intended to support a shared understanding of the range of supports available across the system that can meet neurodevelopmental needs.

Within this, support can be understood across four broad categories; reasonable adjustments, self-support, targeted support and intensive support. Children, young people and families may require support from more than one category at any point, and the support required may change over time as needs emerge and evolve.

Local authorities may wish to consider how services supported by this funding align with these categories of support. The high-level descriptor intends to provide a shared understanding of how different forms of support fit together and support decisions about how funding is used to strengthen the overall system of neurodevelopmental support in a local area. It may also help local authorities to map existing provision, identify gaps, and clarify roles across partners.

What could supports and services offer?

Supports and services put in place should be neuro-affirming, person-centred and reflective of local need. They should be designed taking into account the needs of local children, young people and families and consideration should be given to what will best support the achievement of better outcomes in the local context.

It could be used for:

- Provision of needs-based support for children, young people and their families with neurodevelopmental support needs, including those with a diagnosis, awaiting assessment, or not seeking or requiring a diagnosis. This could include family coaching, facilitated groups, targeted one-to-one work, and structured neuro-affirming interventions addressing areas such as sleep, communication, sensory needs, routines and emotional regulation.
- Expansion or strengthening of existing neurodevelopmental supports where demand is already high, building on local capacity across education, health, community and third-sector services;
- Making physical and social environments more accessible and neuro-affirming; and/or
- Upskilling and capacity-building of staff across sectors to support a needs-based approach aligned with GIRFEC, supporting more appropriate access to wider or universal services, and ensuring the right skills base is available locally to provide support. This includes access to specialist input and enhanced training where appropriate.

Supports and services will normally use evidence-based and evidence-informed interventions, but may sometimes use less well-evidenced approaches where these are considered to be best placed to help the child or young person. Any risk arising from this should be managed as appropriate.

Examples of the range of potential supports and services that could be put in place are provided in **Annex A**.

Local partnerships are not expected to be able to put in place all the types of supports and services listed above or provide all possible supports for ND through this funding. As provision should be informed by local needs, it is anticipated that supports and services will look different across different areas.

Alignment with wider supports and services

Developing supports and services should align with existing structures, with appropriate links through established children's services planning and community planning mechanisms, maximising the opportunities for children and young people to be supported with their ND needs by providing clear routes into the range of ND supports available and to other services that may support their wider needs e.g. mental health supports and services.

Safeguarding measures must be embedded into service planning, design and delivery arrangements to ensure all providers understand safeguarding thresholds, appropriate escalation routes, and when to involve statutory safeguarding partners.

To maximise both the impact of the funding and support connections between services, this funding can be utilised flexibly alongside wider funding streams where this would add value to services, for example the Whole Family Wellbeing Fund. However, it is not intended that wider funding should be repurposed.

Training and skills

Support for children, young people and their families should be provided by those with appropriate training and skills. This funding may be used to ensure relevant staff have received appropriate training to provide tailored ND support or to ensure universal services can be delivered in a way that is inclusive of neurodivergent children and their families.

The role of lived experience

Under Article 12 of the UNCRC, every child has the right to be heard in matters affecting them. A [rights-based approach](#) should be taken to the design, delivery and evaluation of these supports which should be developed and co-produced with children, young people and their families, who should be involved as early as possible and going forward to ensure that local needs and priorities are identified and continue to be reflected. There should also be appropriate consideration of how stigma and discrimination can be addressed in the design of the supports and services.

Lived experience can add significant value across approaches to neurodevelopmental support including via peer support or contributions to professional training. Consideration should be given to where lived experience expertise adds value to the local offer.

Governance and Reporting

Local authorities should ensure appropriate arrangements are in place to oversee the planning, delivery and review of activity supported through this funding. Consideration should be given to how funded activity contributes to the outcomes set out in this guidance, and supports local priorities for children, young people and families.

In planning and reviewing activity supported through this funding, local authorities are encouraged to engage with Children's Services Planning Partnerships. This can support understanding of local need, alignment with wider planning for children and families, and shared learning across services and sectors.

To support ongoing improvement, local areas should consider meaningful and proportionate monitoring and evaluation of funded activity. Consideration should be given to what information is already available through existing education, health and community systems, alongside feedback from children, young people and families. This information can help local areas demonstrate the positive impacts being made, understand what is working well, identify gaps or emerging needs, and inform future service development.

A learning-cycle approach is encouraged, supporting local areas to reflect on delivery, outcomes and experience, and to use this learning to strengthen support for children, young people and families over time and to ensure that the combined investment is improving outcomes for them.

This guidance does not include specific reporting requirements which will be agreed between COSLA and Scottish Government and issued separately to local authorities.

ANNEX A: EXAMPLES OF NEURODEVELOPMENTAL SUPPORT

Illustrative examples of neurodevelopmental support are provided below. These are not intended to be exhaustive but are examples of types of neurodevelopmental support that it may be appropriate to use this funding for, dependent on local needs and service availability. They consider for example principles such as needs based support, family support, training and partnership working.

1. Together to Thrive (TtT)

Together to Thrive (TtT) launched in April 2023 as a partnership between the Mental Health Foundation, NHS Tayside, Dundee City Council, schools and the third sector. It supports families in Dundee with a child on the CAMHS ND waiting list, or who has been identified as having emerging ND differences, through a task-sharing model, with CAMHS staff training community practitioners to deliver early, non-clinical support with specialist supervision. The programme focuses on six areas: sleep, sensory processing, trauma, positive behaviour support, reflective parenting and communication. Support is delivered flexibly through one-to-one work or peer group sessions with parents and carers, embedding a needs-led rather than diagnosis-led approach.

Impact

Independent evaluation found that parents and carers gained confidence, skills and emotional understanding, with some improvement in children's emotional regulation. Families valued being listened to and benefited from peer support. Practitioners reported increased capability in ND-informed practice and stronger cross-agency collaboration, with skills applied more widely across services. While most families still valued diagnosis, some felt it was no longer essential following support.

For families:

- Parents and carers reported improved confidence and capability in supporting their children, driven by better understanding of both their own and their child's emotions and behaviours.
- There was evidence of improved emotional regulation among some children, contributing to calmer family environments and reduced challenging behaviour.
- Families consistently described feeling listened to and valued, often in contrast to previous service experiences.
- Peer support within group sessions reduced isolation and enabled informal mutual support beyond the programme.
- Impact was more limited for families with highly complex needs or those close to crisis, suggesting the ongoing need for specialist provision alongside early support.

For practitioners and the system:

- Practitioners' skills and confidence in working with ND differences increased substantially, particularly in reflective parenting approaches.
- Improved cross-organisational collaboration created a shared language and framework across statutory and third-sector partners.

- Skills gained through TtT were applied beyond the programme, extending benefits to families not formally enrolled and indicating positive system spill-overs.

2. Family Wellbeing Hub Glasgow City HSCP

The Family Wellbeing Hub is a support model which recognises that caring for a child or young person who is neurodivergent and/or has mental health difficulties can be extremely challenging. It acknowledges that this can be distressing for parents and carers and can impact on their health and wellbeing too. The Hub offers any parent or carer access to a peer support group facilitated by Children 1st and a Parent Carer Peer Support volunteer. This sits alongside information and training delivered by partner organisations, 1:1 support, and referrals from CAMHS and the Youth Health Service. Statutory and Third Sector partners operate as part of the model to provide a holistic pathway of support and direct access to services. Where required, parents and carers can access compassionate listening through a 1:1 needs assessment and a bespoke support pathway. Families are encouraged to return for support as often as needed, recognising that a family's support journey may be long and complex.

Personal reflection of service user

Anne* left a 20-year career in management to go part-time working in an Additional Support Needs school in order to learn as many strategies as she could to support her two neurodivergent children. As Anne says, "Us parents feel so alone and isolated. It affects our marriages, relationships with family members and our financial situation... It's surprising how little support there is for parents and carers, some of us have been searching for years."

She arrived at the Family Wellbeing Hub after being referred by CAMHS, and describes herself as "nearly broken, with huge anxiety and desperate for help."

She received a 1:1 support needs assessment, was referred on to 3rd sector partners for additional support with areas she had identified, and accessed parent/carers workshops and training on trauma informed parenting and neurodivergence. Anne also benefitted from phone support from Children 1st Support Line, and began attending the Parent/Carer Peer Support Group. After receiving support Anne felt more relaxed and aware of her children's rights around education support. She no longer felt isolated and felt supported.

Anne now feels much more hopeful and has a community of parents who rally around each other and completely understand what each other are going through. "It's formed a community of parents who get each other, we are not blamed for our parenting styles, or feel it's our fault, it's a genuine lifeline. I can't stress enough how much this service saves our sanity. There is no hierarchy, just parents offering support, strategies, information and a shoulder to cry on... To eventually come across a place like the Hub, no words can express the relief you feel. It's our escape from home. It can get very emotional at times, we have a good cry and then shake ourselves to carry on."

The Hub also has a WhatsApp group that parents use as a check-in tool, to vent, laugh, ask questions and just support each other. Anne says, “We’ve had situations where parents are on their knees and feel they could no longer go on, they’ve cried out for help on the group chat and it gives them an instant support system, we reach out and one of us will visit them at home, just for a few hours of chatting, crying, laughing and letting the parent know they are not alone.” This instant support system provides hope while waiting for support from statutory services.

School refusal is one of the biggest challenges the parents and carers have to navigate. “Every week we learn something new from each other, how to navigate school refusals is probably the biggest issue our parents face. The information we get from the services that come in to chat to us at the Hub is also invaluable, we would not know anywhere near what we do now without the Hub; it’s helped us support our children and more importantly, ourselves. We need this provision. We only wish there were more Hubs available to help save more families, as many parents and carers need them.”

After receiving support, Anne wanted to help other parents and carers, and has become an NHS volunteer, providing a much-needed ‘lived experience’ element to the Hub. By accessing the Charlie Waller Trust Parent/Carer Support Volunteer training programme, Anne feels she is more confident and equipped to support families. Anne says “I feel more empowered to help other families. The training has made me realise all the complex issues families face, and learning the difference between empathy and sympathy when it comes to supporting families. Taking care of our own mental health is just as important as taking care of others.”

The Hub has given parents a voice and opportunity to engage and influence service design, both locally (for example, Glasgow’s Family Support Strategy and Children’s Services Plan), and nationally (COSLA’s Enabling Conversations Toolkit). As a parent representing other parents, this process has helped Anne and others to feel seen and heard.

*Name has been changed.

3. Paediatric Speech and Language Therapy Team in Aberdeen City HSCP

The offer includes a programme of Parent Workshops targeted towards parents and carers of children functioning at SCERTS stages of *Social Partner* and *Language Partner*. The workshops are complemented by follow-up home visits and a dedicated Makaton session, enabling parents to translate learning into everyday routines and interactions.

Outcomes

Improved wellbeing of CYP and families:

- The model provides early, needs-led support focused on communication, interaction, emotional regulation and participation, supporting children’s wellbeing without waiting for diagnostic milestones.

- Parent coaching and skills development increase parents' confidence and capacity to understand and respond to their child's communication profile, reducing anxiety and feelings of isolation.
- Support is accessible regardless of diagnosis; invitations are based on communication presentation rather than an autism diagnosis, reflecting the inclusive, non-diagnostic approach set out in the policy statement.

Greater connectivity between services:

- Follow-up home visits support consistency and shared understanding around the child's needs and effective approaches.
- By equipping parents early with practical, transferable skills, the model reduces reliance on repeated consultations and onward referrals, particularly where needs can be met through capacity-building rather than specialist escalation.
- Group-based delivery maximises reach while maintaining targeted follow-up where required, supporting efficient use of workforce resource.

Key components

- Structured, skills-based parent workshops aligned to SCERTS principles
- Individualised follow-up home visits to embed strategies
- Makaton training session to enhance receptive and expressive communication.

4. Young People and Parent/Carer Groups in Fife

Understanding my autism: 6-session group for young people at high school who have been diagnosed with Autism. The group outlines current diagnostic criteria and the differences in processing that young people with Autism may want to explore.

Parent and carers groups, accessible for self referral via the Access Therapies Fife website [Home - Access Therapies Fife NHS](#), offer both pre and post diagnostic support. These are outlined below.

- **Embracing Difference:** A 6 session group for parents / carers of primary aged children who present with developmental divergence. They do not require a diagnosis to be able to attend the group. The group aims to provide parents with up to date information and strategies to support their child, to optimise their learning and reduce distress.
- **Parent Awareness of Developing Differently:** A group for parents and carers of children developing differently aged 6 years or younger covering the below topics. It is run by a Psychologist and Speech and Language Therapist and some Nurture Centres in Fife. It consists of 6 weekly sessions, each 2.5 hours in length.
 - Speech and language development
 - Cognitive skills
 - Social and emotional skills
 - Motor skills

- **Social Stories:** Half day session is an informal face to face workshop for parents and carers about how to write Social Stories for children and young people with a Learning Disability and/or Autism. Social Stories are a visual strategy. They provide a short description of an event, change or sequence, including what to expect in that situation and why.
- **PALS:** A group for parents/carers of Children (age 6 and above) and Young People with a diagnosis of a Learning Disability. It consists of 6 weekly sessions, each 2 hours in length. The group is run by the Children and Young People's Learning Disability Team. The group is for parents/carers who would like a greater understanding of what it means for their child to have a Learning Disability.
- **PAPAS:** A group for parents of children aged 3 to 16 years with a diagnosis of Autism Spectrum Disorder which is run over 6 weekly sessions, each 2 hours in length. The group is run by Psychology and Speech and Language Therapy. Groups are organised around the age of the child, with parents of younger/older children grouped together and provides an opportunity to connect with other parents/carers who also have autistic children. The group covers topics including adapting the sensory world, adjusting our communication and managing behaviour.
- **Parents INC:** A 9 week online course (1 hour per week) or 6 week face to face course (2 hours per week) for parents/carers of children diagnosed with ADHD. Parents learn more about ADHD, how it affects their child, ways to help support them and manage difficult behaviours.
- **YPINC:** Young People INC is a 7-week online course (1hr per week) or 5 week face to face course (2 hours per week) for parents / carers of teenagers with ADHD. On this course they learn about ADHD; what it is and how it affects a young person's thoughts, feelings and behaviour.

5. Neurodevelopmental Empowerment & Strategy Team (NEST)

NEST is an NHS Ayrshire & Arran service funded equally by the three Ayrshire HSCP's. The three partnerships also equally fund the third sector organisation, National Autistic Society to provide the Autism Support Ayrshire service (ASA). NEST and ASA work closely and represent the direct funding provided through the HSCP's for ND support across Ayrshire.

In addition to the investment in NEST and ASA, NHS A&A has also created multiagency working groups in each of the three Ayrshire HSCP's. These groups are comprised of health, local authority, education, third sector and people with lived experience. The main purpose of these groups is to look at how to operationalise and implement the principals and guidelines of the National Neurodevelopmental Specification. These groups are there to ensure the voice of neurodivergent citizens are being heard and most importantly, to ensure those voices have influence in policy and procedure across Ayrshire. Each group has done significant engagement work, leading to workstreams and tangible outcomes. Main areas of work so far have been:

- Engagement

- Communication
- Workforce Development
- Family Support

The work and guidance of these groups have led to many additional positive outcomes including:

- Implementation of local governance structures for ND strategy and support to ensure future proofing of supports provided.
- Additional investment in NEST for workforce development in Children & Family service in health, social care and education across North & East Ayrshire.
- Additional investment in wider family supports with increased focus on neuro-developmental supports.
- Vastly improved pan Ayrshire partnership working across health, education, third sector and communities.
- Important local knowledge and experience which has fed into strategy, our ND business case and funding applications.

NEST has had a consistent presence across these three partnership groups and the many working groups that flow from them.

NEST is an essential service sitting at the heart of the neurodevelopmental support infrastructure within Ayrshire and Arran. It provides accessible, empathic, and evidence-based advice, information and guidance to neurodivergent individuals and their families. It also works across services, organisations and communities raising awareness, providing support, connections and coordination. From its inception, NEST has delivered a reliable dynamic and flexible service for its wide range of stakeholders. Successfully establishing itself as a professional and trustworthy service that works hard and creatively to serve the people of Ayrshire as best it can, ensuring the longevity of the essential support it provides.

During 2025, NEST:

- Supported **1038** individuals and families through its direct referral service.
- Has seen **1035** individuals attend the **72** workshops and programmes it and its partners have delivered.
- Has given advice and guidance to at least **127** professionals.
- Reached a further audience in excess of **2930** people through its work visiting over **110** services, schools, businesses, organisations and community groups.

NEST works closely with many partners across Ayrshire delivering and facilitating a programme of workshops delivered by coordinators, psychologists, occupational therapists, speech and language therapists and specialist nurses. It also has a significant online presence through their informative website www.nest.scot and its social media posts and blogs.

Often people come to NEST at a time of significant stress or distress in their life. Allowing people the space to offload gives them much needed relief through coordinators who are actively listening, empathic and non-judgemental. This opportunity to be listened to is an essential and sometimes unique element of the NEST offering. NEST has the ability and capacity to build additional protected time

into the service it offers. The service is designed to allow people the time they need to offload and share, often in a way they might not get the opportunity to within a school or clinical setting. The power of this cannot be underestimated or understated. Although NEST is an NHS service, it is often seen as a neutral space without the same conflicting pressures of environment and capacity that can be experienced by education or clinical services. This can provide an essential middle place for professionals, families and individuals to seek advice and guidance in a non-biased and non-judgemental way. NEST staff can offer a unique perspective, being one step removed from some emotional and sometimes opposing and disagreeable situations.

NEST is a small service comprising of 1 WTE Programme Lead, 3.5 WTE Project Coordinators, 1.5 WTE administrative support and 1 WTE one-year fixed term ND L&D. The team works across Ayrshire and across the lifespan. NEST is designed to be a collaborative service who utilise the expertise of other clinical, educational and community professionals and groups ensuring the voice of neurodivergent individuals and families are at the heart of everything it does. This model allows the team to have a far greater impact than would be possible if they worked as a siloed and inward looking service. The model has relieved significant pressure from clinicians and professionals across Ayrshire and continues to build excellent working relationships across health, education, third sector communities and neurodivergent citizens.

6. Training in Psychological Skills - Early Intervention for Children (TIPS-EIC)

Clinical Associates in Applied Psychology (CAAPs) and Psychological Interventions Assistants (PIAs) can provide evidence-based psychological interventions and structured family support for ND CYP and their families, including those awaiting assessment, both within mental health services and through **TIPS-EIC**, including LILA and Nurturing Difference. These interventions strengthen family understanding, confidence and collaboration, and do not require a formal diagnosis to access. CAAPs can also extend impact beyond direct delivery by training and coaching the wider multidisciplinary children's services workforce, including school-based staff, to deliver ND-informed interventions and family support at scale via TIPS-EIC, which is well established in every health board in Scotland. PIAs can also assist in this process helping further extend the reach of these interventions.

7. Let's Introduce Learning About (LILA): Differences, Senses, Strengths

Practitioner feedback from over 40 professionals across NHS, education and third-sector services in Scotland, have shown LILA: Differences, Senses, Strengths as a highly valued resource for supporting CYP and for strengthening family understanding, confidence and collaboration. LILA was particularly noted as helpful for families of neurodivergent CYP and those awaiting formal assessment. Practitioners consistently reported from their work with over 100 families in recent months that LILA supports families to develop a shared, non-pathologising understanding of neurodivergence, sensory processing and emotional energy, resulting in:

- Improved parental understanding of brain differences, sensory needs and energy regulation

- Reduced blame and self-criticism for both CYP and caregivers through strengths-based, affirming explanations
- Increased parental confidence in recognising signs of overload, fatigue or distress
- More constructive conversations at home, using shared language (e.g. “energy battery” or sensory needs)

LILA was also valued as a bridge between families and schools. This was seen as particularly beneficial during pre-diagnostic periods, post-diagnosis adjustment, and transition points such as moving schools. Practitioners highlighted the flexibility of LILA as key to its effectiveness with families.

Additionally, practitioner feedback suggests that LILA could be adapted effectively as a staff training or professional learning resource, particularly for those working with families of ND CYP.

Further information can be found at: [Training in psychological skills – early intervention for children](#)

8. Incredible Years Autism and Language Delay (IY-AS&LD) Pilot Study

Since 2013, [Public Services Delivery Scotland](#) (formerly NHS Education Scotland), through the Psychology of Parenting Programme (PoPP), has worked in partnership with Community Planning Partnerships (CPPs) across Scotland to deliver evidence-based parenting programmes, notably Incredible Years and Triple P.

The Incredible Years Autism and Language Delay (IY-AS&LD) parenting intervention pilot study was commissioned by PoPP, in recognition of the need for targeted, evidence-based parenting support for families of autistic children and those with language delays.

In March 2024, 15 practitioners from six CPP PoPP sites across Scotland were trained to deliver the programme. The cohort included experienced Incredible Years facilitators alongside professionals with specialist expertise in supporting families with autistic children.

The IY-AS&LD programme is delivered in a groups over 14 weeks by two trained facilitators. It uses collaborative, parent-led, goal-directed teaching methods to help parents understand and respond to difficulties linked to sensory processing or communication needs. Peer support is integral, helping families share experiences, normalise challenges, reduce isolation and build confidence.

The programme aims to support parents to:

- Strengthen the parent-child relationship, sensitivity, and attachment
- Promote children’s cognitive, emotional, and behavioural development
- Reduce caregiver reliance on harsh or punitive discipline
- Increase social support networks and reduce parental stress

Outcomes and Early Impact

The impact of the intervention was assessed using pre- and post-group outcome measures, including the Strengths and Difficulties Questionnaire (SDQ) and the Tool to Measure Parenting Self-Efficacy (TOPSE). Parents' qualitative feedback was also collected using a PoPP family evaluation form.

Mean initial SDQ for all groups was above 17 indicating clinically significant levels of concerns. There was a mean change in the post SDQ scores of 3.9, indicating that parents observed some positive improvement in their child over the course of the intervention.

There was, additionally a mean increase of 52.6 in parents scores in the TOPSE, highlighting a strong positive shift in parents' confidence, skills, and perceived ability to support their child effectively.

Next Steps and Sustainability

Early findings from this small-scale pilot, combined with extremely positive parent feedback, indicate that the IY-AS&LD programme holds significant promise for supporting families of neurodivergent children. Parents consistently described the programme as supportive, informative, and empowering, valuing the safe space to share experiences and learn from both facilitators and peers.

Initial evidence would suggest that expanding training to additional practitioners would enable more parents to benefit from this targeted support.

1. Our current data indicates that over 80 families have been supported using this intervention.
2. This group-based intervention is designed for parents of young children aged 2–5 years who have a diagnosis of autism, are awaiting assessment, or present with language delays.

As a targeted intervention, it is particularly suited for families where children are behaving in ways that are difficult to interpret or manage.

More information about the programme is available at [NES - Early Intervention Framework - Incredible Years® Autism Spectrum and Language Delays Parent Programme](#) and [Evidence-Based Early Intervention Programs | Incredible Years](#) with links to completed studies about the programme.

9. Carers Together

Funded by North Lanarkshire Council, Carers Together deliver support for parent carers and their child/ young person living at home with a need for additional support. Families can access the service with a referral from the child/young person's school or early years establishment following the child's wellbeing meeting, a referral from the Neurodevelopmental Service or from CAMHS. Support is tailored to each individual family's needs and aligned **with the ten principles of intensive family support within The Promise:**

- Community Based
- Responsive and Timely
- Work with Family Assets
- Empowerment and Agency

- Flexible
- Holistic and Relational
- Therapeutic
- Non-Stigmatising
- Patient and Persistent
- Underpinned by Children's Rights

It also aligns to the child/young person's Wellbeing Plan and is underpinned by UNCRC Children's Rights.

Parents and carers receive emotional and practical support around strategies to support their child, psychoeducation and support to understand the child or young person's profile, support to engage with peer support groups and other appropriate services, information and advice on carer rights and where to access other support. Children and young people have access to support to understand their diagnosis, support with their emotional wellbeing, let's introduce anxiety management (Liam) and talking mats.

10. Edinburgh Disability and Neurodiversity (EDAN) Hub

The EDAN hub is a collaborative of partners seeking to support families with children and young people with disabilities or who are neurodivergent, funded through the Whole Family Wellbeing Fund.

It includes the provision of universal services such as neurodevelopmental parental information sessions, next step appointments, social work appointments and play sessions at The Yard. Targeted services are also provided, aimed at ensuring families receive the support that is right for them. This includes parent groups focused on ADHD, autism, advocacy and support and neurodivergence wellbeing groups.

11. Non-violent resistance (NVR) in Renfrewshire

The NVR approach originated from the non-violent resistance civil rights movement and has been used in the UK since 2008, NVR training has been available in Renfrewshire since 2019. It was developed to address distressed and distressing behaviour in children and young people, and it has been successful in the fields of foster and kinship care, adoption, anxiety and neurodevelopmental needs. It has also been effective where child to adult violence is a concern. Being a systemic intervention model, NVR empowers the whole team around the child to take positive actions to end the cycle of escalation. Training is available to staff working with children and young people and as an extension of NVR, the NVR parent groups provide support to parents and carers experiencing conflict and/or anxiety related behaviour at home. Further information can be found at [NVR – Renfrewshire Educational Psychology Service](#).

One of the fundamentals of NVR is the focus on adults getting to grips with understanding of hidden and unmet needs behind behaviour (both their own and the young person's). As such, psychoeducation plays a significant part, and the theme of All Behaviour is Communication (a nurture principle which has training attached) is

frequently revisited throughout the NVR sessions. The Level 2 NVR training, which all Family Wellbeing NVR facilitators have undertaken, gives them the skills and understanding to adapt NVR materials to provide psychoeducation to parents once they have an idea of themes that are occurring in the group. This includes issues around neurodivergence, sensory processing, anxiety, risk-taking behaviours, and demand avoidance.

For example, in a recent NVR group carried out in partnership with a Family Wellbeing colleague, someone from Sleep Action was invited to have an input at one of the sessions, which parents found really helpful. Guidance has also been developed around how NVR can help support in situations where there is significant demand avoidance, helping Family Wellbeing colleagues feel more confident supporting parents in their groups.

Feedback from NVR parent groups continues to be very positive, with high demand for groups. In the last year, 229 families across Renfrewshire accessed support. Post-parent group data shows that just over 93% of parents who responded reported increased confidence in managing their child's distressed or distressing behaviour. Themes around impact on young people's behaviour note that while things need time to embed, many parents quickly notice fewer and less long-lasting escalations. Parents also report feeling better equipped to manage situations as they arise and feeling calmer as a result. Qualitative feedback includes:

- *I feel my child calms down a lot quicker and I can de-escalate his behaviour easier.*
- *My child's meltdowns have become less frequent, and when they do happen we can de-escalate them quicker.*
- *Bedtimes much better and calmer as I'm keeping my tone calmer.*
- *I have noticed a difference in his behaviour as well as my own.*
- *More able to de-escalate meltdowns and focus on the cause rather than the behaviour.*
- *Child's breakdowns are much less intense and less frequent.*
- *Wish I had attended years ago. Fantastic evidence-based strategies which work.*