Children and Young People's Neurodevelopment Taskforce
Note of Meeting
Monday 11 May 2026

Chair: Fiona Davies, Co chair of the Taskforce

1. Welcome & Previous Minutes

Fiona welcomed all attendees and the minute from meeting three (25 February 2026) was agreed.

Outstanding actions update

1.3: SG/COSLA officials will share with comms colleagues for their views on the political briefing paper – complete.
1.5: SG/COSLA officials to consider feedback and further develop proposals for emerging practice sessions – in progress
1.8: SG/COSLA officials to give further consideration to the social media messaging action from the review and bring back to the Taskforce for consideration – complete.
3.1 The Scottish Government will circulate Parent Club slides – in progress, we plan to share with updated content.
3.2 The Scottish Government will issue diary invites for upcoming meetings - complete.

Review Actions Update

Short Term

- Action 1 – issued the political briefing to the MSPs on 23 March. It will be uploaded onto the improvement service in May for councillors and we also plan to issue to new MSPs if Ministers are content. Also considering roles and responsibilities further as part of the high level descriptor. Require further work to ensure they are purposeful.

- Action 2: Emerging practice sessions were taken to the first Taskforce meeting for initial feedback. Further work will be undertaken to shape this update. We are giving consideration to how it connects with action 5, training opportunities.

- Action 3: Family Support. This was discussed at the second taskforce meeting and the paper summarising that discussion has been incorporated into our funding proposal for 26-27.

- Action 4: Social media, messaging and awareness. We've done work with Parent club to further develop their content including through the expert films we asked for contributors for. The plan is for these to go live in June. Once live we will share with everyone.

- Action 5: Training opportunities. Discussed at second Taskforce meeting. We have further work to do on how it will join up with the action on emerging practice.

- Action 6: SG officials continue to consider the potential implications of other legislative and policy developments on ND policy and related training on an ongoing basis.

Medium Term

- Action 1: Updating the specification. This hasn't been started yet, but we are beginning our discussion on diagnosis and assessment today which will contribute to this work.

- Action 2: High Level Descriptor. Initial draft to be discussed at this meeting.

- Action 3: Funding models and how they'll align to the high level descriptor.

- Action 4: Assessment and Diagnosis. We are having a discussion at this meeting.

Long Term

Most long term actions not started yet.

- Action 4: Interim report. Intention to publish in Autumn. Over coming months thinking more about outstanding actions and coming out to members to help progress.

2. Current Context / Policy Update

[Redacted - S.38(1)(b)] gave a brief overview of the second Neurodevelopmental Support Summit, chaired by the Minister for Mental Wellbeing and Social Care, on 2 March. The focus was the role of the third sector, shared/voluntary care and agreeing a cross-party statement of commitment.

[Redacted - S.38(1)(b)] highlighted that both parliamentary inquiries – the ADHD and Autism Pathways and Support Inquiry by the Health, Social Care and Sport Committee and the Neurodivergence in Scotland Inquiry by the Equalities, Human Rights and Civil Justice Committee – have now published their reports. A formal response will be issued once new Ministers are in post.

Recognising that the 7 May election had just taken place, and the political makeup of parliament has changed, [Redacted - S.38(1)(b)] provided an overview of what was in each party's manifesto in relation to neurodevelopmental support.

3. Assessment and diagnosis

To begin initial discussions on medium term action 4 (below), [Redacted - S.38(1)(b)] (ASPEP) and [Redacted - S.38(1)(b)] (RCPsych) gave a brief overview of assessment and diagnosis respectively, from the different perspectives of education and health.

ACTION: SG to share slides.

> Medium term action 4: "Together with the working group, the Scottish Government and COSLA will develop principles to support information sharing, good practice and collaborative approaches around assessment and diagnosis."

Discussion:

- In education, may perform assessment that doesn't lead to diagnosis. In that setting it is about meeting needs and reducing distressed behaviour. They might get a request from health (e.g. CAMHS or ND service within the health board) to contribute to a diagnosis.
- This is often not clearly understood and some parents may believe that, by being involved in an assessment process in education, their child may automatically be progressing towards a diagnosis.
- In health, diagnosis and assessment can't be separated. Assessment in other settings, such as education, is a fundamental element that informs diagnosis. A holistic understanding of all the factors around the child, such as biological, psychological, social and contextual, is crucial for diagnosis.
- When making a diagnosis, health tries to avoid duplication of assessment. It is about taking each profession's specific lens of understanding into account, recognising that many different professions are assessing.
- A good profile and needs assessment supports diagnostic assessment and formulation. A good diagnostic assessment and report supports identification and planning to meet needs.
- Developing an appropriate learner profile is one of the key areas included in the new additional support needs (ASN) teacher professional learning programme. The programme is funded by SG, led by Education Scotland and links with the national Inclusion Wellbeing and Equality professional learning framework.
- Identification and diagnosis are easier and quicker all round when there has been continuous assessment.
- The group discussed the inconsistent use of terminology across professions and its impact (e.g. families seeing diagnosis as the most valuable support

intervention and lack of recognition of ongoing assessment/identification within education).

- Across professions, language is used in different ways, and it leads to communication challenges with children, young people and families and across professions. For example, assessment can mean multiple different things depending on who uses the term, and this is unhelpful.
- Do we need to move away from traditional terms such as assessment and diagnosis? These are very much linked to specialist services.
- Using 'individual needs-based formulation' is inclusive and can include a diagnostic formulation.
- 'Identification' as terminology may be effective – it means being seen and heard
- The use of 'assessment and diagnosis' being at the forefront of the narrative on ND support can lead families to think it is more important than other forms of support, when it is one part of a set of support measures rather than a goal on its own.
- Need to consider how we help families understand the value of what is happening when assessment doesn't result in diagnosis but may help to inform additional support needs.
- ASL is the legislative framework local authorities follow in education. This is important to understand as when any organisation is under pressure, they retreat to legal obligations.
- Noted that children can request assessment for additional support needs through the "My Rights My Day" project. This can be empowering for children and young people to not need to wait for parents to lead the action.
- While young people may be able to access support in school without a diagnosis, in practice it can be more difficult to access support once out of school if they don't have a diagnosis.
- How do we link universal services and specialist services better? Consider DHSC report. Population prevalence appears to be stable, but demand has increased - driving institutional behaviours and where funding is going.
- There is a disconnect between services and children, young people and family needs.
- Need to consider the strategic use of the existing workforce in Scotland as it is a finite resource.
- A lot of AHPs have been taken out of education settings over the last 5 or so years. Used to have really connected health professionals in schools, working in clusters - do we need to go back to this?
- Good example of collaborative working such as the Lanarkshire diagnostic assessments in school model.

Fiona recognised that this is the beginning of the discussion on assessment and diagnosis and the group will need to return to it in greater detail – focussing on the practice challenges and the communication challenges.

4. Draft High-Level Descriptor (paper 2)

[Redacted - S.38(1)(b)] and [Redacted - S.38(1)(b)] gave an overview of the high-level descriptor work, including how it has been laid out as categories of support rather than a pathway to reflect feedback and highlighting that this is an initial draft which will be iterated with the group and other stakeholders as needed.

Feedback:

- The group was broadly positive about the draft document, particularly the diagram.
- Need to be clearer on the document's scope (of ND conditions). Currently seems LD/ID is included in some parts and not others. If we choose not to cover specific learning differences, need a covering statement to explain why.
- Role descriptions of key people may be better in an annex and duplication needs to be removed where professions are represented in different contexts.
- There is overlap with ASL staged interventions in our terminology of the categories – this could cause confusion. This will need further consideration.
- Request to create different versions for different audiences (e.g. families).
- The paper states that the majority of support options are accessible without diagnosis – can we update language to reflect that they should be, rather than are, given the challenges of this in practice?
- Need to reflect importance of play and opportunities to meet peers/form relationships – this is important for parents/carers/families too.
- Specialist settings are not captured (e.g. CAMHS).

5. Guidance for 2026/27 Funding (paper 3)

[Redacted - S.38(1)(b)] introduced the funding paper as an evolution of the previous paper that had been presented to taskforce at the 25 February meeting. While the previous paper covered both the family support and early thinking on 26-27 funding, this paper is intended to be a guidance document that would go out with the funding to local authorities setting out the purpose of the funding with examples of how it could be used and what we are looking to achieve. This funding is still subject to Ministerial approval.

Georgia requested feedback on the guidance, which included:

- For reporting – could consider previous Autism Strategy as LAs had funding for deployment of staff and consider reporting for PEF and CEF funding and lessons learned from that.
- Could include improving environments and making them neuro-affirming as there are improvements that could be made with quite a small amount of money in libraries, community centres etc.
  The flexibility of the funding is helpful - sometimes siloing can be unhelpful when it comes to local work. It can be helpful to use funding more broadly where it will still have benefits for ND such as within whole family wellbeing.

- There could be a risk that funding may get used in a general way due to funding pressures – need to ensure that additionality is included in governance arrangements.
- On reporting, there has been a lot learned through the Community Mental Health and Wellbeing Framework
- Need to ensure join up on the SG outcomes framework and other related work within SG.

6. Next Steps and AOB

Fiona thanked everyone for their participation, noting that:

- Assessment and diagnosis will continue to be an important topic for the group, particularly practice and communication challenges.
- The high-level descriptor paper will be refined and brought back to the group.
- The group's feedback will be used to help the policy team finalise the funding paper.
- The next meeting is on 2 September, in person.