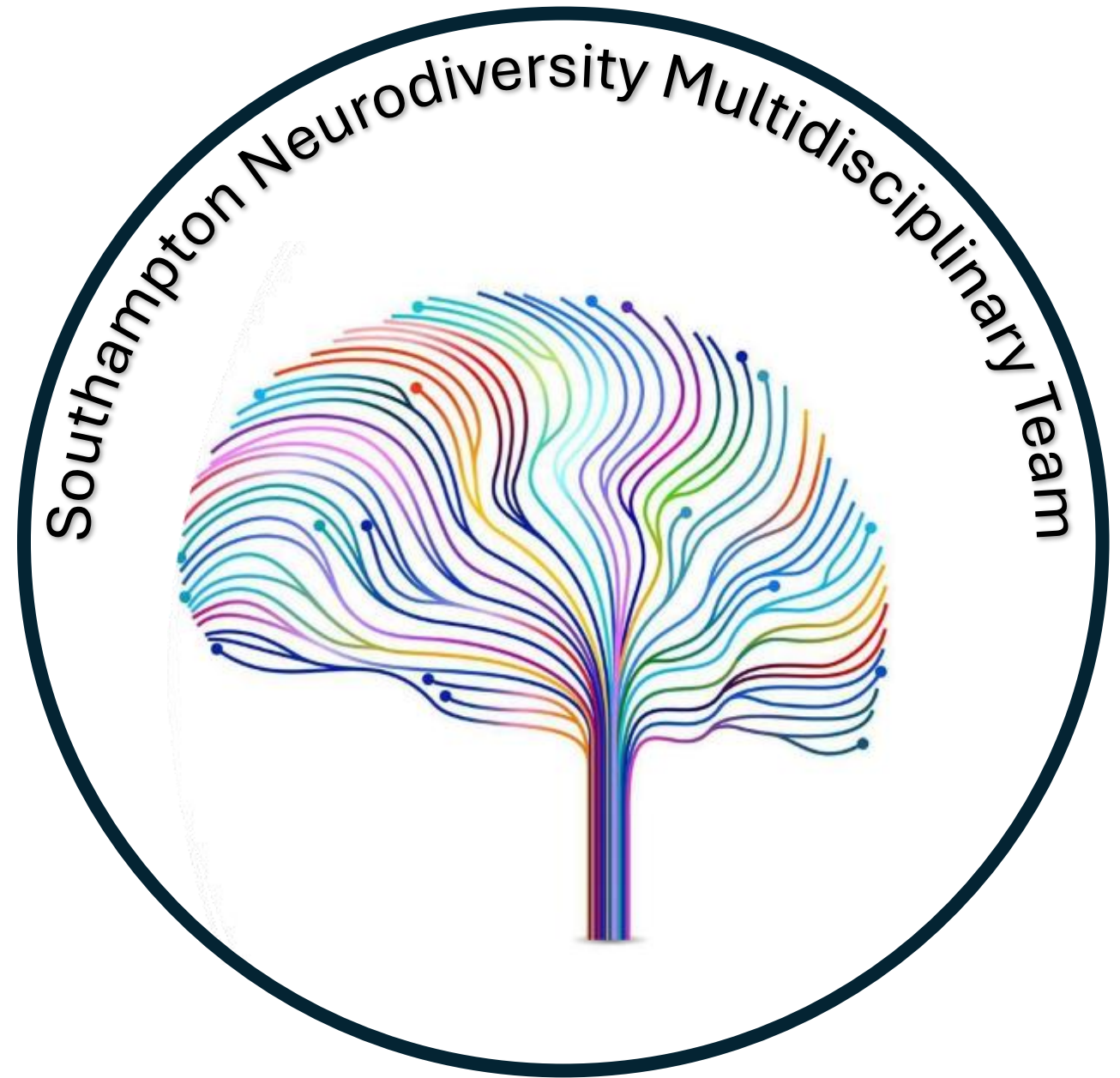
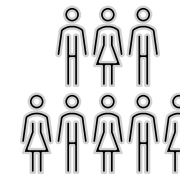


SOUTHAMPTON  
NEURODIVERSITY  
MULTIDISCIPLINARY  
TEAM (ND MDT)

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# WHO ARE WE?

We are a needs led multi-disciplinary team.



Currently, within the team we have the team co-ordinator, clinicians, family engagement practitioners, schools outreach support, an occupational therapist with a sensory lens and Testlands.

[Meet the Southampton Neurodiversity Team](#)

# BACKGROUND

A 2020 study estimated that 15% to 20% of the global population is neurodivergent. However, the current diagnostic-led model supports only a small proportion of neurodiverse children and young people. Many receive inadequate support, often escalating to more intensive and costly services such as mental health care or youth justice systems.

Waiting times for assessments and support for neurodiversity support, assessments and treatment are significantly long and there is growing demand.  
*(Southampton Data – Feb 2025 - Longest wait for ASC assessment – 1yr 38 weeks, Longest wait for ADHD assessment – 2yr 5 weeks, Longest wait for prescribers – 3yrs 41 weeks)*

The UK Government has committed to making this generation of children “the healthiest yet” by shifting NHS priorities away from late-stage diagnosis and treatment toward earlier intervention and prevention.

# BACKGROUND

The Children's Commissioner noted that 'The current system is certainly broken, but not beyond repair. We can learn from the areas that are getting it right. **If children with neurodevelopmental conditions are supported as and when their additional needs present** – in their homes, schools and communities, the NHS can prioritise assessing children who would benefit from clinical interventions which require a diagnosis. Children and families are clear that this change cannot come quickly enough.'



# HOW CYP ND TRANSFORMATION PATHWAY

The project seeks to move from a diagnosis-driven approach to a needs led approach that shares responsibility across the system, resulting in family-centred plans based on individual needs. The principles of the transformation across the system include:

## **Shared responsibility:**

transformation is not the role of a single agency and requires collaboration across all partners in an integrated pathway.

## **Responsive support:**

supporting and delivering timely, needs-led support tailored to each child. This will include a combination of open-access and targeted services requiring referral or clinical criteria to ensure flexible access to appropriate levels of support, not just at fixed stages.

**Empower professionals, schools, families and young people:** to understand and have confidence in supporting neurodivergent children.

**Strengthening collaboration:** among schools, families, and health/social care professionals.

**Needs-led:** as current demand for Autism and ADHD assessments exceeds capacity. It is essential that new pathways must provide support without requiring a formal diagnosis to avoid bottlenecks.



**PRINCIPLES** - This is a system transformation and not the responsibility of a single agency, it requires all partners to play their part in an integrated pathway. Support for conditions should have a mix of open access services and service that require a referral or clinical criteria. This will ensure that people are able to get support that empowers them to gain knowledge and understanding to best support management of conditions. There should be a mechanism to access additional support as needed. It is acknowledged that within the current model of delivery for Autism and ADHD, demand outstrips capacity for assessments. Therefore, it is essential that all provision in the new pathway is not dependent on a diagnosis.

### For example...physical health - arthritis

Self-help - over the counter medications, exercise modifications

Physiotherapy

GP assessment - xray, medication, referral

Surgery, long term medication, pain management programme

Physio rehab, long-term support

### CYP - Autism and ADHD

General parent and education setting support

Neurodiversity profiling tool

CYP and Family multi-disciplinary team support

Assessment - standardised operating model

Post assessment support - inc. ADHD medication, the Dynamic Support Register, Community (Education) Treatment Reviews, the Keyworker Programme, appropriate therapies

### Adult - Autism and ADHD

To be designed and agreed...what is the pathway?

? Universal support and education

? Peer support, sensory library etc

? Community Hub / CHMT / GP

Assessment - standardised operating model

? Post assessment support - inc. ADHD medication, the Dynamic Support Register, Community Treatment Reviews, the Keyworker Programme (up to 25yrs), appropriate therapies

**CYP Sub-group** - Testing and Implementation of pathway for CYP, utilising the developed Portsmouth model.

**Adult sub-group** - Development of pathway for adults. Mapping, amending and developing services to be included.

**Provider sub-group** - Development of assessment operating model, and wider MH services to meet needs.

**Clinical reference group** - Lead decision making and review of clinical aspects pathways e.g. criteria, safety, therapies. Group does not lead specific areas of work but acts as a clinical reference for other sub-groups.

**We have a plan for CYP and need to test it thoroughly. If this were the commissioned system pathway:**

- Does the Model safely and effectively do this - what don't we know or cannot evidence yet
- What, if any, clinical sign-off do we need for each step
- What community / universal services should we have in place and who is responsible for this
- What needs to happen with NHS services to fulfil this pathway
- What aspects require a diagnosis for access, and how do we create a model that takes this into account
- How do you manage consistency, quality and efficacy of school support and intervention
- What training and development needs to happen in services, rather than just adding new provision.

**We don't have a consistent plan for adults and need to design and test it thoroughly. If this were the commissioned system pathway:**

- What is working well, and is there unwarranted variation
- What, if any, clinical sign-off do we need for each step
- What community / universal services should we have in place and who is responsible for this
- What needs to happen to NHS services to fulfil this pathway
- What aspects require a diagnosis for access, and how do we create a model that takes this into account
- What training and development needs to happen in services, rather than just adding new provision
- How do you manage quality and efficacy of community/peer support
- What happens for young adults who transition with an ND Profiling Tool.

### A phased approach - now and in ten years...

The **'now'** issue - referrals for specialist services outstrip capacity, inconsistent early identification and support and inconsistent system ownership.

The **'now'** solution - improve 'waiting well' support and increase capacity of providers to respond to assessment demand

The **'in 5 years'** issue - wider system pressures from a pathway that enables people to get their needs met prior to assessment or if they decide not to have an assessment.

The solution - greater whole system response to effective local support and intervention, which our populations trust. Continued capacity for high

**In 10 years** - a robust balance across the whole system of needs-led support which ensures children, young people, their family and education settings understand how to respond to their unique needs.

A growing number of adults will have a better understanding and access to responsive services at the point of need, with or without formal

## For example...physical health - arthritis

Self-help - over the counter medications, exercise modifications

Physiotherapy

GP assessment - xray, medication, referral

Surgery, long term medication, pain management programme

Physio rehab, long-term support

## CYP - Autism and ADHD

General parent and education setting support

Neurodiversity profiling tool

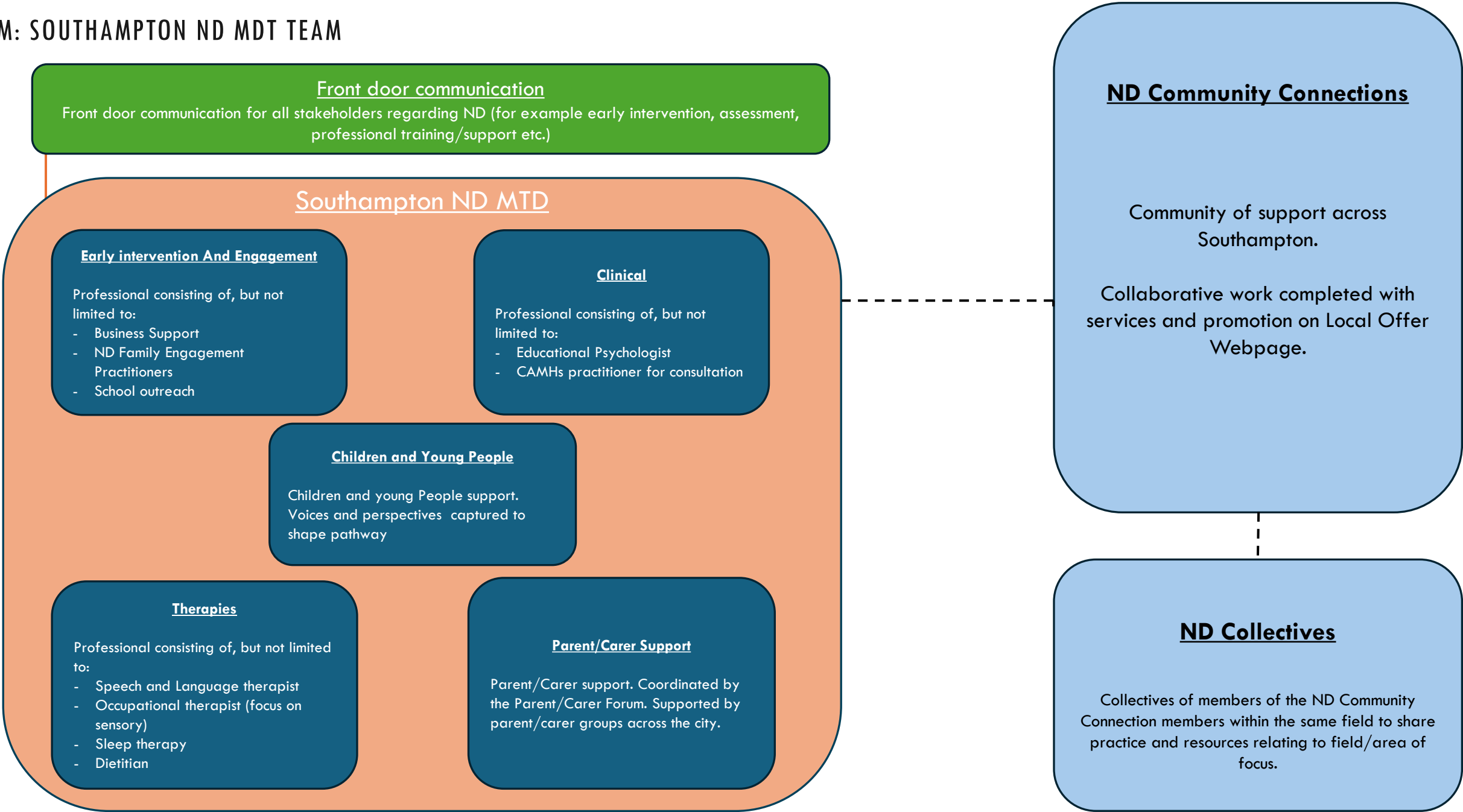
CYP and Family multi-disciplinary team support

Assessment - standardised operating model

Post assessment support - inc. ADHD medication, the Dynamic Support Register, Community (Education) Treatment Reviews, the Keyworker Programme, appropriate therapies

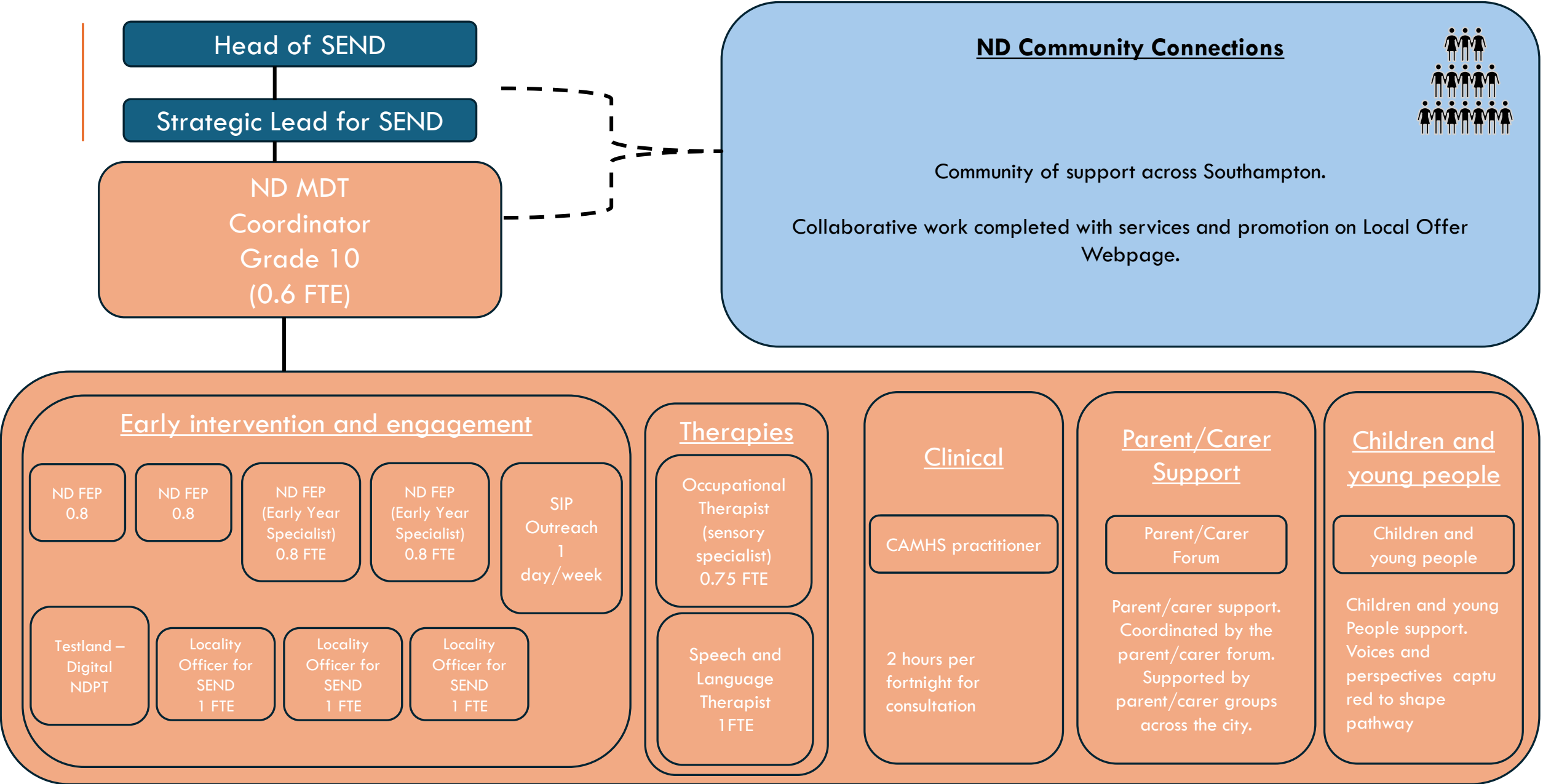
Join and leave pathway as required

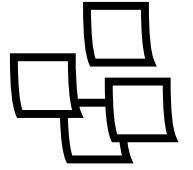
AIM: SOUTHAMPTON ND MDT TEAM





# PHASE 3: SOUTHAMPTON ND MDT TEAM – NOVEMBER/DECEMBER 2025

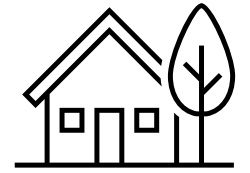




# WHAT WE WILL BE DOING...

Current waiting times for formal assessment are approx. 2 years. This is a long time to wait, particularly if a young person is struggling. As a city, we want to look at what support is missing and how we can improve outcomes for a young person and their family.

- Supporting practitioners and schools with queries regarding the profiling tool.
- Training practitioners/agencies/education settings
- Supporting education settings and professionals – training/support for staff/work with young people
- Supporting parents/carers with advice/workshops/support



# FAMILY SUPPORT

## Our family support offer will include:

- Front door communication where we will be able to signpost for advice and support: [SCCNeurodiversityTeam@southampton.gov.uk](mailto:SCCNeurodiversityTeam@southampton.gov.uk)
- Monthly attendance at ND focussed coffee mornings hosted by the PCF. Here we will offer 1:1 discussions with the ND MDT.
- Workshops



Please note that we are not a case holding service, our family support is short-term and focused on helping with immediate needs."

# THE NEURODIVERSITY PROFILING TOOL (NDPT)



The neurodiversity profiling tool has been co-produced with parents/carers and young people.

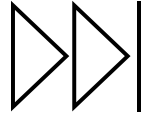


It is a tool to identify needs within: speech and language, cognition, impulse control, motor skills, energy levels, attention scope, emotion regulation, flexibility and adaptability and sensory preferences (sight, hearing, smell, taste, touch, co-ordination, balance and internal signals)



The family and practitioner work together to complete the tool.

Once the tool is completed the family and practitioners work together to put together a plan for support and strategies



# WHAT HAPPENS...

If a family want to request a NDPT or have concerns regarding their young person and potential neurodivergence, they will discuss with school/professionals who will then discuss with the family if a NDPT would be appropriate.

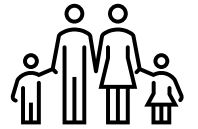
School/professionals will signpost families to the ND MDT family support:

- Front door communication
- ND focussed coffee mornings
- Workshops
- Sign posting

If the family/school/professional feel that an NDPT is appropriate, the NDPT will be completed.

Once the tool is completed the family and practitioners work together to put together a plan for support and strategies





# FAMILY ASSIST

Family Assist Platform – Neurodiversity Tab.

Here you will find a range of resources covering the different areas of need within the profiling tool e.g. emotional regulation, sensory etc.

These resources are separated into age related tabs and include presentations, videos, app suggestions and more.

[Family Assist Home.](#)



# RESOURCES/SUPPORT/CONTACT

We are here to help! - Please get in touch if you have any queries/questions/concerns or need support:

**Email us:**

[SCCNeurodiversityTeam@southampton.gov.uk](mailto:SCCNeurodiversityTeam@southampton.gov.uk)

Family Assist Home – [Family Assist Home](#).

National Autistic Society

The ADHD Foundation

ADHD UK

Southampton Parent/Carer Forum

