

Reference:	FOI.18395.25
Subject:	Neurodevelopmental Service
Date of Request:	23 September 2025

Requested:

I would like to request the following information about the management and triage of referrals into the Neurodevelopmental Service within Hywel Dda Health Board.

1. The criteria or protocols used to triage referrals into the Neurodevelopmental Service.
2. Whether severity of need (for example, the level of impact on daily life, risk, or safeguarding concerns) influences the prioritisation of cases, and if so, how this is assessed and acted upon.
3. Average waiting times for initial assessment, broken down by triage category (if applicable).
4. Any policies or guidance documents that set out how referrals are managed and prioritised.
5. Any recent changes (within the last 3 years) to referral management or triage processes in this service.

Clarified

For children, please.

Response:

Hywel Dda University Health Board (UHB) manages the Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) Neurodevelopmental conditions for Children and Young People (CYP) across two (2) services, and therefore provides responses for each service below as they are managed differently.

1. The UHB provides the criteria or protocols used to triage referrals for CYP into the ADHD and ASD services below.

ADHD

The referral pathway for school age CYP in education requires the school to make the referral, whilst Health Visitors (HV) and GPs can refer those educated at home; all referrals are triaged by Community Paediatricians. The referral criteria is provided below:

- Essential:
 - SNAP IV ADHD Teacher questionnaire
 - SNAP IV ADHD Parent questionnaire
 - Completed school report
 - Evidence of support strategies in place (please outline their effectiveness)
 - Completed parent(s) information report
- Desirable:
 - Educational Psychologist Assessment or consultation report if available
 - Profile Page (About me) if available

- Advisory teacher input
- Behavioural support team input if available
- Emotional Literacy Screener
- Classroom/playground observations by behaviour support teacher
- Report from Parent and Family Support (PAFS)/ Team Around the Family (TAF) worker or another relevant document

ASD

Referrals CYP aged two (2) to seventeen (17) and nine (9) months are received from GPs, social workers, school Additional Learning Needs Co-ordinators (ALNCOs) and any registered health professional involved with the child.

Information provided by the referrer needs to evidence five (5) or more areas of difference in social communication and restricted/repetitive behaviours. This is based on the previous ICD-10 criteria and current Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria. This gives a good indication of difference and the need for further assessment within the service.

If a CYP has had a regression in skills prior to the age of three (3) and have not seen a Paediatrician first, then the ASD service will refer on to Paediatrics for a physical examination.

2. The UHB provides the information requested for each service below:

ADHD

The ADHD service does not hold a defined criteria for the prioritisation of cases. Prioritisation is determined based on the associated reports provided with the referral, and is assessed on an individual clinical needs' basis, by the clinician during triage. However, certain criteria, such as impact on day-to-day life, would be considered.

ASD

The current expedite criteria includes CYP who are looked after, those currently involved in the court process of adoption and those involved with the Youth Justice System and Prevention.

However, information regarding impact and risk is gathered from the referral form. If the triaging clinician is alerted to risk issues and impact on the family, the case is discussed at a fortnightly risk meeting with the Clinical Lead, Operational Lead and Neurodevelopmental Practitioners. This need is considered on a case-by-case basis.

Safeguarding concerns at the point of referral would be actioned by the referrer. This does not currently influence prioritisation of cases, as there are other support services which can meet the needs of the CYP; for example, if there were concerns within the family they would be signposted to social care, and if there are concerns within education they would be signposted to the school and offered advice where appropriate.

Where appropriate, the ASD service now provides professional consultations to referrers at the point of referral, to offer specialist advice to other services who see the CYP regularly.

Additionally, an acceptance letter is sent out which includes general signposting information to other support services, and where appropriate, recommendations which will have been identified from the referral i.e. referral to other services to meet risk need and to support with the impact on the young person's life.

3. The UHB does not hold a triage category. However, the UHB provides within the table below, the current longest waiting times for an assessment for its ADHD and ASD services.

Service	Longest wait
ADHD	99 weeks for a routine assessment 44 weeks for an urgent assessment
ASD	83 weeks for an initial assessment

4. The UHB provides the details of the guidance documents for the management of referrals for CYP into the ADHD and ASD services overleaf.

ADHD

The ADHD Referral Pathway for Children 3 - 18 Years of Age Guideline sets out how referrals are managed by the ADHD service. A copy of the guideline has been provided at Attachment 1.

ASD

A Neurodevelopmental Pathway Triage form is utilised by Clinicians when triaging ASD referrals. A copy of the triage form has been provided at Attachment 2.

5. The UHB provides details of the changes made to the referral management or triage processes for CYP into the ADHD and ASD services within the last 3 years below.

ADHD

The guideline provided at Attachment 1 is currently in the process of being reviewed.

ASD

As a response to legislation (Social Service and Well-Being Act (Wales) 2014 and Additional Learning Needs Act (Wales) 2011) the expedite criteria was changed in February 2025. The expedite criteria is in relation to an immediate impact on child's life and in relation to public protection, where a diagnostic decision is needed to fully understand the level of risk.

Additionally, the ASD service is aiming to create a more needs-led approach for CYP, where needs are identified and met whilst they wait for a diagnostic service. The ASD service works in partnership with other agencies to ensure risk is addressed and that families are supported whilst they wait for support from the service.