Royal College of Paediatrics and Child Health Scotland
Leading the way in Children's Health

ADHD and ASD Pathways and Support Inquiry – Health, Social Care and Sport Committee

Response submitted by the Royal College of Paediatrics and Child Health Scotland: 15 August 2025

About us

The **Royal College of Paediatrics and Child Health (RCPCH)** is responsible for training and examining paediatricians. The College has over 24,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

Please tell us your views on the aims of the inquiry, in relation to the people you support, and describe any opportunities for improvement you have identified.

We welcome the Health, Social Care and Sport Committee's inquiry into ADHD and ASD pathways and support. This is a vital opportunity to examine not only the delays and disparities in service delivery, but also the broader societal and systemic factors driving demand, and to identify sustainable, evidence-based solutions.

Scotland urgently needs a coordinated national response to address the growing mental health crisis and pressures on neurodevelopmental services for children and young people. Neurodevelopmental services are under extreme pressure due to rising demand and complex contributing factors. Unfortunately, availability of support for families is fragmented, and there are significant variations in service delivery across Scotland.

Waiting times

It is impossible to gain a complete understanding of current demand for ND services, as there is insufficient data on referrals, assessment processes and outcomes for neurodevelopmental services. Data capture, collation and analysis is imperative to understand the scale of the issue

nationally and to develop strategies to address the crisis in services. Without a clear picture of both current needs and future demand, it is challenging to allocate resources appropriately and plan for sustainable service delivery. In preparation for our **Collaborative Healthcare in Scotland** report, published in May 2025, RCPCH Scotland did submit FOIs in hope of understanding ND waiting times across Scotland, however, this data was either limited or not available.

For this reason, we strongly advocate for a robust system to collect detailed data on ND referrals, assessment processes, and outcomes. This should include data on the number of children referred to services, demographic information, and outcomes. By doing so, we can better understand the national scope of the issue and develop informed strategies to improve service delivery.

Drivers of demand for ND services

Demand for neurodevelopmental assessments has risen significantly over the past two decades, driven by a complex interplay of factors. Our members point to changes in diagnostic criteria, increased public awareness, and growing recognition of conditions such as ASD and ADHD as key contributors to this trend. As referral rates have increased, services have come under mounting pressure, particularly in the wake of the Covid-19 pandemic, which has further exacerbated waiting times. Access to behavioural interventions in the community remains uneven across Scotland, and family engagement with these services can vary.

Our members report that Health Visitors and GPs are often approached by parents, and at times by education staff, for referrals to health services, especially when schools or nurseries face challenges in supporting a child's needs. This suggests that families may not be consistently accessing early support through universal services. Under the Scottish Government's GIRFEC (Getting It Right For Every Child) policy, children and families should be able to access support based on need, without requiring a formal diagnosis. The Committee may wish to explore whether services are adequately resourced and staffed to deliver the principles of GIRFEC that ensures equitable access to support for children and families across Scotland.

Management and Diagnosis

Our *Collaborative Healthcare in Scotland* report highlighted inconsistencies in neurodevelopmental pathways and staff makeup within services. ADHD assessments, for example, are conducted differently across health boards, with most handled by CAMHS and a minority by community paediatricians. ADHD is usually identified in school-aged children and managed primarily by CAMHS, with behavioural strategies as the foundation of care, and medication used where appropriate. Overall, service variation and capacity challenges can affect the consistency and timeliness of diagnosis and support. These variations contribute to uneven service delivery, exacerbate workforce pressures, and further extend already lengthy waiting lists.

Our members also report that the process of an ND diagnosis is multidisciplinary and guided by national standards, but access to certain professionals, such as psychologists or

occupational therapists, can be limited. The Royal College of Psychiatrists in Scotland reports that the proportion of people reporting mental health conditions more than doubled between the 2011 and 2022 Scottish Censuses, with a six-fold increase among young people—the largest rise across all health condition types. This surge in need has occurred alongside a decline in the psychiatric workforce, placing additional strain on already stretched services. We urge the Committee to examine service and workforce capacity. Without decisive intervention, the system risks becoming increasingly unable to meet the growing and complex mental health needs across the country.

Impact of delays

Our members have emphasised that families experience significant stress while waiting for an ND assessment. Some families can find it hard accessing support in school settings until a diagnosis is confirmed, resulting in some children failing to have their social and educational needs met. The waiting period is felt relatively in terms of both time and developmental stage within this age group. It is imperative that we ensure families receive support both pre and post diagnosis.

More specifically, we recommend:

- Ensuring that support for children in all settings (education, local authorities and short break providers) is truly needs-led with no barriers relating to diagnostic status.
- Providing regular, proactive communication so that children, young people, and their families do not feel abandoned while waiting for assessment. Consistent communication and support are essential throughout the process.

Investment in Services

Our members have consistently highlighted the pressing need for increased workforce capacity to meet the growing demand for services, particularly in educational and community settings. Equitable investment in the child health workforce—on par with adult health services—is critical to reflect the escalating pressures on the child health system and to ensure services are safely and sustainably staffed.

Enhanced Awareness of Neurodiversity

Our *Collaborative Healthcare in Scotland* report addressed the need for enhanced awareness of neurodiversity within Scotland.

Specifically, we called on the Scottish Government to:

- Develop and implement a comprehensive public health campaign aimed at raising awareness and understanding of learning disabilities, autism, and neurodivergence. Collaborate with advocacy groups, key stakeholders within the neurodiverse community, education, CAMHS and individuals with lived experiences to ensure the campaign is impactful and authentic.
- Introduce mandatory training programs for the public sector to ensure they are equipped with the knowledge and skills to offer the best support.

- Allocate funding and resource to support the implementation of these initiatives. Monitor and evaluate their effectiveness to ensure continuous improvement and sustainability.

We would welcome the Committee's consideration of these proposals as part of its inquiry.

For further information please contact:

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