Attention Deficit and Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) pathways and support inquiry

Social Work Scotland response to Scottish Parliament call for views

August 2025

Introduction

Social Work Scotland is the professional body for social work leaders and managers, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome the opportunity to provide a response to the Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) pathways and support inquiry.

Background

Social Work Scotland welcomes the aims of this inquiry into Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) pathways and support. Our response reflects the collective insights of our members, who work across local authorities and in partnership with third-sector organisations, and in both the adult and children’s fields, to support neurodivergent individuals and their families.

We recognise the inquiry’s focus on improving access, equity, and outcomes for people with ADHD and ASD, and we fully support its ambition to identify systemic barriers and opportunities for reform. From our perspective, the current system is under significant strain. Diagnosis has become the primary gateway to support, leading to long waiting times, inequitable access, and growing frustration among individuals and families. This is compounded by chronic under-resourcing, inconsistent eligibility criteria across areas, and a lack of strategic clarity, particularly in relation to transitions from child to adult services.

Despite these challenges, there are areas of good practice, particularly within the third sector, where flexible, needs-led support is being delivered effectively. However, these successes are often fragile, reliant on short-term funding and overstretched staff.

This submission outlines our views on the current landscape, highlights what is working well, and identifies key opportunities for improvement. These include embedding a stronger role for social work in triage and assessment; moving toward a needs-based rather than diagnosis-dependent model of support; securing sustainable funding; and investing in national resourcing to reduce waiting times and improve service capacity.

Question

The call for views asked the following question:

“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.”

Social Work Scotland have themed the key areas and concerns that were raised by members and present these below.

Diagnosis as a Gateway to Support: Challenges and Implications

Social Work Scotland and its members have given considerable thought to the role of diagnosis in accessing support for individuals with ADHD and ASD. A consistent theme emerging from our discussions is the tension between the clinical purpose of diagnosis and its practical function as a gateway to services.

Many members reported that, in practice, a formal diagnosis is often the only route through which individuals can access support. This has led to a significant increase in the number of people seeking assessments, not necessarily for clinical clarity, but as a prerequisite for receiving help. In some localities, this surge in demand has overwhelmed diagnostic services to such an extent that NHS waiting lists have been closed entirely. As a result, individuals, many of whom are in urgent need, are waiting months or even years to be seen.

This situation raises serious concerns about equity and fairness. Those with the financial means to pursue private assessments are often able to bypass public waiting lists, creating a de facto two-tier system. Once a private diagnosis is obtained, there is often an expectation, sometimes unmet, that statutory services will follow. This dynamic not only places additional pressure on already stretched public services but also exacerbates inequalities. One local authority’s impact assessment highlighted a clear equity deficit, with individuals from low-income backgrounds disproportionately affected by delays and lack of access.

When an individual has a formal diagnosis of a learning disability, the pathways to support are typically well-established. However, those diagnosed with ADHD or ASD often do not meet the eligibility criteria for learning disability services. Even with an autism diagnosis, adult services, such as social work and health, tend to operate within frameworks that also require criteria to be met for mental health, physical disability, or sensory impairment. As a result, autistic individuals may not fit neatly into existing structures within Health and Social Care Partnerships (HSCPs), leading to disagreements about which service is best suited to meet their needs. This issue is particularly evident during transitions or when ongoing care management is needed.

This creates a significant gap in service provision, where individuals with clear support needs are unable to access appropriate services due to rigid eligibility frameworks. In adult social care, eligibility is based on the presence of substantial or critical risk. People with learning disabilities often clearly meet these thresholds, and the support available to them is more clearly defined. In contrast, individuals diagnosed solely with ADHD or ASD are assessed to determine whether their needs meet the criteria for substantial or critical risk. In practice, only a small proportion of these individuals qualify. A growing challenge for local authorities is the increasing number of people receiving these diagnoses, along with the expectation that a diagnosis alone should guarantee access to support. While other services, such as the Local Area Coordination (LAC) team, can sometimes provide support, funding for these services is under significant pressure.

Local authorities have adopted a range of approaches to address the needs of autistic and neurodivergent individuals. However, in most areas, particularly for adults, support is not typically offered until after a diagnosis has been confirmed. Anecdotal evidence suggests that only around 20% of adults who seek a diagnosis ultimately receive one, leaving a substantial proportion of individuals without access to support. This creates a high risk of individuals falling through the cracks, particularly those who do not meet diagnostic thresholds but still experience significant functional challenges.

Efforts are being made to address these gaps using LAC teams and other community-based models. However, these initiatives are often hampered by inconsistent and short-term funding. The lack of stable financial support undermines the sustainability and scalability of these promising approaches.

Compounding these challenges is the uncertainty surrounding the forthcoming Learning Disabilities, Autism and Neurodivergence (LDAN) Bill. Many local authorities have expressed concern that the lack of clarity about the Bill’s content and requirements is preventing them from engaging in meaningful long-term strategic planning. In the absence of clear legislative direction, many strategies are simply being rolled over from previous years, rather than being updated to reflect current needs and emerging best practices.

Transitions from Children’s to Adult Services: Gaps, Pressures, and Opportunities

One of the most pressing concerns raised by Social Work Scotland and its members is the challenge of ensuring smooth and effective transitions for young people moving from children to adult services. This period is critical in the lives of neurodivergent individuals, yet current systems often lack the clarity, consistency, and capacity required to support them adequately.

Where a young person has a formal diagnosis of a learning disability, the transition process tends to be more straightforward, as eligibility for adult services is typically well-defined. However, for those diagnosed with ASD or ADHD, the situation is far more complex. These individuals frequently do not meet the eligibility thresholds for adult social care services, despite having ongoing needs. This creates a systemic gap that leaves many young people and their families without the continuity of care they require.

Local authorities report that while there is strong commitment and good practice in some areas, particularly where local area coordinators and multi-agency teams are involved, resources are stretched thin. All services are effectively competing for the same limited funding, and the differing legal contexts and expectations/criteria in adult and children's services impact on what needs can be met. This disparity creates a situation at point of transition, where young people risk losing support just as they face new and complex challenges in education, employment, and independent living.

Some local authorities have reported that where transitions are managed well (as highlighted in the "Principles of Good Transitions"[1]), it is often due to early and sustained support linked into the education system. For example, when a young person receives appropriate interventions during secondary school and is supported by a local area coordinator or similar role, the transition into further education, higher education, or supported work, can be more effectively managed. However, beyond the education system, support becomes increasingly fragmented and difficult to access. The lack of structured post-education pathways leaves many young people, and particularly those with ADHD or ASD who do not meet adult eligibility criteria, vulnerable to disengagement, isolation, and in some cases, this can increase more serious risks such as exploitation or radicalisation.

There is a shared ambition across local authorities to improve transition outcomes, but this is tempered by the scale of the challenge. One local authority estimated that approximately 30% of pupils in its secondary schools had a diagnosis of Additional Support Needs (ASN), raising serious questions about how the system will cope with the volume of young people requiring post-school support. Without significant investment and strategic planning, the risk is that many of these individuals will be left without meaningful options after leaving school.

Some local authorities are attempting to bridge this gap by deploying support workers to provide social support and life skills training. These interventions can be highly effective, but they are often limited in scope and availability. In one example, a local authority previously had a dedicated adult social worker for autism, but the post

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[1] https://scottishtransitions.org.uk/7-principles-of-good-transitions/

has since been discontinued due to funding constraints, leaving a clear and acknowledged gap in provision.

Where transition planning is working well, it is typically underpinned by strong interdisciplinary collaboration. Local area coordinators, educational psychologists, and social workers work together, often informed by the voices of people with lived experience, to design and implement effective transition strategies. However, such models remain the exception rather than the norm.

Finally, long-term planning for autism and neurodivergent strategies is being hindered by the ongoing uncertainty surrounding the Learning Disabilities, Autism and Neurodivergence (LDAN) Bill. Without clarity on the Bill’s content and implications, local authorities are unable to commit to new strategic directions. As a result, many are continuing to operate under outdated frameworks, unable to respond dynamically to the growing and evolving needs of this population. That said, if delays to the LDAN Bill continue, communication with local authorities about this would be greatly appreciated as clarity around timescales will impact on positive strategic planning.

What Is Working Well – And the Pressing Challenge of Resourcing

Social Work Scotland and its members recognise that, despite the many challenges facing ADHD and ASD pathways, there are areas of practice that are working well, particularly within the third sector. Some of our third sector members described a unique flexibility in offering person-centred support that is responsive to local needs. Their capacity to specialise in specific areas of neurodivergence, and to adapt services without the requirement for a formal diagnosis, has proven invaluable. This approach allows individuals to access support based on need rather than diagnostic labels, which is especially important for those who may not meet clinical thresholds but still experience significant barriers in daily life. This needs based approach, while not operating effectively, is the legislative and practice framework in children and families (GIRFEC[2]).

The third sector’s ability, in some situations, to operate outside rigid eligibility frameworks can enable earlier intervention and more holistic support. This is particularly beneficial in communities where statutory services are overstretched or where individuals are reluctant to pursue a diagnosis due to stigma or personal preference. However, while this model is highly effective, it is also highly vulnerable.

The most significant concern raised by our members, impacting both statutory and third-sector provision, is the issue of resourcing. Without adequate staffing and sustainable funding, even the most innovative and effective models of support

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[2] https://www.gov.scot/policies/girfec/

cannot be maintained. The current reality is that services across the board are operating beyond capacity after many years of constraints in funding. Waiting lists are extensive, and in some areas, they are effectively closed. Staff shortages are compounding delays, and local authorities are being forced to apply increasingly stringent criteria to determine who can even be added to a waiting list. This form of rationing prioritises individuals with multiple or acute needs, but it leaves many others without any form of support.

This situation raises serious concerns about transparency and fairness. Our members report that individuals and families are often unaware of the true scale of delays or the likelihood of receiving support. This lack of clarity can lead to frustration, disillusionment, and a deterioration in mental health. It also places additional pressure on other professionals, such as GPs and educators, who are left to manage the consequences of unmet need.

The reliance on the third sector to fill these gaps is growing, yet these organisations are themselves under immense strain. Much of their funding comes from local authorities, or is non-recurring, short-term, and project-based, making long-term planning extremely difficult. Local authority social work teams are acutely aware of the pressure this places on their services and third-sector partners and the fragility it introduces into the wider support system. Without a shift toward more stable, predictable funding models, the sustainability of these services remains in question.

This resourcing crisis also affects the very first step in the support journey: assessment. Without sufficient staff, assessments cannot be carried out in a timely or comprehensive manner. This delays not only diagnosis and assessment of need but also the development of support plans and access to interventions. The entire system becomes gridlocked, with individuals waiting months or even years for the help they need. Differences between approaches in children and adult assessments were also highlighted by members. In one example, the assessment process in children’s services meant that a child can be referred for an autism diagnosis assessment, but if it becomes apparent that it is an ADHD assessment that is needed, the Neuro Development team will focus on an ADHD assessment without need for a further referral. This is not the case in the Adult Diagnostic service where a further referral would be required, resulting in a longer wait for an ADHD or other assessment.

Our members, particularly in adult services, have repeatedly returned to the question of whether a diagnosis should be required to access support. The consensus is clear: need must define resource. Not every individual with a diagnosis will require services, and conversely, many without a formal diagnosis may have substantial support needs. Current legislation does not mandate a diagnosis as a prerequisite for receiving services, yet in practice, this has become the norm in many areas. This disconnect between policy and practice must be addressed.

Resources need to be focused on prevention too, and to do this, there needs to be an appreciation of local need and community knowledge. If early intervention can be provided, then this will alleviate pressures on waiting lists, and indeed, divert people from seeking a diagnosis to access services. This would allow focus on the reconfiguration on existing services to address underlying needs of individuals and communities in meaningful ways. Our members highlight flexibility within the third sector, and this is something that social work also needs to reclaim.

It is also important to acknowledge that for some individuals, the pursuit of a diagnosis is not desirable. There remains a significant degree of stigma associated with autism and ADHD, particularly in the UK media. For these individuals, a needs-led approach is not only more equitable but also more respectful of personal autonomy.

Finally, there is growing awareness and self-identification among adults who may have been misdiagnosed or undiagnosed in the past. One local authority reported that 60% of those currently on their waiting list for assessment were women, many of whom are now exploring the possibility of a neurodivergent identity in light of new research and public discourse. This trend reflects a broader societal shift in understanding neurodivergence, but it also places additional pressure on already overstretched services.

Looking Ahead: Strategic Priorities for a Sustainable and Inclusive Future

As we look to the future, Social Work Scotland and its members strongly advocate for a more clearly defined and embedded role for social work within any national strategy addressing ADHD, Autism Spectrum Disorder (ASD), and broader neurodivergence. Social workers are uniquely positioned to contribute to early identification, holistic assessment, and person-centred planning. Their involvement in triaging processes is essential to ensure that individuals are not only assessed in a timely manner but also supported in ways that reflect the complexity of their lived experiences. In addition to their role in assessment and planning, social workers are often central to helping individuals and families navigate complex systems. They provide advocacy, co-ordinate across services and ensure that support is tailored to the persons unique needs and circumstances. Strengthening the presence of social workers within neurodivergent pathways would enhance continuity, reduce fragmentation, and promote more equitable access to support.

A key priority must be the formal recognition of the importance of a mixed economy of care and the critical roles of statutory, third sector and community provision. This will enable close partnership working and the development of flexible, community-based services that are responsive to local need and do not rely on formal diagnosis. Valuing what each sector brings will create the ability to deliver support based on need rather than clinical threshold, harnessing the strength of what is often currently viewed as supplementary provision. This can only be achieved through secure, long term funding arrangements. The current reliance on short-term, project-based funding undermines the stability and sustainability of these services, limiting their capacity to plan, grow, and innovate.

In parallel, assessment processes must evolve to become more functional, inclusive, and multidisciplinary. There is learning in this area from the national practice model in children's services, which has the child at the centre and multi-agency work as a core component. Effective assessment should go beyond diagnostic categorisation and instead focus on understanding how an individual's neurodivergence affects their daily life. This requires the routine involvement of occupational therapists, speech and language therapists, and other allied health professionals to ensure that sensory, communication, and functional needs are fully understood and addressed. Clear, outcome-focused assessments are the foundation of effective support planning and service delivery.

Most critically, there must be a significant and sustained increase in national resourcing. Without adequate investment in staffing, infrastructure, and service capacity, the system will remain overwhelmed and reactive. Waiting lists will continue to grow, and individuals will continue to experience delays, unmet needs, and avoidable distress. Increased resourcing is not simply a matter of efficiency, it is a matter of equity, dignity, and human rights. It is the only viable path toward a system that can identify, respond to, and support every individual with neurodivergent needs in a timely and meaningful way.

Conclusion

In conclusion, Social Work Scotland and its members welcome the inquiry's focus on improving pathways and support for individuals with ADHD and ASD. Our collective experience highlights a system under significant strain, characterised by long waiting times, inconsistent access, and a heavy reliance on diagnosis as a gateway to support. Despite these challenges, there are examples of effective practice, particularly within the third sector and in areas where multi-agency collaboration is prioritised.

However, meaningful and lasting improvement will only be possible through a national commitment to sustained investment, strategic clarity, and a shift toward needs-led service provision. We urge the inquiry to place resourcing, equity, and the role of social work at the heart of its recommendations, ensuring that every individual with neurodivergent needs can access timely, appropriate, and dignified support.

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