

THE DONALDSON TRUST

Response to the Health, Social Care and Sport Committee Inquiry on Autism and ADHD 'Pathways' and Support.

August 2025



About Neurodiversity

Neurodiversity describes the diversity of humans' brains and minds. A person who is, for example, autistic is neurodivergent; they are in the neuro-minority, not the neuro-'typical' majority.

Other neurodivergences include: ADHD, dyscalculia, dyspraxia, dyslexia, dysgraphia, misophonia, Tourette's Syndrome, or differences in cognitive function.

About Us

Our work is built on an understanding that neurodiversity is not a medical construct; rather, it lies at the intersection of culture, mind, identity formation, and socio-political action.

The Donaldson Trust envisages a society in which neurodivergent people are understood, accepted, treated fairly, and valued.

Though there is much work to be done, we believe there are genuine opportunities to change society for the better. We aim to be at the forefront of driving that change – and making a difference with and for neurodivergent people and their families.

As the *National Body for Neurodiversity*, we will seek to lead by example. We exist to strengthen the public's understanding of neurodiversity, develop excellence in practice, and help neurodivergent people find their voice.

Alongside neurodivergent people and our partners across the third sector and academia, we write, campaign, and persuade in order to shape the policies being made on the issues most important to neurodivergent people and families.

We improve outcomes and representation via Connect. Our training and consultancy is accessed by organisations looking to build a culture of neuro-inclusion. We continue to develop our free, online information, support, and guidance resources to neurodivergent people, families, and professionals alongside it.

We continue to support children, young people, and adults through a variety of services based at our Linlithgow campus, where we enable every neurodivergent person to realise their goals & aspirations:

• Sensational Learning Centre (SLC)



We offer individualised, skills-based learning to young people with Additional Support Needs, including sensory / communication differences, at our Grant-Aided Special School.

Vibe

Our wellbeing service for neurodivergent people ages 12-18, Vibe offers warm, low arousal spaces for neurodivergent young people to thrive and achieve their personal goals. The service focuses on reducing anxiety, developing life skills, literacy, numeracy, and growing self-esteem / resilience.

Vibe's activities mirror the interests and skills of the young people enrolled with a wellbeing framework and personal programme of skills development.

Gate

Donaldson's skills development and training offer for neurodivergent adults, Gate has been co-designed with those who benefit from it and offers a friendly environment where neurodivergent adults can relax and be themselves. Similar to other services, Gate takes an individualised approach to ensure trainees get the most from their time with us and achieve agreed goals and ambitions.

Trainees can learn skills through activities, or enrol in a vocational and accredited course, delivered by specialist staff / tutors. This includes art, cooking, and cybersecurity.

Treehouse

Treehouse is a specialist wellbeing service offering bespoke, low-arousal environments to improve wellbeing and independence. Support is centred around individual studios, with the 'home-style' settings offering individualised spaces tailored to every person's needs. That allows people we support to participate in activities they co-design alongside their Wellbeing Practitioners.

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Established in the 1850's, The Donaldson Trust (formerly Donaldson's School) has provided supported education and care throughout its history and has now established itself in the neurodivergence space.

The full range of services offered by the Trust is found here:

https://www.donaldsons.org.uk/

Together, we'll find your voice.



Overview

The Donaldson Trust welcomes this Committee's (and others') ongoing work on themes connected to the lived experience of neurodivergent people and families. Alongside ongoing development of the Scottish Government's LDAN legislation and ASL, improving access to diagnosis – and the support around this, or current lack thereof – remains a policy priority for the Trust and sector overall.

We know that these are foremost in the minds of neurodivergent people and families, including those we support, too. While preparing this response, we sought input from members of our Advisory Board, colleagues in services and support roles, parents of those we support and neurodivergent people being supported in service. These perspectives and lived experiences have been woven into our responses.

Earlier this year, *Future Trends for Scotland* ¹, a Scottish Government 'horizon scanning' exercise, identified growing public awareness of neurodivergence and demand for neuro-developmental assessment as a key theme over the next two decades. In the same month, the Scottish Government published a review of their National Neurodevelopmental Specification.

The ever-increasing salience of neurodivergence, and neurodivergent lived experienced, can be seen in our politics, too; for example, there has been an eight-fold increase in mentions of "neurodivergence" at Holyrood from 2022 to 2024. A recent Motion and debate 3, Addressing the Inadequate Provision for Neurodevelopmental Conditions, setting out the extent of the challenges facing decision-makers and neurodivergent people themselves, had broad support. It is clear that this growing prominence has been driven, in no small part, by the inadequacies in existing support and assessment provisions for

¹ https://www.gov.scot/publications/future-trends-scotland-findings-2024-25-horizon-scanning-project/documents/

² The Official Report records a total of 20 contributions in calendar year 2022 and 159 contributions in calendar year 2024 containing the word 'neurodivergence'.

³ https://www.parliament.scot/chamber-and-committees/votes-and-motions/S6M-17670



autistic people and people with ADHD, the ripple effect this has on our public services overall, and the general sense that something must change. This is in Scotland and the rest of the U.K. ⁴.

Though there is a general understanding of what could and should be done to improve outcomes for neurodivergent people with respect to assessment and support, a lack of investment and leadership inhibits meaningful action. Neurodivergent people are being let down by underappreciation of both the scale of the challenges and importance of this issue

We are pleased that this Committee inquiry will focus on support before and after assessments, as well as on the 'drivers' for demand, capacity-building and impacts of long waiting times. A holistic approach towards assessment and supports, where a diagnosis is one element of a broader package, is key to addressing the acknowledged challenges of system capacity and quality of support. We are pleased there is now consensus from stakeholders ⁵ ⁶ on the need for a stepped care, pathways-style approach; and we recognise and support recent work from Royal College of Psychiatrists in Scotland in this respect.

A long-term plan from government – with input from neurodivergent people, charities experienced in supporting neurodivergent people, and healthcare professionals – is needed to meet the ongoing challenge of significant rises in demand for neuro-developmental assessments. In order to better identify current service gaps, inform the design of service interventions that address unmet needs, and enable genuine system-level accountability, the Scottish Government should ensure the **collection**, **collation**, **analysis and quarterly publication of autism and ADHD assessment data**. That must include data

⁴ https://committees.parliament.uk/publications/48963/documents/257149/default/

⁵ https://www.rcpsych.ac.uk/docs/default-source/members/devolved-nations/rcpsych-in-scotland/rcpsychis---ndc-pathways-proposal-final---january-2025.pdf?Status=Master&sfvrsn=9fc0fcff_5

⁶ https://nait.scot/wp-content/uploads/2025/02/Adult-Neurodevelopmental-Pathways-Pathfinder-Report-2023.pdf



on current waiting times for assessment; the data should be disaggregated, including for location, age and sex.

The Trust does not offer neuro-developmental assessment, and access to a service is never contingent on diagnosis. As already noted, the inquiry scope covers all of the key themes in relation to assessment / supports. The 'SPICe' brief (produced to aid the Committee investigation) gives a comprehensive overview of the assessment and support 'landscape'; thus, our response will focus on what we heard during our recent engagement with our community on support and assessment.

Assessment

Whilst some neurodivergent people might choose not to pursue assessment and instead self-identify, having the option of timely, free-to-access neuro-developmental assessment is a key priority for many neurodivergent people – both from the practical and ethical point-of-view. We know that diagnosis can be the key component in the development of a neurodivergent person's sense of self 7. The diagnosis might help to provide context to the challenges they have faced, and answers to unresolved questions in their life. Alongside high-quality post-diagnostic support, diagnosis can have a role in affirming neurodivergent identities, alleviate perceptions of inadequacy and promote engagement with other neurodivergent people and communities of interest. Being able to access a neuro-affirming assessment is an important element of good mental health amongst neurodivergent people; in contrast, when a lengthy wait time acts as a barrier, wellbeing is negatively affected.

In discussion with our community, we know that...

Disruptions to daily life (such as a pandemic or a key life transition) often precipitate identification of needs and referral for assessment for a neurodivergence(s)

⁷ https://journals.sagepub.com/doi/full/10.1177/13623613231213300



Some neurodivergent people and families see primary care, such as General Practice, as 'gate-keeping' access to neuro-developmental 'pathways'. That is attributed to a lack of understanding of varying neurodivergent presentations, especially autistic women, amongst practitioners and a perception of managing finite resources

Where there is disagreement with practitioners on the benefits of a referral for assessment, some neurodivergent people (and families supporting neurodivergent children) may find it harder to challenge decision-makers. In some cases, that can be attributed to a lack of self-confidence – stemming from a lack of knowledge of a complex landscape – or differences with functional communication inherent to some neurodivergences

Assessment and diagnosis can help to ensure that a neurodivergent person is appropriately supported in settings that are right for them. In contrast, we hear from people we support about unnecessary 'inpatient stays earlier in life, where the challenges they faced were, at first, wrongly attributed to mental ill-health

Long wait times and difficulties in accessing neuro-developmental assessment delivered by the public sector continues to encourage people to seek out a private assessment, despite the cost. In many cases, this results in a lack of after care or assurances on access to relevant medication

The prospect of neurodivergence as a defining element of a person's 'story' can often be overlooked by health / education professionals, with the tendency to recognise, refer, and treat for supposed mental ill-health in the first place delaying access to the most appropriate, neuro-affirming support.

Support



All neurodivergent people deserve inclusive, accessible support on their own terms. At The Donaldson Trust, our wellbeing and skills development services offer neurodivergent children and young adults an opportunity to access an individualised support in low-arousal surroundings. We know that this is vital to neurodivergent wellbeing; our services reduce anxiety, build confidence / resilience, and improve self-esteem. By laying a foundation of wellbeing, the people we support are enabled to gain qualifications, develop peer support networks and access a range of skills development opportunities. Investing, early on, in neurodivergent young people is so important, both for that young person and our society as a whole, since in lowers the risk of more expensive crisis interventions at a later date.

In discussion with our community, we know that...

There is a scarcity of supports for neurodivergent people, especially for neurodivergent people with a lower level of need

In practice, support is so often contingent on having an autism or an ADHD diagnosis in place already

Though charities have a big role to play in meeting growing needs in respect of support, current capacity issues (especially those related to assessment processes or any potentially co-occurring mental ill-health) will only be resolved through the sustained involvement and investment of the Scottish Government, Health Boards, and the local authorities

Support, where it is offered, can sometimes obscure the extent of the person's needs – since that support may not be available to them in another context

Neurodivergent people, and families, can only 'wait well' if they are enabled to do so. Support should be tailored to their needs, location or interests. We have heard that pre-diagnostic support often lacks focus or any relevance to the lived experience of the neurodivergent



person that is receiving it; moreover, there are significant variations in provision area-to-area, and a lack of clarity on what supports are available, depending on a person's location or age

While it is improving, there is a generally poor understanding of how neurodivergence manifests – in society, but amongst professionals, too – especially with respect to women, girls and people with a lower level of support need. It is not uncommon for neurodivergent people and families to reach a 'crisis stage' before assessment. The support offered before, during, and after assessment must be tailored to the person's need

High quality post-diagnostic support is an important component of neurodivergent wellbeing; for example, access to an employability-focused post-diagnostic support and mentorship. For those in work or education, post-diagnostic supports must include discussion on reasonable adjustments and 'knowing your rights' in the workplace and education

There is little recognition of the impacts that skills regression has on the career prospects of neurodivergent professionals. Efforts should be made by government to understand the experiences of people in work who are neurodivergent. That is especially true for people that are late diagnosed, and who will have gone many years without any reasonable adjustments

Whilst valuable, peer group support (supplemented with resources / 'signposting') on its own is insufficient post-diagnostic support for neurodivergent people in work or education. Skills development and mentorship are vital.

Occupational Therapy (OT) has a major role to play in the support of neurodivergent people and families. Though this is often neglected, OT (in concert with other post-diagnostic supports) can ensure that



neurodivergent children and young people have the environment to thrive

It is particularly important that neurodivergent people have support to transition between settings at key stages in life; for instance, the move between primary and high school, or college and work.

Support in Education

We have a strong interest in ASN from various perspectives: as an education provider, through our independent Grant-Aided Special School (GASS); as a provider of wellbeing services for neurodivergent children and young people disengaged with full-time learning; through our skill development service for neurodivergent adults, and in our campaigning and advocacy work.

Whilst we very much welcome the importance this inquiry has placed on the supports and services that, alongside assessment, form the pathway model we are keen to see consolidated, we believe it is important to address those which are not necessarily linked to this model and have applicability beyond the neurodivergent people who are the focus of this inquiry. An example here is support for learners with Additional Support Needs (ASN).

We know that what is beneficial for neurodivergent learners (and others with an ASN) is often beneficial for neuro-typical learners, too. This inquiry should look to engage with themes contained in recent work on ASL in Scotland. This includes the Education, Children and Young People Committee's report 8 into ASL, and a similar paper from Audit Scotland 9. Whilst we appreciate that the inquiry will focus on assessment and supports, we believe that there should be a focus on support available in learning environments, especially given that identification of need in these spaces can often precipitate assessment for neurodivergence.

⁸ https://bprcdn.parliament.scot/published/ECYP/2024/5/15/496ab9b0-bd4a-40ed-8f16-64d07018b3d6/ECYP-56-24-02 pdf

⁹ https://audit.scot/uploads/2025-02/briefing_250227_additional_support_for_learning.pdf



Earlier this year, we welcomed a report ¹⁰ from the Children & Young People's Commissioner on the educational policy landscape in Scotland. That report made several recommendations, including having a wider definition for 'Coordinated Support Plan', CSP (so that young people with higher level support needs do not 'fall through the cracks') and full analysis of the resources and infrastructure required to deliver an inclusive education system.

In addition, we believe that the Scottish Government should ensure:

- Fuller implementation of the Independent ('Hayward') Review of Qualifications and Assessment and embrace of that 'strengthsbased' learning it envisages
- Adequate level of training for educators in how they can better support neurodivergent people, and how social-communicatory and sensory differences will impact on learning
- A review of school building standards that centres neuro-inclusive design and construction practices, informed by neurodivergent learners.

Each of these could, and should, be replicated in colleges and universities to the benefit of all, including neurodivergent adults.

Finally, we believe the Scottish Government should continue to progress (already significantly delayed work) to develop and implement a robust and wide-ranging *Learning Disabilities, Autism, and Neurodivergence* (Scotland) Bill, such that a draft Bill is ready in 2026 and that all of the proposals contained within the 2023 consultation paper are ready to be enacted in the next Session of Parliament.

We have included a selection of quotes that highlight the perspectives and experiences of members of our community on the next page >

¹⁰https://www.cypcs.org.uk/wpcypcs/wp-content/uploads/2025/03/March-2025-Education-reform-report-FINAL.pdf



[My school] had the capacity to meet my needs as long as I tried to be like the others.



For me, I wouldn't be here without my diagnosis. It's not just a label... I don't think people can understand what it's like to be in a world where people dismiss you.



I was sent a link to generic, community-type support. Nothing tangible and focused to my needs.



[One of my first memories at school was being told] "you have to be like the other children, because enough is enough".



At the end of my appointments I was sent away. I was left with this life altering information... and I went through a grieving process of what could've been.



Neurodivergent people and families may find it harder to challenge those who make decisions about assessments.



Charities are picking up the slack in the system, but there's a difference between support for my wellbeing and support for mental health.



There is a lack of understanding of neurodivergence in mental health [settings].



[I was] just about existing... but not 'bad' enough for diagnosis.



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