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ELECTED MEMBER BRIEFING NOTE

# Neurodevelopmental Support for Children and Young People

  
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# Elected Members Briefing Series

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The Improvement Service (IS) has developed an Elected Members Briefing Series to help elected members keep pace with key issues affecting local government.

Some briefing notes are directly produced by IS staff but we also make available material from a wide range of public bodies, commentators and observers of public services.

We will use the IS website and elected member e-bulletin to publicise and provide access to the briefing notes. [All briefing notes](#) in the series can be accessed on the IS website.

## About the Improvement Service

The Improvement Service (IS) is the go-to organisation for local government improvement in Scotland. Established in 2005, the IS supports councils and their partners to deliver better outcomes for communities, reduce inequalities, and achieve efficiencies.

We do this through leading transformation, building capacity and capability for improvement across the sector, supporting collaboration to tackle shared challenges, providing data and intelligence to inform policy and decision-making, and delivering national shared service applications and technology platforms.

Our expertise covers a wide range of areas including digital public services, performance measurement and benchmarking, transformation and change management, workforce and skills development, planning and place-based approaches, economy and employability, poverty and inequalities, and climate change.

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## About this briefing note

This briefing is intended to support a shared understanding of the need and demand for children and young people's neurodevelopmental (ND) support, the current challenges that are being experienced across sectors in meeting this demand, and the work currently underway to make improvements.

It is also intended to provide elected members with information that will help them signpost their constituents to resources if they need help with, or raise concerns about, neurodevelopmental support for children.

The National Neurodevelopmental Specification states that neurodevelopmental services “should be available for all children and young people who are aged 0–18 years, and young adults aged 18–24 (and up to age 26 for care experienced people)”.

However, elected members should note that NHS children's services typically provide care up to age 18, after which young people usually transition into adult health services, even though wider ND support across education, social care and community settings may continue into their early twenties.

## **Language**

The language used to talk about neurodivergence and neurodevelopmental differences continues to evolve in response to developments in knowledge, understanding and the preferences of the neurodivergent community.

Language used within this briefing aims to be sensitive and neuro-affirming, recognising that language can consciously or unconsciously inform actions and underpin stigma. However, it recognises a challenge in this; for example, names of conditions are included to provide clarity across sectors but may be considered outdated. Following publication, language will also continue to evolve.

A continued awareness of work undertaken in this area is encouraged to ensure members have an up-to-date awareness of neuro-affirming and sensitive language. The National Autism Implementation Team (NAIT) published guidance relevant to this in 2025: [Neuro-affirming Language Guidance for Scottish Parliament](#)



# What is the issue and why does it matter?

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## Background

### **Neurodiversity and Neurodevelopment**

We are all neurodiverse. Neurodiversity refers to the differences in brain development, function and associated behaviours across the population, encompassing both neurotypical and neurodivergent people. Because brains develop in different ways and at different times, everyone thinks and experiences the world differently. Neurodiversity is the term used to describe these natural differences.

For some people, these natural differences in brain development are more noticeable and may lead to neurodevelopmental diagnoses such as autism or attention deficit hyperactivity disorder (ADHD). The term *neurodivergent* is used to describe people whose thinking and cognitive processes differ from what is considered *neurotypical*. Neurodivergence is a normal part of human diversity that has always existed, and can bring unique abilities and perspectives, alongside areas where additional understanding or support may be helpful.

Neurodevelopmental diagnostic terms describe people whose brain development happens in a particular way, which results in differences in preferences and profiles in relation to areas such as attention, learning, motor development, communication and social interaction, sometimes requiring support. A wide range of neurodevelopmental diagnoses exist, including attention deficit hyperactivity disorder (ADHD), autism, developmental coordination disorder (dyspraxia), fetal alcohol spectrum disorder (FASD) and intellectual or learning disability. Experiences can vary widely both in form and impact, and individuals may be identified with co-occurring diagnoses.

Additionally, some children and young people may have neurodevelopmental support needs even if they do not meet diagnostic thresholds for a recognised diagnosed condition. These needs can still have a significant impact on their wellbeing, how they manage everyday tasks, and how fully they can take part in activities.

### **Neurodevelopmental Support**

Neurodevelopmental conditions are lifelong and importantly do not require 'treatment'. However, many individuals will benefit from support to understand their needs and build on their strengths. The role of diagnosis and assessment varies. In some cases, formal neurodevelopmental diagnosis can provide access to further support that would not otherwise be available, or ensure the right options for support are offered.

For example, individuals with ADHD need a formal diagnosis to access medications requiring a prescription.

For some people, receiving a diagnosis also offers a helpful sense of identity and understanding, and connection with a community of people with shared experiences. For others it may feel less important or not reflect how they choose to describe themselves.

Additionally, not every child or young person with neurodevelopmental differences will benefit from or need a formal diagnosis in order to receive the support they need. This is because the help needed, such as adjustments at home, in early years settings, in education or employment, can be provided based on observed needs.

**Example:**

A child in early primary school is experiencing challenges in their social communication and understanding. Initially some class strategies are put in place to support these and, after discussion with their parents, a formalised plan is agreed to target these areas as well as adaptations to the curriculum. The school is experienced in supporting children with challenges around their social communication, and on this occasion is able to build a robust plan without assistance from external professionals. This is underpinned by Additional Support for Learning (ASL) legislation, and any barriers to learning are identified and mitigated by those in the best position to do so. Within the [GIRFEC](#) framework an understanding of children's needs rather than diagnosis is used to tailor support.

Evidence shows that early support for communication, learning, social or emotional development can make a positive difference to children's wellbeing and confidence, even without any diagnosis being made. What matters most is recognising what a child finds difficult and putting practical support in place to help them thrive, as early help has been shown to improve long-term outcomes whether or not a diagnosis is ever given.

### **Core Values**

The [Neurodevelopmental Specification for Children and Young People](#) sets out standards for all services that provide children and young people's neurodevelopmental support. It sits within the GIRFEC approach of holistic needs-based support and reflects the principles of UNCRC, promoting rights-based, child-centred decision making in support and assessment processes.

### **Demand for support and diagnosis**

Demand for neurodevelopmental diagnoses has increased significantly across the UK and globally in recent years. A 2025 [review](#) of implementation of the Specification reflected this, and indicated services are currently unable to meet demand. It found high demand resulted from:

- An expectation of different ND support following a diagnosis - it was reflected that the Getting It Right for Every Child (GIRFEC) approach meant appropriate and available support for young people in school settings is often available without a diagnosis, but this was not well understood by parents and stakeholders.
- An expectation of access to further services following a diagnosis e.g. housing.
- A disconnect between approaches to diagnosis across child and adult services, where accessing adult services was understood to require a diagnosis and there was concern that not seeking a diagnosis in childhood would disadvantage an individual in later life.
- Social media content on neurodevelopmental conditions.
- Increase in self-identification.
- Changing cultural understanding of neurodevelopmental conditions.

The availability of upstream support, for example family support or wider support within universal services and the third sector, is not always widely known or well understood. Anecdotally, availability of such support has been impacted by budgetary pressures.

### **Why does it matter?**

The number of requests for neurodevelopmental support, assessment and diagnosis is currently higher than can be met by the system. Although neurodevelopmental conditions are not mental health conditions, in many areas people seeking neurodevelopmental support and diagnosis are referred to mental health services. It is also now widely recognised that mental health services were not designed to meet the volume and type of support people with neurodevelopmental needs are presenting with. This means that those seeking diagnosis can spend significant time on waiting lists, resulting in a negative impact on children, young people and families. This can be compounded by stigma, discrimination or unmet support needs, potentially resulting in poorer mental wellbeing.

We also know that high demand is placing substantial pressure on services across the system, including clinical services and education. This risks impacting the ability of staff to undertake their duties to full effect as well as negatively impacting their own wellbeing. The significant pressure of this demand is often compounded by the need to manage high volumes of complaints and enquiries where the issues at hand are often beyond the control of practitioners.

**What is neurodevelopmental support?**

Neurodevelopmental support can take many different forms and what “support” means is not always obvious. The range of potential options can be unclear both to families seeking help and to elected members hearing concerns. Support might range from a reasonable adjustment that helps meet the child’s needs to more intensive interventions. Support should be needs based and not all useful support will be badged as an ND service. The examples below are intended to show the kinds of support a child, young person or family might receive across a range of settings. They do not cover every possibility but illustrate the range of support that may be available and helpful to an individual or family.

Examples of support:

- Neuroaffirming family support: guidance on routines, communication strategies and behaviour approaches at home and in community settings.
- Communication: support with speech, language or understanding instructions; use of visual schedules or symbol boards; supporting people around the child to understand needed communication adaptations.
- Attention and focus: structured or shorter tasks; reduced-distraction seating; or medication to work in tandem with appropriate strategies and interventions where clinically appropriate.
- Emotional regulation: predictable routines; regular check-ins; or access to a calm space during times of overwhelm; adapted sensory and communication environments; planned movement breaks.
- Sensory needs: ear defenders, fidget tools, adapted lighting; or hall pass to avoid crowded and noisy corridors.
- Motor skills: occupational therapy; support with coordination, handwriting or motor-planning challenges.
- Everyday routines: help with sleep routines, feeding challenges, organisation, planning or managing transitions.
- Social understanding: structured support for social cues, interaction, or navigating unstructured school times like break and lunch.

Additionally, support may be given in the form of training or capacity building for professionals working with a child or family.



# What does this mean for elected members?

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Elected members may hear, and will likely have already heard, concerns from individuals and groups seeking to raise issues about neurodevelopmental diagnosis waiting times and available support. They may also hear concerns

from staff or professional groups across health, education and the third sector who are experiencing significant pressure in managing growing demand.

It is recognised that this can be challenging for elected members, who will want to provide helpful, reassuring responses to the people they represent. In responding to constituents, it may be helpful for elected members to have a broad understanding of how the system works, including what types of support exist and which services are responsible for them. This knowledge can make it easier for elected members to respond confidently to constituents. It may also be helpful for elected members to have this broader understanding when considering wider policy decisions or work they might be involved in, e.g. in relation to wider additional support needs discussions.



# What does current work in this area look like?


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Seeking to ensure that children, young people and their families receive the right support at the right time, this issue is being considered nationally, locally and by individual professions. Work is focussed on a needs-based model of support, moving away from a historical model driven by diagnosis. This approach is set out in the National Neurodevelopmental Specification and aligns with the principles put forward in recent papers by [Child Heads of Psychology in Scotland](#) and [the Royal College of Psychiatrists in Scotland](#).

Nationally, a [Children and Young People's Neurodevelopment Taskforce](#) has been established to take forward the actions set out in the Neurodevelopmental Specification implementation review. The Taskforce is co-chaired by education and health, and has a cross-sector membership representing a wide variety of professional groups including psychiatry, allied health professions, educational professions and third sector support. It is progressing actions identified in the review to support wider implementation of the Specification and improvements, including looking at models for resourcing.

Additionally, two cross party summits on neurodevelopmental support were held in December 2025 and March 2026. They brought together elected members and key partners across health, education, local and national government, and academia to explore collective responses to the current demand for neurodevelopmental support and diagnosis. These discussions are feeding into the work of the ND Taskforce, and vice versa.

There have also been two Scottish Parliament Committee inquiries into neurodevelopment recently. The first was undertaken by the Health, Social Care and Sport Committee and focussed on autism and ADHD pathways. A [report](#) and recommendations was published on 2 February 2026. A second inquiry, initiated by the Equalities, Human Rights and Civil Justice Committee into '[Neurodivergence in Scotland](#)', published its [report](#) on 20 March 2026.



# Key issues/questions for Elected Members in the event of an enquiry or to consider to support constituency work

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- Are you familiar with your local arrangements for neurodevelopmental support? Who are the key local contacts?
- Do you have information on local supports for different neurodevelopmental needs that could be useful in supporting discussions with and signposting your constituents?
- Are you aware of up to date language to describe neurodevelopmental diagnoses and associated pathways, ensuring this is neuro-affirming and helps reduce stigma?
- How are professional groups supported to manage pressures related to high demand for support and diagnosis?
- How can you support policy coherence, ensuring ND is considered alongside wider issues experienced by our communities?
- Are resources available to maintain and improve neurodevelopmental support for children and families?
- How can development of ND supports and services locally align with the work of the ND Taskforce and evolving local and national evidence?



# Summary

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Demand for support and diagnosis for children and young people is high for a variety of reasons. It is important that children and their families receive support that meets their needs as early as possible. The most appropriate support will not always be via a clinical approach (e.g. stimulant prescribing for ADHD) and may be community-based (e.g. adjustments at home, in education or family support). Support should be put in place based on what a child needs, rather than waiting for a diagnosis. Sometimes this support is help to understand the needs of a child who is neurodivergent and knowledge of what action people around the child (parents/carers and professionals) can take to support the child.

Neurodevelopment continues to be a rapidly evolving area of work with understanding from a policy, research, clinical and societal perspective continuing to change and develop. Across education, health and community services, there is also increasing pressure on the systems that support children, young people, and their families.

Work is underway to improve how systems respond to neurodevelopmental support needs and provide clearer pathways for children and young people to access support and diagnosis, where it is required.

Alongside this, it is useful to ensure children and young people, and their families are supported and encouraged to make use of the cross-sector provision that meets their needs and is already available to them or in place. This may be through local health or community services, third sector provision, at school, or at home.



# Further support

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## **ND information and support for children and families**

[What do we mean by Neurodevelopment?](#)

[Autism Toolbox](#)

[LIAM & LILA Training in Psychological Skills – early intervention programmes for children](#)

## **Neuroaffirming Language**

[Neuro-affirming Language Guidance for Scottish Parliament](#)

## **Children and Young People's Neurodevelopmental Policy**

[National Neurodevelopmental Specification: Principles and Standards of Care for Children & Young People](#)

[National Neurodevelopmental Specification for Children & Young People: Implementation Review Report](#)

[Children and Young People's Neurodevelopment Taskforce - gov.scot](#)

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