Public Petitions Committee
Thursday 24 September 2026
3rd Meeting, 2026 (Session 7)

PE2230: Guarantee a neurodevelopment assessment within 6 months for children displaying risk behaviours

Introduction

Petitioner	Stephanie McDowell and Dale McDowell
Petition Summary	Calling on the Scottish Parliament to urge the Scottish Government to establish a national six-month maximum waiting time for neurodevelopmental assessments for children displaying significant behaviours or emotions which raise concerns, including those in relation to safety, ensuring families can access timely assessment, support, and intervention.
Website	https://petitions.parliament.scot/petitions/PE2230

1. This is a new petition that was published on 16 July 2026.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. Every petition collects signatures while it remains under consideration. At the time of writing, 4,595 signatures have been received on this petition.

4. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received submissions from the Scottish Government and the Petitioner which are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
September 2026

Annexe A: Summary of petition

PE2230: Guarantee a neurodevelopment assessment within 6 months for children displaying risk behaviours

Petitioner:

Stephanie McDowell and Dale McDowell

Date published:

16 July 2026

Petition summary:

Calling on the Scottish Parliament to urge the Scottish Government to establish a national six-month maximum waiting time for neurodevelopmental assessments for children displaying significant behaviours or emotions which raise concerns, including those in relation to safety, ensuring families can access timely assessment, support, and intervention.

Background information:

Across Scotland, significant concerns have been raised about children displaying neurodevelopmental behaviours, emotional dysregulation, and other behaviours that place themselves or others at risk. These children often face lengthy delays or repeated referral rejections before receiving an assessment and support.

Families can be left managing serious situations while being told their child does not meet the threshold for intervention. As a result, many children only receive support once they have reached crisis point.

These delays place additional pressure on families, schools, GPs, emergency services, and local authorities, and can force parents to seek costly private assessments.

A guaranteed neurodevelopmental assessment within six months for children where significant behavioural, emotional, or safety-related concerns have been raised would ensure earlier identification of needs, faster access to support, and better outcomes for children and families across Scotland.

Annexe B: SPICe Briefing

Scottish Parliament Information Centre
Ionad Fiosrachaidh Pàrlamaid na h-Alba

Briefing for the Public Petitions Committee on petition PE2230: Guarantee a neurodevelopment assessment within 6 months for children displaying risk behaviours, lodged by Stephanie McDowell and Dale McDowell

Brief overview of issues raised by the petition

PE2230 calls on the Scottish Parliament to urge the Scottish Government to establish a national six-month maximum waiting time for neurodevelopmental assessments for children displaying significant behaviours or emotions which raise concerns, including those in relation to safety, ensuring families can access timely assessment, support, and intervention.

Current estimates suggest that roughly 10-20% of people are neurodivergent. Specific forms of neurodivergence that cause significant functional impairment are classified as neurodevelopmental conditions. Examples include:

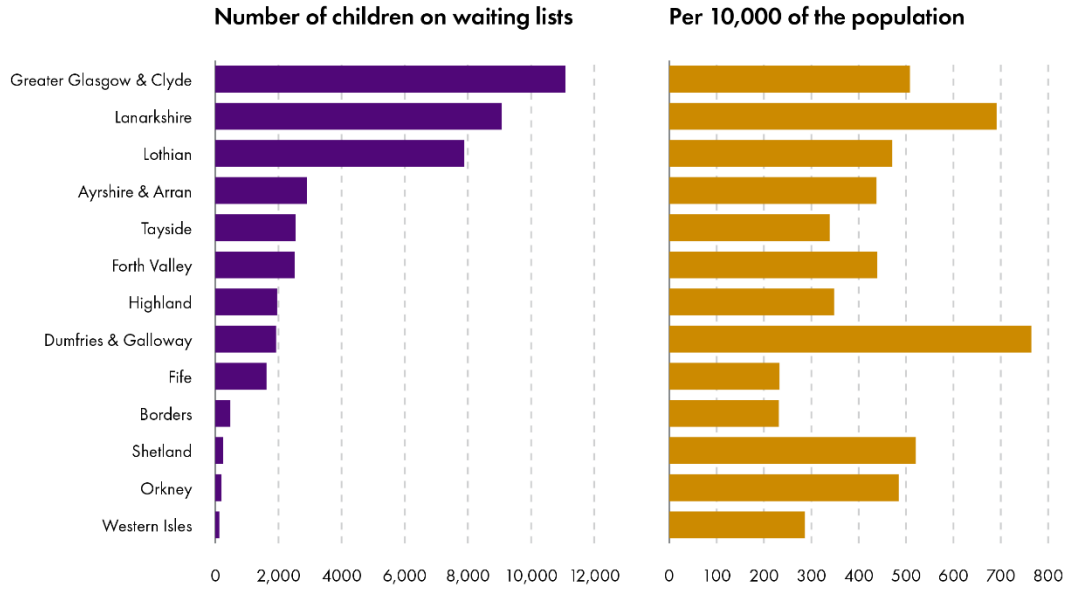
- Autism
- Attention Deficit-Hyperactivity Disorder (ADHD)
- Developmental Co-ordination Disorder (DCD, formerly known as dyspraxia)
- Developmental Language Disorder (DLD)
- Dyslexia and dyscalculia
- Foetal Alcohol Spectrum Disorder (FASD)
- Tourette's syndrome.

An increasing number of people in Scotland are seeking neurodevelopmental assessments for conditions such as autism and ADHD. Experts think that this surge in demand is driven mostly by increased awareness of neurodivergence and how it presents, rather than an increase the number of neurodivergent people.

Waiting times

There has been much discussion of current waiting times for neurodevelopmental assessments for both children and adults. The Session 6 Health, Social Care and Sport Committee undertook an inquiry into ADHD and autism pathways and support. Its report made a number of recommendations in relation to accessing assessment waiting times and gatekeeping.

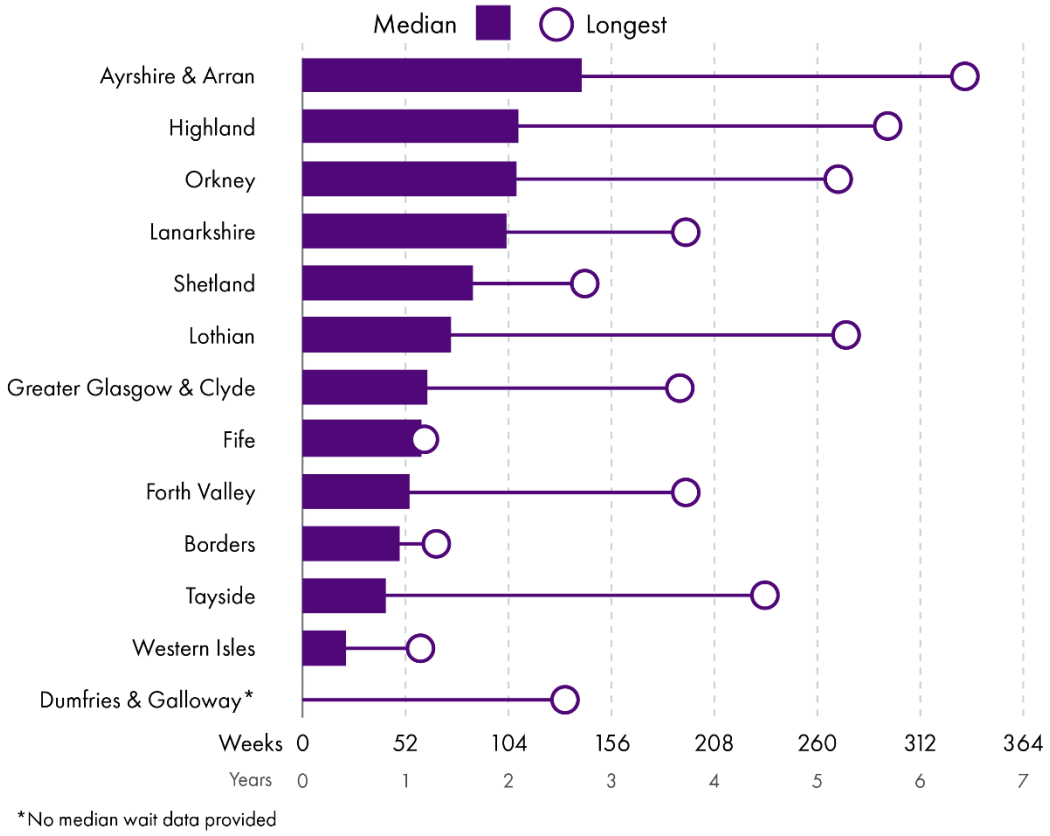
In March 2025, the Health, Social Care and Sport Committee wrote to each of the NHS Boards to request data about neurodevelopmental pathways and waiting times in each area. Thirteen of the fourteen health boards reported the number of children waiting for neurodevelopmental assessments as of March 2025. Across the boards that responded, there were 42,350 children waiting for an assessment.



Source: [SPICe Blog - Waiting for neurodevelopmental assessments: what do the numbers say?]

The analysis by SPICe, in 2025, also found that median waiting times for children seeking a neurodevelopmental assessment ranged between 22 weeks (NHS Western Isles) and 141 weeks (NHS Ayrshire and Arran), with an average median waiting time of 76 weeks. Longest waiting times ranged between 69 weeks (NHS Fife) and 342 weeks (NHS Ayrshire and Arran), with an average longest waiting time of 196 weeks[1].

[1]NHS Grampian could not provide data specific to neurodevelopmental cases. NHS Dumfries and Galloway provided a longest waiting time only.



Source: SPICe briefing: Neurodevelopmental Pathways and Waiting Times in Scotland

A study by the National Autism Implementation Team (NAIT), published in 2025, reported that "children with more complex health and developmental issues had to wait longer [for assessment and diagnosis]".

In its written submission on the petition, the Scottish Government said:

> "The Scottish Government recognises concerns about long waits for neurodevelopmental diagnostic assessment and support. We also recognise concerns that some children may not always receive support as quickly or consistently as they should. However, we do not currently plan to introduce a national six-month waiting time standard for neurodevelopmental diagnostic assessment."

Pathways

The delivery of neurodevelopmental pathways in Scotland is managed by the NHS territorial health boards and the Health and Social Care Partnerships (HSCPs). In particular, the pathways for children should be embedded within the Getting It Right For Every Child (GIRFEC) framework.

In 2021, the Scottish Government published Children and young people - national neurodevelopmental specification: principles and standards of care this outlines the importance of the universal Health Visiting Service and GIRFEC National Practice Model to:

- Identify children with neurodevelopmental profiles who are at risk, at the earliest stage.
- Contribute to the creation of a relevant individual child's plan .
- Identify those children requiring targeted or specialist support through staged intervention
- Identify those children requiring further assessment, formulation, recommendations, and diagnosis where this would be helpful and appropriate.
- Provide support through the team around the child to adapt daily routines in naturally occurring environments to reduce the negative impact of neurodevelopmental differences.
- Provide adaptations for parents where required (e.g. advocacy, peer support, translation and interpreter support where English is not the first language or where there might be cultural barriers, 'plain English' adapted supports for parents with a learning difficulty).
- Provide adaptations to support such as respite and/or periods of substitute parental care, which take account of the need for carers to understand individual support needs and strategies arising as a result of a neurodevelopmental profile.
- Support for income maximisation/financial inclusion.
- Signpost to relevant resources and supports.

In response to Parliamentary Questions including S7W-01702 and S7W-02358. The Scottish Government has said that it is:

> "[…] committed to delivering a programme of work to support health boards and local authorities to deliver the aims of the Specification. Delivery is being supported by a cross-sector Children and Young People's Neurodevelopment Taskforce, bringing together expertise from health, education, local government and the third sector to ensure a collaborative, whole-systems approach is being taken."

The Programme for Government 2026-31 said that the Scottish Government would:

> "Adopt the Royal College of Psychiatrists' 4-tiered national pathway for neurodevelopmental conditions for adults and continue to implement the Children & Young People's National Neurodevelopmental Specification, to ensure anyone with or without a formal neurodevelopmental diagnosis can access the support they need when and where they need it."

In its written submission the Scottish Government also referred to its framework document Supporting Children and Young People Experiencing a Mental Health Crisis. This states that "Neurodivergent children and young people have an

increased risk of being in crisis related to mental health". However, it goes on to say: "It is important that defining a mental health crisis should not be based on clinical diagnostic criteria, or an expectation that a mental health crisis will lead to a mental health diagnosis. Crisis may not necessarily be related to a mental health condition (e.g. a crisis could arise as a result of a difficult social situation), and the main aim should always be to provide the appropriate support".

Additional support for learning

The Scottish Government has also published a Route-map to deliver a National Staged Intervention Model for Additional Support for Learning in Education. The National Staged Intervention Model is intended to provide a consistent approach across Scotland to recording and responding to children and young people's support needs. It will help ensure that children and young people receive the right support at the right time and that their progress is regularly reviewed. It will also help children, young people and families better understand the support available to them.

In school education (including early learning and childcare) local authorities are required to provide support to pupils with an additional support need. An additional support need is defined as when "a child or young person is, or is likely to be, unable without the provision of additional support to benefit from school education". There is no requirement for the pupil to have had a formal diagnosis in order to access such support.

Key Organisations and relevant links

- National Autism Implementation Team (NAIT)
- Royal College of Psychiatrists
- Scottish Autism
- Scottish ADHD Coalition
- National Autistic Society Scotland
- Barnardos

SPICe briefing:

- Neurodevelopmental Pathways and Waiting Times in Scotland

SPICe blogs:

- Waiting for neurodevelopmental assessments: what do the numbers say?
- Neurodiversity, Neurodivergence and Neurodevelopmental Conditions: What are we talking about?
- Neurodevelopmental Pathways and Waiting Times in Scotland

PPC/S7/26/3/13

Lizzy Burgess
Senior Researcher, Health and Social Care
3 September 2026

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe C: Written Submissions

PE2230/A: Guarantee a neurodevelopment assessment within 6 months for children displaying risk behaviours

Scottish Government written submission, 28 August 2026

Does the Scottish Government consider the specific ask[s] of the petition to be practical or achievable? If not, please explain why.

The Scottish Government recognises concerns about long waits for neurodevelopmental diagnostic assessment and support. We also recognise concerns that some children may not always receive support as quickly or consistently as they should. However, we do not currently plan to introduce a national six-month waiting time standard for neurodevelopmental diagnostic assessment.

Our priority is to ensure that children and young people receive timely assessment of need and access to appropriate support, regardless of whether they have received a formal diagnosis. We recognise that, for some children and families, diagnostic assessment is an important part of understanding their needs and experiences. However, diagnosis is only one part of a child's journey and should not be the sole route through which support can be accessed. There are also children and young people with neurodevelopmental support needs who may not meet diagnostic thresholds but whose needs can nonetheless have a significant impact on their wellbeing, relationships, education and day-to-day life.

The Scottish Government recognises that children and young people experiencing significant behavioural, emotional or safety-related concerns may require urgent support. Where such concerns arise, support should be provided on the basis of assessed need and level of risk, rather than being dependent on access to a neurodevelopmental diagnostic assessment. Children and young people experiencing distress, escalating needs or crisis should not be required to wait for a neurodevelopmental diagnosis before support is considered. While access to diagnostic assessment can be important, reducing waits for this alone would not guarantee timely access to the support, interventions and crisis responses that some children and young people require.

Evidence gathered through recent parliamentary inquiries and wider engagement has highlighted that a diagnosis does not, in itself, guarantee access to the support that children, young people and families require. The Scottish Government's approach is therefore focused on improving access to timely support, alongside appropriate assessment and, where required, diagnostic assessment pathways.

The Scottish Government expects children and young people to be able to access support which meets their needs at the earliest opportunity. The National Neurodevelopmental Specification for Children and Young People sets out the expectation that support should be available based on need and that services should work together to provide timely and coordinated care. The recent implementation review of the Specification identified significant challenges in delivering this consistently across Scotland, and work is underway with partners to address these.

Support for children and young people with neurodevelopmental needs is not delivered solely through health services and often requires a coordinated approach across health, education, social work, local authority and third sector services. It is therefore important that service and workforce developments strengthen the wider system of support available to children, young people and families.

What, if any, action is the Scottish Government currently taking to address the issues raised by this petition, and is any further action being considered that will achieve the ask[s] of this petition?

The Scottish Government recognises that demand for neurodevelopmental diagnosis and support has increased significantly in recent years, placing pressure on services across Scotland. We recognise the concerns raised by children, young people and families about delays in accessing support, particularly where a child is experiencing significant behavioural, emotional or safety-related concerns. Our approach is focused on improving timely access to support, assessment of need and, where appropriate, diagnostic assessment for children and young people.

The Scottish Government published the National Neurodevelopmental Specification for Children and Young People in 2021. The Specification sets out the principles and standards expected across services and aims to ensure that children, young people and families receive timely assessment, support and access to services based on their needs, in line with the Getting it Right for Every Child (GIRFEC) approach. The Specification recognises that support should be available at the earliest appropriate opportunity and should not be dependent on a formal diagnosis.

In 2025, the Scottish Government and COSLA jointly published an implementation review of the National Neurodevelopmental Specification for Children and Young People. The review examined the impact and deliverability of the Specification and identified significant challenges in ensuring timely and consistent access to support and services across Scotland. Following the review, a cross-sector taskforce was established to support delivery of the review's recommended actions. This includes work to explore opportunities for further family support, develop a high-level descriptor of neurodevelopmental support to aide system change and communication, and promote greater consistency, partnership working and shared learning across services. The Taskforce brings together expertise from health, education, local government and the third sector, and an interim progress report will be published in Autumn 2026.

Recognising the importance of ensuring timely support for children and young people experiencing distress or crisis, the Scottish Government published Supporting Children and Young People Experiencing a Mental Health Crisis: Framework in February 2026. The Framework sets out the principles of effective crisis support and aims to help local systems ensure that children and young people can access the right support at the right time. It recognises the contribution of a range of services and sectors, including statutory services, youth work and the third sector, and promotes a trauma-informed, rights-based approach to care and support.

The Scottish Government also continues to invest in improving access to neurodevelopmental support across Scotland. In 2025-26, over £2.9 million was provided to projects supporting children and young people with neurodevelopmental

support needs. In addition, £7.6 million has been allocated through the 2026-27 Mental Health Budget to improve neurodevelopmental support for children and young people. The funding is intended to support the development and expansion of neuro-affirming, needs-based supports for children, young people and families, including support that can be accessed regardless of diagnostic status.

Is there any further information the Scottish Government wish to bring to the Committee's attention, which would assist it in considering this petition?

The issues raised by this petition have been the subject of significant recent parliamentary scrutiny. In 2025, petition PE2156, Improve access to ADHD diagnosis and treatment across Scotland, informed the Health, Social Care and Sport Committee's ADHD and Autism Pathways and Support Inquiry. The Equalities, Human Rights and Civil Justice Committee also undertook an inquiry into Neurodivergence in Scotland. Both committees examined the experiences of neurodivergent people and their families, including concerns relating to access to diagnostic assessment, support and services. Concerns about delays in accessing diagnostic assessment and support were raised consistently throughout both inquiries.

The Scottish Government has responded to the recommendations arising from these inquiries and the findings continue to inform ongoing work to implement the National Neurodevelopmental Specification for Children and Young People and improve neurodevelopmental support pathways. In addition, the Scottish Parliament debated ADHD and autism diagnosis in June 2026, providing a further opportunity to consider the challenges associated with access to diagnostic assessment and support.

Many children and young people with behavioural, emotional or neurodevelopmental support needs receive support through education and community-based services rather than specialist health services. Through the Additional Support for Learning framework, education authorities have duties to identify, provide and review support based on a child's needs, rather than diagnostic status. Building on this, the Scottish Government's 100-day commitments include work with partners to establish a route map for adoption and integration of a National Staged Intervention approach for Additional Support Needs, helping to strengthen support across education.

Improving Mental Health Services Division

PE2230/B: Guarantee a neurodevelopment assessment within 6 months for children displaying risk behaviours

Petitioner written submission, 8 September 2026

The petition asks for children displaying significant risk behaviours to receive a neurodevelopmental assessment within six months.

Children should receive support while they wait, but that does not remove their right to timely assessment. These are not contradictory. The Government's response repeatedly focuses on diagnosis not being a gateway to support. PE2230 has never argued that it should be.

The issue is what happens when a child is displaying significant risk behaviours and is still left waiting years for assessment. Diagnosis can also have practical consequences. The Government acknowledges that diagnosis can be relevant to accessing ADHD medication, and the Health, Social Care and Sport Committee has recognised the importance of timely diagnosis where medication is required.

I therefore ask the Committee to challenge how children who may require ADHD medication are expected to access that treatment when neurodevelopmental assessments can take years.

My own experience demonstrates the problem. My family member was rejected by CAMHS/CDC six separate times before eventually being accepted. I also had to make a substantial formal complaint to NHS Tayside CAMHS simply to secure a place on the neurodevelopmental waiting list.

A child should not have to be rejected repeatedly before being assessed. If a referral is not appropriate for one service, there should be a clear route into the correct pathway. Parents should not have to repeatedly prove that their child is struggling badly enough to be seen.

Going private does not necessarily solve the problem either. A private diagnosis does not automatically guarantee access to NHS waiting lists, treatment or medication. Families can therefore pay privately because NHS waits are too long, only to face further barriers to NHS treatment.

The FOI information I have obtained from health boards across Scotland shows differences in referral processes, thresholds, waiting lists and access to neurodevelopmental pathways. Parliamentary research found that, as of March 2025, more than 42,000 children were waiting for neurodevelopmental assessment, with an average longest wait of 196 weeks and the longest reported wait reaching 342 weeks. It also highlighted that NHS Tayside had stopped accepting certain neurodevelopmental referrals for children who did not meet CAMHS criteria.

The Scottish Government and COSLA’s own implementation review identified problems including increased waiting lists, restricted or closed referral routes, unwarranted variation and confusion between services. The Government says it does not currently plan to introduce a national six-month waiting-time standard. That is a policy position. It is not evidence that six months is impossible or unachievable. If six months is considered unachievable, the Government should provide evidence explaining why.

I ask the Committee to:

- Require evidence behind the decision not to introduce a six-month maximum.
- Ask what workforce and financial modelling has been undertaken.
- Ask whether a specific risk-based pathway for children displaying significant risk behaviours has been considered.

- Ask how many children would fall within such a pathway.
- Ask, if six months is rejected, what maximum waiting time the Government considers acceptable.
- Challenge the lack of a clear national maximum waiting time for children displaying significant risk behaviours.
- Examine the variation in referral processes, thresholds and waiting times across health boards.
- Consider the FOI evidence I have gathered alongside Parliament's own evidence.
- Consider the Scottish Government and COSLA implementation review and its findings on waiting lists, restricted referral routes and variation.
- Examine what happens to children who do not meet CAMHS criteria but still require neurodevelopmental assessment.
- Challenge repeated referral rejections and the expectation that parents must continue fighting for their child to be accepted.
- Examine how children requiring diagnosis for treatment, including ADHD medication, are expected to access that treatment when assessment can take years.
- Consider what immediate safeguards can be introduced for children currently displaying significant risk behaviours.
- Seek measurable commitments rather than further reviews alone.

I welcome the further taskforce work and interim report expected in autumn 2026. However, children currently facing years of delays cannot wait for another review or framework. There needs to be an immediate safeguard for children whose behaviour, emotional wellbeing or safety indicates significant risk. Through the petition process, contacting health boards, gathering FOI information and speaking to families, I have seen how widespread these issues are.

I created ABC Scotland – Assessment Before Crisis to give families experiencing these problems somewhere to share their experiences and to highlight the need for change. Since then, I have connected with thousands of families and individuals across Scotland describing similar experiences: repeated rejections, referral barriers, being passed between services, different pathways depending on their health board and years spent waiting for assessment.

These lived experiences do not replace official evidence. However, when thousands of families describe the same systemic problems alongside Parliamentary evidence, health board FOIs and the Government's own implementation review, it demonstrates that this is not simply an isolated or localised issue.

PE2230 is about preventing crisis, not waiting for it. I am asking for:

- Children to receive appropriate support while waiting.
- Children displaying significant risk behaviours to receive assessment within six months.
- Referrals to be accepted by the first appropriate service, with clear routes between services where necessary.
- Consistency across Scottish health boards.
- A child's postcode not to determine access to assessment or waiting time.
- A clear national maximum waiting time for children displaying significant risk behaviours.
- A realistic route to timely assessment and treatment for children who require diagnosis to access treatment, including ADHD medication.
- The Scottish Government to provide evidence for rejecting a six-month standard rather than simply stating that it does not currently intend to introduce one.

A child should not have to become a crisis before the system decides they are urgent enough. They should not have to be rejected six times. Their parent should not have to make a formal complaint simply to get them onto a waiting list. They should not have to live in the "right" health board area.'