Adult Neurodevelopmental Pathways Workshop 2 – Meeting note

Date: 15 July 2026

Time: 10:00 – 12:00

Location: St Andrew's House

Purpose: To agree the core components of the route-map, aligning with the Royal College of Psychiatrists (Scotland) 4 levels and who is best placed to deliver each of the components. In addition, to discuss workforce impacts and resources implications of each component. This workshop is the second of two stakeholder sessions designed to inform development of a draft route-map.

Attendees: [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)] [Redacted - S.38(1)(b)] [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)]; [Redacted - S.38(1)(b)].

Introduction

[Redacted - S.38(1)(b)], [Redacted - S.38(1)(b)] (Scottish Government) and [Redacted - S.38(1)(b)] [Redacted - S.38(1)(b)] (NAIT) welcomed attendees, thanked them for their participation in the two workshops, and outlined the structure and purpose of this second workshop.

Presentation 1

Autism Initiatives presented on the diagnostic service offered through a "one stop shop" approach. Autism Initiatives does not operate a waiting list; it is typically 2 weeks for a first appointment and the assessment process takes around 8 weeks.

The service aims to not only offer high quality autism assessments, but to do so through a therapeutic and affirming process with a clear route to diagnosis while also

offering seamless and enhanced post diagnostic support. Other aims are to decrease workload for Mental Health teams and to improve data collection and analysis.

Components of the services are:

- Qualified, knowledgeable, experiences, trained staff – mixed neurotype team
- 2 teams
    - Data gathering
    - Assessment
- Joint working between Autism Initiatives and NHS
- Flexibility with timings and environment
- Tripartite formulation process
- Feedback Loop
- Robust processes, governance and oversight

Presentation 2

[Redacted - S.38(1)(b)] [Redacted - S.38(1)(b)] from NHS Grampian presented on their AHP-led Adult Autism Assessment Pathway that runs in Aberdeen City and Moray HSCPs. [Redacted - S.38(1)(b)] provided an overview on the services that has been operating for the last 5 years. The service is open to self-referral, and the service is comprised of a mix of grades and skill sets.

It was commented on that the service is very much in keeping with the stepped care model. Was also noted that the service is being provided with no additional funding.

Four-tier model:

Stakeholders agreed the four-tier (level) model should comprise:

- **Level 1:** Public health approach
- **Level 2:** Community/self-support resources
- **Level 3:** Specialist support
- **Level 4:** Clinical support

Key principles:

- Stepped care should be flexible, allowing people to enter at the level that best meets their needs.
- Multiple partners and services are involved across all levels.

- The model should promote self-understanding and needs-led support.
- Community-based support should be central to Level 3.
- Implementation could improve outcomes and reduce pressure on CMHTs.
- The specifics of what makes up the content of each level, is still to be fully worked through and there may be some movement between what sits within specific levels.

Key themes raised:

- Learning can be drawn from addiction and alcohol services, particularly around shared care and third-sector delivery.
- General practice must be considered across all four levels.
- Investment should be targeted appropriately and support continuity of care.
- Concerns were raised about assessment quality, particularly in relation to private diagnoses.
- Diagnostic pathways must account for co-morbid mental health and neurodevelopmental conditions.
- Additional clinical consultation capacity may be needed between Levels 3 and 4.
- Where in the model do we need more funding (RCPsych keen to have more in 2 and 3).
- Discussions on how we protect delivery partners from being overwhelmed including CMHs and third sector.

Level 1: Public health approach

Discussion focused on creating a more neuro-affirming society and increasing understanding of neurodivergence.

Key points:

- Recognition and support should not depend solely on diagnosis.
- Public awareness should emphasise needs-led support and available services.
- Workforce competencies should align with existing frameworks.
- Public messaging should address both rights and organisational responsibilities.
- Existing initiatives, including Different Minds, AASF projects and One Stop Shops, provide strong foundations.
- Information should include assessment pathways, support options, benefits, employment adjustments and the LDAN Bill.
- Demand may increase through awareness raising, so Levels 2 to 4 must be developed alongside and in some cases in advance of a focus on Level 1.
- Public health input such as those involved with See Me Campaigns would be useful
- Honest communications and upfront about situation in terms of volumes and waiting times.
- Noted that level 1 broadly aligns with “Informed” in the Public Services Delivery Scotland “Knowledge and Skills Framework”

Level 2: Community support/resources

Discussion focused on accessible resources, workforce knowledge and community support.

Key points:

- Staff need to understand available supports and referral options.
- Development of a national digital resource is underway through Scottish Government, NAIT and AHP partners, legacy Autism Understanding Scotland resources.
- Resources must be accessible and neuro-affirming
- Noted that online resources work best when also supported by a level of human engagement, leads to more successful outcomes.
- Neurodivergent people should be involved in design and ownership of community resources.
- Existing resources should be consolidated and made easier to access.
- Community (and family) support was considered a more helpful term than self-support.
- Family, peer and community supports should be integral to this level.
- In-person opportunities remain important for relationship building.
- Question raised about ownership of the resources that are developed.
- Discussion on the value of resources (training and tools) that are universally available, while some professional groupings wish to have bespoke resources for their own groups / workforce.
- Noted that level 2 broadly aligns with “Skilled” in the Public Services Delivery Scotland “Knowledge and Skills Framework”

Level 3: Specialist support

Discussion centred on multidisciplinary and community-based specialist support.

Key points:

- Level 3 focuses on specialist assessment, intervention and support, while often also acting as a bridge to Level 4 where required.
- Clinical input is essential, alongside strong third-sector involvement.
- Nursing, AHP, pharmacy and GP roles should be fully utilised at this level.
- People should be able to enter, or step between levels according to need.
- Successful examples include One Stop Shops, Distress Brief Intervention (DBI), Fife Test of Change, and community wellbeing initiatives.
- Workforce development and training will be required to build specialist capacity to support this level.
- Pathways must accommodate co-morbidity and complex needs.
- Quality assurance should cover both NHS and private assessments.
- ADHD medication pathways and shared-care arrangements require sufficient specialist capacity and support.

- Concerns raised about thresholds between levels and how to support and enable people to move between the different levels.
- Is there a role for the private sector to play at this level?
- Noted that discussions around quality of assessments applies to both the private sector and NHS.
- Noted that level 3 broadly aligns with “Enhanced” in the Public Services Delivery Scotland “Knowledge and Skills Framework”. The fourth level of the Framework is referred to as “Specialist” while aligning closely with level 4 of the RCPsychiS model.

Next Steps

- Note from the workshop 2 will be circulated to attendees from both sessions
- Participants were invited to submit any additional comments to the policy team
- Officials will work on drafting the route-map and share with stakeholders for feedback.
- Noted that the roundtable is taking place on 25 August, chaired by the Minister.
- The route-map will then be published in Autumn 2026.

Closing

Time did not permit detailed discussion of level 4. Participants were invited to submit comments on this level, via correspondence.