

1000 Times Better

A learning opportunity to support and enhance
multi-disciplinary opportunities from
Informed Solutions for Better Outcomes
Pilot Findings and Strategic Case for Early Assessment

[What is 1000 times better?](#)

A joint presentation from AISEE Collaborative, Autism Community Resource Hub
SLC/SLHSCP & Scottish ADHD Coalition.

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Snapshot

- What is a Development and Wellbeing Assessment
- How did we use it in a pilot project
- What is the potential for Youth Justice -

Agenda

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|----------------------------|-------------------------------|
| 1. Purpose and Background | 8. Conclusions |
| 2. What if? | 9. Recommendations |
| 3. Why the Pilot Matters | 10. Key Takeaways |
| 4. SDQ/DAWBA explained | 11. Dovetailed Implementation |
| 5. Key Findings | 12. Call to action |
| 6. Key Data from Pilot | 13. The Consideration |
| 7. Pilot Average Timelines | |

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01 Purpose and Background

Core thesis — An early, structured profiling assessment using the **SDQ/DAWBA** (Strengths and Difficulties Questionnaire / Development and Well-Being Assessment) can dramatically improve outcomes for children and young people with neurodevelopmental and/or mental health issues

Problem addressed — Growing ‘bottlenecks’ re: waiting times for children, young people and adults who face **long waits, fragmented pathways, and delayed access** to meaningful support. These stressors have compounded avoidable pressures on families, practitioners, and over-stretched services. By utilising the SDQ/DAWBA innovatively we can change the discourse.

Central question — Could a timely, evidence-informed profiling assessment improve outcomes whilst simultaneously addressing delays in informed interventions, uncertainty, and service pressures placed on a whole community? The pilot findings indicate **yes**

F.R. p11-16

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02 All started with What if?

There was an accurate, timely, cost effective, supportive assessment process available that could provide a detailed, indicative wellbeing profile of various neurodevelopmental conditions and psychiatric disorders?

This could help select and direct the allocation of resources for further assessment, earlier identification, and/or timely, tailored support services by encouraging joined up approaches?

A pilot study could identify if the SDQ/DAWBA might improve collaborative practice to the benefit of assessed individuals, their families, support practitioners, and professionals?

A baseline study could identify challenges and enabling factors required for improved partnership working?

Potential revenue, resources and quality of life savings might ensue from a modest investment in such an approach?

The combined clinical & non-clinical application of this approach could bring formal and informal support networks together, reducing adversarial exchanges?

F.R.p11-16

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Why the Pilot Matters

Too many children, young people and adults face long waits, fragmented pathways, and delayed access to neuro-informed support. This creates avoidable pressures upon families, practitioners, and limited diagnostic services. Currently **65000** in Scotland. (children&YP-42,000, adults- 23,000)

The pilot tested whether the SDQ/DAWBA could address that problem by offering a cost effective timely, evidence-informed picture of need. The findings suggest that it can: supporting tailored, targeted intervention, stronger partnership working, and more person-centred planning while formal diagnostic processes are still underway.

"This could be 1000 times better than what we have at present"

Team Leader, Youth Justice, Social Work

"Know me better, enables us all more"

14-year-old female

"A report like this would enable us to make better more informed decisions"

Children's Panel Members

F.R. p17-20

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SDQ/DAWBA Explained

The DAWBA (Development and Well-Being Assessment) is a package of interviews, questionnaires and rating techniques designed to generate ICD-10 and DSM-IV or DSM-5 psychiatric diagnoses on 2–65-year-olds.

The DAWBA covers the common emotional, behavioural and hyperactivity disorders, without neglecting less but sometimes more severe disorders. Other conditions Autism Spectrum Disorder, Eating Disorders, and TIC Disorders.

How it works

1. Adaptive Questioning
2. Impact Measurement.
3. Computer Predictions and Clinical Rating.
4. Why is it used?

[Anonymised sample report](#)

F.R. p21-23

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Key Findings

"I know this girl needs support, but I can't access an assessment to give me my starting point?"

Teacher

Timely, cost-effective indicative assessment — The SDQ/DAWBA helped practitioners understand need earlier and with greater confidence

Earlier mapping aligns with the 2025 RC Psych.(Scot) 4-tiered approach — Informed decisions and interventions could proceed before formal diagnosis was complete

Clear invest-to-save potential — Better targeting reduces crisis risk and improves longer-term outcomes

Stronger collaboration — A shared evidence base enabled families, practitioners, and services to plan support together

No major unintended harms identified during the pilot
Strong case for further testing via a broader Test for Change project

Throughout the report

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06 Key Data from the Pilot

- 11 Project Partners F.R. p36
 - 8 Nominating partners for participants.
 - 51 Participants F.R. p36
 - 37 Completed reports issued
 - 21 Feedback evaluations completed
 - 172 Questionnaires; comprising a mix of individuals, parent carer and professionals F.R. p 37
 - 117 Self-directed report and advocacy responses shared. F.R. p 38
 - 329 Indicative Wellbeing Concerns F.R. p38
 - 207 Suggestions for further consideration F.R. p40
- The data above drawn from the work of rating component.

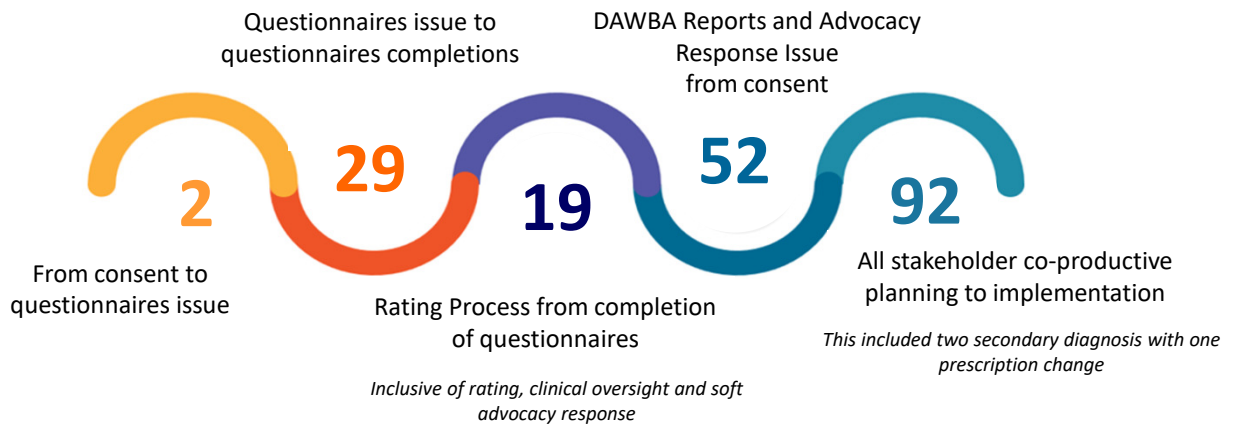
The work below a contribution of the soft advocacy and self -directed use of the individual reports and advocacy responses.

- 155 (74.87%) Actions identified in partnership between families and professionals

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07 Pilot Project Average Timelines (days)

At time of pilot, we could not draw comparable data to existing processes



Through a real practice application Test for Change project could these timelines be improved?

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Conclusions

"I have to find a suitable placement for this child but cannot make a judgement without knowing what their needs are."

Social Worker

- **Assessment time to actionable outcomes** was significantly shorter than existing pathways
- The model **complemented** rather than conflicted with established clinical and non-clinical approaches
- The approach aligns with key Scottish policy priorities including **GIRFEC, Fulfilling the Promise, Inclusion as Prevention**, and **UNCRC** implementation
- **Now aligning** with RC Psych tiered approach.

"As both a parent and lead practitioner, I found this pilot to be very partnership orientated, individualizing and supportive for and to all"

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09 Recommendations

- **Improve accessibility** — visual supports, sensory content, device compatibility, and optional app format aligned AAC's
- **Support broader professional dialogue** — supplementary questionnaire for social care professionals
- **Improve completion support** — help for literacy/language barriers
- **Commission formal academic evaluation** at greater scale
- **Assess value for money** — financial modelling for social return and cost-saving benefits
- **Strengthen inclusion evidence** for non-English-speaking children and young people

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10 Key Takeaways Invest for Prevention

- **Modest early investment can unlock significant human and service-level benefits** — the presentation's title quote ("1000 times better than what we have") from a Youth Justice team leader captures the enthusiasm from practitioners. *In England and Wales, the overall prison population could be as high as 80% are neurodivergent when a standardised assessment tool was applied, including those within youth offending. In Scotland we do not gather such data.*
- The pilot makes a compelling **invest-to-save** argument, with nearly **75%** of suggestions translating into actionable partnership steps, before and including at least two secondary diagnosis, one resulting in prescription changes.
- The closing slides, frame a clear **call to action** for stakeholders and outline a consideration for involvement, positioning this as ready for the next phase of scaled implementation

"I wish All young people had access to this project. I feel this should be central to assessing unmet needs in school and helping schools (and parents) and social work get the resources they require." Parent/Professional

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Dovetailed Implementation

A

Treating these issues as a public health and wider societal challenge acknowledges the complex, multi-faceted needs of people with neurodevelopmental conditions and allows this approach to align with existing systems.

B

It would support a standardised, four-tier integrated pathway for neurodevelopmental services across Scotland, spanning all ages and not relying solely on the NHS or mental health services.

C

A tiered model with early identification and proportionate support for less complex needs would enable earlier, tailored intervention, improve outcomes, and help manage waiting lists by prioritising people with the most critical or complex needs.

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continued

Dovetailed Implementation

D

This should be delivered through positive, collaborative, inclusive and rights-based partnerships, aligned with existing legislation and policy, and designed to scale gradually for system-wide improvement across Scotland and beyond.

For Example,

FSA	A-TAC	SDQ	DAWBA
Lived Experience/ Professionally Designed	Clinically Designed	Clinically Designed	Clinically Designed
Can be used by non-professionals and professionals (including non-clinical)	Can be used by non-clinical professionals and clinical professionals	Can be used by non-clinical professionals and clinical professionals	Can be used by clinical professionals
Currently a paper questionnaire	A paper perceptual indicative questionnaire	An online questionnaire completed by mix individual, parent and or teacher	An online questionnaire completed by mix individual, parent and or teacher

Building evidential correlation for identification to support both individuals and families as well professional practitioners for earlier tailored targeted interventions.

From non-clinical through to full clinical. Supporting a multi-disciplinary inclusive approach.

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Call to Action

Is now the time to Act?

Indicative Profiling is an Idea whose time has come (or perhaps) is already overdue.

Currently **65,000** waiting in Scotland (**42,000** are children) [ADHD and autism waiting lists hit crisis point as psychiatrists demand urgent national plan](#)

97% of over 60-year-old autistic females, 95% ADHD and 85% of all autistic people undiagnosed [Around 90% of middle-aged and older autistic adults are undiagnosed in the UK, new review finds | King's College London](#)

4-9 times more likely to die by suicide <https://www.autistica.org.uk/downloads/files/Personal-tragedies-public-crisis-ONLINE.pdf>

Over 70% of neurodivergent people have co-occurring mental health issues & Over 80% of people in neurodivergent people are NEETs <https://www.gov.scot/publications/microsegmentation-autism-spectrum/>

80%+ prison population in England and Wales <https://www.mirror.co.uk/news/politics/dis-life-neurodiverse-people-failed-30770620>

Cross over representation of neurodivergent care experienced children and young people (five times the rate for neurotypical children) [Neurodiversity 101: Why we need to care more for the children in care!](#)

Youth Justice -

[Justice for children with SEND & neurodivergence: A review into the current system's failings](#) [Neurodiversity – a whole-child approach for youth justice](#)

Intersecting issues of race, poverty and other ACEs over representation of children young people and adults within poor and ethnic minority communities. & 90% of neurodivergent women with LD have experienced sexual abuse. [Unheard-Unequal-Unjust-But-not-Hidden.pdf \(scld.org.uk\)](#)

80% children and young people who have been cautioned and sentenced in England Wales YJS have ASN or are neurodivergent. [Justice for children with SEND & neurodivergence: A review into the current system's failings](#)

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The Consideration

Considerations of interest should come from organizations and stakeholders to partner in a Test for Change project to explore in more detail the benefit and impact in the interests of scaling up for integrated service delivery, inclusive of real practice application and lived experience all with positive collaborative partnerships.

Note – On your workshop flyer

Side One- QR codes for
Informed Solutions for Better Outcomes Summary Report
Informed Solutions for Better Outcomes Full Report
Sample Anonymised DAWBA Report
Presentation Slides

Side Two Funding Briefing

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