AUTISM ASSESSMENT AND SUPPORT UPDATE:

THE CRISIS IS WORSENING







Autism assessment and support – worsening crisis and deepening inequalities

This update highlights:

- Changes since the Child of the North autism Report in 2024 warned of an inequitable system in crisis [1]. One year on, the latest statistics show the crisis is not only unresolved but worsening.
- The number of children waiting for an autism assessment has continued to rise with waiting times remaining intolerably long. Inequities in access to diagnosis are becoming even starker.
- In March 2025, **only 4.5% of patients** with autism referral had received an appointment within the recommended time [2].
- The number of open referrals for an ADHD assessment has increased by over 22% from June 2024 to 2025 [3].
- Urgent reform is needed to prevent thousands of autistic children continuing to experience lifelong adverse outcomes.

The scale of the problem

The 2024 Child of the North report [1] documented that waiting times for autism assessments had soared since the COVID-19 pandemic – a 306% increase in children waiting for assessment compared to pre-pandemic levels. It showed that only one in ten children were receiving an appointment within 13 weeks of referral, with some families waiting years.

New NHS data for 2025 reveals that **the situation has deteriorated further**. In March 2025, only 4.5% of patients with an open autism referral had received an appointment within the recommended 13 weeks [2].

For many families, this means waiting years for their child even to be seen.

The postcode lottery of autism assessment is now sharper than ever. In Mid and South Essex, the **median** wait time is 54 days, while in South Yorkshire it is 1,063 days [2].

These regional inequalities mean that children in some Northern areas of England can wait **3 years longer** on average for an autism assessment than children in the South of England.

Inequities in diagnosis

The original autism report highlighted how autistic girls are often unidentified, with estimates suggesting **up to 80% may be missed**. It also showed ethnic inequalities, with children from South Asian backgrounds significantly less likely to receive a diagnosis compared to White British children.

Fresh analyses from the Born in Bradford dataset highlights the deepening inequalities. **Girls of Pakistani heritage are ~11 times less likely** to have received an autism diagnosis than White British heritage boys - suggesting that whole cohorts of children are disproportionately disadvantaged from accessing recognition and support.

The "double disadvantage" faced by girls from ethnic minority backgrounds is now starkly evidenced across conditions. ADHD diagnoses are **5.3 times higher for White British boys compared to South Asian boys**, and this difference increases to 5.8 times when comparing White British and South Asian girls. This shows how gendered and racialised barriers in diagnostic pathways compound to create widening disadvantages (see below).

The Child of the North autism report warned that structural inequities would worsen without urgent reform. The 2025 data confirms that prediction.

The impact on families

Behind these statistics are families struggling without the support they desperately need. The 2024 report quoted parents describing the assessment process as "an absolute nightmare" and "a silly catch-22" – where parents find they cannot obtain support without a diagnosis, but often wait years to access an assessment.

The number of people waiting over 104 weeks for an ADHD assessment has more than doubled from June 2024 to 2025 [3].

Nothing has changed. Parents continue to report disconnected systems, repeated referrals, and children "failing while waiting". Families in the North of England, where waiting times are longest, face particularly severe strain. This not only undermines children's educational outcomes but contributes to parental stress, family breakdown, and wider community impacts.

The combination of disadvantage is especially striking: rates of ADHD diagnosis are around **13 times higher** for White British boys compared to South Asian girls.

Why this matters - the costs of inaction

The evidence remains clear: autistic children can thrive in mainstream education when their needs are identified and supported early. Conversely, delayed or absent support is linked to:

- Higher rates of school exclusion autistic children are twice as likely to be excluded [4]
- Poorer mental health one in four autistic young people also experience a co-occurring condition such as anxiety or depression [5]
- Reduced life chances from lower educational attainment to increased unemployment risk [1]
- Enormous public costs estimated at £1.5 million per autistic person over a lifetime when needs are not met early [6]

The postcode lottery in assessment means these costs fall disproportionately on the North [1].

Teachers as expert identifiers

A striking conclusion from the research is the value of teacher observation. Teachers, through sustained observation of children in real-life classroom contexts, are often the first to recognise emerging difficulties.

School entry measures (the 'EYFSP') capture not only academic skills but also social, emotional, and behavioural development. Evidence shows:

- EYFSP scores predict later SEN identification [7].
- Teacher assessments of early communication and social skills align closely with later diagnoses of autism spectrum disorder [8].

This demonstrates that teachers are already highly skilled identifiers of children's strengths and needs. Yet their insights are not fully leveraged within health and social care systems.



Policy implications

The original three key recommendations are as urgent as ever:

- Build effective partnerships between education and health – delivering assessments in schools, sharing information, and offering support before and after diagnosis.
- Provide mandatory training for professionals, with a focus on girls and ethnic minority children.
- Create local partnerships to deliver autismfriendly places, tailored to communities and cultures.

The latest statistics now demand even bolder action:

- The postcode lottery must be ended by establishing accountability mechanisms to ensure equity across regions.
- **Data systems** (like Connected Bradford [9]) should be scaled nationally, enabling earlier identification and highlighting inequities
- A **needs-led approach** must replace the diagnosis-first model. Schools should be resourced to provide support based on teacher assessments of need without any perception that a clinical diagnosis is required.

Conclusion

The 2024 Report described an assessment and support system under "unsustainable pressure". One year later, the pressure has intensified. Waiting lists are longer, inequities sharper, and families more desperate.

Yet the solutions remain clear. We know that early intervention saves money and improves outcomes. We know that teachers are skilled at identifying need. We know that connected data can expose inequalities and guide better provision. And we know that families want – and deserve – a system that supports their children without years of delay.

This crisis is not inevitable. It is the result of political choices, service design, and fragmented systems. If we act on the evidence, we can turn the tide and transform the life chances of autistic children. This will strengthen education, health, and social care systems for all.

The message is even more urgent today than in 2024: we cannot afford to wait.

"Unless [you've] got a physical diagnosis, schools won't support, which I completely disagree with, because if you're on the waiting list or you're trying to get that diagnosis, you're going years without support."

- Autistic young person

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This report is a collaborative programme of work between Child of the North and the Centre for Young Lives.

A note about language

Please note that this report often uses "schools" as shorthand for "schools, nurseries, and other educational settings such as pupil referral units and special schools." One central message of this report is the need for a "whole system" approach that includes all relevant stakeholders, and this includes all parts of the education system.

About Child of the North

Child of the North is a partnership between the N8 Research Partnership and Health Equity North which aims to build a fairer future for children across the North of England by building a platform for collaboration, high quality research, and policy engagement. @ChildoftheNort1 @childofthenorth.bsky.social

About the N8 Research Partnership

The N8 Research Partnership is a collaboration of the eight most research-intensive Universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield, and York. Working with partner universities, industry, and society (N8+), the N8 aims to maximise the impact of this research base by promoting collaboration, establishing innovative research capabilities and programmes of national and international prominence, and driving economic growth. www.n8research.org.uk @N8research @n8research.bsky.social

About the Centre for Young Lives

The Centre for Young Lives is a dynamic and highly experienced innovation organisation dedicated to improving the lives of children, young people, and families in the UK – particularly the most vulnerable. Led by former Children's Commissioner, Baroness Anne Longfield CBE, who has been at the forefront of children's issues for decades, the Centre's agile team is highly skilled, experienced, and regarded. It is widely known and well respected across government departments, Parliament, local and regional government, academia, the voluntary sector, and national and local media. The Centre wants to see children and young people's futures placed at the heart of policy making, a high priority for government and at the core of the drive for a future for our country which can be much stronger and more prosperous. www.centreforyounglives.org.uk @CfYounglives

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