



Full report **Earlier support and earlier outcomes**

The case for strengths and needs-based support before or without an autism or ADHD diagnosis.



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A note on language

At Autistica, the autism community informs our research priorities. We aim to apply the same principle to the way we talk about autism. Using respectful language is important for building positive relationships with the wider autism community. It plays a significant role in changing attitudes towards autism.

There is a general preference for identity-first language rather than person-first language among the autistic community.^{1,2} So we use the term 'autistic people', rather than 'people with autism'. Additionally, the community prefers to avoid avoidance language that focuses on deficits or ableism, which tends to enforce stigma and exclusion.² We talk about the specific 'challenges and needs' rather than 'deficits', 'weaknesses' or 'limitations' of autistic people.^{3,4}

The terms we use in the report are the preferred language indicated by our community advisors and participants in this work.

However, some people may choose to describe themselves differently. It is important to respect individual preferences in research and practice, and whenever we work directly with the community.¹

Throughout this report, we use the phrase 'Autistic and ADHD people'. This could refer to an autistic person, someone with ADHD, or someone with both neurotypes.

Finally, throughout this report we use the phrase 'before or without diagnosis'. This does not mean replacing diagnostic assessment. It means that support should begin when needs are recognised. Whether a child is diagnosed, waiting for assessment, or has support needs that may never lead to a formal diagnosis.

We have created a section of key terms and **helpful definitions** at the end of this report.



Executive Summary

This report presents a feasibility evaluation of using strengths and needs assessments in schools to provide early support for children before or without an autism or ADHD diagnosis.

Why this research matters

Many autistic and ADHD people wait months or years for diagnostic assessment.⁵ During that time, families and schools often know the individual needs support, but do not have a clear or consistent way to identify needs and act on them. This report evaluates whether ICF-informed strengths and needs profiling can help provide earlier, needs-led support before, during or without a formal diagnosis.

Diagnosis is important. It can help people access clinical care, make sense of their experiences and understand themselves. But support needs often appear long before a diagnosis is confirmed.^{6,7} Families, educators and professionals may notice strengths, differences and challenges early on. Children and young people should not have to wait for a diagnosis before getting help. This creates a major challenge for health, education and social care systems.

Autistic and ADHD children, young people and their families are not just waiting for a diagnosis. They are waiting for understanding, guidance and practical support. Strengths and needs profiling offers a practical way to provide that support earlier, while diagnostic pathways continue.^{6,7,8}

In this report, we look at how schools can provide earlier support, based on identified strengths and needs, while recognising the importance of diagnostic assessment.

This report addresses the key question: **How can we provide earlier, needs-led support while maintaining the important role of diagnostic assessment?**

The ICF and strengths and needs profiling

The International Classification of Functioning (ICF) is the World Health Organization's internationally recognised framework for understanding how people function in everyday life. It takes a dynamic view of understanding the person and their environment. It provides a common language for describing a person's strengths, support needs and participation, and the environments that help or hinder people.⁹

In this report, we use the ICF as a shared framework for understanding support needs across home, education, health, and social care.

Over a decade of international research led to the development of autism-and ADHD-specific ICF Core Sets. These provide the foundation for condition-specific assessment approaches that translate the ICF into practical strengths-and-needs profiling tools.^{10,11,12}

The ICF Toolkit™ uses these Core Sets in a digital toolkit to profile autism-and ADHD-specific strengths and needs in real-world settings.¹³

The toolkit is not a diagnostic tool. It does not determine whether a person is autistic or has ADHD. Instead, it informs a personalised strengths and needs profile that can support planning, communication, and decision-making. It helps empower the person to thrive.

This report evaluates the ICF Toolkit™ as a method of informing support through earlier identification of support needs.

What we did

We were interested in understanding how an ICF-based framework like the ICF Toolkit™ could help identify the strengths and needs of autistic and ADHD children in school.

We carried out a feasibility study in eight educational settings in South East England. This included nurseries, primary schools and secondary schools. The research involved 35 children aged 2 to 15 years, their parents/carers, and education staff from the schools.

Some children were waiting for an autism or ADHD diagnosis assessment. Others had recognised support needs but were not on a diagnostic pathway.

Parents, carers, and education professionals used the ICF Toolkit™ to complete the strengths and needs assessments. Education professionals included teachers, SEND coordinators and teaching assistants. The assessments were brought together into a profile about the child. The profile was then used to support collaborative planning between families and education settings. Local authority specialists also helped facilitate these planning discussions.

The research looked at three main questions to evaluate this ICF-based assessment approach:

- **Feasibility** – can this approach be delivered in real educational settings?
- **Acceptability** – do families and educators find it useful and worthwhile?
- **Early outcome signals** – are there signs that this approach may improve understanding, planning and outcomes?

We collected information through surveys, standardised outcome measures and feedback from parents and education staff.

What we found

The findings suggest that ICF-informed strengths and needs profiling is feasible and acceptable in educational settings. Parents and education professionals described the assessment as useful, relevant, and accessible. Families said the profiles helped them understand their child's strengths and support needs, gave them clearer language for conversations with schools, and increased confidence in asking for support.

Education professionals said the profiles improved their understanding of the child's needs and provided a practical basis for support planning. After collaborative planning, both families and educators reported greater confidence in identifying, discussing and responding to support needs.

Within one to three months, families and educators reported improvements in several areas of wellbeing and everyday functioning. This included emotional wellbeing, social functioning, adaptability and classroom engagement. These findings should be interpreted with caution, as this was a small feasibility study. However, they suggest that strengths and needs profiling can help turn understanding into practical support.

What we learned about implementation

The research also identified important lessons about implementation.

Educators valued practical support from specialist services, like the local authority SEND, autism & learning disability specialists. This was especially important to guide support planning during the approach's early use. Collaborative planning between families and education staff appeared to be a key part of making the strengths and needs profiles useful in practice.

Successful implementation is likely to require:

- Practical tools and resources for support planning
- Staff knowledge and confidence in needs-led support approaches
- Protected staff time for assessment completion and collaborative planning
- Strong partnerships between families, education settings and specialist services.

Families and educators also valued how the ICF-based profile helped create a shared language that could support communication and coordination between families, education settings, health, and social care systems.

Models such as Experts at Hand could help provide this implementation support. They offer specialist advice in education settings, helping to develop tailored support plans.

What this means

These findings suggest that earlier, needs-led support is possible before or without a diagnosis of autism or ADHD.

This does not mean diagnosis is unimportant or should be replaced. Diagnostic assessment remains important for many people and can play a vital clinical and personal role. But support should not depend entirely on access to diagnosis.

A strengths and needs approach, using an evidence-based approach like the ICF, may help reduce the impact of long waits. It allows families, educators and professionals to identify and respond to support needs earlier. It may also help create a more joined-up approach across systems.

What happens next

Our research shows that ICF-informed strengths and needs profiling is workable in educational settings. It shows promising early signs of benefit for autistic and ADHD children. The next step is to test this approach at a larger scale and in a wider range of settings.

Further research should examine:

- Effectiveness of strengths and needs approaches in identifying diverse support needs
- Equity of support for diverse needs across the lifespan
- Cost-effectiveness of using ICF-based approaches in practice
- Longer-term outcomes for autistic and ADHD children
- How best to support implementation of ICF-based assessments across different settings and services.

Health, education and social care systems look for ways to reduce the impact of long waits for assessment and improve outcomes. Strengths-and-needs-based approaches offer a promising way to provide earlier, more personalised and more coordinated support.

Strengths and needs assessments as a policy solution

Three active central policy issues focus on or include autistic children and other types of neurodivergence. Strengths and needs assessments offer a practical route to addressing key gaps in each of these policy areas.

The Independent Prevalence Review⁶

The Review's interim report distinguishes between diagnosis and the assessment of functioning and support needs. It identifies ICF-informed approaches as a priority for profiling and coordination across health, education, and social care.

Special Educational Needs and Disabilities (SEND) Reform¹⁴

The SEND reforms aim for earlier identification, more consistent provision, and a stronger graduated approach. Pre-diagnostic strength and needs assessments support all three. It fits directly into EHCP requirements and proposed reforms.

The Autism Strategy^{15,16}

The Strategy commits to earlier support for anyone who needs it. This includes children with significant support needs who may not meet diagnostic thresholds. In this report, we use the ICF as a shared framework for understanding support needs across home, education, health, and social care. Our research shows how ICF-informed strengths and needs assessments can put this commitment into practice in today's schools and services. It does so without new legislation.

Our recommendations

It is crucial to move from delayed, diagnosis-gated support towards earlier, needs-led support. To do this, we recommend the following essential next steps for government and system leaders. This would include the Department for Education and educators, and the Department for Health and Social Care and healthcare providers.

Immediately (0-6 months)

1. The Department of Health and Social Care and the Department for Education should endorse and embed the use of ICF-informed strengths and needs profiling

Strengths and needs approaches provide a practical way to identify needs and plan support before, during, or after diagnostic assessment.

Why now: Public endorsement of the ICF as a shared framework for understanding strengths and needs would help services provide earlier, needs-led support. It would also mean schools and services could implement this support without feeling they need permission or having to wait for a diagnosis.

In this report, we use the ICF as a shared framework for understanding support needs across home, education, health and social care. The ICF Toolkit™ provides one example of how this framework can be put into practice for autistic or ADHD children and young people. Understanding how it can work in practice would avoid creating a parallel agenda and unlock local action straight away. SEND Reform and the Interim Prevalence Review are the natural mechanisms to achieve this.

2. The Department of Health and Social Care and the Department for Education should convene an early adopter cohort

Supporting early adopters to test strengths and needs approaches across nurseries, schools, local authorities, and NHS services can guide best-practice implementation.

Why now: Our feasibility study shows that strengths and needs assessments are valuable in identifying and informing needs-led support. Next, we need to understand whether the approach scales. Gathering a group of experts as early adopters will help evaluate the impact of this approach in everyday settings. These experts would include professionals, autistic or ADHD young people, and families. This knowledge will inform practical evidence with local examples in nurseries, schools, and NHS services to guide further research and implementation guidance.

3. The Department of Health and Social Care and the Department for Education should commission a funded multi-site independent evaluation

Funding a multi-site independent evaluation will test effectiveness, equity, cost-effectiveness and implementation at scale.

Why now: The essential next step is a larger regional evaluation of ICF-informed approaches in NHS trusts and mainstream and specialist schools. This could test the approach with children and young people across developmental stages. A scaled trial will test how applying ICF-informed approaches in practice, for joined-up working between families and education, health, and care services. Testing this approach early can inform a national framework for its use across the UK. It would support the needs and outcomes of autistic and ADHD young people earlier in school settings and provide interim support and signposting while waiting for diagnostic assessment. A larger trial would also show what could help implement this approach in different local areas.

4. The Department of Health and Social Care and the Department for Education should build workforce capacity across health and education

Building workforce capability and capacity can be achieved through practical training, protected time and support-planning resources.

Why now: Workforce development should happen alongside the trial evaluation, so schools and services are ready to act on the findings. This must include recruitment and retention of SENCOs, early years SEND leads, teachers, teaching assistants, and external staff who may support SEND reform as part of the Experts at Hand offer. Similarly, in health policy, training for CAMHS triage staff would help signpost to strengths and needs assessments. Increasing autism and ADHD assessment capacity will reduce waiting lists and the negative impacts of long waits for diagnosis.

Experts at Hand could provide a practical route for implementation. Specialist teams could support schools and nurseries in interpreting strengths and needs profiles, translating findings into support plans, and building confidence in mainstream education settings. This would help avoid strengths and needs profiling becoming another assessment without action.

5. The Department for Education should ensure that Individual Support Plan (ISP) assessments are designed and adopted based on strengths and needs assessments as standard

Embedding strengths and needs approaches in policies and guidance can facilitate earlier support for children and young people when they need it. For example, in SEND reforms, autism and ADHD policy, and health, education, and care guidance.

Why now: Children and young people should not have to wait for support. Outcomes from the larger evaluation will outline the potential for ICF-informed strengths and needs assessments in practice. As the Department for Education and the expert panel develop National Inclusion Standards and the future role of Individual Support Plans (ISPs), they should consider how the established and tested ICF framework can inform ISPs. It could support ISPs that are both standardised and highly flexible, personalised and responsive to individual strengths, needs and contexts.

Aligning strengths and needs assessments with ISPs would also have the benefit of statutory guidance and statutory inspection of assessments through Ofsted.

National adoption of ICF-informed strengths and needs profiling could help ensure that every young person with additional developmental needs is appropriately supported from the moment their needs arise. By 2028, instead of waiting years for a formal diagnosis and gated support, children and young people will receive timely support to help them live happier, healthier, and longer lives.

Evidence summary

More than **7 in 10 parents** would recommend the ICF-based strengths and needs assessment for autism and ADHD to other parents or carers.

At least **8 in 10 parents** felt more confident that their school could support their child to attend, learn, and be happier at school.

100% of education staff felt that the assessment was worthwhile and useful. They also felt the report helped them support the child to attend nursery or school.

More than **8 in 10 education staff** felt at least moderately more confident in supporting children in doing things they found difficult or challenging.

More than **50% of parents** reported an improved quality of life for their child.

At least **6 in 10 children** had improved behaviour at school, with fewer negative behaviours and more positive behaviours in the classroom.

1. Introduction: Why earlier support matters

Autistic and ADHD children and young people often experience delays in accessing support despite difficulties being recognised long before a diagnosis. Across England, waiting times for autism and ADHD assessment have increased substantially in recent years, with many children and young people waiting months or years before receiving a diagnostic assessment.^{5,7} During this period, families, schools and health professionals are frequently aware that the person needs support. However, access to evidence-informed interventions and tailored support often remains dependent on diagnosis.^{6,17}

This creates a significant challenge for children, families and services. A child or young person should be able to access support when their needs arise, rather than waiting years for a diagnosis to enable support. While waiting, unmet support needs may affect participation in education, social relationships, emotional wellbeing, independence and quality of life.^{18,19,20,21} Delays in identifying and responding to these needs contribute to poorer outcomes for children and young people, increased pressure on families, and growing demand on already stretched services.^{22,23}

Recent policy developments have increasingly recognised the limitations of diagnosis-led systems. [The Independent Review into Mental Health Conditions, Autism and ADHD](#)⁶ highlighted concerns regarding growing demand for assessment, long waiting times and the need for more timely support pathways. Similarly, the [SEND reform white paper](#)¹⁴ and the [Autism Strategy](#)^{15,16} emphasise the importance of earlier intervention, personalised support, and improved coordination across education, health, and social care.

This report explores an alternative but complementary approach.

We examined whether strengths and needs profiling can help professionals, families, and young people better understand functioning and support requirements with, before or without a diagnosis. This means we do not have to rely on diagnosis as the main mechanism for identifying support needs.

The International Classification of Functioning, Disability and Health (ICF) is the World Health Organization framework for understanding how people function in everyday life. It looks at strengths, support needs, participation and the environments that help or hinder people.^{9,24}

In this report, we use the ICF as a shared framework for understanding support needs across home, education, health and social care.¹²



Children and young people should not have to wait for diagnosis before their needs are understood. Support needs often appear much earlier. Strengths and needs profiling offers a practical way to identify those needs and begin support while diagnostic pathways continue.

1.1. The growing challenge of unmet need

More than 250,000 people in England are waiting for an autism assessment. Over 140,000 of them are children and young people. Hundreds of thousands more wait for an ADHD assessment.⁵ The number of children referred for autism and ADHD assessment has increased substantially in recent years, placing considerable pressure on health, education and social care services. Waiting times for assessment have grown, and many children wait months or years before receiving a diagnosis. Fewer than 5% receive a first appointment within the recommended timeframe.⁶ During this period, families consistently report receiving little or no practical support while waiting, despite needs already being evident.^{6,19,20}

Support arrives too late. While they wait, most children receive no targeted support.²³

The consequences extend beyond diagnostic delay. Without timely support, children and young people may experience worsening anxiety, reduced participation, school absence, poorer educational outcomes, and increasing pressure on family wellbeing.^{22,17} Schools are often expected to respond to increasingly complex needs without access to consistent assessment approaches or shared frameworks for understanding those needs.^{18,19,20}

Autistic and ADHD people and their families are not just waiting for a diagnosis. They are waiting for understanding, guidance and practical support.^{6,7,8}

The wider impact is both personal and systemic. When support is delayed, children, young people, families and public services all feel the impact. Unmet needs can increase demand for specialist services and create substantial long-term costs. For example, insufficient support for carers and parents can limit employment opportunities, with an estimated annual productivity loss of around £5,800 per carer or parent, or £560 million overall. The estimated annual economic impact is £32 billion, driven by the wider effects of delayed support, including mental health-related costs, reduced employment, lower productivity, and greater demand across health, education and social care.^{22,18}

This is not just a consequence of increasing demand. It reflects a system in which access to support remains closely linked to diagnosis rather than identified need.⁶ The challenge for health, education, and social care is not only to reduce diagnostic waiting times, but to ensure that appropriate support begins when needs first emerge.

1.2. Diagnosis and support serve different purposes

This report does not argue against diagnosis or seek to replace existing diagnostic pathways. It argues for needs-led support that does not depend on diagnosis alone.

Diagnosis matters. It plays an important role in health and care systems. It is clinically meaningful and important for developmental outcomes. For many autistic and ADHD people, receiving a diagnosis provides explanation, validation, self-understanding, and self-identity. Diagnosis can also facilitate access to services, reasonable adjustments, and specialist support.

Two people with the same diagnosis may have very different experiences, abilities, challenges and environmental circumstances. Equally, people who are awaiting diagnosis or who may never receive a diagnosis can still experience significant support needs.^{7,25}

Underdiagnosis is a crucial issue in obtaining timely support. Research and clinical evidence highlight that many autistic and ADHD children and young people are under-identified for a diagnosis. They are either not identified at all or are identified later in life. Late identification and missed or misdiagnosis are often due to masking or differences from traditional diagnostic expectations.^{2,3,26} This is particularly acute for people without a learning disability or complex neurodevelopmental conditions, including girls and women, and people from backgrounds where identification may be less timely, such as those from lower socio-economic backgrounds, rural areas, or minoritised ethnic or gender groups.²⁷ High rates of co-occurring conditions and mental health difficulties add further complexity to traditional diagnostic screening and triage on assessment pathways.^{6,23,24}

These factors contribute to variation in who is recognised and when. Longitudinal and clinical research shows that an individual's profiles of need change over time. They are influenced by developmental stage, context, and access to support.

Increasingly, researchers, policymakers and practitioners have argued for systems that can respond to identified needs earlier than the current system allows.

Diagnosis alone does not provide a comprehensive understanding of an individual's strengths, support needs or everyday functioning. Diagnostic labels alone do not adequately describe what a person needs to live autonomously, participate in everyday life, or the contributing factors that shape their outcomes.

This understanding has led to increasing interest in approaches that focus on functioning and support needs alongside diagnosis. These approaches allow support to begin earlier and can be tailored to each person's needs.

Services must identify approaches that can systematically and consistently describe strengths and support needs in ways that are meaningful to people, families and professionals across different settings.

1.3. The role of strengths and needs profiling

Rather than focusing primarily on whether a young person meets diagnostic criteria, strengths and needs approaches seek to understand how a person is managing in everyday life. They also identify what supports may help them achieve meaningful outcomes.^{3,24}

Importantly, strengths and needs approaches also consider environmental factors, including family support, educational practices, community resources and wider systems.⁹

By understanding the dynamic interactions between the person and these factors, we can identify practical opportunities for support that may be overlooked within current diagnosis-focused pathways.

Support planning requires an understanding of how a person manages in everyday life, the strengths they can build upon, the barriers they experience, and the supports that may help them participate and thrive.

Diagnosis and support serve different purposes, but are complementary. Diagnosis identifies whether someone meets the criteria for a particular condition. Strengths and needs profiling identifies what support may help a person to participate and thrive.

Such approaches do not diminish the importance of diagnosis. Instead, they recognise that understanding support needs and providing timely assistance are equally important goals.

Instead of asking, ‘**Does this young person meet diagnostic criteria?**’ we should ask, ‘**How can we support this young person to thrive in their environment right now?**’.

The ICF framework offers a viable foundation for future needs-led systems, including Individual Support Plans and National Inclusion Standards. However, it must be embedded within a supported implementation infrastructure rather than introduced as a standalone assessment.

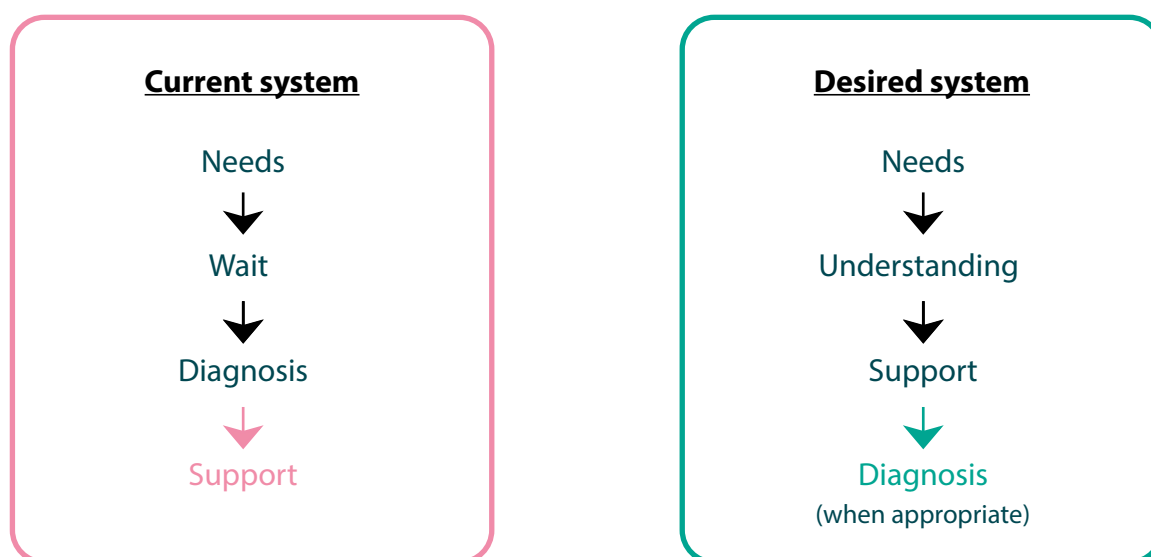


Figure 1. A system model of diagnosis-led versus needs-led support.

Key message

Strengths and needs profiling can help schools and families move from recognising concerns to planning support. It does not replace diagnosis, but it can reduce the harm caused by waiting.

2. The ICF and strengths and needs profiling

Effective support requires more than diagnostic information alone. Families, educators, clinicians and policymakers need ways to understand an individual's strengths, support needs, participation, and the environmental factors that help or hinder outcomes.

Frameworks such as the **International Classification of Functioning (ICF)** are more closely aligned with the current evidence base of needs-led support, compared to those focused on diagnostic labels alone. The World Health Organization adopted the ICF as a framework for describing health and disability. The ICF focuses on understanding how people function in their everyday lives. This is unlike diagnostic classification systems, such as the International Classification of Diseases (ICD), which focus on identifying and categorising various physical and mental health conditions.⁹

The ICF provides a credible, clinically relevant framework to understand functioning. It recognises functioning as the result of dynamic interactions between an individual's health condition, personal characteristics and environment. Rather than viewing disability solely as a feature of an individual, the ICF recognises that both individual and environmental factors shape participation and wellbeing.²⁴

The framework considers multiple domains of functioning, including:

- Body functions and structures
- Activities and everyday tasks
- Participation in home, education, employment, and community life
- Environmental factors that support or hinder participation
- Personal factors that influence experiences and outcomes.

Crucially, the ICF framework provides a common language that can be used across health, education, social care, and policy systems. This shared language enables professionals, families, and individuals to develop a more holistic understanding of strengths, support needs, and participation across different contexts.²⁴

The ICF itself is not an assessment tool. It provides a conceptual framework that can inform assessment, intervention planning, service design, and policy development. The ICF framework could be used to develop different assessment tools and approaches, while remaining aligned with its underlying principles and structure.

For autistic and ADHD people, this distinction is particularly important. Diagnosis provides information about whether an individual meets criteria for a condition. The ICF describes the dynamic between a person and their environment. It looks at strengths, support needs, participation and the factors that help or hinder people. It provides a holistic approach to build shared understanding of a person's support needs across home, education, health and social care, and identifying the supports to enable a person to thrive.

2.1. Autism and ADHD ICF Core Sets

The breadth of the ICF can make practical implementation challenging. To support its application in specific populations and contexts, researchers and clinical experts have developed condition-specific **ICF Core Sets**.

ICF Core Sets are evidence-based selections of the most relevant domains from the broader ICF framework for a particular population. For example, there are ICF Core Sets for Cerebral Palsy, or Stroke, or Schizophrenia.²⁸ The Core Sets are developed through extensive research, including literature reviews, expert consensus processes, clinical studies, and consultation with experts by experience.

More than a decade of international research led to the development of **ICF Core Sets for Autism and ADHD**.^{10,11,12} These Core Sets translate the broader ICF framework into relevant domains for understanding the strengths and needs of autistic and ADHD people across childhood, adolescence, and adulthood. It provides the foundation for condition-specific assessment approaches.

The development of the Core Sets reflects an important shift within autism and ADHD research. Historically, assessment approaches have focused primarily on difficulties, impairments, or diagnostic characteristics. By contrast, the ICF Core Sets provide a more balanced understanding. It considers a person's strengths and support needs across their abilities, activities and participation, and the environmental, taking account of how these factor either help (as facilitators) or hinder (as barriers) the person in everyday life.

Importantly, the Core Sets for Autism and ADHD are not diagnostic instruments. They do not determine whether an individual is autistic or has ADHD. Instead, they provide a scientifically grounded framework for understanding functioning and support needs within these populations.

The Core Sets act as a bridge between the broader ICF framework and practical assessment approaches. In this report, we use the ICF as a shared framework for understanding support needs across home, education, health, and social care.

2.2. The ICF Toolkit™ for autism and ADHD

The ICF Toolkit™ is an example of an ICF-aligned tool that uses autism and ADHD Core Sets.¹³ It translates the principles of the ICF and Core Sets into a practical, user-friendly assessment to support earlier identification of strengths and support needs among autistic and ADHD people. Importantly, the ICF framework supports a view of needs and strengths across a person's lifespan.

No single perspective can fully capture a young person’s experience, which varies across contexts. That is why the assessment gathers information from multiple people involved in a young person’s life. This includes parents, carers, educators and, where appropriate, the young person themselves.

The ICF Toolkit™ combines the responses to generate a personalised profile. It describes:

- Areas of strength and capability
- Areas where someone requires additional support
- Participation across different aspects of everyday life
- Environmental facilitators that support participation
- Environmental barriers that may restrict participation
- Opportunities for tailored support planning.

Families, educators, professionals, and the neurodivergent individual can use the profile to support a collaborative discussion and make decisions together. By creating a shared understanding of functioning and support needs, the profile informs support planning and improves coordination across systems.²⁹

The ICF Toolkit™ is not intended to replace diagnostic assessment. Rather, it is designed to complement existing pathways. It helps families and professionals understand strengths and support needs earlier.

Our research evaluated the feasibility and acceptability of implementing the ICF Toolkit™ in educational settings. We explored whether strengths and needs profiling could support earlier, more personalised support planning for autistic and ADHD children and young people, before or without a formal diagnosis.

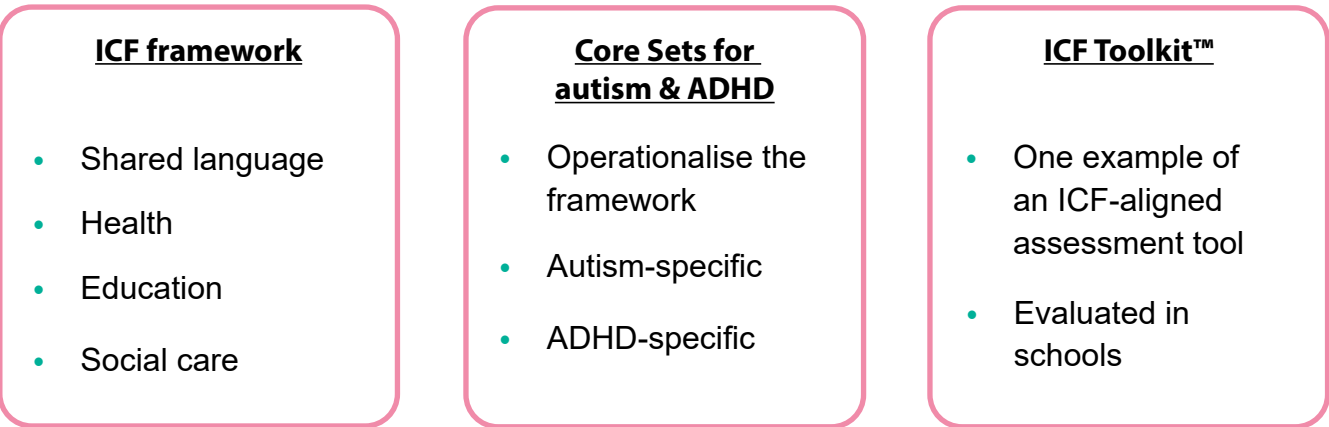


Figure 2. Descriptive summary of the ICF framework, Core Sets, and their use in a digital toolkit.

2.3. Integrating support from day one: the role of schools and nurseries

Schools and nurseries are important settings for identifying a child's support needs early. They are also where a child can feel the absence of support most sharply. Lack of early support can affect participation, wellbeing and influence longer-term outcomes.

Our focus on schools aligns with current SEND reform priorities. These emphasise earlier identification, graduated support, and needs-led approaches within mainstream settings.

Strengths and needs assessments can help educators and support staff understand a child and support them to thrive in their environment.¹²

Pre-diagnostic strengths and needs assessments in schools and nurseries can:

- **Support earlier identification.** Staff recognise needs and describe them in a shared, structured way.
- **Personalise support.** Every child has different strengths and challenges. Effective support reflects that.
- **Improve consistency.** Profiles inform practical support plans. Staff can use and update those plans as a child's needs change.
- **Strengthen coordination.** ICF profiles align with health and social care documentation. Families, educators, and healthcare staff can work together to support a child.
- **Improve outcomes for children and young people.** Better identification and understanding of needs can help parents and teachers support young people. Timely, personalised support can improve the wellbeing, participation, and outcomes of autistic and ADHD young people.

There is a clear need to review the current support system in the UK. ICF-informed approaches offer an evidence-based, practical solution.

Key message

The ICF gives families, schools, health and social care a shared way to describe what a young person needs in everyday life and environments. It helps move conversations from diagnostic labels alone to strengths, participation, and support needs.

3. Methodology

3.1. Ethical practice and informed consent

The project and the nature of any public involvement were developed in line with the British Psychological Society's Code of Ethics & Conduct (April 2018) and Code of Human Research Ethics (April 2021). The research observed the primary ethical principles of respect, competence, responsibility, and integrity.

Parents and carers consented to their families being involved the research project. Their schools held their data. All families and schools were assigned anonymous codes for their assessment and evaluation data. This meant that our research team and partner organisations could not identify participants.

3.2. Research aims and objectives

Our research evaluated an autism- and ADHD-specific strengths and needs assessment. It was developed from the ICF Core Sets and delivered through the ICF Toolkit™.¹³ While the ICF provides the overarching framework, the assessment we evaluated represents one practical application of that framework to understand the strengths and challenges related to autism and ADHD.

We ran a feasibility trial in nurseries and schools to understand whether the toolkit was acceptable, practical, and useful for informing personalised support plans. We also assessed whether the trial procedures could be delivered successfully at a larger scale.

Primary aim

To evaluate the feasibility and acceptability of implementing an autism- and ADHD-specific and ICF-informed strengths and needs assessment in educational settings.

Secondary aims

- Explore how to implement the toolkit in nurseries and schools
- Identify early signals of impact on support planning, wellbeing, and everyday functioning, and
- Understand whether families and education professionals found it valuable.

3.3. Research design

We evaluated the feasibility and acceptability of implementing an autism-and-ADHD-specific strengths and needs assessment in mainstream educational settings. We used the ICF Toolkit™, developed using the International Classification of Functioning (ICF) Core Sets for autism and ADHD.

We used a mixed-methods feasibility design to explore whether:

- ICF-informed strengths and needs profiling could be successfully implemented in practice
- It was valued by families and education professionals
- It showed promising early indications of improving personalised support planning and outcomes for children.

We designed the research as a feasibility evaluation rather than an effectiveness trial. Consequently, the primary objectives were to examine implementation, usability, acceptability, and early outcome signals. We were not trying to establish causal effects on child outcomes.

The evaluation combined quantitative outcome measures with qualitative feedback from parents, carers and education professionals. This helped us understand both measurable changes and participants' experiences of the assessment and support-planning process.

3.4. Research settings

We partnered with West Sussex County Council Autism in Schools Project Team between 2025 and 2026 across different educational settings.

We engaged 13 schools across mainstream nursery, primary and secondary settings. After we gave them information about the research, they consented to involve and engage families of children they considered suitable.

We evaluated the trial through close collaboration between educational staff, families and local authority autism and learning disability specialists. They facilitated collaborative strengths and needs planning and implemented support.

Working in partnership meant we could evaluate the approach within routine educational practice rather than under tightly controlled research conditions. This led to learnings that are more relevant to how we anticipate the toolkit will be used.

3.5. Participants

Of the 13 schools that expressed an interest, eight participated in the trial. Reasons for non-participation included internal resourcing and staff absences, reprioritisation of workload, and challenges recruiting families, especially in the older age groups.

We ran the research with 35 children aged 2–15 years and their families.

These included children who:

- Did not have an existing autism and/or ADHD diagnosis
- Were waiting for a diagnostic assessment; or
- Had identified neurodevelopmental support needs without a confirmed diagnosis.

This reflected the principle that strengths and needs profiling should support understanding of everyday functioning and participation, regardless of diagnostic status.

Parents or carers participated alongside education professionals in completing the assessment process.

3.6. Outcome measures

The feasibility evaluation examined outcomes across four broad domains.

3.6.1. Feasibility

Feasibility outcomes included recruitment, retention, completion of assessments, successfully generated profiles, implementation of collaborative support planning and completion of follow-up measures.

3.6.2. Acceptability and usability

Parents and education professionals completed questionnaires about the assessment. They evaluated the usability, relevance and perceived value of the assessment and collaborative planning process. Participants shared qualitative feedback about their experiences, perceived benefits, and recommendations for improvement.

3.6.3. Confidence and collaborative working

Parents and teachers reported their confidence in understanding, communicating, and advocating for children's support needs before and after strengths and needs planning. We also asked them how much the assessment supported shared understanding, collaborative decision-making, and personalised support planning.

3.6.4. Child outcomes

We explored if there were any changes in children's wellbeing, emotional functioning, social participation, adaptability, and school experiences during the one to three-month follow-up period. We were looking for early signals of potential benefit rather than evidence of effectiveness.

3.7. Data analysis

To understand if the trial could be feasibly carried out on a larger scale, we wanted to know if:

- Nurseries, schools, and families could be recruited to the trial
- They could complete the assessment, and
- They could complete the trial, including the last-time-point survey.

Before starting the trial, we decided what would indicate its suitability to expand to more schools and families. We used similar feasibility trials to guide us in what these indicators should be ^{*}. We also asked parents and staff what they found helpful and challenging about being part of the trial.

We analysed quantitative data descriptively to summarise feasibility outcomes, participant ratings and changes observed following implementation. Our analyses focused on identifying trends and estimating potential effect sizes to inform future research, rather than testing hypotheses. This is fitting for a feasibility trial of its size.

To identify common experiences across families and education professionals, we thematically analysed their qualitative responses. We wanted to understand how strengths and needs profiling influenced their communication, confidence, support planning, and collaborative working across home and school settings.

We integrated findings from quantitative and qualitative analyses to develop an overall understanding of implementation, acceptability, and early outcome signals.

* Recommendations are that thresholds should be used to guide decisions of success, rather than be viewed as strict rules.³⁰ Qualitative evaluation should also be considered when determining progression. Because of heavy daily demands on parent-carers of children who are neurodivergent, such as autistic children or children with ADHD, they find it more challenging to maintain engagement in research.^{31,32} Therefore, withdrawal rates are likely to be higher than standard acceptable rates. Thresholds for family retention rates reflect rates used in feasibility trials run with similar families, which are more lenient than typical feasibility thresholds.³³

3.8. Progression criteria

We explored whether strengths and needs profiling was sufficiently feasible and acceptable to justify larger-scale implementation and evaluation.

Specifically, the research asked whether:

- Educational settings could successfully implement the assessment in routine practice
- Families and education professionals considered the approach acceptable and useful
- Strengths and needs profiles could support collaborative, person-centred support planning
- The approach demonstrated promising early indications of improving confidence, communication, and support; and
- Implementation lessons could inform future evaluation at a larger scale.

Table 1. Feasibility indicators and acceptability criteria.

Feasibility indicator	Progression criteria		
	Substantial refinement required	Refinement required	Acceptable as implemented
Number of nurseries or schools recruited	less than 10	10 or 11	12 or more
Number of families recruited per school (average)	less than 2	2 to 4	4 or more
Percentage of nurseries or schools at the end of the trial	less than 80%	80-90%	≥90%
Percentage of recruited families completing the assessment	less than 60%	60-80%	≥80%
Percentage of assessments completed once started	less than 60%	60-80%	≥80%
Percentage of families completing the trial, including outcomes and feedback survey	less than 50%	50-70%	70% or more

The findings presented in the next section address each of these questions and identify priorities for future research and implementation.

4. Findings

4.1. Participants

Table 2. Descriptive characteristics of children involved in the research.

Descriptive information	Percentage of group
Gender	
Boy	42.4%
Girl	57.6%
Education key stage ^a	
EYFS	24.20%
KS1	18.20%
KS2	42.5%
KS3	9.1%
KS4	6.1%
Ethnic groups	
White	69.7%
Mixed/multiple ethnicity	12.1%
Asian or Asian British	6.1%
Black, Black British, Caribbean, or African	12.1%
Referral pathway status – Autism	
Referral made	45.5%
Assessment booked	12.1%
Considering/seeking referral	21.2%
Not considering referral	12.1%
Something else ^b	6.1%
Referral pathway status – ADHD	
Referral made	33.3%
Assessment booked	12.1%
Considering/seeking referral	21.3%
Not considering referral	21.2%
Something else ^c	12.1%

Notes

a: EYFS = Early Years Foundation Stage (2–5 years)

KS1 = Key Stage 1 (5–7 years)

KS2 = Key Stage 2 (7–11 years)

KS3 = Key Stage 3 (11–14 years)

KS4 = Key Stage 4 (14–16 years). Grouping reflects rounding differences.

b: For those in the autism group, ‘something else’ included “not sure” as their status.

c: For those in the ADHD group, ‘something else’ included needing to wait until they are older, and the assessment could not be completed.

4.2. Feasibility

4.2.1. Trial delivery

A key objective of this feasibility study was to determine whether a larger-scale evaluation of ICF-informed strengths-and-needs profiling could be successfully delivered across more nurseries, schools, and families. Therefore, we assessed recruitment, retention, and completion against predefined progression criteria. This helped us identify aspects of the research that were feasible as they were and those needing refinement before a larger study.

We asked parents and staff to answer questions about their experiences of completing the assessment and how helpful the profile report was in supporting the child. Families and educators told us that completing the assessment was useful and worth their time. Most described it as easy, useful, accessible, convenient, and relevant.

The high completion of the assessment suggests that the tool itself is usable. The main barriers were not the assessment questions, but the wider processes of recruitment, family engagement, follow-up, and support planning. Future implementation should focus on reducing burden and protecting time, rather than redesigning the assessment.

Table 3. Feasibility indicators and acceptability rates

Feasibility indicator	Result	Interpretation for future trial
Nurseries and schools recruited	13 education settings recruited	✓ Acceptable as implemented
Average number of families recruited per setting	3.5 children	⚠ Refinement required
Education setting retention	76.9% retained (62% active)	✗ Substantial refinement required
Families completing the ICF-based assessment	86%	✓ Acceptable as implemented
Assessment completion once started	94%	✓ Acceptable as implemented
Families completing the research, including follow-up outcomes	67% of families who completed collaborative support planning (57% of all recruited families)	⚠ Refinement required

Overall, the feasibility findings support progression to a larger implementation trial. Recruitment and assessment completion were strong. This demonstrates that families and education settings were willing to engage with the ICF-informed strengths-and-needs assessment. It also shows that the assessment itself could be completed successfully in routine educational practice.

These findings suggest that future trials should incorporate:

- Additional implementation support for schools
- More structured approaches to family recruitment and engagement
- Strategies to reduce participant burden during longer-term follow-up.

Importantly, once families began the assessment, completion rates were very high. This indicates that the primary implementation challenge lies in supporting participation throughout the research process, rather than in using the assessment.

4.2.1. Participant recruitment

The results show both schools and families were highly interested in the trial. We recruited the target number of nurseries and schools required for feasibility testing.

The number of families each school could recruit was slightly below target. However, this rate varied, with some schools recruiting above target and some below. Two secondary schools could not recruit any families but did not withdraw from the trial.

4.2.2. Progression and completion

Approximately 4 in 10 families who registered to take part did not complete all stages of the trial. However, more than 8 in 10 registered families completed the ICF Toolkit™ assessment. More than 9 in 10 completed the assessment once they started it.

Overall, these findings indicate that implementation of ICF-informed strengths and needs profiling is feasible in educational settings.

While we could strengthen recruitment and follow-up procedures in a future trial, the assessment itself demonstrated high completion rates and strong engagement.

4.3. Acceptability and usability

The primary aim of this feasibility study was to find out whether ICF-informed strengths and needs profiling was acceptable to families and education professionals. Overall, findings suggest that both groups viewed the assessment positively. They considered it worthwhile, relevant, and practical in educational settings.

Parents and education staff consistently described the assessment as accessible, easy to complete and helping them better understand their children's strengths and support needs. The majority felt that completing the assessment was worth the time required. They also felt the resulting profile supported more informed discussions about personalised support.

The main challenges related to recruitment of families within some settings, retention of participating schools throughout the research, and completion of follow-up outcome measures.

This matters because an assessment is only useful if families and staff are willing and able to use it. High acceptability suggests that strengths and needs profiling could be used in everyday school practice. That is, provided that staff have time, training, and practical resources.

4.3.1. Parents

Overall, families were positive about how the strengths and needs profile shaped their confidence to support their young person. Nine in 10 parents reported the profile reflected their child's strengths and needs, whether moderately, a lot, or a great deal. Eight in 10 reported that the assessment increased their awareness of the challenges their child experienced and the types of support that would be most helpful.

Parents reported that the strengths and needs profile:

- Improved their understanding of their child's strengths and support needs
- Provided clearer language for discussing support with schools
- Increased their confidence that their child was receiving appropriate support.

9 in 10 parents said that the strengths and needs profile reflected their child moderately, a lot or a great deal.

8 in 10 parents said that the reports helped them be more aware of their child's challenges and what would support them.

8 in 10 parents found the assessment easy to use.

6 in 10 parents found the profile report useful. Only one parent said it was not useful in providing more information about their child.

7 in 10 parents would recommend the ICF strengths and needs assessment to other parents or carers.

In the meeting, I learnt a lot of strategies to help my child. It also helped me to understand why my child acts like that. I found it very useful, and I'm already starting to use strategies at home to help my child. It has made me feel more at ease about my child starting school in September.

– Parent of child in nursery



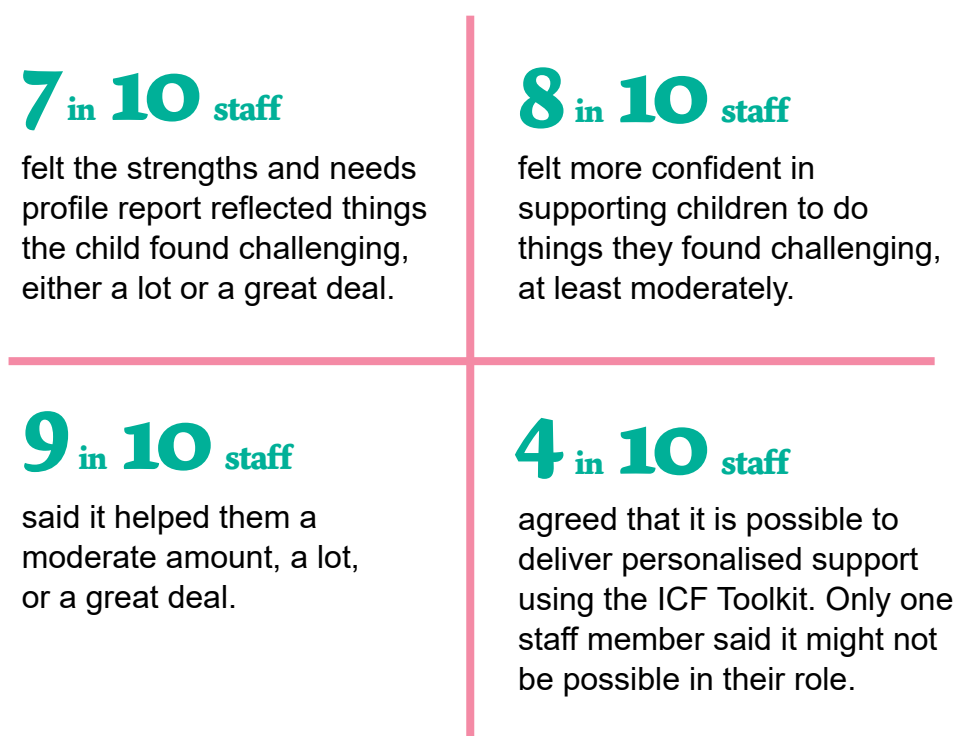
4.3.2. Education professionals

Education staff reported similarly positive experiences.

All staff who completed the evaluation considered the assessment worthwhile. They agreed that the profile generated useful insights into children's strengths and support needs.

Seven in 10 staff reported that the profile reflected children's support needs either a lot or a great deal. Eight in 10 reported increased confidence in supporting children to participate in activities they previously found challenging.

Teachers reported that profiles were relevant to their work and accessible to use.



Teachers particularly valued the structured framework provided by the assessment. They reported that it supported more personalised approaches to planning support in educational settings. Their confidence in delivering personalised support independently was more mixed. This suggests that while the tool is acceptable and valuable, staff may need further guidance, training, and resources to use it consistently in practice.

Taken together, these findings suggest that ICF-informed strengths and needs profiling is acceptable to both families and education professionals. Both groups think it provides meaningful information that supports personalised understanding of children's needs.

4.4. Building shared understanding

ICF-informed strengths and needs profiles helped families and education professionals move beyond repeatedly explaining the same difficulties in different conversations. Instead, the profiles combined information into a structured account of the young person's strengths, support needs, and everyday functioning.

Both groups described the profiles as useful for building a shared understanding of the young person.

Shared understanding is important because it:

- Creates a common starting point for discussion between home and school
- Reduces the need for families to retell their story, and
- Helps everyone focus on what support would be most helpful.

Findings from our feasibility study showed that a shared understanding helped educators and families to:

- Better understand the child or young person's needs, strengths, and goals
- Use a shared language to understand the child and how to support them
- Communicated better with each other and with other health and care services, to provide more effective support
- Advocate for the child's support and participation.

For families, the profiles helped make their child's needs more visible and easier to explain. Parents reported feeling more confident asking for support because they had clearer language and a structured profile to support conversations with schools. This was particularly important for families who had already spent considerable time trying to describe their child's needs across different settings and services.

Families reported that profiles:

- Helped them understand their young person's needs
- Gave them clearer language to use with schools
- Improved their knowledge and confidence to advocate for their young person's needs
- Increased their confidence that their child was receiving helpful support.

8 in 10 parents

said they felt more confident asking for support for their child.

8 in 10 parents

felt more confident that their school could support their child to attend, learn, and be happier at school.

For education professionals, the profiles provided a structured way to understand needs that may otherwise have been difficult to interpret or respond to consistently.

Staff reported that the profiles helped them:

- See patterns across home and school
- Understand what the young person found difficult, and
- Identify where changes in the environment or support approach could make participation easier.

Teachers reported that profiles:

- Facilitated a better understanding of the child's needs
- Helped them to feel more confident in advocating for the young person's needs
- Helped them to provide tailored support for the child.

All staff

felt that the assessment was worthwhile, useful, and the report helped them to support the child to attend nursery or school.

These findings suggest that shared understanding is a key mechanism for strengths and needs profiling to support earlier action. The assessment did not produce information for families or schools to hold separately. Instead, it helped create a shared account that parents and educators could use together. This led to more focused, practical, and collaborative support planning.



4.5. Support planning

After completing the ICF Toolkit™ assessment, parents and teachers met with the local authority autism and a learning disabilities specialist team to create personalised support plans for the child. The local authority specialists were subject matter experts and facilitated implementation. Their role was to build confidence, coordinate shared decision-making, and transfer knowledge into everyday educational practice. This involved a one-hour meeting to review the combined assessment outputs from teachers and parents and discuss converging areas of need and strengths. Together, parents and teachers created a plan to outline support needed in specific areas of everyday functioning and participation.

These included:

- School attendance
- In-class support
- Learning
- Emotion regulation
- Cognitive flexibility
- Transitions between school and home, and
- Mental health and wellbeing.

We asked education staff and parents about how the ICF-informed strengths and needs profiles helped to inform support planning.

Their feedback included:

- Practicality
- Actionability
- Collaboration, and
- Confidence.

Both parents and education staff said the ICF-informed profiles helped to create a shared language for support planning. The profiles helped parents and teachers to work together and plan more practical, personalised support for the child.

After co-creating the support plans, both groups reported greater confidence in identifying needs and communicating them clearly. They also told us that they felt more confident in advocating for support and agreeing on actions to use in everyday school or nursery settings.

These findings suggest that the greatest value of the assessment is in enabling collaborative discussions, which result in practical, individualised support.

4.6. Early outcome signals

Early findings suggest timely, tailored support may improve aspects of wellbeing and everyday functioning for autistic and ADHD children. Within one to three months of support planning, parents and teachers reported improvements in emotional wellbeing, social functioning, adaptability, and classroom engagement. Many also described improved behaviour in school and the ability to tolerate and adapt to change.

Findings on attendance were more mixed. This is unsurprising, given that attendance is influenced by wider school, family, health, and system factors. Additionally, it may take longer to change than confidence, understanding, or classroom support.

Education staff and families also felt better equipped to help the child participate in activities that were important to them. They also felt more able to provide support in areas the child found challenging. Parents reported greater confidence that their child was receiving appropriate support in school or nursery.

We acknowledge this study represents a small group and that these findings should be interpreted cautiously. The study was not designed to test effectiveness or impact of the ICF on support planning or outcomes for the child. However, the consistency of reported improvements suggests that ICF-informed strengths and needs profiling warrants larger-scale evaluation.

More than **50% of parents** reported an improved quality of life for their child.

At least **6 in 10 children** had improved behaviour at school, with fewer negative behaviours and more positive behaviours.

4.7. Qualitative insights

Parents and educators also shared that the ICF-informed support plans had a positive impact on the wellbeing and outcomes for children at school and at home.

Their feedback broadly aligned under the themes of:

- Understanding
- Confidence
- Communication
- Participation.

Key message

The findings suggest that ICF-informed strengths and needs profiling is feasible, acceptable, and useful in educational settings. Its value lies in helping families and educators build shared understanding, plan practical support and act earlier on needs.

The background image shows a classroom setting. In the foreground, a young girl with blonde hair in a braid is looking down. Behind her, a teacher is interacting with another child. The teacher's hands are visible on a laptop keyboard. On the desk, there are various items including a smartphone, a green highlighter, and some papers. In the background, there are blue bookshelves filled with books and a yellow object on a shelf.

[my child's] nursery experience has always been different to their home environment, but I feel the nursery understand this now. [My child] still finds entering nursery difficult some days, but staff are able to support them.

– Quote from a parent

Seems more settled and comfortable.
Probably because [they are] having [their]
needs met more.

– Quote from a teacher

I liked having all of the information to hand and it
gave me a good idea of what to do next in order
to support the child.

– Quote from a teacher

5. Implementation learning for wider adoption

5.1. Key implementation learning

This feasibility study suggests that successful implementation depends on more than introducing an assessment tool. We identified five main components for successful implementation:

- A shared framework for understanding strengths and support needs.
- A practical assessment that generates meaningful profiles focused on the young person's needs, strengths, and goals.
- Collaborative support planning that translates understanding into action.
- Staff feeling supported through implementation guidance and practical training.
- Identify the implementation infrastructure and the practical systems needed for effective delivery. This includes governance, digital systems, and access to evidence-informed support resources.

Together, these components provide a potential implementation model for delivering earlier, more coordinated, and needs-led support across education, health, and social care.

5.2. What helped the implementation succeed

The findings suggest that Experts at Hand could be a bridge between specialist knowledge and everyday practice. Rather than expecting schools to interpret profiles alone, specialist practitioners could support early use, model collaborative planning, and help embed confidence within schools.¹⁴

The feasibility study identified three key factors that enabled successful implementation of ICF-informed strengths and needs profiling in educational settings. These are:

- Local authority stewardship
- Collaborative planning
- Family engagement.

The findings suggest that implementation occurs through a sequence of connected stages. Each stage depends on the previous one. The sequence shows that the value of strengths and needs profiling lies both in identifying needs and in collaborative action.

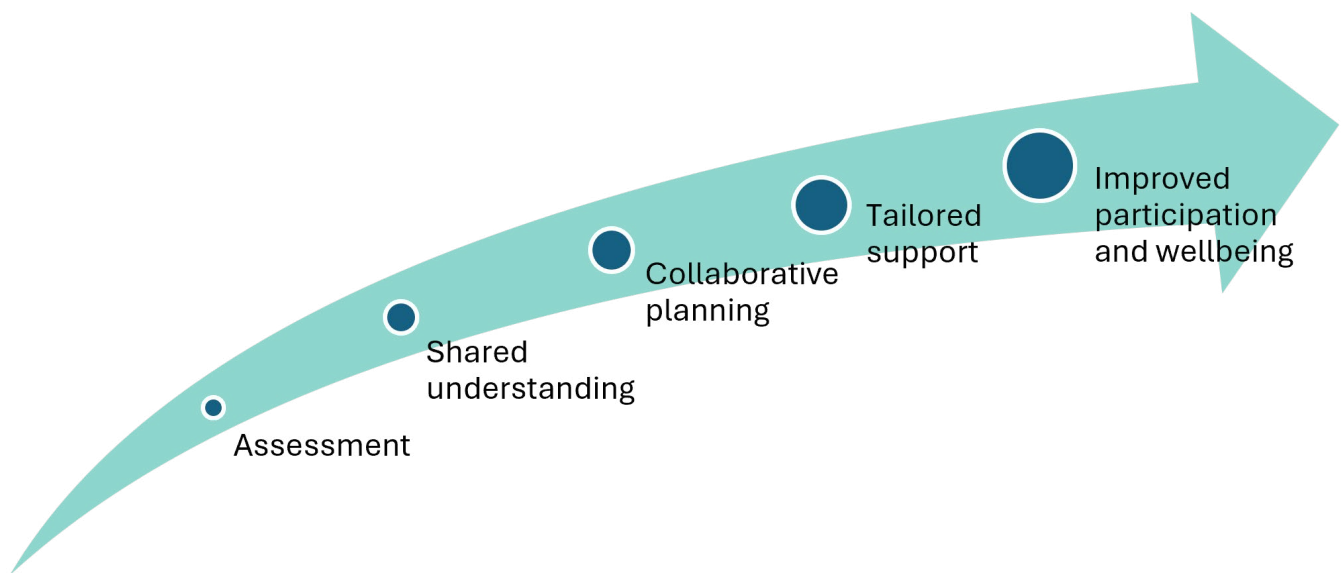


Figure 3. Sequence flow of stages for implementation of strengths and needs assessments.

Educators valued the practical guidance and stewardship from local authority SEND and autism specialists, which helped translate the ICF profiles into support for the child. Educators shared that, after developing support plans in partnership with the local authority specialists, they could put that knowledge into practice with other children.

This collaborative approach shows how knowledge sharing can:

- Build capacity in education settings
- Increase staff knowledge and confidence, and
- Consistently support more children.

Our research-informed recommendations help to guide needs-led support planning that is tailored to autistic and ADHD children. These insights support the case for large-scale testing and evaluation of ICF-informed assessments across education and clinical pathways and for integrating **Experts at Hand** to meet support needs early.

For autistic and ADHD children to experience the most benefit from strengths and needs assessments, it is essential to:

- **Make it easy to act on the profile.** For example, by providing template support plans and a directory of support resources that map onto the ICF profile structure.
- **Build knowledge and confidence among educators.** Providing short, practical training for teachers, SENCOs, early years practitioners, and teaching assistants. This will help them identify needs early and provide evidence-based, tailored, needs-led support.
- **Create capacity in schools and nurseries for assessment and support planning.** In our trial, three to four hours of staff time per young person were enough to complete strengths and needs assessments, support family involvement, and carry out collaborative support planning.

5.3. Implementation challenges and opportunities

The overall findings demonstrate that ICF-informed strengths and needs profiling is feasible in educational settings. The study also identified several practical barriers to address before wider implementation. These barriers did not reflect limitations of the ICF Toolkit™ assessment itself. Instead, they reflected the realities of introducing a new approach in pressured education systems.

The main barriers to implementation among education professionals were:

- Staff knowledge and confidence
- Capacity and competing priorities
- Time required for meaningful implementation and family engagement
- Availability of practical resources.

Whereas, for parents and families, barriers included:

- Engagement and participation
- Family burden
- Recruitment within secondary schools.

5.3.1. Staff knowledge and confidence

Education professionals reported that the assessment itself was straightforward to complete. However, many initially lacked confidence in interpreting strengths and needs profiles and translating the findings into practical support strategies.

Staff particularly valued opportunities to discuss profiles with local authority specialists. This suggests that guided practice, implementation support, and opportunities for shared learning are important during early adoption.

Successful implementation requires building staff confidence to use profile information in collaborative, person-centred support planning that focuses on the young person's needs, strengths, and goals.³

5.3.2. Capacity and competing priorities

Schools and nurseries operate in highly constrained environments. Staff are balancing competing educational, pastoral, and administrative responsibilities. Although participants recognised the value of strengths and needs profiling, they also reported limited capacity to identify eligible families, explain the project, complete assessments, and participate in collaborative planning meetings.

To successfully implement strengths-and-needs profiles, there needs to be sufficient capacity. Schools cannot be expected to deliver additional responsibilities without additional resources.

5.3.3. Time required for meaningful implementation and family engagement

The assessment itself required 45 to 60 minutes to complete per person responding. However, the wider implementation process required three to four hours of staff time per participant. This included identifying families, engaging parents, completing assessments, reviewing profiles, and developing collaborative support plans.

The main time commitment was not completing the assessment itself but enabling meaningful collaboration between families and education professionals. Implementation needs to consider the full strengths and needs process. This includes the assessment, profile review, and collaborative support planning.

5.3.4. Availability of practical resources

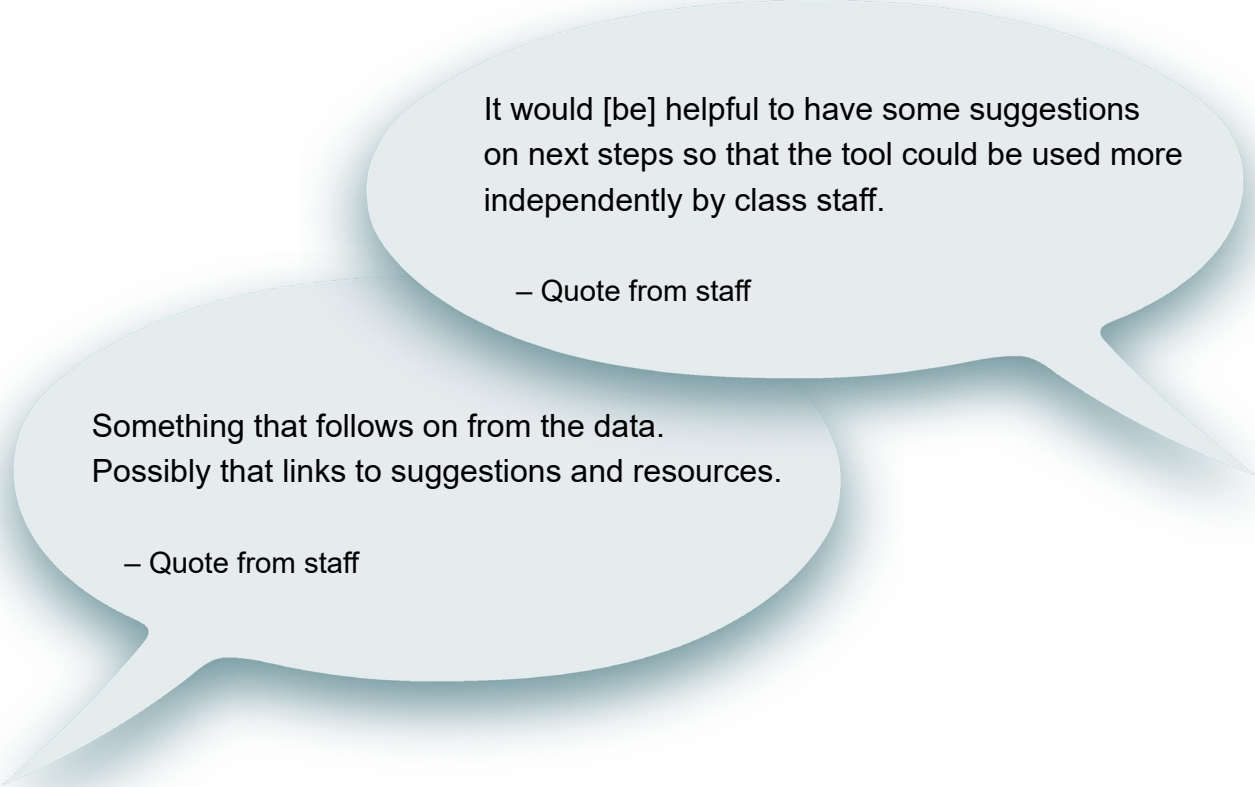
Although staff valued the personalised profiles generated through the assessment, many reported uncertainty regarding what should happen next. They requested more practical resources to help translate identified needs into everyday support strategies.

Participants told us that additional resources would help support implementation.

For example:

- Template support plans
- Examples of evidence-informed reasonable adjustments
- Directories of local services and practical guidance linked directly to profile findings.

These resources would help schools deliver support, while promoting consistency in support planning across settings.



It would [be] helpful to have some suggestions on next steps so that the tool could be used more independently by class staff.

– Quote from staff

Something that follows on from the data.
Possibly that links to suggestions and resources.

– Quote from staff

5.3.5. Engagement and participation

Families enrolled in the research were motivated to participate and complete the assessment process. However, approximately one-third did not complete the follow-up outcome measures.

Parents frequently described managing multiple competing demands, including supporting children experiencing significant educational, behavioural, or mental health difficulties while navigating lengthy assessment pathways.

5.3.6. Family burden

Many families also reported experiencing considerable emotional and practical pressures during the waiting period. As neurodevelopmental differences have a strong genetic component, some parents may be neurodivergent themselves. This may mean they find it harder to engage with the cognitive and organisational demands of participating in research.

Future implementation should minimise participant burden wherever possible. For example:

- Reducing duplication between research and assessment activities
- Embedding outcome measures within digital assessment platforms
- Providing flexible methods of participation, and
- Offering additional support to families during follow-up.

5.3.7. Recruitment within secondary schools

Recruitment proved more challenging in secondary schools than in early years and primary settings. While the research was open to children and young people up to 18 years of age, the oldest participant in this study was 15.

Several factors are likely to have contributed to the inclusion of young people in older age groups. Secondary schools typically involve larger multidisciplinary staff teams, more complex organisational structures, and reduced opportunities for sustained relationships between individual teachers and families. Young people in secondary schools were also more often reported to be experiencing significant educational disruption, school avoidance, or mental health difficulties. This can make participation in additional research activities more challenging.

These findings suggest that implementation in secondary education may require:

- Adapted delivery models
- Additional implementation support, and
- Closer integration with pastoral, SEND, and mental health services.

This will ensure that older young people can benefit equally from strengths and needs profiling.

5.3.8. Summary of implementation findings

The main lesson from this study is that strengths and needs profiling should not be treated as a standalone assessment. Its value depends on what happens next. Profiles need to be reviewed with families and education staff, translated into practical support plans, and linked to resources that schools can realistically use.

Successful implementation will therefore require:

- Protected staff time
- Practical training
- Template support plans
- Access to specialist advice
- Resources mapped to common areas of need, and
- Clear pathways between education, health, and social care.

5.4. Workforce implications

A consistent finding throughout the feasibility study was that education professionals valued the ICF-informed strengths and needs approach but recognised that successful implementation depends on appropriate workforce knowledge, confidence, and capacity. Participants viewed the assessment itself as accessible and worthwhile. However, they highlighted that translating assessment findings into effective support planning required additional guidance, practical experience, and opportunities for collaborative learning.

Importantly, the research showed that completing strengths and needs profiling does not require specialist clinical expertise. Rather, it requires practitioners to develop confidence in recognising patterns of functioning, interpreting profile information, and using this information to inform personalised support planning.

Education professionals told us their confidence increased through completing the assessment, participating in collaborative planning meetings, and working alongside local authority autism and learning disability specialists. This suggests that implementation should be a process of capability building, rather than simply introducing a new assessment tool.

The findings indicate that several professions could play an important role in implementing strengths and needs profiling within existing systems. These include:

- **Special Educational Needs Coordinators (SENCOs)**, who are well placed to coordinate assessment, facilitate collaborative planning, and monitor support.
- **Teachers and teaching assistants**, who contribute detailed knowledge of a young person's day-to-day functioning in educational settings and implement personalised strategies in practice.

- **Early years practitioners**, who may use strengths and needs profiling to identify emerging developmental needs and initiate earlier support before completing formal referral pathways.
- **Educational psychologists and specialist advisory services**, who can provide additional expertise for more complex presentations and support implementation across schools.
- **Educational psychologists and specialist advisory services**, who can provide additional expertise for more complex presentations and support implementation across schools.
- **Health professionals, including community paediatricians, speech and language therapists, occupational therapists, and mental health practitioners**, who may contribute complementary information and use shared profiles to strengthen coordination across education and health.

Rather than creating additional specialist roles, ICF-informed strengths and needs profiling can strengthen collaboration between existing professionals. It creates a shared framework for understanding everyday functioning and participation.

Future implementation should focus on developing workforce capability across sectors. Workforce development should include practical training and implementation support for SENCOs, teachers, teaching assistants, early years SEND leads and staff involved in Experts at Hand.

The **Experts at Hand** model is a potential mechanism to build specialist capability in mainstream education.¹⁴ The model could help schools access specialist advice at the point where it is most useful. Specifically, immediately after identifying someone's needs and during the development of support plans. In this way, Experts at Hand could help translate strengths and needs profiles into action, while building confidence and capability within mainstream education. This would help schools move from identifying needs to acting on them.

5.5. Scaling considerations

The feasibility study provides important insights into how ICF-informed strengths and needs profiling could be implemented widely across education and health systems. The findings suggest that successful scale-up will depend both on the assessment itself and the systems needed for sustainable implementation.

5.5.1. Governance

Clear governance arrangements should support implementation. These should define responsibilities across education, health, and local authority services. The ICF provides a framework to support coordinated cross-organisational working. However, effective implementation will require agreement on referral pathways, information sharing, profile ownership, and ongoing reviews of support plans.

The research also highlighted that local authority SEND, autism and specialist advisory services play an important role. Rather than directly delivering support in every case, these services can help build capability in schools. They could support implementation while improving knowledge and confidence in existing education systems.

5.5.2. Training

The research evidence suggests that relatively modest workforce development could substantially increase confidence in implementing ICF-informed strengths and needs profiling. Participants consistently requested practical guidance on interpreting profiles, facilitating collaborative planning, and identifying appropriate support strategies.

Future implementation should include short, practice-focused training programmes. Training could help professionals understand the ICF framework and how to implement it. Additionally, ongoing implementation support, peer learning, and opportunities to discuss complex cases are likely to be important during early adoption.

Importantly, training should focus both on completing assessments and on translating the profile into meaningful, person-centred support planning around the young person's needs, strengths, and goals.³

5.5.3. Resource mapping

One of the clearest implementation lessons was that the assessment alone is not enough. Participants consistently requested practical guidance on what to do after receiving the profile.

Future implementation would benefit from an ICF-informed decision-support resource. The resource would link profile findings to evidence-informed educational strategies, reasonable adjustments, local services, family resources, and clinical signposting.

Providing a bridge between assessment and intervention should increase practitioners' confidence. It would also support greater consistency in personalised support planning across settings.

5.5.4. Digital infrastructure

Digital delivery offers significant opportunities to support wider implementation of ICF-informed strengths and needs profiling. Electronic assessment, automated profile generation and secure information sharing can reduce administrative burden while improving accessibility for families and professionals.

The ICF-informed digital profiles have the potential to support more coordinated pathways across education, health, and social care. Rather than requiring families to repeatedly describe the same strengths and support needs across the system, shared digital profiles gather information in one place. This would inform subsequent assessment, planning and decision-making.

This approach aligns with wider ambitions to reduce duplication, improve care coordination, and place a personalised understanding of strengths and support needs at the centre of service delivery.

Future research should explore how digital infrastructure can support appropriate information sharing, how it could operate between existing systems, and long-term monitoring of outcomes. All while maintaining robust information governance and family choice.

Ultimately, digital infrastructure should support continuity of understanding rather than repeated collection of information. A shared strengths and needs profile could enable families, education professionals, and health services to work from the same evidence-informed understanding of a young person, while reducing duplication across the system.

Key message

Implementing strengths and needs profiling must include protected staff time, practical resources, training, specialist advice and clear links between education, health, and social care. Models such as Experts at Hand could help turn profiles into usable support plans.

6. Strengths and limitations of this research

6.1. Strengths of this research

This feasibility study is one of the first UK evaluations of an ICF-informed strengths and needs assessment for autistic and ADHD children in mainstream educational settings. Importantly, we explored the use of strengths and needs profiling both before and alongside diagnostic assessment. This reflects current policy ambitions to provide earlier, more personalised support rather than relying on diagnosis before intervention.

A key strength of the research was evaluating the profiles' implementation in educational settings, rather than in controlled research conditions. We worked in partnership with nurseries, schools, families, and local authority specialists in schools and nurseries. This meant the research generated valuable insights into the practical opportunities and challenges of introducing strengths and needs profiling into existing systems.

We adopted a mixed-methods approach, combining quantitative outcome measures with qualitative feedback from parents and education professionals. This helped us to evaluate:

- Whether the approach appeared feasible and acceptable, and
- How and why it influenced understanding, communication, and collaborative support planning.

Perhaps the most important contribution of this research is that it evaluated an implementation process rather than an assessment tool alone. Our research found the greatest value through the combination of ICF-informed assessment, collaborative interpretation of the profile, and personalised support planning. This implementation model represents an important contribution to the evidence base for earlier, needs-led support.

6.2. Limitations and areas for improvement

As a feasibility study, the primary purpose of this research was to determine whether ICF-informed strengths-and-needs profiling could be successfully implemented in educational settings. The research was not designed or powered to evaluate effectiveness. The child outcome findings are promising early signals, rather than definitive evidence of impact.

The research involved a relatively small number of children, families, and education settings within a single local authority. This enabled detailed exploration of implementation processes. However, the findings may not fully represent experiences across different geographical areas, education systems, or service configurations.

Follow-up periods were relatively short. They ranged from one to three months after collaborative support planning. This limited our ability to evaluate whether reported improvements were sustained over time or influenced longer-term educational, social or health outcomes. The variable interval between assessment, support planning, and follow-up also introduced some inconsistency in outcome measurement.

Recruitment and retention reflected the realities of undertaking research in busy educational settings and among families experiencing significant pressures. Although assessment completion rates were high, approximately one-third of participating families did not complete follow-up outcome measures. Future studies should explore ways to reduce participant burden, embed outcome collection within digital platforms, and extend follow-up. This will help researchers better understand long-term implementation and outcomes.

Finally, the implementation model evaluated in this research benefited from the close involvement of local authority autism and learning disability specialists. This represented a strength of the feasibility study. However, future research should explore how to deliver implementation support sustainably at scale across different local contexts.

Taken together, these limitations highlight the need for a larger, independently evaluated, multi-site implementation research. It could examine effectiveness, equity, cost-effectiveness, and long-term outcomes across diverse educational and health settings.

7. Discussion

7.1. Summary of findings

This feasibility study demonstrates that ICF-informed strengths and needs profiling can be implemented successfully in mainstream educational settings and is valued by families and education professionals. Although not designed to evaluate effectiveness, the research evidence provides encouraging evidence that earlier strengths and needs profiling may support more personalised support planning. This could improve aspects of the child's wellbeing and everyday functioning before or alongside diagnostic assessment.

We explored whether strengths and needs assessments could help educators better understand a child's needs and identify effective support. We also examined whether tailored support could improve wellbeing, school attendance, and quality of life.⁸

Our research involved 35 children aged 2–15 years across eight education settings in a single local authority in South East England. These included nurseries, primary schools, and secondary schools. Some were waiting for an autism or ADHD assessment. Others had clear support needs but no diagnosis and were not on a waiting list.

Families and teachers completed ICF strengths and needs assessments for each child. They then met to develop a personalised school support plan informed by the ICF profile. Our partners at the West Sussex County Council Autism in Schools Project Team facilitated this planning process.

Families and education staff completed surveys and standardised questionnaires on the child's participation, wellbeing, and school attendance at three points: before the ICF assessment, immediately afterwards, and one to three months after support planning was completed.

Our early findings indicate that tailored, timely support for autistic and ADHD children may help improve their wellbeing and quality of life while waiting for a diagnostic assessment.

Education professionals and families highly valued the ICF profiles to build a shared understanding of the child's needs. Both groups described positive experiences of completing the assessment. They described it as useful, convenient, accessible, relevant, and worthwhile.

Families reported that profiles:

- Helped them understand their child's needs
- Gave them clearer language to use with schools, and
- Improved their knowledge and confidence to advocate for their child's needs.

Educators at schools and nurseries reflected that the ICF profiles gave them a better understanding of the child's needs and how to support them in school. They valued the structure and shared language from the ICF assessment.

After collaboratively developing support plans, parents and teachers reported greater confidence in identifying, communicating, and advocating for autistic and ADHD children's support needs. They also felt better equipped to help the child participate in activities that were important to them and provide support in areas they found challenging. Parents reported greater confidence that their child was receiving appropriate support in school or nursery.

Within one to three months of tailored support planning, parents and teachers reported improvements in several aspects of the child's wellbeing and everyday functioning. This included emotional wellbeing, social functioning, and how they adapt to and tolerate change. Many also observed improvements in classroom engagement and behaviour. Changes in longer-term school-related outcomes, such as attendance, were more variable. However, parents and teachers consistently described meaningful benefits from earlier, needs-led support.²

Some families reported that their children were experiencing increased difficulties with school or mental health. This made it more challenging for them to take part in the trial. The families commented that they needed support now. For them, it arrived too late.

The findings suggest that the assessment generated understanding, but collaborative support planning translated that understanding into practical action.

7.2. What the findings mean

The findings from this feasibility trial demonstrate the value of using ICF-informed strengths and needs assessments in schools. They provide timely, tailored support for children before, during, or without an autism or ADHD diagnosis. Rather than waiting years for diagnostic assessment before offering support, this approach helps educators and families identify needs earlier and translate them into practical action.

The evidence suggests:

- Support can begin earlier when strengths and needs are identified in a structured way.
- Families value strengths and needs profiling because it gives them clearer language and greater confidence when discussing support.
- Educators can use profile information to plan and deliver more personalised support.
- Collaborative planning helps turn assessment findings into practical strategies for everyday school and nursery settings.

These findings support a shift towards systems that respond earlier to identified support needs, rather than relying on diagnosis as the gateway to support. Diagnosis and strengths and needs profiling serve complementary purposes.^{7,24} Diagnosis provides clinical understanding of a neurotype, while strengths and needs profiling provides a structured understanding of functioning, participation, and environmental influences to inform personalised support planning.^{9,24}

The ICF provides one of the few internationally recognised and clinically validated frameworks capable of supporting this shift. It offers a common language that can be used consistently across education, health, and social care, and between families and professionals.

7.3. Implications for policy and practice

Current reforms across health and education provide an important opportunity to embed earlier, needs-led approaches within future service design. Three current policy agendas create a timely opportunity to move from diagnosis-dependent support towards earlier, needs-led support. Strengths and needs assessments offer a practical route for doing this. They identify what support a person may need in everyday life, whether someone is diagnosed or undiagnosed.

- **The Independent Prevalence Review of Autism, ADHD, and mental health.**⁶ The Review distinguishes between diagnosis and the assessment of functioning and support needs. Strengths and needs profiling aligns with this by providing a shared framework for understanding support needs across health, education, and social care.
- **Special Educational Needs and Disabilities (SEND) Reform.**¹⁴ The SEND Reform aims to improve earlier identification, consistency of provision and the graduated approach. Strengths and needs profiling could support these aims by helping schools identify needs earlier and translate them into practical support plans.
- **The Autism Strategy.**^{15,16} The Strategy commits to earlier support for anyone who needs it. ICF-informed strengths and needs profiling provides one practical way to deliver that commitment in schools, nurseries, and services without waiting for new legislation.

Adopting strengths and needs assessments would support the core aims of these policy initiatives by enabling earlier identification, more personalised support, and better coordination across education, health, and social care.

Strengths and needs assessments are not a substitute for an autism or ADHD diagnosis. Instead, they should be used as soon as a young person's support needs emerge. This means help can begin earlier, rather than after years of waiting for a diagnosis.^{12,24}

Autistic and ADHD children, young people and families are not just waiting for a diagnosis. They are waiting for understanding, guidance, and practical support. Strengths and needs profiling offers one practical way to provide that support earlier, while diagnostic pathways continue.^{6,9}

For many families, the decision to seek an autism or ADHD assessment is prompted by difficulties already affecting a young person's participation, wellbeing, and everyday life. Their support needs exist long before their diagnosis. Yet in many current pathways, meaningful support is delayed until after diagnostic assessment.

The challenge facing health, education and social care systems isn't just reducing waiting lists for assessment. It is ensuring that children and young people receive timely, personalised support while they wait.⁶

The findings from our research converge with global evidence. It suggests that ICF-informed strengths and needs profiling offers a practical way to address this challenge. Strengths and needs profiling should not be implemented as a standalone assessment. The evidence shows that it can feasibly be embedded within practical support infrastructure. Experts at Hand could act as a bridge between specialist knowledge and everyday practice. This model can enable families, educators, and professionals to identify needs earlier, develop a shared understanding, and implement personalised support before diagnosis.²⁹

The ICF-based framework is particularly relevant to this agenda. It provides an internationally established framework for describing functioning, participation, and environmental influences.

Its shared language can support more consistent communication between families, schools, health services, and social care. It will help systems move from diagnosis-gated support towards earlier, needs-led support.²⁴

The findings support further evaluation and implementation of ICF-informed strengths and needs approaches that complement existing diagnostic pathways.

SEND Reforms Five Areas of Development	ICF Core Sets Domains	Example ICF Core Sets functioning
Executive Function	Body Functions → Activities & Participation	Attention, working memory, planning, organisation, cognitive flexibility
Motor & Physical	Body Functions → Body Structures → Activities	Posture, coordination, fine/gross motor skills, mobility
Sensory	Body Functions	Sensory processing, sensory modulation
Speech, Language & Communication	Body Functions → Activities & Participation	Language comprehension, expressive communication, social communication
Social & Emotional	Activities & Participation + Personal Factors	Emotional regulation, relationships, social interaction

Figure 4. ICF as a solution to SEND Reform.

7.4. Our recommendations

The findings support a clear next step: a larger, independently evaluated implementation study across education and health settings. This should test whether ICF-informed strengths and needs profiling improves support planning, outcomes, equity, and cost-effectiveness at scale.

At the same time, government and system leaders should build the conditions needed for implementation. This includes workforce training, protected time, practical resources, and alignment with SEND reform, NHS pathways, and Experts at Hand.

The key question is whether we can identify and respond to needs earlier.

The goal is to make sure support can begin when needs are recognised. It is not to replace a diagnosis.

Our findings suggest that ICF-informed strengths and needs profiling offers a promising route to achieving this. Our recommendations identify core actions across three phases for the Department for Education & Department for Health and Social Care.

Now (0-6 months)	Short-term (6-18 months)	Longer-term (2-6 years)
• Endorse ICF-informed strengths and needs profiling • Establish early adopter sites	• Fund multi-site evaluation • Identify integrated health and education pathways • Invest in workforce capacity development	• Inform individual Support Plans (ISPs) • Support SEND Reforms • Improve coordination across systems

Figure 5. Summary recommendations for implementation of ICF-informed approaches.

Together, these actions would move the system from delay and gatekeeping towards earlier, fairer, and more effective support. This is a practical opportunity to reduce pressure on families and services by ensuring children receive the right support sooner.

The case for change is clear. Timely strengths and needs profiling offers a realistic route to better outcomes for children, families, and public services. If implemented, it could help replace costly delays with earlier intervention, better outcomes, and a more equitable system for all.

With timely, personalised support, we can shape earlier outcomes for autistic and ADHD people.

Key message

Policymakers do not need to choose between diagnosis and earlier support. The next step is to test ICF-informed strengths and needs profiling at scale, while building capacity to make earlier, needs-led support part of everyday practice.

Closing comments

The evidence from this feasibility study is clear enough to justify action, but not yet sufficient for national roll-out without further evaluation. ICF-informed strengths and needs profiling is feasible, acceptable, and promising. The next step is to test it at scale, with the workforce support, implementation infrastructure, and policy alignment needed to make earlier support real.

The use of ICF-informed strengths and needs profiles helps to translate that understanding into personalised support planning in educational settings. The evidence indicates that families and education professionals value a shared, evidence-informed understanding of strengths, support needs, and participation. Importantly, our research suggests that the greatest benefit lies in the collaborative planning and shared decision-making that follow assessment, rather than the assessment itself.

Children and young people should not have to wait for diagnosis before their needs are understood. Earlier understanding can lead to earlier action. Earlier support can change outcomes.

Our research team, advisors and partners

An Autistica team of scientific and lived-experience experts ran this research in collaboration with our academic and community partners.*

Our team and partners:

Autistica: Adam Jones (research associate), Dr Michelle Newman (co-investigator), Paul Callaghan (policy lead), Dr Amanda Roestorf (Principal Investigator).

West Sussex County Council Autism in Schools Project Team: Jane Crawford, Jessica Bubb, Sasha Slade and Nicole Williams.

Karolinska Institute, Sweden: Professor Sven Bölte (Professor of Child & Adolescent Psychiatric Science; our ICF clinical lead and advisor).

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About Autistica

Autistica is the UK's leading autism research and campaigning charity. Our Mission is to create breakthroughs that enable all autistic people to live happier, healthier, longer lives. We do this through research, shaping policy and working with autistic people.

We know that every autistic person is different. And we know that being autistic comes with both [strengths](#) and [challenges](#). But there's lots we don't know.

Research is the best way to improve understanding, find new ways to support people, and change lives for the better.

We are making more of a difference by:

- Delivering and partnering on research across the UK
- Developing new therapies
- Campaigning for better services and shaping national policy
- Sharing evidence-based tools, resources and information

Our 2030 Goals

We have six visionary and ambitious [2030 Goals](#), which are based on [priorities](#) set by the autistic community.

Further information is available in the full report on our website www.autistica.org.uk.



Helpful definitions

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a lifelong neurodevelopmental difference that influences how people experience and interact with the world. Someone who has ADHD may have differences in attention, activity and impulsivity that affect daily functioning and participation. They may find it difficult to sustain attention on an activity, or they may become very focused, or hyperfocused (focusing intensely on something of interest). They may have restless movements or thoughts. Some people with ADHD may act impulsively, such as interrupting conversations.

ADHD presents differently between individuals and across the lifespan. Approximately 1 in 20 (to 1 in 40) people has ADHD.³⁴

Autism

Autism is a lifelong neurodevelopmental difference that affects how people experience, communicate, and interact with the world around them. Autistic people have diverse strengths, experiences, and support needs. These vary considerably between individuals and across different contexts.

An autistic person may feel and react to things differently from a non-autistic person. They may find socialising confusing or tiring. They may become overwhelmed in loud or busy places. They may have highly focused interests or prefer routine and sameness. Autistic people may use repeated movements or actions, called stims, to calm themselves or express joy. Approximately 1 in 67 (to 1 in 100) people is autistic.²³

Child and Adolescent Mental Health Service (CAMHS)

NHS mental health care services specifically for assessing, diagnosing, and treating children and young people, usually under 18 years of age. This may include providing support for anxiety, depression, self-harm, or eating disorders.

Collaborative support planning

A structured process where families and education professionals work together to interpret strengths-and-needs information. Where appropriate, the young person themselves can be part of this process. Together, they agree on personalised actions to support participation, wellbeing, and learning.

Diagnostic assessment

When a trained person, such as a doctor, asks questions and sets activities to understand if someone is neurodivergent or has a condition.

Diagnosis

When a trained person, such as a doctor, confirms that someone has a condition or disability. This usually involves a range of assessments and observations by a mix of health and social care professionals. They use their expertise to understand how the person understands or experiences a condition, disability or neurotype. They work with other professionals to create a care plan for the person's health and care needs.

Education Health and Care Plan (EHCP)

A legal document used in England for children and young people who need extra support and may have Special Education Needs (SEN). It explains what help they need and how people such as teachers, SENCOs, or healthcare professionals will implement this.

Experts at Hand

Experts at Hand is an emerging model within Special Educational Needs and Disabilities (SEND) reform. It aims to provide schools and families with timely access to specialist advice and expertise. Experts at Hand support mainstream professionals to identify needs early, develop personalised support plans, and build confidence in meeting the needs of children and young people in everyday educational settings. The model seeks to strengthen collaboration across education, health, and social care, while reducing delays in accessing appropriate support.

In this study, local authority autism and learning disability specialists fulfilled a similar implementation and capacity-building role. They supported schools to interpret strengths-and-needs profiles, developed personalised support plans, and built confidence to apply this learning more widely.

Feasibility trial

Feasibility studies are small-scale research studies to explore whether a larger evaluation of an intervention, assessment or programme is practical. They identify what works well, what challenges arise, and what to change before a definitive trial.

Functioning

Within the International Classification of Functioning (ICF), functioning refers to how a person participates in everyday life. It considers not only what someone can do, but also how personal and environmental factors influence their participation, independence, and wellbeing.

International Classification of Functioning (ICF)

The World Health Organization's internationally recognised framework for understanding functioning, disability, and participation. The ICF provides a common language that supports shared understanding across health, education, and social care. It is a conceptual framework rather than an assessment tool.

It helps doctors and healthcare professionals understand how a health condition affects someone's functioning, disability, health, and participation in their environment. It looks at their skills, abilities, and how their body works to support everyday activities like walking, talking and learning, and going to school or work.

The ICF covers many different health conditions and disabilities.

ICF Core Sets

The Core Sets are evidence-based selections of the most relevant domains from the International Classification of Functioning (ICF) for specific health conditions or populations. These help us to understand the strengths and needs that autistic and ADHD people may have in everyday life. Clinicians and research experts developed the Autism and ADHD Core Sets to support a more consistent understanding of functioning and support needs. To do this, they involved other clinicians, researchers, and people with lived experience.

ICF Toolkit™

An autism-and ADHD-specific strengths and needs assessment developed using the WHO International Classification of Functioning (ICF) and the ICF Core Sets for Autism and ADHD. The online toolkit generates a personalised profile of strengths, support needs, and environmental influences to inform collaborative support planning. It is not a diagnostic assessment.

Masking

Masking involves hiding neurodivergent traits or characteristics around others to fit in with neurotypical standards. Someone who is masking is constantly analysing and monitoring their own behaviour. They might be worrying about giving the 'right amount' of eye contact, adjusting the volume or tone of their voice, holding back the urge to fidget, or making sure they respond to someone in a way others consider 'acceptable'. Masking is exhausting and can lead to longer-term mental health difficulties.

Needs-led support

An approach that identifies and responds to a person's strengths and support needs as they emerge, rather than waiting for a diagnosis before support can begin.

Neurodevelopmental conditions

A group of conditions that arise during brain development and are present across the lifespan. They typically become apparent during childhood and can affect learning, communication, attention, behaviour, and everyday functioning. Examples include autism, ADHD, developmental language disorder, or a learning disability.

Neurodiversity

The natural diversity of human brains and minds. Neurodiversity recognises that differences in thinking, learning, communication, and behaviour are a normal part of human variation.

Neurodivergence

Neurodivergence describes ways of thinking, learning, and experiencing the world that differ from what society considers typical.

Neurodivergent

A person whose brain functions differently from what is considered typical. This may include people who are autistic, have ADHD, dyslexia, developmental language disorder, or dyspraxia. Many people are neurodivergent in more than one way. For example, being autistic with ADHD.

Participation

The extent to which a person can take part in everyday activities and life situations, including learning, friendships, family life, recreation, and community involvement.

Person-centred care

An approach to planning and delivering support that places the individual, their strengths, preferences, goals, and lived experience at the centre of decision-making. Person-centred care involves working collaboratively with individuals and families to identify what matters most to them and tailoring support accordingly.

Personalised strengths and needs profile

An individual summary generated from an ICF-informed assessment that describes a person's strengths, areas where support may be helpful, participation across different settings, and environmental factors that facilitate or hinder everyday functioning.

Special Education Needs and Disabilities (SEND)

Some children and young people need different arrangements to support them in education. They may need help with reading, writing, understanding, concentrating, or doing things. Some children with SEND may have a medical condition, disability, or a neurodivergent diagnosis. Some children may have SEND without a diagnosis or disability.

Special Education Needs Co-ordinator (SENCO)

A trained education professional who specialises in educating children and young people with SEN.

Support needs

The practical adjustments, resources, strategies, or services that help a person participate, learn, and thrive. Support needs may change over time and are influenced by both the individual and their environment.

Strengths and needs assessment

A set of questions that helps to understand what daily activities or functions someone finds difficult, and what they are good at.

Strengths and needs profiling

A structured process for understanding a person's abilities, support needs, participation, and environmental influences. Strengths-and-needs profiling complements diagnostic assessment by providing practical information to inform personalised support. It does not replace diagnosis.

Wellbeing

A broad concept encompassing emotional, psychological, social and physical health, alongside a person's ability to participate in activities that are meaningful and important to them.

Transdiagnostic needs

Strengths, support needs, or characteristics that occur across more than one diagnostic group rather than being unique to a single condition. A transdiagnostic approach focuses on understanding and responding to all aspects of a person's needs, instead of support that only focuses on a diagnostic label.

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