Review of the Demand, Capacity and Design of Neurodevelopmental Services: Workforce Development Paper

Supplementary paper to the full report

Title: Review of the Demand, Capacity and Design of Neurodevelopmental Services: Workforce Development Paper
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Author: Dr Duncan Holtom

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

For further information please contact:

Health and Social Services Research

Social Research and Information Division

Knowledge and Analytical Services

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

Email: Research.HealthAndSocialServices@gov.wales

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Glossary

Acronym	Definition
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder (also referred to as Autistic Spectrum Condition and autism)
CAMHS	Child and Adolescent Mental Health Service
HEIW	Health Education Improvement Wales
IAS	Integrated Autism Service
LA	Local Authority/Authorities
LHB	Local Health Board
MH	Mental Health (services)
NAT	National Autism Team
ND	Neurodevelopmental
NDC	Neurodevelopmental Condition
NDWSP	Neurodiversity Wales Shared Platform (previously called the Do-It profiler)
NICE	The National Institute for Health and Care Excellence
RCPsych	Royal College of Psychiatrists
RCSLT	Royal College of Speech and Language Therapists
SLT	Speech and Langue Therapist
T4CYP	Together for Children and Young People

1.   Introduction

1.1   In the mid-2010s, two new national ND services, Children's ND services and the Integrated Autism Service (IAS), were established in each Local Health Board (LHB). Despite the investment in these two new services, they have struggled to meet the demand for diagnostic assessment and support. This review of the demand, capacity and design of ND services for children, young people and adults in Wales, was undertaken in order to develop recommendations and evidence-informed options for improvements to services. The review's approach and methodology, findings and recommendations, including proposals for developing ND service models, are outlined in the full report[1]. This supplementary paper addresses the review's final objective: "to develop a workforce strategy to support proposals for future ND services".

1.2   This workforce development paper is based upon the current Health and Social Care Workforce Strategy (Social Care Wales and Health Education and Improvement Wales, 2020) and the proposals for a strategic mental health workforce plan for health and social care (Social Care Wales and Health Education and Improvement Wales, 2021). Findings from the first and second phases of the review, together with interviews and discussions with members of the Welsh Government and Health Education Improvement Wales (HEIW) were used to identify:

- the key issues (in relation to workforce development);

- the actions in the Health and Social Care Workforce Strategy and The Strategic Mental Health Workforce Plan For Health And Social Care which are particularly relevant to these issues; and

- the additional actions identified by the review needed to address these issues.

1.3   This approach recognises that although ND services are not Mental Health (MH) services as such, they have links to and commonalities with MH

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[1] Both the full report and summary report on the review are available at Review of the demand, capacity and design of neurodevelopmental services: full report

services and that many of the key issues for ND services, such as challenges around recruitment and retention, are similar to the key issues for other health services. In addition, as an integrated service, the workforce strategy for the IAS – and also any new integrated ND services created in the future – need to consider both the health and social workforces. Therefore, many of the actions in the Health and Social Care and MH workforce strategies are relevant to ND services (e.g. addressing issues around workload and recognition, to aid recruitment and retention). Nevertheless, the review also identifies that there are issues and actions specific to ND services, which are not included in these strategies.

1.4 Given the commonalities and to ensure alignment with current and proposed health and social care workforce strategies, this workforce development paper to support proposals for future ND services uses the aims and seven themes in the Health and Social Care Workforce Strategy as an organising framework. These are:

1. 'An engaged, Motivated and Healthy Workforce';
2. 'Attraction and Recruitment';
3. 'Seamless Workforce Models';
4. 'Building a Digitally Ready Workforce';
5. 'Excellent Education and Learning';
6. 'Leadership and Succession'; and
7. 'Workforce Supply and Shape' (ibid).

1.5 For each of these themes, Tables 2.1-2.7 outline:

- the key issues identified by the ND review;

- the actions in the Health and Social Care Workforce Strategy and The Strategic Mental Health Workforce Plan For Health And Social Care, which are particularly relevant to these issues; and

- the additional actions identified by the review to address these issues.

1.6 Because the themes around 'workforce supply and shape', 'attraction and recruitment' and 'an engaged, motivated and healthy workforce', are linked, there is some overlap in the actions needed. For example, actions to

promote workforce wellbeing and progression opportunities, can also support attraction and recruitment.

2. Workforce actions to support proposals for future ND services

Table 2.1. Workforce supply and shape: issues and actions

Aim: to ensure a sustainable ND workforce in sufficient numbers to meet the health and social care needs of the population ([Social Care Wales and HEIW, 2020](#)).		
Key issues identified by the ND review	**Actions in the current proposed MH workforce plan which support this include:**	**Other actions identified by the ND review include:**
• As small, specialist, multi-disciplinary services, there is no single training pathway for ND services – and no dedicated training pathways. IAS staff in earlier research reported that 'autism is a specialism in itself' and that the workforce with autism skills was small in size, with staff typically gaining skills through experience, rather than formal training ([WG, 2019](#)). • In addition, neurodiversity is not always adequately covered in initial training for professionals such as speech and language therapists (SLTs) (Mullis, 2021).	• 'Increase the annual commissioning of education and training numbers related to the specialist mental health workforce [including psychologists and psychiatrists], for the next three years' (p.8., Social Care Wales and HEIW, 2021).	• Changing the training of professionals, such as SLTs, to build their skills and confidence working with neurodiverse people, and enable them to make a greater contribution to ND services (see e.g. Mullis, 2021) • Restructuring ND service staff teams and/or developing new services, such as adult ADHD services or ADHD hubs in primary care, could increase the range of professionals who contribute (increasing the potential size of the ND workforce). This would require analysis of the skills and competencies required for different

- Recruitment and retention of skilled and experienced clinical staff is challenging for many ND services. This contributes to the fragility of services and means increasing capacity by expanding the size of ND service staff teams is likely to be challenging.

- The small size of ND services limits opportunities for progression and staff development within services, which contributes to workforce supply constraints.

- A number of options for developing ND services, such as an adult or all age ND service, will mean the shape and size of the ND workforce will need to change (if taken forward). Proposals to restructure existing ND teams by, for example, bringing in more therapists, specialist nurse practitioners and assistant psychologists, would also change the shape and size of the ND workforce.

roles/functions (such as diagnosing autism and/or ADHD) and then identifying which professional groups could get more involved, in order to increase capacity, flexibility, and/or quality (Young, et al, 2021). The review recommends that the Welsh Government, HEIW, LHBs, ND services, a number of Royal Colleges, such as the Royal College of Psychiatrists (RCPsych) and RCSLT consider the NICE guidance for assessment and diagnosis of ASD and ADHD and the training, structure and workforce implications of a reshaped ND service for children. Bringing new staff into teams would have implications for corporate governance and quality assurance, which could potentially be considered at a national level through a new working group to develop new standards and guidance for children's ND services.

		• Expanding, restructuring and diversifying ND service staff teams could help create more opportunities for training and progression within services (helping expand the ND service workforce, and enable ND services to 'grow their own', by recruiting inexperienced staff, and then training and upskilling them).

Table 2.2. An engaged, motivated and happy workforce: issues and actions

Aim: an ND workforce that 'feels valued and supported' ([Social Care Wales and HEIW, 2020](#)).		
Key issues identified by the ND review	**Actions in the current proposed MH workforce plan which support this include:**	**Other actions identified by the ND review include:**
• The review identifies that the demand-capacity gap, coupled with the impact of the pandemic, has undermined ND service staff wellbeing and morale, and increased workloads; and the focus upon diagnostic assessments has 'crowded out' potentially rewarding work to support children, adults or families. In addition, long waiting lists have left many families and adults angry and unappreciative of ND services (further undermining staff morale). • Challenges around recruitment, retention and staff absence, increase the pressure upon staff and has negative impacts upon staff wellbeing. This in turn, threatens the sustainability of services (e.g. if skilled	• Commission a mental health workforce survey across health and social care, to assess staff engagement, experience and wellbeing.' (p 11, Social Care Wales and HEIW, 2021) • 'Establish a national Professional Support Unit for the mental health workforce' (p12, ibid.)	• Actions to close demand-capacity gaps and improve access to help and support (to improve service users' experiences and reduce the pressure upon ND services and their staff). • More intelligent performance management of ND services, to shift to a broader suite of measures that includes, but is not limited to, waiting times (as the focus upon waiting time targets, which services cannot meet, is demoralising for staff, focuses LHBs' attention upon service's difficulties, and fails to identify ND services' contributions to improving people's well-being).

and experienced staff, who will be hard to replace, leave). • Children's ND services do not easily fit into LHB structures (e.g. some sit with MH, others within children's and women's directorates). This coupled with their small size, and under-funding has left many staff feeling they work for what some described as a 'Cinderella service'. • Staff in ND services reported weakness in support, continuous professional development and career/progression pathways in ND services. • IAS staff reported that differences in pay, terms and conditions between health and social care staff (in IASs) and between social care staff working in different LAs, can cause resentment. Some IASs report that pay for some senior clinicians and for social care staff is not commensurate to their roles and responsibilities.		• As outlined in table 2.1, restructuring ND services could provide more progression opportunities for staff within ND services. • Longer term funding and staffing commitments, to ensure that, for example, staff are on permanent, rather than fixed term contracts, and their pay is commensurate to their roles and responsibilities.

Table 2.3. Attraction and recruitment: issues and actions

Aim: ND services are seen as attractive places to work and services can recruit high quality staff in a timely way ([Social Care Wales and HEIW, 2020](#)).		
Key issues identified by the ND review	**Actions in the current proposed Health and Social Care and MH workforce plans which support this include:**	**Other actions identified by the ND review include:**
• A number of ND services have experienced recruitment challenges for significant periods of time. • As outlined in table 2.1., as small, specialist, multi-disciplinary services, there are no dedicated training pathways for ND staff and neurodiversity is not always adequately covered in initial training for professionals. • NHS recruitment process are reported by ND service staff to be slow and cumbersome.	• 'Develop a targeted attraction campaign programme for the mental health workforce, supported by [Train Work Live](#) and [We Care Wales](#).'(p. 14, Social Care Wales and HEIW, 2021). • 'Implement recommendations relating to careers pathways for the mental health workforce, including opportunities relating to research, academic, leadership and improvement as described in the Centre for Mental Health's Future of the mental health workforce report' ([Centre for Mental Health, 2018](#)) (p. 15, Social Care Wales and HEIW, 2021).	• As outlined in table 2.1., actions to close demand-capacity gaps, to reduce the pressure upon ND services and to allow the development of more rewarding roles for staff in ND services, coupled with the development of progression opportunities within ND services, should make ND services more attractive places to work. • As outlined in table 2.2., longer term funding and staffing commitments and action to ensure that ND service staff pay is commensurate to their roles and

	• 'Implement a modern values based bi-lingual recruitment approach for all health and social care staff…to ensure a streamlined, speedy, efficient, smooth, accessible, inclusive recruitment approach' (p. 22, Social Care Wales and HEIW, 2020).	• responsibilities, should make ND services more attractive places to work. • As outlined in table 2.1., exploring the potential for restructuring ND service staff teams to build stronger and more diverse 'core' teams with, for example, more therapists, specialist nurse practitioners and assistant psychologists, should increase the size and diversity of the 'pool' ND services recruit from.

Table 2.4. Seamless workforce models: issues and actions

Aim: to ensure 'multi-professional and multi-agency workforce models will be the norm' (Social Care Wales and HEIW, 2020).		
Key issues identified by the ND review	**Actions in the current workforce plan for Health and Social care which support this include:**	**Other actions identified by the ND review include:**
• The review identifies that the current structure is too service rather than person (or family) centred. For example, access to support depends more upon factors like the specific NDC a person has (or has not) and their age, than their needs; and those with co-occurring difficulties can be 'bounced' between services. • The review identifies that greater collaboration between services is needed, where, for example, children or adults have co-occurring difficulties. Developing more collaborative, person centred approaches will 'require seamless workforce models', with for example 'a multi professional and multi-	• 'Develop a multi-professional workforce plan to support implementation of Together for Mental Health…This will also take account of the roles of private and voluntary provider services, volunteers and carers as well as statutory services'. (p. 24, Social Care Wales and HEIW, 2020). • 'Translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working' (ibid). • 'Work with partners to harmonise governance, regulation and registration arrangements to facilitate multi-professional working.' (ibid).	• Actions in the current proposed plan, such as 'Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support (p. 16, Social Care Wales and HEIW, 2021) are focused upon MH, rather than ND, but are analogous to those required to build literacy in neurodiversity. These should include, for example, extending access to training alongside enhanced professional learning opportunities and swifter and easier access to expertise, through models such as the CAMHS In-Reach programme. A tiered model of training, similar to the current National Autism Training Framework for Wales (Autism Wales 2020), is likely to be

agency philosophy.' (p. 16, Social Care Wales and HEIW, 2021).

- The review identifies that a range of factors impede collaboration between services, including structural, organisational and cultural differences; inadequate funding; and 'human factors'. This can contribute to gaps in provision and can mean people are 'bounced' between services, undermining people's experiences and outcomes.

- The review identifies that the support is 'everybody's business' and is often most cost effectively delivered by a range of services, including the third sector. This coupled with a focus upon early intervention, help and support, will require, among other things, increasing awareness and understanding of, and the confidence to work with neurodiverse children and adults across the wider workforce.

appropriate to ensure that staff performing different roles have the knowledge, skills and confidence needed to work collaboratively. For example, appropriately skilled professionals, such as SLTs, can contribute to diagnostic assessments, but after qualifying, will need additional training and experience to ensure compliance with NICE guidelines (Mullis, 2021).

- RPBs should form multi-agency strategy groups responsible for ensuring the integrated delivery of services to people with NDCs and their families.

- Enhancing collaboration at an operational level, through, for example, joint training and co-location of services, should create greater opportunities for dialogue between different services and professionals, and help build understanding and trust.

• ND staff report that drawing upon expertise in the wider system, including professionals who are not part of ND teams, can add breadth to the multi-disciplinary assessment, which should increase the quality of a diagnostic assessment. However, this poses challenges in relation to governance and quality assurance of the diagnostic assessment process.		

Table 2.5. Building a digitally ready workforce: issues and actions

Aim: the digital and technological capabilities of the ND workforce will be well developed and in widespread use to optimise the way services work, to help deliver the best possible care for people (Social Care Wales and HEIW, 2020).		
Key issues identified by the ND review	**Actions in the current proposed MH workforce plan which support this include:**	**Other actions identified by the ND review include:**
• The review identifies that the increasing use of digital technology is supporting innovation in ND services, and creating efficiencies and new opportunities, including collaboration between services (in e.g. communities of practice). The COVID-19 pandemic has accelerated these moves – and also exposed some weaknesses in staff skills, knowledge and confidence. • The review identifies that the use of digital technology has brought benefits and has been welcomed by some services users. However, 'a blended approach will be necessary' in working with services users, to both minimise the risks of excluding	• 'Assess current digital capability in the mental health workforce, against the national digital capability framework to inform training needs.' • Create a network of digital champion roles to influence and lead digital workforce transformation (to be discussed with Digital Health Care Wales and other partners). (p18, Social Care Wales and HEIW, 2020).).	• Improving access to ICT equipment (as for example, lack of secure devices, has hampered teams' ability to move online); and • Ensuring staff are confident using the NDWSP (if rolled out).

some groups (and the review identifies the need to actively engage some groups which are under-represented) and ensure that quality of care is maximised and not compromised (for example, aspects of a diagnostic assessment may be better done in person) ([Social Care Wales and HEIW, 2020](#)). • It is reported by staff in ND services and the T4CYP programme, that models such as the new digital Neurodiversity Wales Shared Platform (NDWSP) have the potential to contribute to improvements in both efficiency and effectiveness of diagnostic assessment and the provision of support. • Education and training in digital skills is as important for the ND workforce as it is in other services.		

Table 2.6. Excellent education and learning: issues and actions

Aim: 'investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the needs of people in Wales' (Social Care Wales and HEIW, 2020).		
Key issues identified by the ND review	**Actions in the current proposed health and social care and MH workforce plans which support this include:**	**Other actions identified by the ND review include:**
• As outlined in table 2.1., there are no dedicated training pathways for ND staff and neurodiversity is not always adequately covered in initial training for professionals. • The review identifies that given the prevalence of NDCs and the need to build awareness, understanding and the confidence to embrace neurodiversity and more needs-based and strengths-based approaches, there is need to embed this within initial training for professionals (in areas such as health, education, social care and employment) and to provide access to more advanced and specialist training and/or access to expertise for those	• 'Work with education providers to ensure education meets the needs of the health and social care system, and includes programmes delivered through the medium of Welsh' (p.28, Social Care Wales and HEIW, 2020). • 'Work with education providers to support the workforce to develop and/or improve Welsh language skills' (ibid.). • 'Work with partners to develop proposals to redesign education and training programmes for psychiatry' (p. 18, ibid.). • 'Commission evidence-based, multi-professional education and training	• As the Code of Practice on the Delivery of Autism Services identifies: - 'Autism awareness training [should be] included in general equality and diversity training programmes for all staff working in health and social care' (p. 31, WG, 2021); and - 'as part of workforce planning [Local Authorities, Local Health Boards and NHS Trusts should] assess the autism training needs of all their staff who are working in health and social care and identify the level of training required according to their job roles and responsibilities'. They should also 'Make arrangements to ensure that all

who need it (including those in the third sector).

- If developed, new service models, such as an adult ND or all age ND service, would create new demands for skills, competencies and confidence working with groups such as adults with co-occurring NDCs or young people, which clinicians who currently specialise in one NDC or age group may not currently have. For example, as the Welsh Government guidance on Transition and Handover identifies: 'Clinicians may require additional skills to care for a child or young person up to 25 in either paediatric or adult specialisms.'

- The review identifies that the most ND services struggle to provide an 'active offer' of Welsh, given deficits in Welsh language skills.

frameworks in priority and specialist areas' (p. 20, ibid.).

- 'Provide targeted national continuing professional development programmes to support priority areas across the mental health workforce' (pp. 20-21, ibid.).

- In addition, actions in the current proposed MH workforce plan focused upon MH, rather than NDCs, but the principles apply (and could be adapted to address the skills and capabilities needed to support people with NDCs), for example:

  - 'All Wales evidence-based education and training frameworks are needed to support all aspects of identification of and support' for neurodiverse children, young people, adults and their parents or carers (adapted from p. 19, Social Care Wales and HEIW, 2021)[2]

staff can access the training identified to meet their autism knowledge and awareness training needs' (ibid.).

- In addition, as the Welsh Government guidance on Transition and Handover identifies: 'Clinicians must work within the boundaries of their expertise, but must establish mechanisms to consult with colleagues in the short term [to address skill deficits]. In the longer term, Clinical Directors must identify skills deficits in consultation with clinicians, and develop educational strategies to bridge any gaps' (p. 21, WG, 2022).

- Identifying the Welsh language requirements of services; mapping existing capacity (in terms of Welsh language skills); setting targets and developing action plans to close gaps; and

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[2] Original text read: 'All Wales evidence-based education and training frameworks are needed to support all aspects of **mental health** provision, including specialist areas.' (emphasis added, p. 19, Social Care Wales and HEIW, 2021).

	- 'All health and social care professionals require a basic component' of neurodiversity 'literacy as part of their education and training', 'with additional or advanced training for some groups' (adapted from p. 19, Social Care Wales and HEIW, 2021) [3].	monitoring and evaluating progress in closing gaps (which should help enhance services' capacity to provide an 'active offer' of Welsh) (Welsh Language Commissioner, 2021).

[3] Original text read: 'All health and social care professionals require a basic component of **mental health** literacy as part of their education and training, with additional or advanced training for some groups for example GPs and Emergency Department teams' (emphasis added, p. 19, Social Care Wales and HEIW, 2021).

Table 2.7. Leadership and succession: issues and actions

Aim: leaders in ND services 'will demonstrate collective and compassionate leadership' (Social Care Wales and HEIW, 2020).		
Key issues identified by the ND review	**Actions in the current proposed MH workforce plan which support this include:**	**Other actions identified by the ND review include:**
• The review identifies that greater collaborative work and change across the whole system is required and 'leading across boundaries' (systems leadership) is an essential element of effective leadership in ND services (as they are in MH services) (Social Care Wales and HEIW, 2021). • The review identifies that 'leadership for improvement' (ibid) will be vital given the significant challenges facing ND services (such as demand-capacity gaps and problems with staff retention and wellbeing). • As the T4CYP(2) programme identifies, 'governance and delivery' and a 'cultural shift' are two of the 'triad' of factors that underpin the systemic change (and	• 'Establish an accessible range of leadership development resources and programmes for individuals and organisations' (p. 22, Social Care Wales and HEIW, 2021). • 'Develop and implement an inclusive and targeted talent management pipeline for mental health leadership roles at organisational level, recognising the unique context and challenges of mental health services' (ibid.). • 'Ringfence places for mental health clinicians as part of the wider national multi-professional clinical leadership programme.' (ibid.) • 'Establish a mental health leaders' network on Gwella, to improve access to the	• Identifying the leadership challenges that potential new ND service models, such as all-age services, would pose (e.g. in terms of clinical governance and safeguarding), and how leaders can be recruited (see table 2.3) and supported, to meet these challenges (e.g. though the development of national standards and fostering opportunities for shared learning and capacity building through communities of practice). • Identifying the leadership challenges that potential new ND service approaches, such as greater involvement of non ND service staff in diagnostic assessments, would pose, and how leaders can be supported to meet these challenges (e.g. through the

| collaborative work) the review identifies as necessary, and both will require effective leadership within and beyond ND services (T4CYP, n.d.). | compassionate and collective tools and resources for all staff. (ibid.) | development of national standards and communities of practice). |

Workforce development across the wider system

2.1 The review recommends action across the wider system to complement actions to develop ND service models (outlined above). The Welsh Government's work with the National Autism Team (NAT) to develop a new national training framework and deliver training for staff in services such as health, education and social care, will be important to underpin this. The review identifies that the approach to workforce development across the wider system should focus upon:

- **planning**: identifying (i) what skills and knowledge staff will need (in line with national training frameworks), (ii) skill gaps or deficits and (iii) how gaps or deficits will be addressed (e.g. through initial or post-qualification training and professional learning, such as participation in professional learning communities, focused professional reading and/or action or enquiry-based learning);

- **preparation**: ensuring that, as far as possible, staff with differing roles and responsibilities have the core skills and knowledge required for their role (e.g. through training or professional learning);

- **responsiveness**: ensuring that staff have easy access to expertise when needed (e.g. when they lack confidence or encounter an issue that goes beyond their training), through for example access to online resources and/or advice and consultation from people with advanced and specialist skills (such as staff in ND services); and

- **monitoring and evaluation**: monitoring and identifying gaps in skills and knowledge and weaknesses in systems and processes for providing easy access to expertise, in order to inform action to address them (adapted from WG, 2015).

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