How Does the Underdiagnosis Of ADHD and Autism in Black Children Affect Education, Health And Social Outcomes?

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Executive Summary

Black children in the UK are systematically underdiagnosed with autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD), leading to poorer educational, health, and social outcomes. These neurodevelopmental conditions affect how children communicate, learn, and behave, and early diagnosis is critical for providing appropriate support. Disparities in diagnosis are driven by structural inequalities, including diagnostic bias and cultural misunderstandings. This is further perpetuated by inequitable access to services, and lack of representation and trust within schools and healthcare systems.

Underdiagnosis contributes to:

- Lower educational attainment and higher rates of school exclusion.
- Increased mental health challenges, such as anxiety, depression, and self-harm.
- Social harms, including increased risk of contact with the criminal justice system.
- Long-term consequences for adulthood, including employment difficulties, parenting challenges, and vulnerability to exploitation.

Existing frameworks include UK neurodevelopmental policy shaped by the Autism Act[1], which established statutory duties to improve autism services; the SEND (Special Educational Needs and Disabilities) Code of Practice[2], which provides guidance on supporting children and young people with special educational needs and disabilities; the NHS Long Term Plan[3], which outlines long-term commitments to improve mental health and neurodevelopmental services; and the Independent ADHD Taskforce report[4], which makes recommendations to improve ADHD assessment and care pathways in England.

These seek to improve diagnosis, early intervention, and support. While these frameworks increase awareness and provide some service targets, gaps remain in:

- Addressing racial and cultural inequities.

- Ensuring consistent implementation across regions.
- Integrating education and healthcare pathways.

Interventions such as school-based screening and parental education programmes show promise in improving early identification and engagement. However, their effectiveness is limited without culturally adapted tools, adequate staff training, and systemic support to ensure equitable participation.

Key gaps include:

- No national race equity strategy for neurodevelopmental diagnosis.
- Limited culturally adapted diagnostic tools.
- Fragmented community engagement and poor inter-agency coordination.

Recommendations:

The report recommends multi-level action:

- Education: Annual neurodiversity and anti-bias training for teachers, universal early screening and strengthened SENCO roles for culturally sensitive referrals.
- Healthcare: Development of culturally adapted diagnostic tools and targets for reducing racial disparities.
- Community & Family Support: Partnerships with Black community organisations, family navigator programmes, and research inclusion for diverse populations, as well as educating parents/carers on signs using language they understand.

To enable this, the report examines current obstacles and proposes a multi-faceted approach to improving the fairness of ADHD and autism diagnosis for Black children.

Introduction

Overview

Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are both neurodevelopmental conditions typically diagnosed in childhood. ADHD is characterised by symptoms of inattention, hyperactivity, and impulsivity that can significantly affect daily functioning and relationships[5]. Autism, on the other hand, involves lifelong differences in communication, social interaction, and behaviour[6].

Despite increasing awareness of both conditions, significant disparities remain in how autism is diagnosed, particularly among Black children. Evidence indicates that Black children with autism are diagnosed at an older age than their White peers[7]. Similar trends exist for ADHD, where Black children are consistently underdiagnosed and undertreated compared to their White peers[8].

This issue is not only medical but deeply social and structural. Undiagnosed neurodevelopmental conditions can affect education, mental health, and life opportunities, making it both a public health and social justice concern. This report focuses on the underdiagnosis of autism and ADHD in Black children exploring why this inequality exists, how it impacts health and wellbeing, and what can be done to address it.

Problem Definition

This section outlines the scope and impact of underdiagnosis of ADHD and autism, the factors contributing to these disparities and their consequences for children, families, and society with a focus on racial inequities in the UK. Understanding these challenges provides the foundation for evaluating current policies and proposed solutions.

1. Overview of the Issue

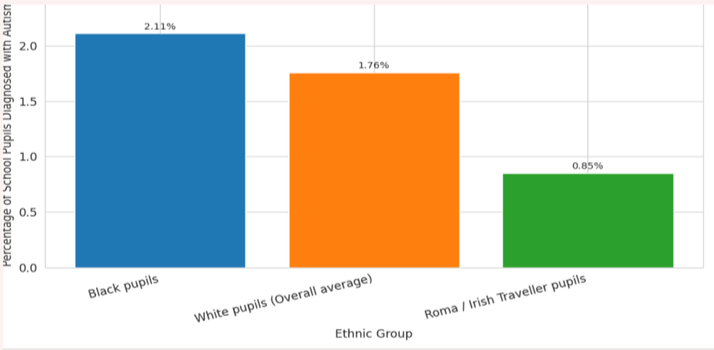
Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are increasingly recognised neurodevelopmental conditions that affect many aspects of daily life. They can influence how a person communicates, learns, and behaves, which in turn impacts relationships, employment, and overall quality of life. Identifying these conditions early, particularly in childhood, allows children to receive the right support for their education, mental health, and social development. It also helps protect them from harmful labelling that can occur when their needs go unrecognised. For example, children with ADHD are often seen as misbehaving, when in reality they may be struggling to manage their energy and attention. These misunderstandings can lead to school exclusions and frustration among students, parents, and teachers alike.

Despite these challenges, Black children are systematically underdiagnosed and often diagnosed later for both autism and ADHD compared to their White peers[9]. This means that their needs are either not recognised at all or identified much later in life, resulting in poorer educational attainment, higher school exclusion rates, and unequal access to healthcare.

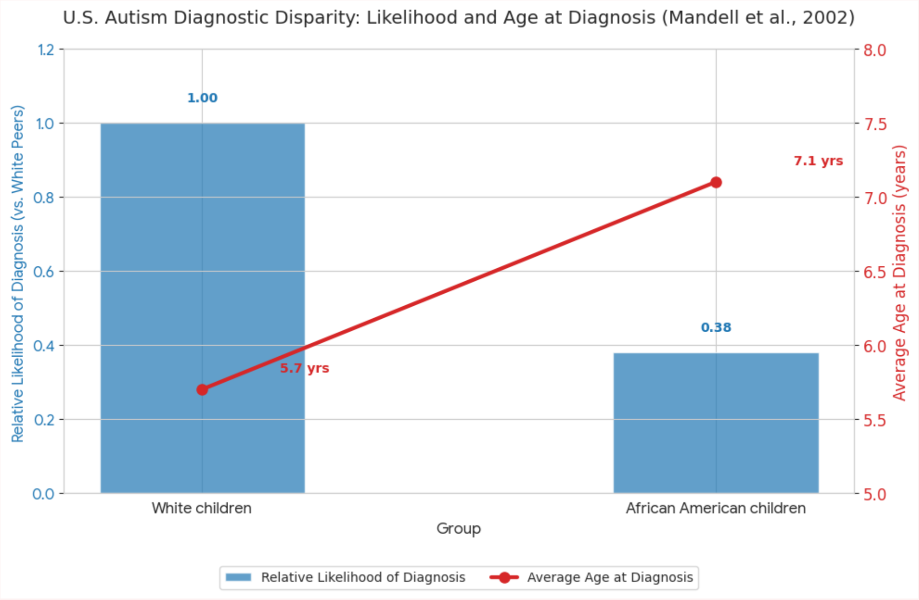
Underdiagnosis is not the fault of any single sector but the result of structural inequalities across education, healthcare, and community systems. Addressing it therefore requires coordinated action rooted in both public health and social justice.

2. Scale of the Problem

This disparity is not just a national issue but international too. In the UK, 1.76% of school pupils have autism, but rates vary by ethnicity. The highest rate being Black pupils at 2.11% compared to 0.85% among Roma and Irish Traveller pupils[10].



For ADHD, both NHS and academic data shows that Black children are underrepresented in referral and treatment pathways, even when they show similar symptoms[11]. Evidence from the US indicates that Black children with autism are diagnosed at an older age than their White peers, despite showing very similar clinical signs, suggesting that the differences in symptoms are unlikely to account for the disparities and that systemic barriers within diagnostic pathways may play a greater role[12].



3. Contributing Factors

Diagnostic Bias and Cultural Misinterpretation

In order to receive a formal diagnosis, assessment tools and behavioural checklists are often designed with the assumption that both the child and their parent or carer can speak English fluently. According to NHS guidance, ADHD and autism assessments rely heavily on in-depth conversations with parents or carers, which can be difficult when English is not their first language. This can lead to communication barriers, misunderstandings, or incomplete developmental histories. Neurodevelopmental conditions also tend to run in families, but for many first-generation families, access to mental health care in their country of origin may have been limited or stigmatised, making it harder to identify or discuss family history during assessments.

Another important part of the diagnostic process involves gathering reports from schools. However, this can be problematic when racial bias influences how children's behaviour is perceived and documented. Sociologist Jayanti Owens[13] found that Black children in the United States were disciplined more harshly than their White peers for similar behaviours, accounting for nearly half of the racial gap in school suspensions and expulsions among five to nine year olds. Similar patterns have been observed in the UK, where Black pupils are more likely to be described as "disruptive" rather than "needing support"[13]. These biased perceptions can shape the reports provided by schools, potentially leading to under-referral or misdiagnosis.

In addition, the National Autistic Society[14] describes a coping mechanism called masking, where autistic individuals consciously or unconsciously hide their traits to appear "non-autistic" and blend in socially. Research by Nelson and Lichwa[15] highlights that for Black autistic girls, masking often becomes a survival strategy in school environments that value conformity and interpret difference through the lens of race and behaviour. When teachers are unaware of masking, children who appear to be coping may in fact be struggling internally, leading to exhaustion, anxiety, or burnout.

Together, barriers like language and cultural differences, racial bias, and masking all reveal how diagnostic systems can unintentionally disadvantage Black and minority ethnic children. To address this, schools and healthcare providers need better training on cultural competence, awareness of masking, and more flexible assessment processes that account for linguistic and cultural diversity. Doing so would make neurodevelopmental assessments more equitable and help ensure that no child's needs are overlooked simply because they do not fit the existing model of "normal."

Inequitable Access to Services

Another issue is that families are unable to access the right services they need for a diagnosis. Black families are more likely to experience barriers to accessing diagnostic and support services such as long NHS waiting lists, limited awareness of referral pathways and fewer local diagnostic centres in deprived areas. Furthermore, socioeconomic inequalities, along with systemic racism, means that private assessments aren't an option unlike White, middle-class families who are able to bypass delays by accessing private care[16].

Lack of Representation and Trust

Historical and ongoing racial inequities in healthcare also contribute to mistrust of medical and educational institutions. Parents of Black and mixed Black heritage children face significant barriers when accessing SEND (Special Educational Needs and Disabilities) support. They report that the stigma around neurodiversity within the Black community often prevents open discussion of autism, ADHD, and other developmental conditions. Families also encounter a lack of culturally appropriate support for instance and systemic challenges that link poor SEND provision to race, ethnicity, and poverty, contributing to worse educational outcomes. To address these issues, parents recommend culturally sensitive mental health services for children and their families, as well as cultural competency training for professionals working with SEND children, so they can better understand and support children from minority backgrounds[17].
Low representation of Black clinicians, educators, and researchers further limits cultural understanding within the system.

4. Consequences of Underdiagnosis

Educational Outcomes

Undiagnosed neurodivergence affects learning, concentration, and social relationships. Without a diagnosis, Black children are less likely to receive Education, Health and Care Plans (EHCPs) or tailored classroom support. EHCPs are legal documents that outline the specific educational, health, and social support a child with SEND requires. They can be instrumental in meeting the needs of young people when schools aren't able to independently. However, without a diagnosis having an EHCP can be difficult to obtain. Additionally, behavioural misinterpretation can also funnel children into disciplinary systems, reinforcing racial disparities in education, sometimes referred to as the "school-to-prison pipeline"[18].

Health and Social Impacts

French et al.[19] note that while ADHD and ASD alone can impair daily functioning, the risks increase significantly when these conditions go undiagnosed. Individuals are more likely to experience mental health difficulties, social exclusion, and even encounters with the criminal justice system. The effects also extend to families and society more broadly, creating additional social and economic burdens.

Undiagnosed ADHD and ASD can have lasting consequences into adulthood. For example, parental ADHD is strongly associated with challenges in parenting, potentially contributing to chaotic home environments[20]. Adults with undiagnosed ASD, particularly women, face increased vulnerability to sexual abuse, reflecting the broader risks of unrecognised neurodevelopmental conditions[21].

These conditions are also linked to higher rates of anxiety, depression, and self-harm, as well as isolation, unemployment, and poorer physical health outcomes[22]. When combined with the additional effects of racial inequities and systemic barriers, these outcomes represent a substantial public health concern and underline the urgent need for equitable early diagnosis and support.

Currently, Black children in the UK face systemic barriers that delay or prevent diagnosis of ADHD and autism, leading to poorer educational, health, and social outcomes. Undiagnosed neurodivergence has long-term consequences for children, families, and society, highlighting the urgent need for policies and interventions that prioritise early identification and support.

Policy Analysis

This section examines the current policy landscape for supporting children with neurodevelopmental conditions, with a focus on ADHD and autism. It reviews existing UK frameworks that set out legal duties, service targets, and guidance for educational and healthcare provision, highlighting both their strengths and limitations. The analysis then considers proposed or partial solutions to identify where interventions are making progress and where further development is needed. Finally, key policy gaps are outlined which continue to contribute to disparities in diagnosis and support for Black children and other underserved groups.

A. Existing UK Frameworks

Autism Act (2009)

The Autism Act 2009, developed in collaboration with the National Autistic Society[23], placed a legal duty on the UK government to create a strategy protecting the rights of autistic adults in England. It required both the government and each local authority to develop and regularly review plans to improve services for autistic adults, with a mandatory review every five years. While this framework provided accountability, the National Autistic Society has noted that progress has been insufficient and support for autistic adults remains limited. In response to advocacy, the Act was expanded in 2021 to include children, following a 2019 campaign. The current strategy focuses on improving understanding of autism, enhancing access to education and reducing health and care inequalities. However, it is currently difficult to evaluate the impact on children and young people, as the updated strategy covers the period 2021–2026.

NHS Long Term Plan (2019)

Building on legislative frameworks like the Autism Act, the NHS Long Term Plan[24] applies to NHS England and focuses on early intervention, expanding mental health services in schools, and improving access to diagnosis and treatment for children, young people, and adults. By 2023/24, an additional 345,000 children and young people aged 0–25 will be able to access NHS-funded mental health support, including school and college-based Mental Health Support Teams. Over the next decade the plan aims for all children and young people who need specialist care to be able to access it. While these targets are ambitious and expand service capacity, implementation has been inconsistent across regions, long waiting lists persist, and there are no explicit targets to address racial disparities. Overall, the plan represents a positive step towards improving access and early intervention, but significant gaps remain in ensuring equal and consistent delivery.

SEND Code of Practice (2015)

The SEND Code of Practice[25] provides guidance on special educational needs provision in schools in England and supports the use of individualised education plans (IEPs) to meet children's specific needs. It gives schools a framework to identify and support children with additional needs and helps make sure that interventions are tailored to each child. However, the Code does not emphasise cultural competence, and SENCOs often lack the resources and training needed to identify and support Black children who may be at risk of underdiagnosis. As a result, while the framework is promising for improving support in principle, it falls short in addressing racial disparities and ensuring early, equitable identification and intervention.

Independent ADHD Taskforce (2024)

The Independent ADHD Taskforce[26] was commissioned by NHS England and focuses on improving ADHD diagnosis and support in England. It highlights the need for earlier identification of ADHD and increased clinical training to improve diagnosis and support. It provides a roadmap for raising awareness among professionals and families which can help to reduce delays in recognition and intervention. However, the Taskforce's recommendations are not binding and lack dedicated funding, which limits their impact. Additionally, issues of race equity are largely absent, meaning that disparities in diagnosis and support for Black children remain unaddressed. While the Taskforce provides important guidance, significant gaps remain in ensuring that its recommendations translate into real, equitable change.

Overall, these policies and frameworks show that there are steps towards increasing access to care for children and adults with neurodevelopmental conditions. They are collectively working towards increased awareness with targets which are focusing on early intervention and individual support. But there seems to be consistent gaps around race, cultural competence and consistent implementation. Without addressing these gaps Black children and other underserved groups continue to face delays with diagnosis.

Neurological Care and Support: Framework For Action (2020–2025)

The Neurological Care and Support: A Framework for Action[27] represents Scotland's first national framework to improve care and support for people living with neurological conditions, aiming to ensure that individuals have equitable and timely access to services, are partners in decisions about their care, and receive coordinated, person-centred support across health and social care systems. Key commitments include strengthening joint planning and integration of services, building a sustainable neurological workforce, enhancing data collection and monitoring, using digital technology to improve care pathways, and fostering collaboration with third-sector organisations. While the Framework sets ambitious goals for integrated support and improved quality of life for people with neurological conditions, it also highlights challenges such as workforce gaps, data limitations, and the need for consistent implementation across regions of Scotland. Implementation progress is monitored through midpoint reports and ongoing stakeholder collaboration.

B. Proposed or Partial Solutions

To build on existing frameworks, a number of initiatives have been proposed or partially implemented. These interventions show promise but require systemic support and attention to equity in order to be effective.

School-based Screening Programmes

School-based screening programmes can be useful in identifying signs of ADHD and autism in children who may otherwise not be identified to health services. However, there is a risk of misidentification if staff at schools aren't properly educated or if screening tools aren't culturally adapted. Successful implementation relies on staff training and school commitment. Evidence from the US ProfScreen programme suggests that school based screening can encourage help seeking, as students who attended follow-up interviews were more likely to access mental health services. Screening also helps identify at-risk students and connect them with clinical support, supporting early intervention. However, engagement was low, only 40.7% attended the interview, and just 10.1% of those referred received treatment. There were no overall improvements in service use or mental health outcomes at 12 months, indicating that the effectiveness of school based screening depends on addressing participation barriers and providing culturally appropriate follow up.

Parental Education Programmes

Parental education programmes help families understand neurodevelopmental conditions, empowering them to seek assessments and access support. They can raise awareness and improve outcomes for children by allowing parents to familiarise themselves with common signs and patterns of ADHD and autism. Reaching out to parents with language barriers and providing education in their preferred languages can further increase engagement and ensure that more families benefit from these programmes. However, they may still not reach all communities without strong local partnerships, and they cannot fully address systemic biases within healthcare and education systems.

C. Policy Gaps

Despite existing policies, significant gaps remain in ensuring equitable neurodevelopmental diagnosis and support. There is currently no national race-equity strategy, meaning there are no targets or monitoring systems to track diagnosis by ethnicity, and Black community voices are rarely included in policy design or evaluation. Integration between education and healthcare pathways is weak: children may be flagged in school but not referred promptly to NHS services, leading to missed opportunities for early intervention. Diagnostic tools are often not culturally adapted, which can result in misinterpretation of behaviors in Black children and contribute to underdiagnosis and delayed support. Community engagement is fragmented, with schools, clinicians, and local organisations rarely coordinating systematically. Most current neurodevelopmental frameworks, including the Autism Act[23], SEND Code of Practice[25], NHS Long Term Plan[24], and Independent ADHD Taskforce recommendations[26], apply only to England, while Scotland, Wales, and Northern Ireland have separate policies, resulting in uneven coverage and inconsistent access to early intervention and culturally competent support across the UK. Without explicit policy mechanisms to address racial inequity nationally and promote inter-agency collaboration, Black children continue to be underdiagnosed and underserved.

Policy Recommendations

Addressing the underdiagnosis of ADHD and autism in Black children is both a public health and social justice priority. Coordinated, culturally competent interventions across education, healthcare, and community sectors are essential to reduce disparities and improve outcomes.

1. **Mandate annual neurodiversity and anti-bias training for all teachers.**
   The Department for Education should ensure that all teaching staff complete annual training to improve understanding of ADHD and autism, with a focus on recognising diverse presentations of neurodevelopmental conditions. Training should include practical strategies for looking out for behaviours that may differ across cultures and guidance on supporting children from Black and minority ethnic backgrounds. This will equip teachers to respond appropriately to neurodivergent behaviours, reduce unconscious bias, and foster inclusive learning environments.

2. **Integrate universal screening for ADHD and autism in early primary education.**
   Currently in primary school a health screening framework exists, which helps monitor a child's hearing, height and weight alongside vision and vaccinations too. The idea is to monitor growth and catch any potential health concerns. A simplified screening tool for children with suspected neurodivergent conditions should be added to current assessment methods to support diagnosis. This will help ensure that children showing signs of ADHD or autism are referred promptly to healthcare services, helping to reduce delays in diagnosis and improving access to timely support.

3. **Strengthen the SENCO role to ensure culturally sensitive referral pathways**.
   Ofsted should provide guidance and oversight for Special Educational Needs Coordinators (SENCOs) to ensure that children from Black and minority ethnic backgrounds are appropriately assessed and referred. SENCOs should be supported with resources and training to understand cultural differences in behaviour, recognise masking strategies, and navigate local referral systems effectively. This will help bridge gaps between educational and healthcare

services, reducing missed opportunities for early intervention.

4. **Introduce targets for reducing diagnostic disparities.**
   NHS England should establish measurable targets to reduce ethnic disparities in ADHD and autism diagnosis, modeled on existing mental health access standards. Progress should be monitored annually, with transparent reporting on referral, assessment, and diagnosis rates by ethnicity. Setting clear targets will help hold systems accountable and ensure that policies translate into real improvements for underserved groups.

5. **Fund community-based ADHD and autism clinics in high-need areas.**
   Local health authorities should prioritise investment in clinics situated in communities with historically underdiagnosed populations. Clinics should offer accessible, culturally competent services, including language support where needed. Outreach programmes and mobile assessment units can further increase access for families who face logistical, economic, or cultural barriers to conventional healthcare.

6. **Partner with Black community organisations and faith groups to improve awareness and trust.**
   Local councils should collaborate with trusted community groups to raise awareness of neurodevelopmental conditions, encourage early assessment, and support families throughout the diagnostic process. Working with community leaders can help address historical mistrust of healthcare and education systems, ensuring that families feel confident in seeking and following through with support.

7. **Provide family navigator programmes to guide parents through assessment and education processes.**
   The Department of Health and Social Care should fund navigators who help parents understand assessment pathways, access relevant services, and advocate for their children's educational and healthcare needs. Navigators can also support families with language barriers, explaining signs and patterns of ADHD and autism in their preferred language, and helping them engage with screening, diagnosis, and interventions.

8. **Invest in research on ethnicity and neurodevelopment.**
   Research councils and healthcare organisations should ensure that Black children and other underrepresented groups are adequately included in studies on ADHD and autism. This research should examine disparities in diagnosis, service use, and outcomes, providing evidence to inform culturally competent policies and interventions. Long-term investment in data collection and research will help reduce systemic inequities and improve early identification and support for all children.

These recommendations aim not only to close gaps in service provision but also to foster a more inclusive and supportive environment where all children, regardless of race or background, can have their neurodevelopmental needs recognised and met. Consistent implementation, ongoing monitoring and most importantly, collaboration across education, healthcare, and community sectors are essential to translate policy into meaningful, lasting change that improves outcomes for Black children with neurodivergence.

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