



The Empowerment Project - Stronger Voices for Fairer Futures

Note on Development of Education Policy & Neurodivergence

26 February 2026

Key Takeaways

- STAND is concerned about the apparent lack of specific consideration of the needs of neurodivergent children as part of the Scottish Government's current ASL review and the development of the draft Additional Support for Learning Statutory Guidance which was issued for consultation earlier this month.

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Introduction

STAND is concerned that the development of education policy in Scotland is failing to account for the specific needs of neurodivergent learners.

ASL Review

On 15 January 2026 the [Cabinet Secretary for Education and Skills announced](#) that a national review into the provision of Additional Support for Learning (ASL) will be led by former Chief Inspector of Education in Scotland Janie McManus. The Scottish Government stated that the review report will be completed within two months and be shared at a National Engagement Event on 12 March.

Timing

We found this announcement surprising, particularly that the outcome of the review would be shared only a fortnight before the pre-election period is due to begin, giving limited opportunity for feedback to be received and taken into account.

Consultation

We were also surprised that the review was not engaging directly with stakeholders - instead the *results* of the review will be presented to stakeholders at the end of the process.

ASL Project Board

The review is being led by the former Chief Inspector of Education with input from the [Additional Support for Learning Project Board](#). STAND has previously raised concerns regarding the systemic misunderstanding of neurodivergence by those conducting school inspections, and the lack of understanding more generally across the education sector.

Lack of Representation

The Project Board lacks representation from lived experience groups or other organisations representing the interests of neurodivergent children and their families and, concerningly, instead has members who have made statements in the public domain that are not necessarily compatible with a neuro-affirming approach.

Professional Bias

The Board has significant representation from professional bodies such as the EIS and ADES. STAND has previously raised concerns with the Committee about the EIS narrative surrounding "violence" in schools and evidence given on behalf of ADES in a previous parliamentary inquiry that appears to endorse local authority failures to utilise statutory dispute resolution processes.

The ratio between organisations which represent professionals or public authorities compared to those who represent children is also unfortunate, as can be seen on the [relevant section of the Scottish Government website](#).

Lack of Neurodivergent Representation

While organisations like Enable and Children in Scotland are present, their broad remits mean they cannot be expected to fully represent the nuances of neurodivergent children's needs. For example, [Children in Scotland's response to the school inspection consultation](#) highlighted important considerations for children generally, and shone a light on important points such as their concern that children with additional support needs are excluded from the inspection process. However, it did not highlight the stigmatising language present in inspection reports which has such a negative impact on neurodivergent children and their families, whereas STAND did highlight this because of its roots in lived experience. We cannot expect everyone to cover all bases in consultation responses, hence the need for STAND's existence, but we do need to ensure a wide range of input is sought to mitigate this risk, and that organisations such as ours (and other grassroots, lived experience-led organisations) have seats around that table.

Draft Statutory Guidance

The Scottish Government published a consultation on [refreshed Statutory Guidance for Additional Support for Learning](#) on 12 February 2026. Our understanding is that the Scottish Government's Mental Health Directorate was not invited to participate in the development of this draft Guidance, representing a missed opportunity. We will submit a formal response to the consultation process, and we have not had time since 12 February to consider the draft Guidance in a comprehensive way, but we have some initial observations.

Initial Concerns

The draft Guidance has content which seems to be inconsistent with an inclusive approach for neurodivergent children.

Reinforcing Diagnostic Requirements

Despite the Scottish Government's policy that support should be needs-led rather than diagnosis-led, the draft Guidance appears to reinforce the necessity of "diagnostic labels".

Page 11 describes the legal framework for additional support needs, and states that the definition of additional support needs "*focuses on the educational needs of the child or young person and does not require a **formal** diagnosis*" (emphasis added). We are unsure of why the reference to "formal" is necessary, and, in our experience, many parents and carers will interpret this as them not needing to have the formal diagnosis *yet*, but needing to be able to demonstrate that the child has a particular condition that would be capable of being "formally diagnosed".

Another example is found on page 91, where paragraph 135 states that a Co-ordinated Support Plan must specify factors which give rise to the child's additional support needs, including:

"Diagnostic conditions (e.g., autism spectrum disorder, learning disability, clinical depression). It is helpful to note these even if diagnosis is pending."

If it is not necessary to have a diagnosis for support in school, and the support be entirely needs-based rather than diagnosis based, why is it helpful to note if a diagnosis is pending?

In the Guidance's style coordinated support plan, it states as follows:

"The complex or multiple factor or factors may be diagnostic labels such as autistic spectrum disorders, learning disability or clinical depression."

Again, this implies that the important factor is the "diagnostic label" rather than the needs of the child.

Use of offensive terminology

It is well established, and even recognised within the draft Guidance itself, that terms such as “autism spectrum disorder” are considered by many autistic people to be offensive. While we recognise that this is a current diagnostic term within the medical profession, the Scottish Government’s stated policy is that support should be needs based not diagnosis based, so it is not clear why an effort could not have been made to refer to “autistic” children rather than children with “ASD”.

Erasure of ADHD

Despite explicit reference to examples such as autism, learning disability and clinical depression as things which could give rise to additional support needs, reference to “ADHD” is notable by its absence. Given the huge levels of misunderstanding within the education sector and policy makers as to the impact that untreated or unmanaged ADHD can have on a child within the current education system, it is disappointing that there was no effort to ensure that this was also given as an example. Furthermore, “neurodivergence” appears only once in the entire document (paragraph 26) as part of a narrow example involving a dual diagnosis with a physical disability.

STAND’s Message

We note that the Scottish Government Learning Directorate and Education Scotland did not participate in this Inquiry, but wonder if there is still time to invite their comments.

We urge the Committee to seek further input from the Scottish Government to confirm their efforts to involve neurodivergent people, and the relevant policy areas within the Mental Health Directorate, in the development of education policy. This information would be particularly useful in relation to the ASL Review and the development of the draft Guidance.

We hope the Committee can consider the importance of ensuring that specific consideration is given to protecting the rights of neurodivergent children within Scotland’s education system, and ensuring that their wellbeing needs are met.