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Dear Conveners,

I am writing to respond to the two inquiry reports on neurodevelopment by the previous Health, Social Care and Sports (HSCS) Committee and the Equalities, Human Rights and Civil Justice (EHRCJ) Committee, published shortly before the pre-election period began earlier this year.

While it is now a new parliamentary term, and new Committees are formed, I wanted to recognise the important work undertaken by the HSCS and EHRCJ Members and thank everyone involved for their contributions. This thanks is extended to everyone who gave evidence, in particular those involved in delivering neurodevelopmental support from a range of sectors who shared their expertise and people with lived experience who generously shared their personal stories.

As both Committees' reports highlight, this is an important and complex area that requires a whole-systems, whole-society approach to improving access to neurodevelopmental support. Many individuals, families and communities are seeking understanding, timely help and recognition, including access to diagnostic assessment where appropriate. Across the UK and globally, the number of people coming forward for support and diagnosis has risen significantly in recent years. The Scottish Government is committed to continuing to drive the improvements needed to ensure all neurodivergent children, young people, adults and families receive the support they need, in the right place and at the right time.

I would like to take this opportunity to provide information on the actions the Scottish Government is taking to address the concerns raised in this new Parliamentary term, many of which we recognise. This includes building on the work done in recent years to understand and respond to the significant increase in demand for neurodevelopmental support.

The previous Minister for Social Care and Mental Wellbeing held two cross-party Summits on neurodevelopmental support. These established a clear cross-party consensus on both the scale of the challenge and the need to make meaningful progress. Key issues raised in the reports from the Inquiries, including private diagnosis and 'shared care' arrangements and the role of the third sector, were also explored and these discussions are informing our approach.

Since the conclusion of the Inquiries, we have committed to implementing the stepped care approach to support for adults with neurodevelopmental conditions such as autism and ADHD, as proposed by the Royal College of Psychiatrists. Within the first 100 days of this Parliament, we will engage with stakeholders to agree a clear route-map for delivery of this new model for adults. We will ensure that the recommendations of both Committees are reflected through that stakeholder engagement so that the evidence collected can inform and shape the route-map we will set out.

This will reshape the pathways available, ensuring people can access the right support, at the right time, close to home, without having to wait for – or be reliant on – a diagnosis before receiving the help they need. This support will include improved information for people and their families, self-help resources, an increased third-sector support offer and a reshaped clinical offer to make access to diagnostic assessment easier when that is the right step for the individual. Change on this scale, to meet the level of demand that services are experiencing will take time, but we are committed to working closely with partners to make the whole scale change that is necessary and which was clearly laid out by those who gave evidence to both inquiries.

This focus on improving support for neurodivergent adults complements the ongoing work we are doing to implement the National Neurodevelopmental Specification for children and young people. The Specification, developed with both clinical and educational expertise, makes clear that support should be put in place to meet the child or young person's requirements when they need it and should not be dependent on a formal diagnosis.

Recognising the challenges in meeting rising demand, last year, in partnership with COSLA, we undertook a review of implementation. This helped us understand what is working well and where further action is needed – it highlighted the significant pressures facing services and the need for clearer national direction and practical support to deliver timely, neuro-affirming care across Scotland, as the inquiries have called for.

Following the Review, we committed to delivering a programme of work to support health boards and local authorities to deliver the aims of the Specification. These align with many of the recommendations made following the Inquiries, spanning issues from access to support, assessment and diagnosis to funding models and data. We remain committed to progressing these. Delivery is being supported by a cross-sector Children and Young People's Neurodevelopment Taskforce, bringing together expertise from health, education, local government and the third sector to ensure a collaborative, whole-systems approach is being taken.

While we will provide an interim update report on progress in the Autumn, to date we have strengthened national communications on neurodevelopment and are in the final stages of improving information for families through Parent Club. We are also working with partners to develop a shared national picture of what support around a child should look like, and how services work together to deliver it, underpinning ongoing system improvement. This is strengthening national leadership, improving shared understanding, and supporting tangible improvements for children, young people and their families.

We are continuing to provide funding to improve access to neurodevelopmental support for children, young people, adults and families. In 2025/26, we provided over £2.9 million of additional investment, which is funding a range of projects, including supplementing health board autism and ADHD assessment capacity, particularly for young people approaching transition to adult services, work to develop and test digital support tools for ADHD for young adults, and work to better understand support needs of children and young people on health board waiting lists and assist connection of families with local support.

We also fund the Autistic Adult Support Fund, providing £2.5 million to third sector organisations directly supporting autistic adults in Scotland. In addition, we have funded the National Autism Implementation Team (NAIT) to support local areas to redesign their services and develop improved pathways for autism and ADHD. Public Services Delivery Scotland and NAIT both provide extensive training on neurodevelopmental conditions across many sectors in Scotland.

Furthermore, the 2026/27 Budget includes additional investment of £7.6 million to enable improvements in neurodevelopmental assessments and care for young people. We are currently giving careful consideration to how the additional funding can be put to best use, working closely with COSLA and the Taskforce.

I recognise the calls for legislative change in the Inquiries. As Members are aware, the Scottish Government took forward extensive preparatory work with partners and stakeholders in the previous parliamentary session to explore potential legislative options for neurodivergence policy. This resulted in the publication of draft provisions for a potential Learning Disabilities, Autism and Neurodivergence (LDAN) Bill in March setting out the Government's thinking at that time.

While there is the potential for legislation reform to support greater consistency, accountability and awareness across services, I am also clear that legislation on its own will not address the immediate challenges being experienced by individuals and families, particularly in relation to access to assessment, diagnosis and support. That is why our immediate priority is to improve delivery on the ground as set out above and to strengthen assessment and support services. We will consider the options available as part of our future legislative programme, including the balance between legislative and delivery-focused approaches.

I hope this provides Members reassurance that we remain committed to driving tangible improvements for neurodivergent individuals and their families across Scotland and that we will ensure the valuable work undertaken by the two Committees will inform and shape our next steps. I would like to reiterate my thanks to both sets of Committee Members for these reports, the individuals who came forward to share their expertise and, in particular, those who shared their lived experience. I hope the Committees find this response helpful.

Yours sincerely

Maree Todd

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